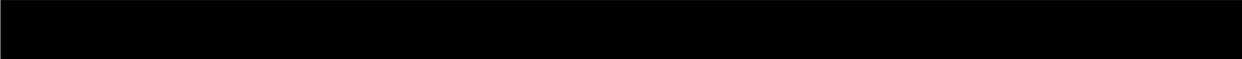




**Medical Child Abuse Resource and
Education System (MEDCARES)**

**Biennial Report
2015-2016**

**As Required By
Chapter 1001, Texas Health and Safety Code
Section 1001.155**



**Department of State Health Services
October 2016**

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Table of Contents

Executive Summary	1
Introduction	2
Background	2
Program Overview	2
Requirements.....	3
Basic Criteria	3
Advanced Criteria.....	3
Center of Excellence Criteria (COE).....	3
Contractors	4
Basic Contractors.....	4
Advanced Contractors	4
Providers.....	9
Child Abuse Data	10
Outcomes	11
Patient Consultations.....	11
Indirect Services	12
Conclusion	12
APPENDIX A: Acronyms	14

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Executive Summary

The Medical Child Abuse Resources and Education System (MEDCARES) Biennial Report is prepared in compliance with [Chapter 1001, Texas Health and Safety Code](#) which requires the Department of State Health Services (DSHS) to publish the report no later than December 1 of each even-numbered year. This report covers the grant activities and grant recipients, including the results and outcomes of the MEDCARES grant program from 2015 to 2016.

MEDCARES grant program began June 1, 2010 to awards grants that develop and support regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect. DSHS administratively supports the MEDCARES grant program through the Title V Maternal and Child Health, within the Division for Family and Community Health Services.

Beginning in 2011, General Revenue reductions to DSHS' Women & Children's Health appropriation eventually lead to the funding of MEDCARES by the Title V Maternal and Child Health Block Grant (MHC) and/or General Revenue Maintenance of Effort (MOE) for the MCH Block Grant.¹

MEDCARES sites provide a variety of services, including patient care in inpatient and outpatient settings, case reviews for other physicians, numerous trainings, and hundreds of court appearances. During the reporting period, MEDCARES providers examined 4,205 children through inpatient consultations. Of the children examined, 2,150 were confirmed abuse cases with 1,175 (55%) due to physical abuse, 836 (39%) due to neglect or other reasons, and 139 (6%) due to sexual abuse. MEDCARES providers also examined children through outpatient consultations. Of the 18,827 children examined, 18,663 children were identified as having injuries related to abuse with 9,171 (49%) due to sexual abuse, 5,215 (28%) due to physical abuse, and 4,280 (23%) due to neglect or other reasons.

Examples of other services provided or improved through MEDCARES sites include:

- Hiring additional child abuse medical specialists to allow for expanded clinical hours and increased capacity during clinic hours.
- Conduct training to increase the knowledge of community partners on assessment and medical treatment of maltreated children as well as evidence-based interventions;
- Increasing cooperation with Child Protective Services, law enforcement personnel, and the judiciary through consultations, medical case review, and by providing testimony in court.
- Providing accredited fellowships in Child Abuse Pediatrics.

¹ Information regarding funding for the MEDCARES Grant Program was updated in September 2020 to more accurately reflect the history of program funding sources.

Introduction

Senate Bill (S.B.) 2080, 81st Texas Legislature, Regular Session, 2009, added Chapter 1001, Texas Health and Safety Code, to establish the Medical Child Abuse Resources and Education System (MEDCARES) grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect. In 2009, the Legislature appropriated \$5 million to the Department of State Health Services (DSHS) over the biennium for the grant program. However, since 2011, funding for MEDCARES has been through the Title V Maternal and Child Health Block Grant (MHC) and/or General Revenue Maintenance of Effort (MOE) for the MCH Block Grant. With the change in funding source came a greater focus on child abuse prevention, education and partner building efforts.¹

Chapter 1001 also created an advisory committee appointed by the Executive Commissioner of the Health and Human Services Commission (HHSC) to advise DSHS and the Executive Commissioner in establishing the grant program. This committee was convened in November 2009 and was instrumental in guiding the agency in creating the program that exists today. This MEDCARES advisory committee became inactive in November 2013 and was formally abolished by the Texas Legislature on September 1, 2015, in [S.B. 277](#), 84th Legislature, Regular Session, 2015.

Background

In 2006, the Advisory Committee on Pediatric Centers of Excellence (PCOE) identified several key findings with regard to child abuse and neglect and reported these to the 80th Legislature (2007). The report underscored the importance of a comprehensive approach to preventing, assessing, diagnosing, and treating child abuse and neglect, focusing specifically on the significance of the health care system and its ability to serve children and families.²

In response to the issues and recommendations identified in the PCOE report, the Legislature created the MEDCARES grant program to increase access to medical child abuse experts and improve timely and accurate child abuse diagnoses. The grant augments existing statewide services and strengthens cross-sector relationships to enhance referrals.

In November 2009, the MEDCARES advisory committee and DSHS established requirements and priorities for the grant program. The priorities were outlined in the initial open enrollment application released March 2010. DSHS, with advice from the MEDCARES advisory committee, focused on program awards to hospitals or academic health centers with expertise in pediatric health care.

Program Overview

DSHS uses a competitive grant process to award funds to hospitals, academic health centers, and health care facilities with expertise in pediatric health care. Awards are made to both basic and advanced sites.

² PCOE report. <http://dshs.texas.gov/mch/medcares.shtm/>. Retrieved July 2016

Requirements

MEDCARES Grant recipients (Contractors) must be either a hospital, academic health center, or a health care facility that supports regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect and have expertise in pediatric health care. Contractors are identified as child abuse and neglect Basic, Advanced, or Centers of Excellence programs according to criteria set out by the PCOE report and described below:

Basic Criteria

- At least one full-time equivalent physician experienced and trained in all types of child abuse and neglect (especially physical/sexual abuse and serious neglect) and one dedicated staff responsible for social work assessment and program coordination.
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse; and,
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect.

Advanced Criteria

- At least one full-time equivalent physician board-certified as a child abuse pediatrician or that can demonstrate completion of a pediatric child abuse fellowship with experience providing child abuse and neglect medical services. One dedicated social worker and program coordinator.
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;
- Medical case reviews, consultations, and testimony regarding those reviews and consultations;
- Research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect; and
- The use of telemedicine and other means to extend services from regional programs into underserved areas.

Center of Excellence Criteria (COE)

Same criteria as the advanced with the addition of:

- At least 2 full-time equivalent board eligible/certified child abuse pediatricians as part of full multi-disciplinary team.
- Increased size, volume and support from medical subspecialties, mental health care and counseling.
- Regional leadership on prevention; hosts conferences and task force meetings.

- Regional resource for outlying communities; outreach to community stakeholders.
- Advanced training for pediatricians interested in becoming child abuse specialists; may support a fellowship or regional/ national training opportunities.
- Recognized authority for child maltreatment research.

Contractors

DSHS distributed the \$5.54 million allocated over the two-year period to 11 contractors - two contractors in the basic category and nine in the advanced category.¹ Texas Tech University Health Sciences Center in Lubbock became an advanced MEDCARES contractor in 2014. The advanced contractors that have an asterisk (*) next to their name are also Pediatric Centers of Excellence.

Basic Contractors

- CHRISTUS Trinity Mother Frances Health System, Tyler
- CHRISTUS Health Southeast Texas dba CHRISTUS St. Elizabeth, Beaumont

CHRISTUS Trinity Mother Frances Health System, Tyler

Trinity Mother Frances Health System's purpose is to enhance community health through service with compassion, excellence, and efficiency. The Sexual Assault Nurse Examiner (SANE) Program at CHRISTUS Trinity Mother Frances began in 1997. Since 2006, the Health System has treated more than 700 cases of pediatric and adolescent victims and assisted 43 different law enforcement agencies. The SANE performs the sexual abuse examination and physical abuse photo-documentation. The program coordinator is responsible for social work assessment and sees patients at the hospital on an inpatient and outpatient basis. The psychosocial assessments are made by the SANE and patients are referred to the Children's Advocacy Center for follow up counseling. CHRISTUS Trinity Mother Francis saw approximately 54 pediatric patients and 22 adolescent cases in this reporting period. For more information, visit: <http://www.tmfhc.org/care-treatment/childrens-services/>

CHRISTUS Health Southeast Texas dba CHRISTUS St. Elizabeth, Beaumont

CHRISTUS Hospital St. Elizabeth is a 431-bed acute care and trauma center in Beaumont, Texas, and is the only Level III trauma center in the area. In keeping with the mission and core values of the hospital, a forensic nursing program was established in 1993 to provide medical/forensic examination for patients with a history of sexual assault. Over time, the program expanded to provide services to victims of child abuse, domestic violence, elder abuse, and other non-accidental trauma. CHRISTUS Hospital St. Elizabeth saw approximately 582 pediatric patients during this reporting period. For more information, visit: <http://christussetx.org/forensic-nurse-examiner>

Advanced Contractors

- Children's Medical Center of Dallas dba Children's Health, Dallas

- CHRISTUS Santa Rosa Health System Children’s Hospital Center for Miracles, San Antonio*
- Cook Children’s Medical Center, Fort Worth
- Dell Children’s Medical Center, Austin
- Driscoll Children’s Hospital, Corpus Christi
- El Paso Children’s Hospital for the Prevention of Child Abuse
- Texas Children’s Hospital, Houston *
- Texas Tech University Health Sciences Center, Lubbock
- University of Texas Health Science Center at Houston *_

Children’s Medical Center of Dallas dba Children’s Health, Dallas

The Referral and Evaluation of At-Risk Children (REACH) Program at Children’s Health, in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics hospital-based child abuse medical evaluation program, serves children through a comprehensive team consisting of three board-certified child abuse pediatricians, a clinical psychologist, SANEs, licensed social workers, child life specialist, registered dietitian, and program coordinators. The program has been in existence since the early 1980s and is involved in the evaluation of approximately 2,000 children each year. For more information, visit: <https://www.childrens.com/>

CHRISTUS Santa Rosa Health System Children’s Hospital Center for Miracles, San Antonio*

The CHRISTUS Santa Rosa Health System Children’s Hospital of San Antonio Center for Miracles (CFM) is a multidisciplinary clinical facility that was established ten years ago to provide comprehensive evaluation and treatment of suspected victims of child abuse and neglect. CFM’s mission is to promote the health and safety of children who are at risk for, or traumatized by, abuse or neglect. CFM opened in May 2006 in response to the community’s need for a comprehensive, coordinated, medical assessment of possible abuse and neglect of children. CFM works closely with Child Protective Services and other local agencies to optimize the services at-risk families need to keep their children safe and healthy. Comprehensive services include acute and follow-up medical evaluations for physical abuse, sexual abuse or assault, and neglect, photo-documentation, X-rays, lab work, psychosocial evaluation, physician consultations, inpatient consultations, and short-term counseling. CFM provides services extending beyond a 30-county area with the majority of referrals coming from Bexar County. CFM has served more than 16,000 children from May 2006-April 2016. For more information, visit: <http://www.chofsa.org/>

Cook Children’s Medical Center, Fort Worth

Cook Children’s Medical Center located in Fort Worth, Texas, created its Child Abuse Resource and Evaluation (CARE Team) in 1994, in response to the need in the community for a place to conduct a comprehensive evaluation of child sexual abuse victims. Located in a child-friendly environment within Cook Children’s Medical Center, the CARE Team helps abuse victims early on through evaluation, treatment, and counseling. The CARE team’s mission is to provide specialized clinical care to address child maltreatment in the region and surrounding

communities. The program strives to be a national model for how community-wide child maltreatment health services are delivered. Highly-qualified and experienced staff conduct medical interviews, medical and forensic evaluations, sexual abuse screening examinations, psychological assessments, preventive education, and multidisciplinary reviews.

In 2004, the CARE Team began seeing only the most severely injured, abused children: those who had been admitted to the pediatric intensive care unit. The team's efforts gradually expanded to offering consultative services to all inpatients with concerns for abuse. In 2008, staff offered outpatient physical abuse evaluations on a limited basis and have been gradually increasing the inpatient and outpatient services as personnel and space allow. In 1994, there were 368 patient visits. This number escalated to 1,502 in 2012 and has somewhat stabilized around that number with 1,521 visits in 2015. For more information, visit: <http://www.cookchildrens.org/Pages/Default.aspx>

Dell Children's Medical Center of Central Texas, Austin

The mission of the Child Abuse Resource and Education (CARE) Team at Dell Children's Medical Center (DCMC) reflects a multifaceted approach to addressing child abuse. The CARE Team strives to be a strong part of the community Child Protection Team (CPT), to provide comprehensive, evidence-based care to child abuse and neglect victims; to provide education and resources to the community and outlying health care associates and other members of the child protection teams; and to analyze child abuse data for the purpose of contributing answers and best practices in the field. The MEDCARES grant enabled the CARE Team to be established as a hospital department in 2010 and expand to an outpatient setting shortly thereafter. The team includes a child abuse pediatrician, project coordinator, two social workers, three nurse practitioners, and a clinical program manager.

DCMC consists of a strong alliance of expert personnel, facilities, and other specialty resources dedicated to the care of children and adolescents within a 46-county referral region. The belief is that no child should be refused necessary care and attention for lack of ability to pay. DCMC acknowledges responsibility as a leader in the delivery of pediatric care. Central to this responsibility is the need to view care as both family-centered and family-oriented. DCMC strives to consolidate pediatric care in one regional referral center, which is essential to the development of high-quality, cost-effective programs. Such consolidation is vital for the development and maintenance of professional skills of physicians, nurses, and allied medical personnel. DCMC believes that improving the quality of life and health of children requires the prudent application of resources, as well as the support of the Central Texas community. Dell Children's Medical Center saw approximately 1,251 pediatric patients in the reporting period. For more information, visit: <https://www.dellchildrens.net/>

Driscoll Children's Hospital, Corpus Christi

The mission of the Child Abuse Resource & Evaluation (CARE) Team at Driscoll Children's Hospital in Corpus Christi is to provide comprehensive medical forensic evaluations to children who are suspected victims of any type of violence. This includes sexual assault, physical abuse, neglect, drug exposure, starvation, torture, and homicide. An outcry from the medical

community led to the inception of the CARE Team in 1995. The CARE Team is recognized as the Center of Excellence for evaluation of child abuse in South Texas. In addition, to improve patient care, the CARE Team educates medical and community partners, participates in regional and state prevention activities, and collaborates in national research initiatives.

The CARE Team at Driscoll Children's Hospital is among only a handful of teams in the United States staffed with full-time positions, available 24 hours a day, 365 days per year. The team receives referrals and transfers of patients from 33 surrounding counties for expert evaluation of child maltreatment concerns. The CARE Team serves more than 1,700 children a year in the inpatient and outpatient settings regardless of economic status. The majority of the children evaluated by the Team are Hispanic, which is consistent with the population in the area. The CARE Team frequently cares for children who are noncitizens or have uncertain immigration status, in addition to human trafficking victims. For more information, visit:

<http://www.driscollchildrens.org/>

El Paso Children's Hospital, El Paso

El Paso Children's Hospital's (EPCH) Center for the Prevention of Child Abuse (Clinic) has been funded by a MEDCARES Grant since it opened in July 2012. EPCH opened its doors in February 2012. The Clinic is the only agency providing services to children who are victims of abuse under the age of fourteen in the Far West Texas area. From July 2012 through May 2016, the Clinic staff has provided services to approximately 1,634 children and families, both inpatient and out-patient. The Clinic patients are usually referrals from CPS and law enforcement. The Clinic staff provides forensic medical exams, testing for STD's and HIV, short term trauma counseling, psycho/social evaluations, referrals, crime victim's compensation, CPS consults, follow-up exams and other needed services. The staff also provides education on recognizing and reporting child abuse to the community and Period of Purple Crying (POPC) training to parents. POPC educates parents about normal crying behavior and the dangers of shaking babies. El Paso Children's Hospital is a non-profit hospital located on the border with Mexico and New Mexico. UMC is a non-profit county hospital and the only level one Trauma Center within 350 miles. For more information, visit: <http://elpasochildrens.org/about/>

Texas Children's Hospital, Houston*

Texas Children's Hospital/Baylor College of Medicine's (TCH/BCM) Child Abuse Pediatrics (CAP) program was inspired by a community pediatrician in 1978 and has been providing comprehensive medical evaluations for child abuse and neglect for Houston's children for the past 38 years. The CAP program has recently expanded significantly and is one of the cornerstones of the newly created section of Public Health Pediatrics. The first in the country, the new section leverages the strength of the existing CAP program, and adds a forward thinking, community-focused, collaborative, prevention component. The clinical CAP program at TCH/BCM has six board-certified CAP physicians and 2 additional pediatricians care for at-risk children and perform sexual abuse evaluations, and also includes a dedicated team of social workers, advanced practice providers and nurses. This program is not only the largest in Texas but is the largest in the country. In addition to the inpatient and outpatient consult service, Texas Children's Hospital staffs a full-time sexual abuse outpatient clinic at Harris County's child

advocacy center. Additionally, the program at TCH/BCM is committed to training the next generation of Child Abuse Pediatricians, with the largest CAP fellowship program in the state with 3 fellows. The CAP program is committed to the advancement of education, patient care, community outreach, and research, with the goal of identifying and preventing child abuse and neglect. Children's CAP sees more than 2,400 patients annually. For more information, visit: <http://www.texaschildrens.org/departments/child-abuse-pediatrics-cap>

Texas Tech University Health Science Center, Lubbock

Texas Tech University Health Science Center's (TTUHSC) mission is to promote the health and safety of vulnerable children by providing expert consultation for suspected victims of child abuse and neglect. The child protection pediatrics program provides medical consultation and pediatric care for suspected victims of neglect, physical abuse and sexual abuse. TTUHSC also provides evidence based mental health services for child maltreatment victims. TTUHSC staff provides 24-hour support for Child Protective Services (CPS) investigative staff at Health Service Region 1; inpatient consults for a large geographic area of West Texas and Eastern New Mexico; and education to CPS workers, medical students, pediatrics, and family medicine residents, and faculty about medical aspects of child maltreatment. TTUHSC has provided care for approximately 120 physical abuse cases and approximately 170 sexual abuse cases a year. With the addition of the Center for Superheroes through MEDCARES funding, TTUHSC anticipates conducting over one thousand therapy sessions with victims of child trauma in fiscal year 2017. For more information, visit: <http://www.ttuhsc.edu/som/pediatrics/>

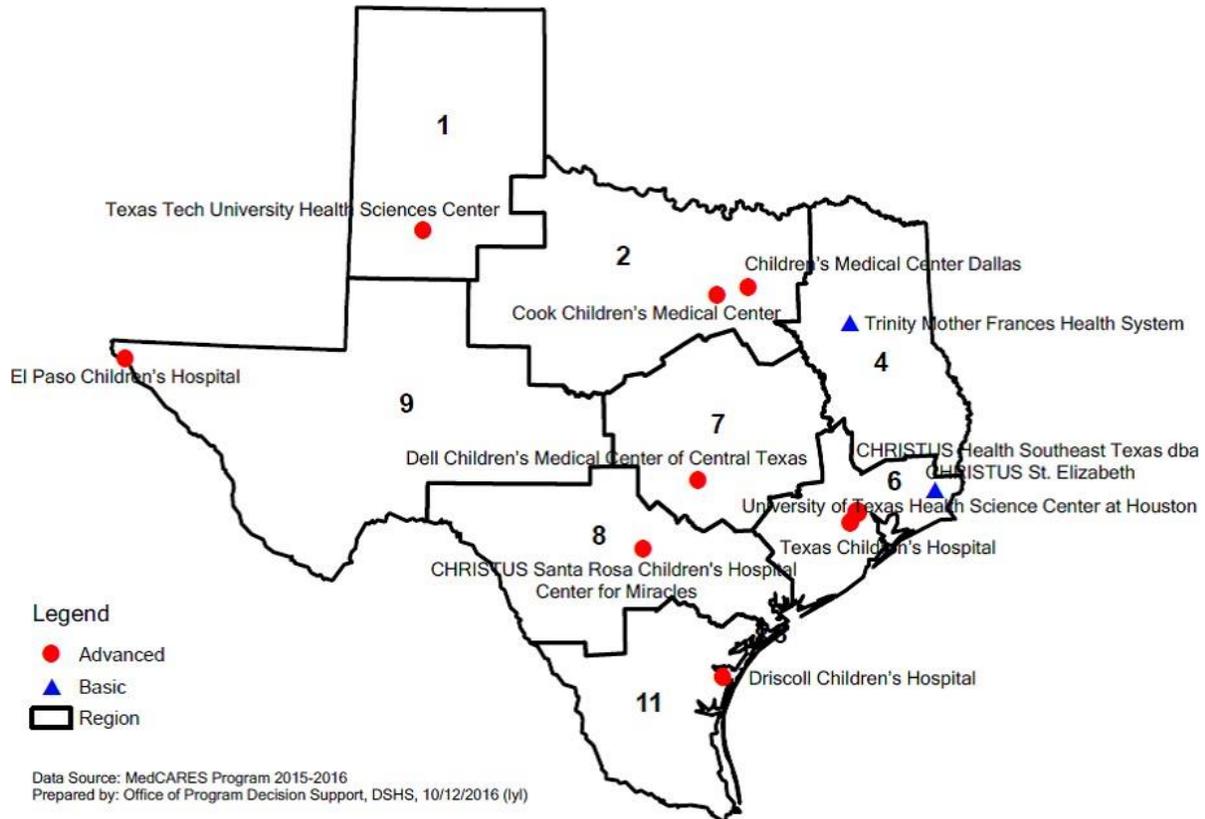
University of Texas Health Science Center, Houston*

The CARE Center at the University of Texas Health Science Center-Houston (UTHSC) was named the Division of Child Protection Pediatrics in 2012, in recognition of the importance of the specialty and the contributions of the CARE Center team to the University. The division's affiliation with children's hospital includes a pediatric level one trauma center and 24-hour pediatric emergency department. Pediatric radiologists and neuro-radiologists are available 24 hours a day, seven days a week to review images in child abuse cases.

Division physicians are recognized locally, nationally, and internationally for their expertise in the field. The division's mission is to provide comprehensive care to child abuse and neglect victims; to educate future physicians, other medical providers, and the community about child abuse and neglect; and to study important clinical questions. The majority of the catchment area is rural, though approximately three-quarters of families served by the division live in urban Harris County. Approximately 25 percent of children in Harris County are uninsured, and nearly 18 percent of county residents have incomes below the federal poverty level. Harris County has the highest child abuse fatality rate in Texas and a disproportionate number of child maltreatment deaths relative to the regional child population. UTHSC saw approximately 3,715 pediatric patients during this reporting period. For more information, visit: <https://med.uth.edu/pediatrics/divisions/child-protection-pediatrics/>

Figure 1 shows a map of the 2015-2016 MEDCARES contractors awarded contracts in fiscal years 2015 and 2016, by DSHS Health Service Region.

Figure 1. 2015 and 2016 MEDCARES Contractors



Providers

According to the American Board of Pediatrics 2015-2016 Workforce Data report, there are 22 Child Abuse Pediatricians (CAP) certified in Texas with three CAP Fellows.³ MEDCARES contractors employ the majority (19) of those certified Child Abuse Pediatricians in Texas. In addition, three MEDCARES contractors have created fellowship programs to recruit and train more CAPs to assess, diagnose, and treat child abuse and neglect which will result in more accurate diagnoses. Timely assessments and accessibility to medical child abuse experts help determine patterns of abuse; dismiss cases in the early stages of a Child Protective Service (CPS) investigation where abuse is no longer suspected; and identify severe cases that require additional safety interventions to prevent further abuse and neglect, and potentially death. Early identification also reduces the short- and long-term costs associated with receiving health care services, conducting investigations, convening legal proceedings, and providing oversight within the foster care system. In addition to providing direct services, these highly trained

³ The American Board of Pediatrics: Workforce Data Research Publications. Child Abuse Pediatrics, 2015 powerpoint slide 14. Available from: <https://www.abp.org/sites/abp/files/pdf/workforcebook.pdf> (June 2016)

professionals also provide education and training to those who work on the front lines with children at risk (such as law enforcement, case workers, members of the judiciary), as well as other members of the public (parents, teachers, students, medical professionals). Information is regularly provided regarding how to identify various types of abuse, reporting requirements, how and where to make referrals, abusive head trauma, photo documentation, and other topics.

For medical professionals in particular, training sessions that help to differentiate between abuse and neglect and a medical condition are especially helpful. This decreases the likelihood that children are erroneously removed from the home or prohibited from seeing an established caregiver due to suspected abuse. Common prevention trainings and seminars for parents and caregivers include topics such as identifying crying patterns in newborns and soothing techniques. Physicians are commonly seen as non-threatening and highly respected authority figures to many families and can prove to be invaluable in providing the tools to prevent child abuse and neglect.

Pediatricians with expertise in the area of child maltreatment also coordinate case reviews. The one-hour review includes input from physicians, CPS investigators, supervisors, and a CPS risk manager. This multidisciplinary approach leads to a better understanding of the severity and timing of the injury and identified risk factors. The additional information helps inform CPS investigators regarding who should and should not have contact with the child.

Child Abuse Data

A review of the Texas Department of Family and Protective Services' (DFPS) fiscal year 2015 client data puts into perspective the scope of the problem that MEDCARES grant program seeks to address by training medical and law enforcement professionals throughout the state who deal with children to identify potential child abuse. According to the DFPS 2015 Data Book, a total of 290,471 children in Texas suspected of being victims of child abuse or neglect were reported to DFPS. Of those, 66,721 were unduplicated confirmed victims of child abuse or neglect. The leading type of abuse is neglectful supervision with 52,173 cases followed by physical abuse at 10,907 cases and 5,721 sexual abuse cases. Parents and other family members were responsible for nearly 97 percent of these cases. In 2015, there were 171 child deaths caused by abuse in Texas.⁴

As shown in Table 1, the percentage of confirmed cases differed by Health Service Region (HSR), ranging from a low of 17.6 percent in HSR 6 to a high of 28.9 percent in HSR 2.

⁴ Texas Department of Family Protective Services. DFPS 2015 Data Book. Available from: http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2015/cps.asp . Retrieved July, 2016.

Table 1. DFPS Alleged and Confirmed Victims of Child Abuse/Neglect - Fiscal Year 2015

Health Service Region	Alleged Victims	Unconfirmed Victims	Confirmed Victims	Percentage Confirmed
1 Lubbock	11,736	8,587	3,149	26.8
2 Abilene	9,553	6,790	2,763	28.9
3 Arlington	71,296	52,725	18,571	26.0
4 Tyler	15,216	11,138	4,078	26.8
5 Beaumont	10,650	8,283	2,367	22.2
6 Houston	54,818	45,189	9,629	17.6
7 Austin	36,227	28,100	8,127	22.4
8 San Antonio	33,782	26,284	7,498	22.2
9 Midland	8,060	6,271	1,789	22.2
10 El Paso	7,941	5,903	2,038	25.7
11 Edinburg	31,130	24,433	6,697	21.5
Out of State	62	47	15	24.2
Total	290,471	223,750	66,721	23.0

Outcomes**Patient Consultations**

The number of inpatient consultations and outpatient exam data was collected on a monthly basis from each site. Inpatient consultations are separated according to final determinations made by lead physicians. While the majority of patients in the MEDCARES sites are seen in outpatient settings, a significant number of children must be admitted to the hospital due to injuries found to be caused by maltreatment.

MEDCARES providers examined 4,205 children through inpatient consultations. Of the children examined, 2,150 were confirmed abuse cases with 1,175 (55%) due to physical abuse, 836 (39%) due to neglect or other reasons, and 139 (6%) due to sexual abuse.

MEDCARES providers also examined children through outpatient consultations. Of the 18,827 children examined, 18,663 children were identified as having injuries related to abuse with 9,171 (49%) due to sexual abuse, 5,215 (28%) due to physical abuse, and 4,280 (23%) due to neglect or other reasons.

Indirect Services

MEDCARES sites provided 902 educational trainings to health care providers, child protective services, law enforcement, child advocacy centers, faith-based organizations, K-12 academic institutions and child care organizations and many more in efforts to increase recognition and reporting of abuse for early identification and intervention.

Training is given to staff in clinics and hospitals to increase awareness in assessment and subsequent reporting and referral. Community training opportunities have expanded as well, allowing for prevention information on various topics to be provided directly to parents, providers, caseworkers, and law enforcement personnel, who frequently work with families at high risk. Prevention materials cover a wide-range of topics, including child safety, infant care, and Period of PURPLE Crying (POPC). Trainings have also covered such topics as recognizing and reporting abuse, abusive head trauma, injury biomechanics, conditions that mimic abuse, and the importance of family history.

Basic sites have purchased equipment that allowed them to expand services to clients in more remote areas of the state and attend statewide and national trainings to improve their knowledge bases related to child maltreatment.

In addition, MEDCARES sites have provided 5,936 case reviews and 641 court appearances to support people who work in the judicial process.

Conclusion

The Department of State Health Services (DSHS) awarded \$5.54 million through the Medical Child Abuse Resources and Education System (MEDCARES) grant program to 11 contractors in fiscal years 2015 and 2016.¹ Children, communities, and health care systems have benefitted because MEDCARES funding enabled contractors to:

- Expand direct services to patients and their families;
- Provide trainings, outreach and support to other medical professionals, case workers, law enforcement, the judiciary, and nonprofessionals;
- Mentor basic level sites to help improve and expand services in more rural areas;
- Provide accredited fellowships in Child Abuse Pediatrics;
- Conduct training to increase the knowledge of community partners on assessment and medical treatment of maltreated children as well as evidence-based interventions;
- Increase cooperation with CPS, law enforcement, and the judiciary through consultations, medical case review, and by providing testimony in court; and
- Expand clinical hours and increased capacity during clinic hours, and development of new clinics.

MEDCARES sites focused on developing regional initiatives to leverage the expertise of the 22 child abuse pediatricians certified in Texas, roughly one for every 323,433 children. As the basic level sites become more knowledgeable and supported by these specialists, more children across the state are served with the highest quality of care. Building these sites also brings

awareness and encourages interest in child abuse fellowships and recruitment of other board-certified physicians to the state.

APPENDIX A: Acronyms

CAC	Child Advocacy Center
CAP.....	Child Abuse Pediatrics program (Texas Children’s Hospital)
CARE.....	Child Abuse Resource and Education (Dell Children’s Medical Center/University of Texas Health Science Center at Houston)
CARE.....	Child Abuse Resource and Evaluation (Driscoll Children’s Hospital)
CARE.....	Child Advocacy Resource and Evaluation (Cook Children’s Medical Center)
CFM.....	Center for Miracles (CHRISTUS Santa Rosa Children’s Hospital)
CPS	Child Protective Services
CPT	Child Protection Team
DCMC.....	Dell Children’s Medical Center
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
EPCH.	El Paso Children’s Clinic
MEDCARES.....	Medical Child Abuse Resource and Education System
NACHRI	National Association of Children’s Hospitals and Related Institutions
PCOE	Pediatric Centers of Excellence
POPC.....	Period of PURPLE Crying
PURPLE.....	P=Peak of crying U=Unexpected R= Resists Soothing P=Pain-like face L=Long Lasting E-Evening
REACH.....	Referral and Evaluation of At-Risk Children (Children’s Health)
SANE	Sexual Assault Nurse Examiner
TCH/BCM.....	Texas Children’s Hospital/Baylor College of Medicine
TTUHSC.....	Texas Tech University Health Science Center