

MEDICAL CHILD ABUSE RESOURCE AND EDUCATION SYSTEM (MEDCARES)

GRANT REPORT

FISCAL YEAR 2010-2011

**Office of Program Decision Support
Division for Family and Community Health Services**



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EXECUTIVE SUMMARY

The 81st Texas Legislature enacted Senate Bill (SB) 2080 in 2009, requiring the Department of State Health Services (DSHS) to establish the Texas Medical Child Abuse Resources and Education System (MEDCARES) grant program. This program awards grants for developing and supporting regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect. State funding of regional efforts was recommended in a report submitted to the 80th Legislature by the committee on pediatric centers of excellence (PCOE) relating to abuse and neglect (Section 266.0031, Family Code). The law enacted by SB 2080 (Chapter 1001, Subchapter F, Health and Safety Code) also requires the executive commissioner of the Health and Human Services Commission to appoint an advisory committee to advise DSHS and the executive commissioner in establishing the grant program.

Chapter 1001, Subchapter F, Health and Safety Code (as added by SB 2080), states that DSHS may award grants to hospitals or academic health centers with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence for the assessment, diagnosis, and treatment of child abuse and neglect. In addition to passing the MEDCARES legislation, the 81st Legislature appropriated \$5 million to DSHS for fiscal years (FY) 2010-2011 to fund the grants (Article IX, Section 17.115, of the General Appropriations Bill). DSHS is not required to award grants unless specific appropriations for the implementation are provided in the Rider.

Subchapter F requires DSHS, with the assistance of the advisory committee, to submit a report by December 1 of every even-numbered year to the governor and Legislature. The report will describe grant recipients, grant activities, and the results and outcomes of the MEDCARES grants. The following report encompasses the first year of the grants, which were awarded June 1, 2010.

The PCOE report submitted to the 80th Legislature in accordance with Section 266.0031, Family Code identified several key findings with regards to child abuse and neglect. Most importantly, it 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. However, according to the report, coordination with the health care system has been limited due to “the shortage of physicians specialized and experienced in child abuse and neglect, low levels of reimbursement for child abuse-related medical services, and the resulting under-diagnosis and misdiagnosis of many children.”

As a result, many child abuse victims may either receive an incorrect medical diagnosis or never receive a medical diagnosis at all. In addition, the ability to conduct timely evaluation is minimized and additional statewide costs and resources are expended on furthering investigations and costly legal proceedings. The amount of time and money spent for these cases can be reduced if a qualified physician, specialized in child abuse and neglect, collects the appropriate medical information and interprets it in the early stages of the investigation.

Overview

The MEDCARES grant was created to increase access to medical child abuse experts and improve timely and accurate child abuse diagnoses. The grant will augment existing statewide services and strengthen cross-sector relationships to enhance future referrals. A nine-member advisory committee was appointed by the HHSC executive commissioner on or before November 1, 2009. The committee

began meeting November 20, 2009, and assisted DSHS in setting the requirements and priorities for the grant program. The priorities are outlined in an open enrollment application released March 2010. The grant program provides support for regional medical child abuse and neglect programs to improve the assessment, diagnosis, and treatment of child abuse and neglect as described by the PCOE report.

In June 2010, half of the \$5 million in state-allocated general revenue funds were awarded and distributed equally across eight contractors to begin work on the MEDCARES grant program that began June 1, 2010. Contractors consist primarily of academic and non-profit hospitals throughout the state that have been identified as a child abuse and neglect center of excellence or advanced child abuse and neglect program as per the PCOE report. The facilities selected include:

- Children's Medical Center of Dallas
- CHRISTUS Santa Rosa Children's Hospital, San Antonio
- Cook Children's Medical Center, Fort Worth
- Dell Children's Medical Center, Austin
- Driscoll Children's Hospital, Corpus Christi
- Texas Children's Hospital, Houston
- The University of Texas Health Science Center at Houston
- Scott & White Children's Hospital, Temple

Achievements

Although funds were distributed June 1, 2010, a great deal of progress has been made toward achieving program goals. MEDCARES funds have allowed contractors to hire additional physicians and specialists with expertise in child abuse and neglect and have provided additional training opportunities for current staff. By increasing the number of trained personnel, clinics have been able to increase hours and see more patients. As a result, contractors have reported increases in the number of identified child abuse and neglect victims, including cases in which abuse was originally missed at another institution. They also indicated decreases in the number of cases that are first reported to them through Child Protective Services (CPS). This is important because it enables the physicians to evaluate the child for abuse and neglect at an earlier stage, decreasing the likelihood of future abuse and neglect. Early detection and evaluation further decreases costs associated with a CPS investigation, including foster care placement, if it is determined that a case is not child abuse and neglect.

Other notable accomplishments achieved through MEDCARES funding include:

- Expanding the size of facilities and increasing the knowledge of existing staff and community partners through education, and training on assessment and treatment of maltreated children.
- Expanding current prevention programs by training community partners on evidence-based interventions.
- Increasing cooperation with CPS, law enforcement, and prosecution offices through consultations, medical case review, and by advocating on behalf of abuse victims in court.
- Improving research capabilities of MEDCARES Centers by adding relevant data elements to current registries, creating new registries specifically designed for child maltreatment and neglect and by creating data workgroups to advise facilities on data collection, research, and data analyses.

- Developing basic child abuse programs through partnerships with institutions that serve high-risk populations, including a hospital serving the largest military base in the country, with mini-fellowships, shadowing, and weekly on-site consultations as examples.

MEDCARES OVERVIEW

DESCRIPTION OF REQUIREMENTS

Based on Subchapter F, DSHS, with advisement from the MEDCARES advisory committee, focused on program awards to hospitals or academic health centers with expertise in pediatric health care currently meeting the following criteria:

- **Staff:** Have at least one full-time equivalent physician experienced and trained in all types of child abuse and neglect, one dedicated social worker, and one project coordinator. The physician must be board-certified as a child abuse pediatrician or demonstrate completion of a pediatric child abuse training fellowship or demonstrate five years of at least half-time experience providing child abuse and neglect medical services.
- **Services:** Provide comprehensive medical evaluations for child abuse and neglect patients, including consults on inpatient and outpatient cases, and access to related subspecialty services (such as pediatric radiology).
- **Prevention:** Participate in community child abuse prevention efforts by serving on community boards concerned with prevention of child abuse and neglect or by developing/ disseminating prevention materials.
- **Collaboration:** Collaborate with CPS-assigned caseworkers and community organizations such as the local Child Advocacy Center (CAC), the child fatality review team (CFRT) and law enforcement.
- **Education:** Provide related child abuse and neglect training for medical students and residents (if present at the hospital), community physicians, CPS, law enforcement and others.
- **Research:** Have a center or program physician who maintains active membership in recognized state and national child abuse organizations in order to provide up-to-date research information to the team.
- **Risk Management:** Maintain and update child maltreatment protocols related to conducting medical evaluations and case reporting.

Per Section 1001.152 of the Texas Health and Safety Code, activities and strategies proposed by eligible applicants may support the following services:

- 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, CPS staff, and CACs 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;

- The use of telemedicine and other means to extend services from regional programs into underserved areas; and
- Other necessary activities, services, supplies, facilities, and equipment as determined appropriate by DSHS.

MENTORING COMPONENT

Facilities that meet the initial grant requirements must also commit to developing a basic child abuse program (as defined by the PCOE report) through a mentoring partnership or a proposed mentoring partnership in order to qualify for an award. Support provided from advanced centers or centers of excellence to basic child abuse programs is an integral part of the MEDCARES system goal: to improve the assessment, diagnosis and treatment of child abuse and neglect via a state-wide service system of regional medical child abuse programs. The determination to incorporate a mentoring component was made to ensure compliance with the legislation and to improve and expand health care services for child abuse and neglect experts throughout the state.

SERVICES

It is difficult to identify abuse and neglect among children because identification is dependent on an individual's ability to not only recognize suspicious injuries, but also report them in a timely manner to the appropriate authorities. The lack of medical experts exacerbates the issue as there are fewer than 20 pediatric child abuse specialists throughout Texas.

The physicians and other health care workers who specialize in child abuse and neglect provide assessments and treatment, as well as work on research, prevention, education, and outreach efforts. When assessing, diagnosing, and treating child abuse, timeliness and accessibility are key. It is often difficult to determine when abuse occurred. The earlier the assessment can be, the more likely the specialist will be able to make a determination of when the abuse may have occurred and inform the appropriate authorities - including CPS and law enforcement. Often times, early evaluation will help improve the chances that CPS and law enforcement will correctly identify the perpetrator. Timely assessments and accessibility to medical child abuse experts also assist with dismissing cases in the early stages of the investigation where abuse is no longer suspected as the cause of injury. This increased access to medical experts can also help identify severe cases that require additional safety interventions to prevent further abuse and neglect, and potentially death.

The treatment services in a medical child abuse setting include counseling, safety plans and referrals. However, these services are frequently underutilized as, in general, CPS and law enforcement are unaware of how medical expertise may assist in their investigations. It is imperative that the medical experts educate and inform law enforcement and CPS on how medical expertise can aid their investigations. Medical experts that work closely with CPS provide input and assistance to ensure an adequate safety plan and appropriate referrals.

The use of photo-documentation by medical child abuse experts has proven invaluable to child abuse and neglect investigations. Commonly provided by the forensic nurse examiner, photo-documentation of children, believed to have been abused or neglected, can provide additional information on visible

injuries. The photographs can assist in a case decision as well as provide the materials needed for a secondary physician review when a face-to-face meeting between doctor and patient is not possible. The information compiled by the physicians and forensic nurse examiners is provided to CPS and law enforcement. Often, these photos are used when prosecuting a perpetrator by telling the story better than can be told by words alone.

Additionally, medical child abuse experts provide case reviews. The one hour review includes input from physicians, CPS investigators, supervisors and a CPS risk manager. The child's safety plan is reviewed at this time and determinations are made to either decrease or increase the restriction levels of the child's caregiver/alleged perpetrator. 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 of who should and should not have contact with the child.

The research completed by specialists in the field of child abuse improves the quality of care provided to all children who are suspected victims of abuse and neglect. The research completed by specialists in the field of child abuse improves the quality of care provided to all children who are suspected victims of abuse and neglect. Information obtained through research provides valuable insight into new approaches for the identification and treatment of child abuse and neglect. In addition, in-service trainings and education are effective ways of sustaining teamwork. Trainings also ensure that professionals and the community know the possible signs of child abuse and neglect, as well as the procedures to follow when a child is suspected to be a victim of abuse and neglect.

It is important for the medical community to provide education on child abuse, including how to prevent child abuse, to parents and caregivers. 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. Child abuse physicians and their staff have the capacity to cover a wide range of topics including: mechanisms for soothing crying infants, and tools for tantrums and potty-training. In addition to these primary preventions, medical providers can identify root causes of abuse and neglect such as substance abuse, mental illness, domestic violence, and parenting at a young age, and refer caregivers to resources or advocate for enhancing available resources.

Education and outreach should also be provided to front-line care providers such as medical staff, school personnel, CPS staff, and other community members. This will help to improve the likelihood of detecting the subtle signs of child abuse. Specifically, educational seminars on the signs and medical conditions that may mimic abuse such as bleeding disorders, rickets, congenital disorders, and dermatologic conditions, are extremely beneficial. Being able to differentiate between abuse or neglect and a medical condition helps to decrease the number of children who are erroneously removed from the home or prohibited from seeing an established caregiver. Identifying false positives early in the investigation reduces the overall costs of the investigation and legal proceedings and relieves family members of unnecessary anguish.

CLIENTS

Child abuse is one of the most prevalent and severe dangers faced by children in the U.S. today. In 2006, 2.04 out of every 100,000 children in the U.S. died from child abuse. In Texas, the problem is even greater, with a rate of 3.96 deaths per 100,000 children, the highest rate in the nation. Fatalities

disproportionately affect the very young, with children less than one year old accounting for 44.2 percent of fatalities and children younger than age four accounting for 78 percent of fatalities in the U.S. in 2006. In Texas, the numbers are 41.4 percent for children less than one year and 70.5 percent for children younger than age four (FY 2006).

In 2009, there were 68,326 confirmed victims of child abuse in Texas through the Department of Family and Protective Services (DFPS). Parents were responsible for nearly 80% of these cases.

Despite the severity of the problem, many cases of child abuse are not reported and the exact prevalence of child abuse is unknown. Estimates from national and state surveys have found that anywhere from 25 percent to 50 percent of individuals have been victims of child abuse during their lifetime, depending on the definition of abuse used.

Within the first two full months (June and July 2010) of MEDCARES implementation, approximately 1,500 children have been evaluated, have been referred or have received medical treatment from the eight MEDCARES locations. If this trend continues, within 12 months of service, between 9,000 and 10,000 children will have received an evaluation, referral or medical treatment for some type of child abuse or neglect.

In addition to the suffering experienced by child abuse victims and their families, child abuse has significant costs to society. These include health care expenditures, lost work days, and law enforcement and social services expenses. In the short term, children suffering abuse may require hospitalization and medical care for their acute injuries. These tend to be more severe and costly than injuries caused by accidents. In the long term, the experience of child abuse may lead to more chronic physical and mental health problems for its victims, such as permanent disability, post-traumatic stress disorder, addictions, depression, eating disorders, smoking and obesity. Most importantly, abused children who are not identified or treated for abuse have a significant risk of becoming an abusive parent.

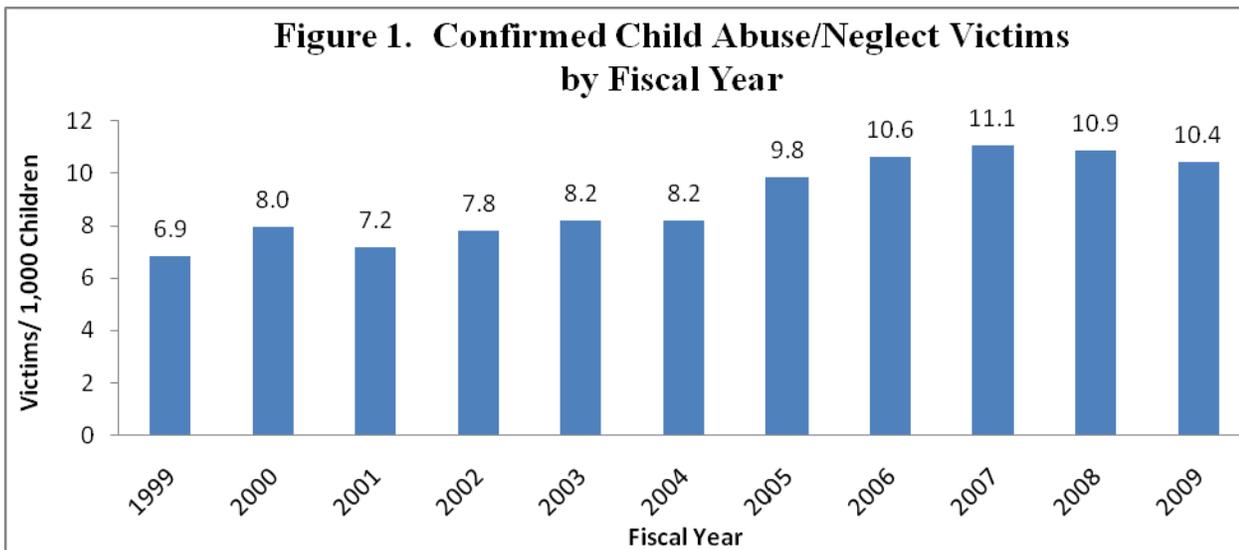
As shown in Table 1, there were a total of 283,922 children in Texas suspected of being a victim of child abuse or neglect reported to the DFPS in FY 2009. Of those, 24.1 percent (68,326) were confirmed victims. The percent confirmed differed by region, ranging from a low of 19.1 percent in Region 5 to a high of 31.5 percent in Region 1 (see map of regions on page 44).

Table 1
Alleged and Confirmed Victims of Child Abuse/Neglect (FY2009)

| Region | Alleged Victims | Confirmed Victims | Unconfirmed Victims | Percent Confirmed |
|-----------|-----------------|-------------------|---------------------|-------------------|
| Texas | 283,922 | 68,326 | 215,596 | 24.1% |
| Region 1 | 13,384 | 4,218 | 9,166 | 31.5% |
| Region 2 | 9,119 | 2,499 | 6,620 | 27.4% |
| Region 3 | 66,648 | 16,935 | 49,713 | 25.4% |
| Region 4 | 14,862 | 3,637 | 11,225 | 24.5% |
| Region 5 | 9,988 | 1,907 | 8,081 | 19.1% |
| Region 6 | 50,365 | 10,185 | 40,180 | 20.2% |
| Region 7 | 32,979 | 6,485 | 26,494 | 19.7% |
| Region 8 | 34,775 | 7,961 | 26,814 | 22.9% |
| Region 9 | 8,885 | 2,525 | 6,360 | 28.4% |
| Region 10 | 7,860 | 2,246 | 5,614 | 28.6% |
| Region 11 | 35,014 | 9,708 | 25,306 | 27.7% |
| Unknown | 43 | 20 | 23 | 46.5% |

Source: Texas Department of Family and Protective Services, 2009 Data Book, accessed on October 6, 2010, at: http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2009/5CPS.pdf.

Figure 1 illustrates that the rate of confirmed child abuse or neglect victims ranged from a low of 7.0 per 1,000 children in FY 1999 to a high of 11.2 in FY 2007.



Source: Texas Department of Family and Protective Services, 2009 Data Book, accessed October 6, 2010: http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2009/5CPS.pdf.

Rates are per 1,000 children ages 0-17 years.

2009 Population Source: Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer, Institute for Demographic and Socioeconomic Research, The University of Texas at San Antonio.

Table 2 shows the majority of the children who were confirmed victims of child abuse or neglect were between the ages of one and three (25.1%). There were an additional 9,293 children less than one year of age (13.6%) who were victims of child abuse or neglect, which means that nearly 40 percent of all children with confirmed child abuse or neglect were less than 4 years old. The child abuse or neglect rates were highest for children less than one year of age.

The percentage of children who were confirmed victims of child abuse or neglect was similar among males and females. Approximately 52% of all confirmed victims were female.

Of the 68,326 confirmed victims of child abuse or neglect, 44.4% were Hispanic, 31.1% were White, 20.6% were African American, and the remaining 3.9% were another race/ethnicity. The rate of child abuse and neglect for African American children (17.4 cases per 1,000 population) was two times the rate of White children (8.8 cases per 1,000 population).

Table 2
Confirmed Child Abuse/Neglect Victims
by Gender, Race/Ethnicity and Age (FY2009)

| | Total | Percent | Rate |
|-----------------------|--------|---------|------|
| Texas | 68,326 | 100.0% | 10.4 |
| Age Group | | | |
| < 1 Year | 9,293 | 13.6% | 23.3 |
| 1-3 Years | 17,118 | 25.1% | 14.6 |
| 4-6 Years | 13,885 | 20.3% | 12.4 |
| 7-9 Years | 10,810 | 15.8% | 10.3 |
| 10-12 Years | 7,881 | 11.5% | 7.8 |
| 13-17 Years | 9,121 | 13.3% | 5.0 |
| Other | 218 | 0.3% | -- |
| Gender | | | |
| Female | 35,305 | 51.7% | 11.0 |
| Male | 32,875 | 48.1% | 9.8 |
| Unknown | 146 | 0.2% | -- |
| Race/Ethnicity | | | |
| White | 21,217 | 31.1% | 8.8 |
| African American | 14,092 | 20.6% | 17.4 |
| Hispanic | 30,363 | 44.4% | 9.8 |
| Other | 2,654 | 3.9% | 10.5 |

Source: Texas Department of Family and Protective Services, 2009 Data Book, accessed on October 6, 2010, at:

http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2009/5CPS.pdf

Rates are per 1,000 children ages 0-17 years.

2009 Population Source: Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer, Institute for Demographic and Socioeconomic Research, The University of Texas at San Antonio.

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Table 3 shows the rate of children who were confirmed victims of child abuse or neglect in FY 2009 was highest in Regions 1 (23.7 cases per 1,000 population), 2 (23.3 cases per 1,000 population), and 9 (20.6 cases per 1,000 population). Region 6 had the lowest rate of child abuse or neglect victims (7.5 cases per 1,000 population). The majority of confirmed allegations of child abuse or neglect was due to neglectful supervision (49,588), followed by physical abuse (13,875) and physical neglect (6,570).

**Table 3
Confirmed Allegations of Child Abuse/Neglect by Type of Abuse (FY2009)**

| Region | Physical Abuse | Sexual Abuse | Emotional Abuse | Abandonment | Medical Neglect | Physical Neglect | Neglectful Supervision | Refusal to Accept Parental Responsibility | Total Confirmed Allegations of Child Abuse/Neglect | Confirmed Allegations of Child Abuse/Neglect Rate ¹ | Unduplicated Confirmed Victims ² |
|------------------|----------------|--------------|-----------------|-------------|-----------------|------------------|------------------------|---|--|--|---|
| Texas | 13,875 | 6,316 | 648 | 205 | 2,109 | 6,570 | 49,588 | 625 | 79,936 | 12.2 | 68,326 |
| Region 1 | 761 | 341 | 60 | 5 | 109 | 427 | 3,261 | 37 | 5,001 | 23.7 | 4,218 |
| Region 2 | 418 | 188 | 31 | 8 | 94 | 381 | 1,909 | 13 | 3,042 | 23.3 | 2,499 |
| Region 3 | 4,334 | 1,460 | 98 | 43 | 444 | 1,330 | 12,248 | 137 | 20,094 | 11.1 | 16,935 |
| Region 4 | 688 | 347 | 29 | 11 | 130 | 467 | 2,609 | 30 | 4,311 | 16.5 | 3,637 |
| Region 5 | 416 | 230 | 15 | 6 | 69 | 161 | 1,276 | 17 | 2,190 | 12.0 | 1,907 |
| Region 6 | 2,358 | 1,158 | 73 | 54 | 353 | 1,200 | 6,617 | 124 | 11,937 | 7.5 | 10,185 |
| Region 7 | 1,187 | 654 | 59 | 20 | 169 | 517 | 4,675 | 102 | 7,383 | 10.6 | 6,485 |
| Region 8 | 1,258 | 617 | 59 | 20 | 254 | 516 | 6,102 | 50 | 8,876 | 13.4 | 7,961 |
| Region 9 | 419 | 230 | 33 | 6 | 75 | 252 | 1,939 | 24 | 2,978 | 20.6 | 2,525 |
| Region 10 | 434 | 184 | 43 | 9 | 60 | 276 | 1,610 | 17 | 2,633 | 11.8 | 2,246 |
| Region 11 | 1,594 | 906 | 148 | 23 | 352 | 1,043 | 7,329 | 73 | 11,468 | 18.1 | 9,708 |
| Unknown | 8 | 1 | - | - | - | - | 13 | 1 | 23 | -- | 20 |

1. Rates are per 1,000 children ages 0-17 years.

2009 Population Source: Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer, Institute for Demographic and Socioeconomic Research, The University of Texas at San Antonio.

2. Victims have been unduplicated by investigation stage.

Source: Texas Department of Family and Protective Services, 2009 Data Book, accessed on October 6, 2010, at: http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2009/5CPS.pdf.

CONTRACTORS AND MENTORING SITES

The eight contractors that received funding through the MEDCARES grant in FY 2010 are:

- Children’s Medical Center of Dallas
- CHRISTUS Santa Rosa Health Care Corporation – Center for Miracles in San Antonio
- Cook Children’s Medical Center in Fort Worth
- Dell Children’s Medical Center of Central Texas in Austin
- Driscoll Children’s Hospital in Corpus Christi
- Scott and White Memorial Hospital in Temple
- Texas Children’s Hospital in Houston
- The University of Texas Health Science Center at Houston

Each of the contracted facilities will partner with other hospitals to increase their capacity and improve and expand health care services for child abuse and neglect experts. The mentoring sites that the eight contractors are partnering with in FY 2010 and FY 2011 are located in the following Texas cities:

- Abilene
- Beaumont
- El Paso
- Galveston
- Harlingen
- Kerrville
- Killeen
- Lubbock
- Tyler
- Waco

Each MEDCARES site is involved in several activities to fulfill the requirements of the program. A summary of each site’s structure, program activities, and objectives and outcomes is described in more detail in the following section.

CHILDREN'S MEDICAL CENTER DALLAS

The Referral and Evaluation of At-Risk Children (REACH) program at Children's Medical Center was established in the early 1980s with the mission to provide comprehensive interdisciplinary evaluation, medical care and support services for maltreated children and those in substitute care. The programs are aimed at ensuring that all vulnerable and victimized children receive the care they need at each stage, from initial evaluation to establishing a medical home.

The program's clinical services include the evaluation of children who are suspected victims of maltreatment, providing comprehensive assessment, medical care, psychosocial support, and a health care home for children in substitute care. The REACH program provides a strong voice for victimized children by documenting medical concerns, providing testimony in court proceedings, and working closely with law enforcement and Child Protective Services to promote child health and well-being and access to needed services. This year, the REACH program will provide medical care for more than 2,000 children.

DESCRIPTION OF FACILITY

- *Staff:* Medical Staff of REACH includes Matthew Cox, M.D., Medical Director, Amy Barton, M.D., Child Abuse Pediatrician, Suzanne Dakil, M.D., Child Abuse Pediatrician, Cathleen Lang, M.D., Fellow, Clinical Staff includes: Ann Sivley, LMSW, Carmen Gamez, LMSW, Angelica Segura, M.A., Amanda Ammons, Child Life Specialist, Heather Bensman, PhD, Psychologist Program Administration includes Shirley Willis, Coordinator, and Tanya Gibson, Senior Coordinator.
- *Services:* The REACH program performs medical evaluations of children hospitalized at CMC Dallas, CMC at Legacy, in the Parkland Memorial Hospital burn unit, and in REACH Clinics in Dallas and Plano. In the last few years, the program has evaluated more than 350 patients per year with abusive injuries requiring hospital or emergency department care. In addition, the program sees approximately 1,200 children each year due to concerns of sexual abuse, neglect or physical abuse in the REACH clinic or emergency department. In 2008, the program expanded to provide medical services at CMC at Legacy in Plano.
- *Prevention:* The REACH Program is implanting educational programs within the hospital and community to improve identification and referral of at-risk children. Educational programs aimed at high risk programs are under development.
- *Collaboration:* The REACH program created a dedicated Sexual Assault Forensic Examination (SAFE) Program in 2008 to ensure that sexually abused children have comprehensive, forensically sound medical evaluations by experienced medical providers who can be an advocate for the victimized child in court proceedings.
- *Education:* The REACH program actively educates the medical community regarding child abuse issues with monthly lecture series (Child Abuse Grand Rounds), trains medical students and pediatrics residents on child abuse issues, and has fellowship training program.
- *Research:* Clinical research studies include issues related to risk factors for abuse and clinical manifestations of abuse (rib fractures, injuries in multiple birth siblings). Dr. Dakil is evaluating

factors associated with abusive head trauma triggers with assistance of Academic Pediatrics Association grant.

- *Risk management:* As a level one trauma center, staff work closely with the trauma program to ensure protocols for medical evaluation of abuse are appropriately utilized. The SAFE team is involved in every sexual assault presented to the hospital and there is monthly peer review regarding process and examination findings. The team also reviews medical examinations conducted in the emergency setting to ensure completeness of evaluation.

GRANT OBJECTIVES

- **Expand clinical services:** The implementation of a failure to thrive clinic and a head injury follow-up clinic are two specific clinical programs in development as a result of MEDCARES funding. The failure to thrive clinic will be coordinated by the MEDCARES funded nurse coordinator. A psychologist (Ph.D.) will work directly with each family followed in the failure to thrive clinic to ensure parent-child bonding and provide means of intervention to improve the clinical outcome of the child. In addition, a speech therapist and occupational therapist will provide initial assessments of the patient evaluated in the clinic. In developing the failure to thrive clinic, the clinical need of a dedicated follow-up clinic for children affected by traumatic brain injury (abusive head trauma) was also identified. The funding has also enabled development of a specialized follow-up clinic utilizing the psychologist, therapists, and nurse coordinator.
- **Improve program functions:** The nurse coordinator will be instrumental in ensuring that patients evaluated by the clinical program are followed up periodically to ensure healing, through medical evaluations, and on-going medical care. The nurse will become familiar with patients while hospitalized and work with the families to ensure clinic follow-up. The nurse will also serve as a resource for CPS and foster parents.
- **Create data registry:** The creation of a state-of-the-art data registry will provide a means for tracking patient volumes, injury types, trends in injuries, and other important data. The registry will be utilized in the future to develop both retrospective and ideally prospective research projects. Staff would like for the registry to be used in the future by other MEDCARES sites to track larger volumes of patients and provide a means for larger-scale research studies.
- **Enhance educational programs:** MEDCARES will fund the implementation of a mini-fellowship program with community providers to provide them focused clinical exposure to child abuse pediatrics. The educational programs will also include creation of an education program, “Improving Medical Provider Assessment of Childhood Trauma (IMPACT)”, a community-based effort to educate medical providers regarding identifying, reporting, and treating suspected child abuse.
- **Provide mentoring to a basic program:** Identify one basic child abuse medical program in a geographical area of need that requires mentoring to develop capacity and efficiency in evaluating suspected child abuse victims.

OUTCOMES/SUMMARY

- To date, the failure to thrive clinic has been functioning with a pediatrician, occupational therapist, and speech therapist. Two patients have been identified to have significant speech

related disorders and one with an underlying medical disease that caused poor weight gain. All three of these patients were referred by CPS due to concerns of neglect. These cases exemplify the importance of multidisciplinary evaluation of poor weight gain.

- Positions for the child abuse registrar, registered nurse, and psychologist have all been approved by position control at CMC. The psychologist position has been filled and the candidate started October 1, 2010. As of October 11, 2010, a nurse will begin orientation. The position for registrar is posted and will be expected to be filled by the end of November 2010.
- CMC is currently soliciting bids to develop the child abuse registry and have posted the registrar position. It is expected this process of registry development will take several months. The use of the identified registrar during the development of the registry will improve the functionality of the program.
- The IMPACT program continues to be developed with plans to begin didactic sessions by January 2011. The program is being developed as an education research project necessitating the approval by the institutional review board, thus slowing the process of implementation.
- Dr. Christina Witte is a practicing pediatrician in Ennis and she is CMC's initial clinical mentor site. Staff are currently working with UT Tyler to establish a second site to begin educational programs and exposure to child abuse evaluations.

CHRISTUS SANTA ROSA HEALTH CARE CORPORATION

CHRISTUS Santa Rosa Children's Hospital Center for Miracles (CFM) is a multidisciplinary clinical facility that was established four and a half years ago to provide comprehensive evaluation and treatment of suspected victims of child physical 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 (CPS) and other local agencies to optimize the services at-risk families need to keep their children safe and healthy.

Comprehensive services include medical assessment, photo-documentation, X-rays and lab work, psychosocial evaluation, physician consultations, inpatient consultations, and short-term counseling. CFM provides services within a 30 county area with the majority of referrals from Bexar County. CFM has served 7,027 children from May 2006 through October 2010.

DESCRIPTION OF FACILITY

- *Staff:* CFM professional staff consists of: two board-certified Child Abuse Pediatricians (Drs. Nancy Kellogg and James Lukefahr), and one board-eligible Child Abuse-Pediatrician (Dr. Sandeep Narang); one Pediatric Nurse Practitioner (Kathleen Buckley C-PNP); and two social workers (Susan Lowe LCSW and Stacey Adams LMSW). Support staff includes a clinic coordinator, program coordinator, community liaison/prevention specialist, receptionist, and a certified nurse assistant.
- *Services:* Comprehensive outpatient medical evaluations for abuse or neglect: Patients are referred by CPS, law enforcement agencies, and area physicians. Inpatient medical consultations: occur at CHRISTUS Santa Rosa Children's Hospital and at University Hospital (the area's Level 1 trauma center and burn unit). Case-review consultations: face-to-face consultations with child abuse pediatricians for case review can be requested by CPS, law enforcement, and attorneys; three regular half-day sessions are scheduled per week, and additional consultations are scheduled when necessary. Regular reviews and consultations with University of Texas Health Science Center (UTHSC) faculty pediatric radiologist. Case-by-case consultations are arranged when needed with UTHSC faculty child psychiatrist and University of Texas Medical Branch (Galveston) faculty pediatric toxicologist, UTHSC faculty forensic odontologist, UTHSC faculty pediatric ophthalmologist, and Bexar County Medical Examiner forensic pathologists. Referrals to or consultations with other pediatric subspecialists at Children's Hospital and University Hospital are also arranged whenever necessary. Psychotherapy services: short-term and long-term therapy is provided by psychotherapists through a collaboration with the psychotherapy doctoral program at Our Lady of the Lake University.
- *Child abuse prevention:* Professional staff actively participate as board or committee members in numerous community organizations devoted to child abuse prevention. This includes the Bexar County Blue Ribbon Task Force and the United Way of San Antonio Children's Issues Council. Professional staff have developed several important child abuse prevention materials, including a video for new parents (in English and Spanish), a citywide poster campaign with anger management strategies and hotline numbers, and a website for professionals and for parents with resources on child abuse prevention.

- *Collaboration:* CFM professionals actively collaborate with area child abuse investigators and treatment providers, including CPS, local law enforcement agencies (especially the San Antonio Police Department and Bexar County Sheriff's Office), ChildSafe (the Alamo Children's Advocacy Center), the Bexar County CFRT, and many other agencies.
- *Education:* CFM houses the first postgraduate fellowship in Child Abuse Pediatrics in Texas. Currently, two physicians are active fellows, and a third will join CFM in July. CFM also provides: regular educational experiences to pediatric and family medicine residents, medical students, and learners in other health care professions; frequent seminars and workshops to medical, law enforcement, CPS, and other professionals; and presentations to community organizations.
- *Research:* CFM physicians have authored or co-authored numerous scholarly articles on child abuse and neglect. They have also served as principal investigators or co-investigators on several research projects and grants. CFM physicians are active members of numerous national and state professional medical and specialty societies.
- *Risk management:* The CFM clinic coordinator (a licensed social worker and former CPS Regional Director) reviews all outpatient evaluations for completeness and accuracy. All radiologic studies obtained during CFM evaluations (outpatient or inpatient) are independently reviewed by the UTHSC faculty pediatric radiologist. Each CFM case is entered into a database that tracks (among other criteria) completeness of evaluations, conclusions regarding abuse or non-abuse, and comparison of CFM conclusions with those of other involved clinicians.

GRANT OBJECTIVES

- Increase the number of qualified child abuse pediatricians at CFM from two to three.
- Supplement or replace expiring current funding.
- Utilize outreach methodology to enhance awareness of CFM services in the local medical community and increase referrals from hospitals, medical professionals, Child Advocacy Centers (CACs), Sexual Assault Nursing Examiner (SANE) programs, and community service agencies.
- Identify one basic child abuse medical program in a geographical area of need that requires mentoring and develop capacity and efficiency in evaluating suspected child abuse victims.
- Identify one or more potential future basic child abuse medical programs in the nearby area and offer mentoring and educational interventions.

OUTCOMES/SUMMARY

- CFM has recruited a third child abuse pediatrician, who is now providing clinical, educational, and other services.
- MEDCARES funding is now CFM's chief source of funding, in place of philanthropic funding that has expired. Without MEDCARES funding, CFM's service offerings would have undergone substantial reduction by the end of 2010.
- Outreach efforts to local area physicians and hospitals have begun. Structured presentations with educational materials are being finalized and will be offered to physician groups and others in the near future.
- The designated lead child abuse pediatrician for the planned children's hospital in El Paso has completed a month-long 'mini-fellowship' at CFM. Her first case review with CFM physicians

took place in August 2010. The case involved an infant who fell out of bed, according to the parents. Initial studies suggested the infant had two separate skull fractures, and abuse was strongly suspected. On case review, the injury was instead found to be a single uncomplicated skull fracture, consistent with the parents' explanation. Abuse was felt to be unlikely.

- Dr. Kellogg was granted consulting privileges at Peterson Regional Memorial Hospital in Kerrville, and is the medical director of the hospital's Forensic Nurse Examiner program. Two case reviews have already taken place.

COOK CHILDREN'S MEDICAL CENTER

Cook Children's Medical Center created the Child Abuse Resource and Evaluation, or CARE, Team in 1994, in response to the need in the community for a place to conduct a comprehensive evaluation of child abuse. Located in a non-threatening and child friendly environment within Cook Children's Medical Center, the CARE Team helps abuse victims early on through treatment and counseling. The CARE team's mission is to provide specialized clinical care to address child maltreatment in our region and surrounding communities. It strives to be nationally known for how community-wide child maltreatment health services are delivered. Highly qualified and experienced staff conducts medical interviews, medical and forensic evaluations, sexual abuse screening examinations, psychological assessments, preventive education, and multidisciplinary reviews.

In 2004, the CARE Team started seeing only the most severely injured of the abused children who had been admitted to the pediatric intensive care unit. The team's efforts gradually expanded to offering consultative services to all inpatients in the hospital. 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 allows. In 1994, there were 368 patient visits. This number has escalated to 1,246 in 2009.

DESCRIPTION OF FACILITY

- *Staff:* The Cook Children's CARE Team staff includes 11 full-time equivalent positions. This includes a medical director, Jamye Coffman, who is a board certified pediatrician in child abuse pediatrics; two pediatric nurse practitioners; three Sexual Assault Nurse Examiners; one Medical Assistant; one Licensed Clinical Social Worker; one bachelor's level Social Worker; one office manager; and one CPS liaison.
- *Services:* The CARE Team provides comprehensive medical evaluations for child maltreatment patients under the age of 18. This includes patients with concerns of physical abuse, neglect, failure to thrive, drug exposure, sexual abuse, and Munchausen Syndrome by Proxy. The full time outpatient clinic also has evening appointments. Inpatient consults are provided when requested. The CARE team has on-call coverage 24 hour per day, 365 days a year.
- *Prevention:* Dr. Coffman is currently a member of the Citizen Review team, the Tarrant County Alliance for Drug Endangered Children, Teaming/Resource Net Project, and the CFRT (covering Tarrant, Parker, Denton, and Johnson counties). The Teaming/Resource Net Project's purpose is to facilitate collaboration among community agencies that serve abused children and their families. The facilitator is funded by the United Way. Registered nurses facilitate the Period of Purple Crying shaken baby syndrome prevention program. Both social workers are trained as facilitators of Stewards of Children sexual abuse prevention training program, which educates adults to prevent, recognize, and react responsibly to child sexual abuse.
- *Collaboration:* The CARE Team is the medical component for nine area CACs. The CARE Team participates in all the multidisciplinary staffing groups in Tarrant, Johnson, and Hood/Somervell/Erath counties and in the remainder of the center staffing groups on a case-by-case basis. CARE Team staff members routinely collaborate with CPS investigators and law enforcement by providing affidavits and detailed explanations of the medical evaluation and

diagnosis. The CARE Team physicians and nurse practitioners review abuse cases and photos electronically submitted by CPS staff. In addition, the CARE Team physicians and nurse practitioners receive and respond to phone calls and e-mails from CPS, law enforcement, and prosecutors with medical questions about cases that may or may not involve Cook Children's patients. All of these services are provided as a courtesy and members of the CARE team are not reimbursed.

- *Education:* Physicians, nurse practitioners, and social workers are actively involved in educating physicians, medical students, residents, nurses, nurse practitioners, physician assistants, law enforcement, CPS, prosecutors, defense attorneys, and the community. Dr. Coffman has presented at grand rounds, state and national meetings. The nurse practitioner and Dr. Coffman participate in trainings across the state for CPS and law enforcement. These trainings are part of the "Advanced Techniques in Joint Child Abuse Investigations" organized by the local Shaken Baby Alliance and funded through the Department of Family and Protective Services. The licensed clinical social worker and nurse practitioner teach classes at UT in Arlington for undergraduate nurses and master's level nurse practitioners and at University of North Texas Health Science Center for master's level physicians assistants. Additionally, CARE Team staff members have provided lectures for the Emergency Nurses Association and school nurses. Clinical training for SANE is also provided. Third- and fourth-year medical students from the Texas College of Osteopathic Medicine can spend an elective month with the CARE Team. Dr. Coffman gives lectures for family practice residents at John Peter Smith Hospital, at the Tarrant County Dental Society, and at a state conference for defense attorneys.
- *Research:* Dr. Coffman is a member of American Professional Society for Abused Children, the International Society for the Prevention of Child Abuse and Neglect, the Texas Pediatric Society's child abuse committee, and the Ray Helfer Society. The Helfer Society is a national honorary society of physicians seeking to provide leadership to enhance the prevention, diagnosis, and treatment of child abuse and neglect. The CARE Team has recently developed a new data collection system to keep a broad array of data points for future research. Dr. Coffman currently participates in a multicenter research project, Examining Siblings to Recognize Abuse study, based at Brigham and Women's Hospital through Harvard Medical School in Boston, Massachusetts. Cook Children's Research Administration Office, available to all Cook Children's practitioners and staff, can provide trained RN research coordinators to support clinical trials, provide access to research consultation services for all aspects of study development.
- *Risk Management:* The CARE Team is part of Cook's system-wide quality improvement program designed to evaluate the services provided. Cook Children's has a Quality Management system in place to monitor services and meets on a monthly basis. The Risk Management sub-committee is one of the 11 quality management sub-committees and reports to the Board Quality Committee on a regular basis. Dr. Coffman and the CARE Team staff develop the CARE Team's child maltreatment protocols and participate in writing hospital policies that relate to child abuse and neglect.

GRANT OBJECTIVES

- Expand the number of abused children treated by the program by adding staff and expanding hours of service. The expansion plan also includes establishing a foster care clinic that will include those children who are placed with relatives or placed voluntarily. The new foster care

clinic will be housed at one of the existing Cook Children's Neighborhood Clinics that provide a medical home for indigent and underinsured children. The program will also add the evidence-based prevention program, Period of Purple Crying, for the area hospital nurseries.

- Partner with a basic mentoring program in Abilene and improve medical evaluation of children in outlying areas. There is a well-established specialty clinic at Cook Children's that already has telemedicine capabilities in Abilene.
- The physicians and nurse practitioners will provide education and awareness to medical personnel as well as partner agencies.
- Improve prevention efforts by expanding outreach.

OUTCOMES/SUMMARY

- A child abuse pediatrician has been hired and a job announcement for a bachelor's level social worker has been posted.
- A partnership with the basic program in Abilene is being developed. There is a CAC including a physician already active in the multidisciplinary staffings and review of cases in an area with no child abuse specialty services available. Staff will need to assess basic services that are already provided efficiently, services that are provided but are inefficient and need improvement and, finally, services that are either partially or completely lacking. Once the problems and needs are identified, the CARE Team will assist the basic program in addressing the problems and responding to the needs. A large area in West Texas has extremely limited medical resources for child abuse victims, and is in crucial need for quality care services. Establishment of the basic program in Abilene will have a huge impact on the region. Education will be provided through:
 - grand rounds,
 - visiting various hospital emergency department providers to assure adequate recognition,
 - assessment and treatment of maltreated children,
 - training staff in photo documentation, determining which physicians have a high percentage of children involved with CPS and assuring these children have adequate recognition,
 - assessment and treatment of child maltreatment,
 - creating relationships with these providers so they feel comfortable calling for assistance when needed.
- The CARE Team will also assess the use of an established telemedicine site in Midland.
- In a collaborative effort with Alliance for Children, two of the social workers have been trained in Stewards of Children sexual abuse prevention program. The CARE Team will also be teaching the Period of Purple Crying program in area hospitals and have purchased materials for parents.

DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS

The mission of the CARE (Child Abuse Resource and Education) Team at Dell Children's Medical Center (DCMC) reflects a multifaceted approach to countering child abuse. The CARE Team strives to be a strong part of the community Child Protection Team, 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 practice in the field.

While a team of DCMC staff has been in existence since 1996 to address child abuse for inpatient victims, the receipt of this grant award has enabled DCMC to build the CARE Team. The team includes a medical director, coordinator, social worker, nurse practitioner and registered nurse. In addition, services have been expanded to provide outpatient care at a clinic established in August 2010 for suspected non-accidental injuries that did not require an inpatient admission. The CARE Team provides services to Travis County, which had 6,485 confirmed cases of child abuse/neglect in 2009. To date, the CARE team has provided care to 68 clients in both the inpatient and outpatient settings.

DESCRIPTION OF FACILITY

- *Staff:* The Dell Children's Medical Center of Central Texas has an established child physical abuse and neglect team. This team includes Dr. George Edwards, Medical Director, a director of ambulatory services, a program coordinator/clinical manager, business manager, RN, social worker, trauma services social worker, trauma services research scientist, the Director of Programs for Center for Child Protection, and the business manager for the Center for Child Protection.
- *Services:* Services provided include comprehensive inpatient consultations with a pediatrician and licensed medical social worker who have extensive experience and training in child abuse cases. An inpatient consultation consists of a physical examination of the patient and consultation with the parents/caregivers by the pediatrician and social worker in order to obtain a comprehensive history of injury event and medical history. Specialist consults, such as ophthalmology or radiology, are arranged as needed. For the child victims who do not require inpatient admission, the team has expanded services to include an outpatient clinic held two half days per week.
- *Prevention:* The CARE Team works closely with the Center for Child Protection to get their input on the needs identified and the services offered. The Center also offers a variety of parenting classes/groups to help parents address issues related to trauma, family dynamics, communication skills, appropriate discipline, and conflict resolution. These therapeutic groups give parents the knowledge and coping skills they need to nurture and protect their children. The team also works closely with Dell Children's mobile health care team. The Children's Health Express program provides care on four high school campuses that have daycare. Care is provided for pregnant and parenting students and their children. Parenting classes are provided to students with a focus on coping skills and abuse prevention. In addition, awareness of April

as Child Abuse Awareness and Prevention Month is highlighted along with blue ribbons that are given out at a variety of events throughout the month.

- *Collaboration:* In the outpatient clinic, referrals are accepted from CPS, law enforcement, the District Attorney's office, and community providers. These patients are seen by appointment at the Center for Child Protection in their facility's medical unit. Children are seen with a variety of injuries that require examination, documentation and clarification for the collaborative community agencies that deal with child maltreatment.
- *Education:* The CARE Team has been involved in over ten education presentations regarding the expansion of services in the outpatient assessment clinic for child abuse and neglect. The presentations regarding the new services have been attended by CPS staff, law enforcement, the District Attorney's Office, and the Center for Child Protection staff. Dr. Edwards has presented to law enforcement agencies in Bastrop and Travis counties on the medical aspects of child abuse. An event is planned with Dell's collaborative partners in Waco at Providence Hospital for an all day education seminar about child abuse. Topics will include recognition and assessment of non-accidental trauma, radiographic findings in non-accidental trauma, community child protection team, and the social worker's role. Over 100 people are expected to attend.
- *Research:* Dell has created a sub-committee named the CARE Team Research Committee. The committee is building an Access database utilizing the Centers for Disease Control and Prevention (CDC) data collection guidelines for Child Maltreatment Surveillance. The committee is also working on an IRB regarding a retrospective study about children who have had negative findings on a skeletal survey but have had rib fractures noted on the Chest CAT Scan.
- *Risk management:* The CARE Team is actively involved with risk management in the development of protocols used to assess for non-accidental trauma of children less than 24 months of age.

GRANT OBJECTIVES

- Expand the number of children served with enhanced recognition, assessment, diagnosis, and treatment of child abuse and neglect.
- Increase staff expertise and educate collaborative partners in the field of child abuse and neglect. Assessment and diagnosis of child abuse guidelines will be disseminated. The plan is to provide training to medical staff, nursing staff, imaging staff, social work staff as well as staff from the CAC. This will enable us to establish a referral mechanism for case review with health care professionals, CPS, law enforcement or the prosecutor's office in that area.
- Improve capacity for data collection and analysis.
- Identify one basic child abuse medical program in a geographical area of need that requires mentoring to develop capacity and efficiency in evaluating suspected child abuse victims.

OUTCOMES/SUMMARY

- With the MEDCARES funds, a new outpatient clinic has been opened to assess children who do not require an inpatient admission. Prior to the funding, staff were only able to provide consult on inpatient clients. This clinic has been very helpful to the partners on our Child Protection

Team; CPS, law enforcement and the prosecutors office have all referred patients for which they needed medical clarification.

- All team members are scheduled to attend educational conferences and the Program Coordinator has attended two conferences focused on the assessment, diagnosis and treatment of child abuse and neglect. The knowledge will be used to increase our collaborative partners' education around child abuse and neglect. Collaboration with our mentoring site is well underway with Providence Healthcare Network in Waco, Texas. The first onsite multidisciplinary educational offering was held in Waco in October 2010.
- The Dell Children's team has established a sub-committee focused on data collection. The purpose of this sub-committee is to provide specific research or data analysis on child maltreatment in the Central Texas area. The team meets monthly and is currently creating a data base that will be built using the data elements recommended by the CDC Child Maltreatment Surveillance.
- The mentoring site, Providence Hospital, in Waco is a Daughters of Charity Hospital founded in 1905. It has 214 beds and provides a variety of medical and surgical services.

DRISCOLL CHILDREN'S HOSPITAL

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 direct patient care, the CARE Team educates medical and community partners, participates in regional and state prevention activities, and collaborates in national research initiatives.

The Driscoll CARE team is among a handful of teams staffed by full-time positions and available 24 hours a day, 7 days a week, year round. The team receives referrals and transfer of patients from 33 surrounding counties for expert evaluation of child maltreatment concerns. The CARE Team serves approximately 1,800 children a year in the inpatient and outpatient settings regardless of economic status. The majority of the children the team evaluates are Hispanic, which is congruent with the population. The CARE Team frequently cares for children who are noncitizens or have uncertain immigration status, in addition to human trafficking victims.

DESCRIPTION OF FACILITY

- *Staff:* The Child Abuse Resource and Evaluation (CARE) Team at Driscoll Children's Hospital is a well-established program serving Region 11 and provides medical forensic evaluations for over 1,750 children annually. The CARE Team's full-time staff includes: Dr. Nancy Harper Medical Director; Sonja Eddleman (RN, CA/CP SANE, SANE-A, CMI-III, CFN) the Clinical Coordinator; five certified forensic nurse examiners; five master's level medical social workers; a medical assistant; and a medical secretary. The medical director is a child abuse fellowship trained, board certified child abuse pediatrician with over 10 years of experience. The CARE Team collectively has 104 years of experience in the field of child abuse. The CARE Team provides inpatient and outpatient comprehensive medical forensic evaluations 24 hours a day, 365 days a year for suspected victims of child physical and sexual abuse and neglect. The team also provides both initial and follow-up care for children with failure to thrive, head injuries, multiple fractures, and near fatal injuries, as well as follow-up care for sexually transmitted infections and HIV. Initial and follow-up care often involve more than eight visits per child.
- *Prevention:* The CARE Team participates in community, regional and state child abuse prevention efforts. Injury prevention education is provided to inpatients and outpatients that is developmentally and age appropriate. This includes bike and helmet safety, car seats, medication and environmental hazards in the home and outside the home, burn safety, water safety, and babysitter safety. The team assisted in the development of a safe sleep campaign for infants entitled "ABC: Alone on their Back in a Crib." The team chairs the Coastal Bend CFRT serving 13 counties and participates in the Citizen's Review Team hosted by DFPS.
- *Collaboration:* The CARE Team participates in local and regional multidisciplinary teams through both onsite attendance and telemedicine support. The team collaborates daily with DFPS caseworkers, law enforcement, and CACs. The team meets weekly with the other

multidisciplinary partners for case staffing to share case information to achieve the best possible outcome for the children and the families that are served.

- *Education:* The CARE Team provides education in-house to attending physicians, resident physicians, medical students, nurses, social workers and other health care professionals. The team also provides education within the local community and region to lay audiences of civic groups, daycare workers, parent groups, school staff and students. The team also frequently provides education to multidisciplinary professional partners including prosecutors, law enforcement, and DFPS caseworkers (orientation to new workers as well as updates during staff meetings). In addition, the CARE Team physician and clinical coordinator are invited speakers to regional, national and international conferences.
- *Research:* The CARE Team members maintain membership in multiple organizations. The social workers maintain memberships in the National Association of Social Workers and the South Texas Social Work Society. The forensic nurse examiners maintain memberships in the International Association of Forensic Nurses, American College of Forensic Examiners International, International Society for Prevention of Child Abuse and Neglect, Texas Association Against Sexual Assault, and American Professional Society on the Abuse of Children. The medical director currently co-chairs the Texas Pediatric Society Child Abuse and Neglect committee and is a member of American Professional Society on the Abuse of Children, International Society on Child Abuse and Neglect, Fellow of the American Academy of Pediatrics, and The Ray E. Helfer Society. In addition, the medical director was appointed by the Governor to the blue ribbon task force on prevention of child abuse and neglect. The CARE Team is also active in multiple research projects. The CARE Team was the second largest contributor of subjects to a multisite children's hospital research project entitled Utility of Liver Transaminases to Recognize Abuse. The team currently participates in multisite studies on examining siblings to recognize abuse and pediatric brain injury. There are also two prospective studies on urine toxicology and sexual assault examination techniques.
- *Risk Management:* The CARE Team is a well-recognized contributor to risk management for Driscoll Children's Hospital through assessments of patient and family safety as well as the development, maintenance and updating of multiple child maltreatment protocols.

GRANT OBJECTIVES

- Improve and expand direct clinic services in South Texas Valley region.
- Provide guidance and mentoring to the basic partner site, Valley Baptist Medical Center.
- Increase educational opportunities for lay and professional audiences.
- Increase community support for multidisciplinary investigative partners regarding the medical aspect of child abuse.
- Improve capacity to research child abuse.

OUTCOMES/SUMMARY

- A job description specific to child abuse pediatrics has been developed. In October 2010, a pediatric physician candidate was interviewed.
- Provided weekly on site consultation and accepted transfer patients from the basic partner site that needed a higher level of evaluation and treatment for physical abuse (see consultation

examples below). The network of support, service, and mentorship has improved communication between physicians in rural communities and pediatric subspecialists as well as between multidisciplinary team partners.

- A 10-month-old male was referred to the CARE Team by the basic program and CPS for evaluation for physical abuse after presenting with two fractures. The infant and his mother were both found to have features of a metabolic bone disorder known as Osteogenesis Imperfecta by the CARE Team. The family was referred for appropriate evaluation and management by Pediatric Genetics. The CARE Team physician diagnosed the child with accidental injury and a medical disorder. The child remained with the family, and CPS provided supportive services.
- A 3.5-month-old male was referred to the CARE Team by the basic program and CPS for evaluation for physical abuse after presenting with multiple fractures and head injury. The child had been returned to his home with subsequent injuries based on the medical opinion of a physician consultant. The CARE Team accepted the patient in transfer arranging for complete medical record and radiologic study review as well as comprehensive subspecialty consultation. The CARE Team physician identified additional fractures on radiologic studies and performed necessary testing for metabolic bone disorders. The infant was not found to have a metabolic bone disorder. The CARE team physician and subspecialists diagnosed the child with physical abuse (abusive head trauma and multiple fractures). The infant was placed into protective custody with no additional injuries to date.
- A 13-month-old female was referred to the CARE Team by the basic program and CPS for evaluation for physical abuse or neglectful supervision after presenting with multiple fractures. Careful review and consultation determined that the child had sustained four fractures after four well-documented falls (with medical care) after the child had become ambulatory. The child is currently undergoing medical evaluation for metabolic bone disorders. The comprehensive consultation by the CARE Team discovered a potentially life-threatening inherited medical condition (Marfan Syndrome) in the family for which the child will now receive evaluation.
- The clinical coordinator serves on the conference committee for the annual South Padre Forensic Sciences Seminar. The coordinator, as well as the medical director for the team, provides lectures on various child abuse topics and directs a peer case/image review. In 2010 some of the topics are “When is Obesity Child Neglect?”, “Myths about head trauma,” “Ethical dilemmas in the care of critically injured child victims of abuse/neglect,” and “What first responders at a child death scene need to know.”
- Provided multiple case consultations and courtroom testimony throughout the region.
- Added data points to the database to aid in data collection, and joined as a participant in a second multi-center child abuse research study.

SCOTT AND WHITE MEMORIAL HOSPITAL

The Child Abuse Support Center (CASC) at the Children's Hospital at Scott and White Hospital was officially started in January 2009. The CASC was developed to coordinate all existing child abuse/neglect services provided by Scott and White in one central location. The number of child abuse cases in Bell County has placed it in the Top 10 among Texas counties since 2007. In 2009, Bell County had most deaths per capita of children 17 and younger due to abuse. Therefore outreach and prevention are of utmost importance.

The CASC provides education to the public and the regional health care community and actively participates in prevention programs. Recently, a Shaken Baby Prevention Program was created to provide information to all parents who deliver in local hospitals. The program serves over 10,000 parents a year. There are plans for expansion to other surrounding communities. In addition, CASC staff are participating in an area-wide domestic violence prevention effort that collaborates with area law enforcement, social services, legal services, CPS, schools and victims services. Through CASC's coordination, educational programs to the surrounding hospitals and social service organizations have increased. Referrals for abuse evaluations have increased from 425 in 2009 to 675 in 2010 (as of October). Since its start, CASC has served approximately 1,200 clients.

DESCRIPTION OF FACILITY

- *Staff:* The Child Abuse Support Center at the Children's Hospital at Scott and White consists of the following 11 FTE's: one Pediatric Intensive Care/Child Abuse Pediatrician, one General Pediatrician, seven Forensic Nurses, one Social Worker, and one Coordinator Administrative Assistant.
- *Services:* The Center is involved in the Forensic Assessment Center Network (FACN) Grant and provides medical consultation to 18 surrounding counties and CPS offices. The Forensic Nurse Team is on call 24 hours a day, 365 days a year in the ER to provide initial intake evaluations for children of the surrounding area and from the surrounding hospitals. The center evaluates all referrals with or without law enforcement involvement. Training and needed supplies have been provided to initiate and sustain the Period of PURPLE shaken baby syndrome prevention program in the surrounding hospitals. In addition, the subspecialists at Scott and White have provided the center with pediatric ophthalmology, radiology, surgical, mental health and other consultation services as needed.
- *Prevention:* The Period of PURPLE prevention program provides education to all parents, in the immediate service area before they leave the hospital with their child/children. Since its initiation in the area in 2007, only one documented case of abusive head trauma has occurred to an infant whose parents received the training. The local Trauma Office data being collected will also allow the Center to track the success of this type of program in decreasing abusive head trauma.
- *Collaboration:* The Center is working with the surrounding CACs to provide medical evaluations for the children seen. The Forensic Nurse Team is available on site at all times. The child abuse pediatrician is also available for consultation. The Center is working with the CPS offices in the surrounding 18 counties to provide medical consultations and evaluations in

addition to training and education opportunities. Center staff are members of the Bell County Domestic Violence Task Force. Their mission is to identify opportunities to collaborate with existing services and organizations to decrease domestic violence and provide support to victims of domestic violence. Staff also participate in the local CFRT and in the Local Trauma Regional Advisory Council.

- *Education:* Center members participate in the annual one-day Domestic Violence Task Force Training for Professionals; provide an annual one day child abuse update at the Myers Lectureship at Scott and White Hospital; provide CPS trainings to the surrounding counties; provide hospital staff grand rounds and staff trainings to the surrounding hospitals; provide EMS trainings to the surrounding EMS services; provide child abuse education at regional and statewide conferences, to family practice, emergency medicine, and pediatric residents, and to first-year medical students at Texas A&M Health Science Center in a six-week block of interactive sessions.
- *Research:* The Center is currently gathering data on the efficacy of the Period of PURPLE prevention program in decreasing the incidence of abusive head injury in their patient population. In addition, staff are initiating research into magnetic resonance imaging evidence of intracranial hemorrhage and the relationship of circulating hemoglobin levels as to the appearance of the hemorrhage on an MRI.
- *Risk management:* Center staff work actively with the risk management team at Scott and White Hospital to ensure that hospital protocols are updated and kept abreast of current science and interventions. Staff take a proactive role and seek the help of the risk management team to ensure that a system-wide approach is given to all identified or anticipated needs.

GRANT OBJECTIVES

- Expand the child protection program by increasing the number of qualified staff, including a forensic nurse and a second pediatrician with expertise in child abuse and a forensic nurse to have a physician respond to child abuse cases 24 hours a day, 365 days a year.
- Improve prevention capacity by hiring a Center outreach coordinator, and by expanding the Period of PURPLE prevention program.
- Provide educational opportunities for health care professionals and community partners involved with child abuse and neglect.
- Partner with the Health Care Team at Carl R. Darnall Army Medical Center, the Center's basic mentoring site, to increase the recognition, identification, and treatment of child abuse victims.

OUTCOMES/SUMMARY

- The general pediatrician, forensic nurse and social worker have been hired. It is anticipated that the Outreach Coordinator Position will be filled by December 2010.
- Through partnerships with Aware Central Texas and Communities in Schools, increased education within the local schools on prevention of bullying, domestic violence, etc., are being provided.
- A full-day lectureship is being provided on child abuse at the Myers Leadership Conference in March 2011 to physicians, nurses, social workers, CPS, law enforcement, and chaplains.

- The basic mentoring partner is the Health Care Team and is located in Fort Hood. The child abuse Pediatrician will attend the Child Abuse Review Team meetings on a routine basis. Center staff will provide trainings for the Darnall ER Residents in child abuse evaluations. Center staff will collaborate on the development of a family and child education presentation and provide resources and education on how to avoid domestic violence, how to recognize it in its earliest stages and how to obtain support to exit domestic violence situations safely. The Period of PURPLE prevention program is ongoing and was first initiated at this institution.

TEXAS CHILDREN'S HOSPITAL

In following its mission of advocating for children who are suspected victims of child abuse or neglect, Texas Children's Hospital's Child Protection Program (CPP) provides family-oriented patient care, conducts research to improve evaluations and treatment, educates current and future health care professionals and builds awareness through community outreach programs. The CPP was inspired in 1978 by a progressive community pediatrician who saw a need in Houston. For the past 32 years the CPP has been providing comprehensive medical evaluations for child abuse and neglect.

Texas Children's Hospital provides patient care throughout the hospital and through two out-patient clinics. One clinic is at The Children's Assessment Center for sexual abuse and the other is at the Child Protective Health Clinic, which provides further protection and follow-up of physical and medical abuse and neglect cases. In comparison to the number of evaluations and outpatient services cited in the 2008 Children's Hospitals Child Abuse Services Survey conducted by the National Association of Children's Hospitals and Related Institutions, Texas Children's CPP is one of the largest in the nation with more than 1,376 medical evaluations within the hospital and 1,173 in outpatient.

Although Houston is renowned for Texas Medical Center, the size, density, and diversity of the Houston-Galveston area brings its own challenges. This includes access to medical child maltreatment evaluations, community education, collaborating amongst varying jurisdictions and professions, and ability to disseminate prevention efforts. In 2009, Harris County accounted for both the state's highest number of CPS investigations (30,794) and number of child maltreatment fatalities (67).

DESCRIPTION OF FACILITY

- *Staff:* Patient care is led by the CPP Medical Director Dr. Michelle Lyn and two fellowship-trained child abuse pediatricians. Dr. Penelope Louis directs the child protective health clinic, an out-patient clinic for patients that are victims of abuse, to provide follow-up medical care and further protect the child as their medical needs are being met and as the system assists the child and family. Dr. Angelo Giardino spearheads research and scholarly efforts. Nurse Case Manager Lisa Creamer coordinates the team, which is composed of two social workers, a pediatric SANE service in the emergency center with 11 nurses, two full-time nurses for the sexual abuse outpatient clinic and a community outreach coordinator. In comparison to the number of evaluations and outpatient services cited in NACHRI's 2008 *Children's Hospitals Child Abuse Services Survey*, Texas Children's CPP is one of the largest services in the nation with more than 1,376 medical evaluations within the hospital and 1,173 in outpatient.
- *Services:* As the medical services provider for the CAC, the CPP advocates for sexual abuse cases with the child protection through the Child Sexual Abuse Response Team case reviews and with daily collaboration on individual cases. For child maltreatment victims treated at TCH, weekly child protection meetings involve the CPP team members, medical subspecialties, CPS, court professionals, and law enforcement.
- *Prevention:* The CPP originated an evidence-based abusive head trauma prevention program, Happy Baby, where expecting and new young parents are taught about normal infant crying development, techniques for soothing a crying baby and self-care. Other prevention efforts

include providing the Happy Baby Program, along with a toilet training class and a behavior redirection class, as part of CPS-required foster parent training. Prevention materials are disseminated to assist community physicians in providing parental guidance on stressful times of parenting such as infant crying and toilet training.

- *Collaboration:* Child Abuse Prevention Awareness Month activities in April usually include local television talk show spots, radio interviews, a guest blog with the *Houston Chronicle* newspaper, and the annual blue ribbon tying ceremony at TCH. Through a grant-funded pilot project and collaboration with The Bridge, a local domestic violence shelter, the CPP initiated screening mothers of patients in the emergency center for intimate partner violence.
- *Education:* The CPP offers rotations to pediatric and family practice residents, and pediatric emergency medicine and child psychiatry fellows, involving hands-on clinical teaching, discussion of salient research, and meeting community child abuse and family violence services providers. The CPP also offers the Suspecting Child Abuse and Neglect (SCAN) program to physician practices, community hospitals, first responders, law enforcement, child protective services professionals and teachers in the Greater Houston area. This training has been provided to more than 6,000 professionals.
- *Research:* The CPP team collectively and recently has published 19 medical research articles relating to child maltreatment, presented 13 medical abstracts relating to child abuse, 49 book chapters, authored three books and edited 11 books. Due to their clinical and research experience, members of the CPP are invited to lecture internationally, nationally, regionally and locally.
- *Risk management:* In response to incidents at other hospitals, CPP developed a training program for staff called Protecting Our Patients, Protecting Our Own. This program teaches behaviors that may be indicative of child abuse by staff or family, as well as behaviors by staff that may be misinterpreted as crossing boundaries. This training program was launched in 2009 as a pilot program and is growing into a model for other children's hospitals.

GRANT OBJECTIVES

- Provide guidance and mentoring to the basic partner site, St. Elizabeth's Hospital.
- Grow TCH's CPP by increasing the number of clinical hours available to patients and the number of patients seen.
- Provide training and innovative collaborative educational projects for health care professionals and community partners involved with child abuse and neglect.
- Plan and implement family violence prevention activities and community prevention.

OUTCOMES/SUMMARY

- Staff met with representatives of St. Elizabeth's Hospital to determine needs and abilities. Staff initiated a literature review to prepare for a needs assessment, and planned a schedule of meetings, observations, and shadowing visit. Staff also provided St. Elizabeth's with a list of possible conferences regarding child maltreatment for their staff to attend.
- Job postings for a nurse, nurse practitioner and social worker are drafted and are currently awaiting executive approval and have projected hire dates of December 1, 2010. A nurse home

visitation program for Child Protective Health Clinic families will provide home assessment and training to the families of children with special medical needs.

- A 19 month old patient spent his second Christmas going to the TCH Emergency Center. He was unresponsive, with an extremely low blood pressure, a weak pulse, and severely malnourished, weighing 7 lbs. Despite five very healthy daughters in the family and the family claims of the patient being developmentally delayed, the TCH Child Protection Team explained to CPS and law enforcement investigators that the medical findings could be indicative of abuse or neglect. The child protection partner agencies determined the child's health problems were a result of being chronically and severely neglected, starved and physically abused, and not caused by being developmentally delayed. The child was hospitalized for a month until his discharge to his paternal grandmother. Staff continued follow-up for several months and provided further advocacy. This child not only walks, but he now runs, jumps, plays, and does jumping jacks.
- Provided the following training to health care providers and community partners:
 - Provided in-depth training on sexual abuse, tours and introduction of the sexual abuse clinic staff at the CACs and the SANE room at TCH to the eight social workers and one physician for TCH's Project Medical Home which provides community health care to children regardless of their family's ability to pay.
 - Staff met with staff from St. Joseph's Hospital – Houston to discuss planning to implement a Children and Mothers Project education program and an abusive head trauma prevention program for their staff.
 - Provided the Protecting Our Patients, Protecting Ourselves program to 96 nursing students at UT Health Science Center-Houston Nursing School.
 - Trained 26 Early Head Start teachers from the Gulf Coast Community Services Association on the SCAN presentation, an overview of the signs and symptoms of child maltreatment, and a presentation on Shaken Baby Syndrome prevention.
 - Seventeen medical residents completed the child maltreatment elective.
 - Provided SCAN education presentation to Baytown Pediatrics staff and to 39 Baylor College of Medicine medical students.
 - Staff met with Tri-County Head Start and with TCH Childhood Injury Prevention to finish planning a mini-conference held in September for 220 Head start teachers.
 - Developed new educational programs on recent findings and trends such as Human Trafficking.
- Provided the following family and community violence prevention activities:
 - Trainings on Shaken Baby Syndrome Prevention (Soothing Infant Crying), Sudden Infant Death Syndrome/Roll-over Deaths and Toilet Training Survival was provided to foster parents.
 - The CPT Advocacy sub-committee will met to discuss outreach activities for Domestic Violence Prevention month in October 2010 and Teen Dating Violence Awareness month in February 2011.
 - Dr. Lyn represented TCH and the CAC in a press conference with the district attorney's office to promote the statewide awareness campaign on sexual abuse, One With Courage.
 - The Community Pediatrics Intimate Partner Violence Planning Coalition, a new initiative by the CPT and community Pediatrician Dr. Hardin, had executive planning meetings.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

The Child Abuse Resource and Education (CARE) Center 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 in the field. The designation of the UT-Houston child abuse team as the CARE Center occurred in 2006, in recognition of the growing patient and teaching needs of the institution, and a need to coordinate the group's various efforts. For several years, UT-Houston child abuse pediatricians have been active in providing expert clinical consultations for cases of child abuse/neglect in both hospital and outpatient settings. The CARE Center serves a high-risk population, with approximately 20% of children in Harris county living in poverty, and 10% living in poverty in the neighboring Fort Bend County. Households in poverty are at risk for family violence, including child physical abuse and neglect. The numbers of children served each year by the CARE Center continue to increase, and currently stand at approximately 4,200.

DESCRIPTION OF FACILITY

- *Staff:* The staff at the CARE Center is comprised of one full-time and one part-time board-certified child abuse pediatricians; one board-eligible child abuse pediatrician; an additional part-time pediatrician with prior specialized training and extensive experience in child maltreatment; a child abuse pediatrics fellow; a full-time dedicated pediatrics social worker; a full-time coordinator; and a dedicated administrative assistant. CARE Center physicians are members of the American Professional Society of the Abuse of Children, the Ray Helfer Society, the Child Abuse Special Interest Group of the Pediatric Academic Societies, the Texas Child Fatality Review Team, and the Child Abuse and Neglect Committee of the Texas Pediatric Society (for which Dr. Girardet has served as co-chair). A child psychiatrist serves CARE Center patients and their families in both inpatient and outpatient settings, and pediatric radiologists and neuroradiologists are available 24 hour per day, 365 days a year to review images in child abuse cases.
- *Services:* The CARE Center provides expert medical assessments and ongoing care for approximately 350 child maltreatment victims each month. The CARE Center includes two clinics which conduct hospital follow-up evaluations and initial child abuse and neglect assessments, and provide ongoing medical and psychosocial services to victims and their caregivers.
- *Prevention:* The CARE Center engages in primary and secondary child abuse prevention and works closely with Children's Memorial Hermann Hospital and the UT Pediatric Trauma Service on projects involving education for new parents, tracking of area demographics of child abuse victims, and post-traumatic counseling for victims. New parents are provided information on child safety and infant care, and teen parents receive targeted additional counseling regarding parenting skills and community resources.
- *Collaboration:* Board-certified child abuse pediatricians from the CARE Center provide inpatient consultations at Children's Memorial Hermann Hospital, a Pediatric Level I Trauma Center whose referral base reaches over 87% of the area population. CARE physicians also provide consultation services and forensic nurse oversight for the Harris County Hospital District, which is the area's primary indigent care system. The CARE Center is also closely

aligned with the Fort Bend County CAC, providing clinical services for child maltreatment victims and educational presentations for CAC-related professionals. In addition to its local mission, the CARE Center serves as the hub for the Texas Forensic Assessment Center Network (FACN), a coordinated effort of six state medical schools (UT Medical School at Houston, UT Health Sciences Center at San Antonio, UT Medical Branch at Galveston, UT Southwestern, Scott and White/ Texas A & M University, and Texas Tech University at Lubbock). The FACN provides expert consultation and forensic assessments for children from all areas of the state who are the subject of investigation by DFPS. The FACN has developed a sophisticated Web-based system that facilitates case tracking, reporting, and peer review.

- *Education:* The CARE Center provides training resources and modules for DFPS caseworkers as well as medical and nonmedical communities about child maltreatment, conducting research into means of improving care for child victims, and supporting efforts to prevent abuse. MEDCARES funds have enabled the center to expand its educational program to also include medical and social services providers at area hospitals.
- *Research:* The CARE Center has a long history of excellence in research, with publications in major peer-reviewed pediatric medical journals. Previous and current research topics include diagnostic methods for sexually transmitted infections in children; the role of HIV post-exposure prophylaxis for sexually abused children; the problem of unmet health care needs among sexually abused children; the yield of forensic evidence kits in prepubertal children; and detection of retinal hemorrhages in young children at risk for coagulopathy. The CARE Center has received funding from the CDC for some of these research initiatives, and has collaborated with other pediatric centers on some projects. CARE Center physicians are recognized locally and nationally for their clinical expertise, original research, and expert teaching in the field.
- *Risk management:* CARE Center providers provide care according to nationally recommended standards for child maltreatment victims, as reflected in CARE Center protocols. Center members review cases weekly for quality assurance purposes and to ensure adequate patient follow-up. The Center hosts a monthly case discussion meeting with outside partners (law enforcement, CPS, the District Attorney's Office, and other parties such as the Medical Examiner's Office as indicated). The Center has traditionally hosted quarterly Web-based multicenter case discussions for members of the FACN and other invited partners, and recently began automated case reviews via the recently launched revised FACN web system. Like the other child abuse centers across the country with child abuse fellowship programs, the CARE Center is also working toward official certification for its fellowship program; certification became available in 2010 following the designation of child abuse pediatrics as a recognized subspecialty within pediatrics in late 2009.

GRANT OBJECTIVES

- Improve the management and coordination of child abuse cases throughout the multi-hospital system via education of hospital workers and increased availability of CARE Center providers for consultation. This initiative coincides with a system effort to coordinate pediatric services among the 11 hospitals that comprise the Memorial Hermann Hospital System. The approach involves education of medical providers and social workers at the affiliated institutions, and increased availability of CARE Center Staff to provide consultations and case coordination.
- To provide increased mentorship for the child abuse programs at Texas Tech University at Lubbock and UTMB-Galveston, with whom the CARE Center have worked closely over the past

few years in the FACN implementation. These child abuse programs serve the particularly needy populations in the panhandle and Southeast portion of Texas. CARE Center staff are participating in regular joint case review sessions, periodic site visits, development of potential rural child abuse research projects, and consultation regarding further program development.

- Increase psychological services to maltreatment victims. This goal stems from the recognition of the inaccessibility of psychological services for many Texas children, and the knowledge that untreated psychological trauma in childhood often leads to permanent physical, psychological and social impairment later in life. Texas currently ranks 49th in the nation for children's outpatient mental health services. In the Houston area, it is estimated that only half of children with a mental health diagnosis receive psychiatric care. Prior to MEDCARES funding, the CARE Center was able to provide psychiatric services for local children at the initial point of service, with ongoing care referrals made according to family resources. The goal of expansion of the psychology program is to offer ongoing care to all CARE Clinic children, and to explore the feasibility of a telepsychiatry program with outlying underserved areas.

OUTCOMES/SUMMARY

- The plan to increase education and consultation services to sister medical facilities is progressing steadily. A full-time social worker dedicated to outpatient services, case coordination, and outreach joined the Center on October 11, 2010. The two part-time child abuse pediatricians increased their time with the Center on September 1 to help with increased work-load; a possible candidate for a full-time child abuse pediatrician has been interviewed and will hopefully join the CARE Center in the summer of 2011. Presentations have included the case of a toddler with an unusual arm fracture, and another case of twins with severe head injuries, whose diagnosis of abuse were initially missed by area physicians. The Memorial Hermann Hospital System has decided to designate the education and consultation program as a system-wide initiative. Continuing education credits for providers at the sister hospitals have been approved.
- Collaboration with the Texas Tech at Lubbock and UTMB-Galveston programs is also continuing to advance. We have implemented monthly Web-based case discussions with the Texas Tech and UTMB child abuse teams. The sessions have been well-attended, and have generated positive feedback. Texas Tech has recently added an additional child abuse pediatrician to their team, and they are working toward board certification in child abuse pediatrics at the next examination offering. UTMB will open a new child maltreatment clinic on the mainland in the University's new professional building, and is also working toward board certification and further faculty development.
- The CARE Center child psychiatrist has increased her time in the CARE Center from 10% to 20%. The Center is now able to provide play therapy. Floor plans for a larger clinic space have been finalized that will include a dedicated room for play therapy and social work consultations. The original MEDCARES plan included a pilot telepsychiatry program for children in the Rio Grande Valley using an existing system. It has been determined that this may not be a sustainable venue. Discussions with the Fort Bend CAC about mental health needs in their community have occurred and CARE Center staff are considering having a pilot program there.

SUMMARY OF CONTRACTOR ACTIVITIES AND ACCOMPLISHMENTS

Through the MEDCARES grant program, contractors have started to engage in combined efforts to fight the tragedy of child abuse and neglect. They have joined together different communities and organizational sectors with the same underlying vision - to keep the children of Texas safe. The stakeholders are working together to see this vision through by promoting early and correct screening of abuse and neglect and ensuring staff have the capacity to identify and treat abuse and neglect injuries. This team effort reflects an understanding of the combined goals of the MEDCARES program as well as an understanding of the geographic and socioeconomic variance that exists across the state. This can produce extremely beneficial outcomes to Texas children with a joint understanding of the MEDCARES program and its goals. It is important for the MEDCARES contractors to collaborate with the following partners: CACs, law enforcement, a prosecutor's office, and CPS.

Some of the greatest accomplishments demonstrated by the MEDCARES contractors have been the ability to expand staff resources to provide vital clinical services and examinations, education and training, social services, outreach and research through the funding provided by the state of Texas.

Through early detection, increased capacity and expansion of facility workforce to recognize abuse and neglect, short-term cost-savings can be observed through savings related to the investigation, determination, and placement processes of child abuse and neglect cases. This may be attributed to the decrease in the number of cases that are initially reported to the contractors through CPS since the receipt of MEDCARES funding. This is important because it enables the physicians to determine if a child is truly a victim of child abuse or neglect at an earlier stage, which decreases the likelihood of reoccurrence and reduces costs associated with unconfirmed cases. Through continuous MEDCARES funding and improved systems and workforce to address child abuse and neglect, the risk and indirect costs of poor outcomes associated with foster care placement will also be reduced.

Although funds were only distributed June 1, 2010, a great deal of progress has been made toward achieving program goals. MEDCARES funds have allowed contractors to hire additional physicians and specialists with expertise in child abuse and neglect and have provided additional training opportunities for current staff. By increasing the number of trained personnel, clinics have been able to increase hours and see more patients. As a result, contractors have reported increases in the number of identified child abuse and neglect victims, including cases in which abuse was originally missed at another institution. They also indicated decreases in the number of cases that are first reported to them through Child Protective Services (CPS). This is important because it enables the physicians to evaluate the child for abuse and neglect at an earlier stage, decreasing the likelihood of future abuse and neglect. Early detection and evaluation further decreases costs associated with a CPS investigation, including foster care placement, if it is determined that a case is not child abuse and neglect.

Other notable accomplishments achieved through MEDCARES funding include:

- Expanding the size of facilities and increasing the knowledge of existing staff and community partners through education, and training on assessment and treatment of maltreated children.
- Expanding current prevention programs through training community partners on evidence-based interventions.

- Increasing cooperation with CPS, law enforcement, and prosecution offices through consultations, medical case review, and by advocating on behalf of abuse victims in court.
- Improving research capabilities of MEDCARES Centers by adding relevant data elements to current child abuse registries, creating new registries specifically designed for child maltreatment and neglect and by creating data workgroups to advise facilities on data collection, research, and data analyses.
- Developing basic child abuse programs through partnerships with institutions that serve high-risk populations, including a hospital serving the largest military base in the country, with mini-fellowships, shadowing, and weekly on-site consultations as examples.

CONTRACTOR CHALLENGES

Full light has not yet been shed on contractor challenges or barriers to implementation since the MEDCARES program began in June of 2010, which has only allowed about six months of project execution prior to completing this report. Much of the early stages of this project have been concerned with planning, organizing, and communicating. It is anticipated that, by the time the next Governor's Report is due in December of 2011, discussion of contractor challenges and barriers will be more in-depth.

Currently, one main challenge – project staffing – has emerged with regard to implementing the MEDCARES program. In a large hospital environment, the approval process for securing a new position is challenging, especially in light of the current state of the economy. Even with the MEDCARES funding for fiscal years 2010-2011, it has been difficult for hospitals to approve new positions related to MEDCARES. In addition, while funds provided by this grant have afforded many facilities the opportunity to hire new staff, they are still limited in expanding their service capacity as the grant does not quite stretch far enough to fund all necessary positions. However, without this funding, many crucial positions would not have been secured and facility accessibility may not have had the opportunity to expand.

CONCLUSION

Currently, there are eight contractors receiving MEDCARES funds. Through this funding, several benefits will be achieved. First, contractors will be able to identify cases earlier that were erroneously identified as child abuse and/or neglect. Early identification will reduce the costs associated with the investigation, with legal proceedings, and within the foster care system. In addition, early identification of false positive cases will also prevent unneeded family anguish, in the event that a family or foster care member is mistakenly accused of child abuse or neglect. The contractors will also have a greater chance of identifying those serious injuries that have a high likelihood of being abuse or neglect through their increased education and thorough assessments. Furthermore, by identifying these serious injuries early, health care professionals can treat the injuries before they advance to a more severe level or before more injuries can occur. Early identification in this instance will reduce the health care costs for this child as well as reduce the likelihood of re-injury. Injuries detected at an early stage may also reduce the chance that death to an abused or neglected child will occur. Finally, the contractors will be able to facilitate more effective reporting decisions by health care systems and schools, which will further reduce costs and help minimize abused or neglected children “slipping through the cracks.”

Through the MEDCARES funding, the contractors can identify and meet the needs of CPS and other referral services. This includes primary care physicians, law enforcement and school health personnel who rely on the medical specialists to assist in the identification and care of children suspected of being victims of abuse and neglect. In the short time the MEDCARES program has been in existence, contractors have been able to show improvement in the diagnosis, assessment, and treatment of abused and neglected children. It is expected that the program will only continue to grow through the biennium.

The activities reported by the eight MEDCARES contractors, demonstrate the benefits of the MEDCARES program and funding. If additional contractors are funded throughout Texas, then children’s health and safety will similarly increase through timely assessment and effective treatment of children suspected to be victims of child abuse and/or neglect.

ACRONYMS

CAC: Child Advocacy Center

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)

CDC: Centers for Disease Control and Prevention

CFM: Center for Miracles (CHRISTUS Santa Rosa Children's Hospital)

CMC: Children's Medical Center

CFRT: Child Fatality Review Team

CPP: Child Protection Program (Texas Children's Hospital)

CPS: Child Protective Services

DCMC: Dell Children's Medical Center

DFPS: Department of Family and Protective Services

DSHS: Department of State Health Services

EMS: Emergency Medical Service

FACN: Forensic Assessment Center Network

FTE: Full-Time Equivalent

HHSC: Health and Human Services Commission

IMPACT: Improving Medical Provider Assessment of Childhood Trauma (Children's Medical Center)

IRB: Institutional Review Board

MEDCARES: Medical Child Abuse Resource and Education System

PCOE: Pediatric Centers of Excellence

REACH: Referral and Evaluation of At-Risk Children (Children's Medical Center)

SAFE: Sexual Assault Forensic Examination

SANE: Sexual Assault Nurse Examiner

SCAN: Suspecting Child Abuse and Neglect

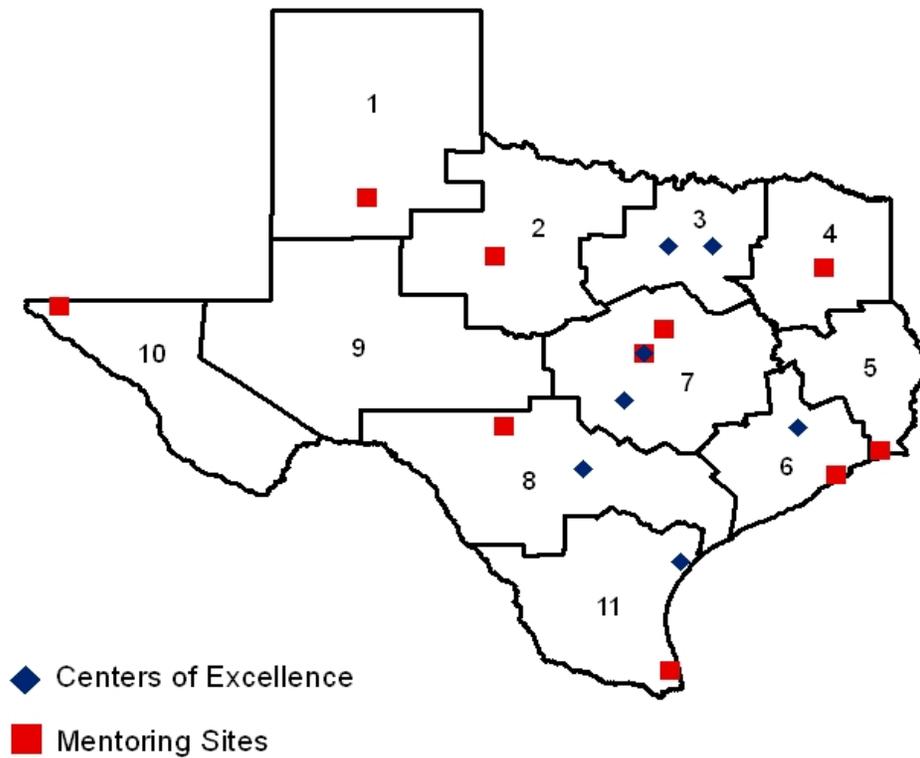
SB: Senate Bill

TCH: Texas Children's Hospital

UTHSC: University of Texas Health Science Center

UTMB: University of Texas Medical Branch

MEDCARES Center of Excellence Sites and Mentoring Sites
By Health Region
FY 2010-2011



Source: MEDCARES
Prepared by: Texas Department of State Health Services, Family and Community Health Services -
Office of Program Decision Support
October 6, 2010

Note: Health Region 7 has a Centers of Excellence site in Temple and a Mentoring Site in Killeen, which are in close proximity to one another. Health Region 6 has two Centers of Excellence in Houston.