



Medical Child Abuse Resource and Education System Biennial Report 2017-2018

**As Required by
Texas Health and Safety Code,
Section 1001.155**



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Services

Texas Department of
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Table of Contents

Table of Contents	i
Executive Summary	1
1. Introduction	3
2. Background	4
3. Contractor Overview	6
Basic Contractors	6
Advanced Contractors	7
4. Contractor Activities	12
5. Improving Data Quality	14
6. Conclusion	16
List of Acronyms	17
Appendix A. MEDCARES Contractors Map	A-1
Appendix B. MEDCARES Designation Requirements	B-1

Executive Summary

The Medical Child Abuse Resources and Education System (MEDCARES) Biennial Report is prepared in compliance with [Texas Health and Safety Code, Section 1001.155](#), which requires the Department of State Health Services (DSHS) to submit a report on MEDCARES grant recipients and activities, as well as program results and outcomes. This report is due no later than December 1 of each even-numbered year to the Governor and the Legislature.

After identifying data quality issues, DSHS has revised this report to reflect contractor activities as outlined in Section 5. DSHS has developed a data quality improvement plan that has been implemented within the MEDCARES program and that will be reflected within future reports.

In 2010, DSHS launched the MEDCARES grant program through a statewide, competitive, application process. Application was open to hospitals, academic health centers, and health care facilities with expertise in pediatric health. DSHS awarded MEDCARES grants to qualifying facilities to develop and support regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect. DSHS administers the MEDCARES grant program by awarding contracts, monitoring grant activities, providing opportunities for best practice sharing, and collecting data.

MEDCARES medical providers offer a variety of services including patient care in inpatient and outpatient settings, case reviews for other physicians, numerous trainings, and court appearances.¹

Other activities provided by or improved through MEDCARES providers include:

- hiring additional child abuse medical specialists to allow for expanded clinical hours and increased capacity during clinic hours;

¹ MEDCARES providers can include pediatricians, child abuse pediatricians (CAPS), nurse practitioners, social workers, sexual assault nurse examiners, nurses, and others.

- conducting training to increase the knowledge of community partners on the assessment and medical treatment of maltreated children as well as evidence-based interventions;
- increasing cooperation with Child Protective Services, law enforcement personnel, and the judiciary through consultations, medical case review, and by providing testimony in court; and
- providing accredited fellowships in Child Abuse Pediatrics.

1. Introduction

In 2009, the Legislature appropriated \$5 million to the Department of State Health Services (DSHS) in General Revenue over the biennium for the Medical Child Abuse Resources and Education System (MEDCARES) grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect. However, since 2011, funding for MEDCARES has been through the Title V Maternal and Child Health Block Grant (MHC) and/or General Revenue Maintenance of Effort (MOE) for the MCH Block Grant.²

Specifically, [Health and Safety Code, Section 1001.152](#) states that MEDCARES grants may be used to support the following activities:

- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with preventing and responding to child abuse and neglect;
- Medical case reviews and 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.

The purpose of this report is to detail grant recipients and activities, as required by Texas Health and Safety Code, Section 1001.155. The report is due to the Governor and the Legislature by December 1, of each even-numbered year.

² Information regarding funding for the MEDCARES Grant Program was updated in September 2020 to more accurately reflect the history of program funding sources.

2. Background

In a 2006 report to the Texas Legislature, the Health and Human Service's Advisory Committee on Pediatric Centers of Excellence (PCOE) underscored the importance of a comprehensive approach to preventing, assessing, diagnosing, and treating child abuse and neglect. The report specifically focused on the significance of the health care system and its ability to serve children and families.³

In response to the PCOE report, the Legislature established the Medical Child Abuse Resources and Education System (MEDCARES) grant program to develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect.⁴ In 2009, the Legislature has appropriated \$5 million to the Department of State Health Services (DSHS) in General Revenue over the biennium for the grant program.²

The Legislature also created the MEDCARES advisory committee to advise DSHS and the Executive Commissioner in establishing the grant program. In November 2009, the MEDCARES advisory committee and DSHS established requirements and priorities for the grant program. The priorities were outlined in the initial open enrollment application released in March 2010. The MEDCARES advisory committee became inactive in November 2013 and was formally abolished by the Texas Legislature on September 1, 2015.⁵

DSHS uses a competitive grant process to award funds to hospitals, academic health centers, and healthcare facilities with expertise in pediatric health care. Awards are made to both Basic and Advanced facilities, including those that meet the criteria for a Center of Excellence designation established based on the recommendations of the Pediatric Center of Excellence (PCOE) Advisory Committee presented in the 2009 PCOE report. The requirements for each award level can be

³ The report by the Advisory Committee on Pediatric Centers of Excellence can be viewed at dshs.texas.gov/mch/medcares.shtml.

⁴ [Senate Bill \(S.B.\) 2080, 81st Texas Legislature, Regular Session, 2009](#), added Subchapter F to Texas Health and Safety Code, Chapter 1001.

⁵ [S.B. 277, 84th Legislature, Regular Session, 2015](#)

found in [Appendix B](#). Basic facilities receive mentoring and child abuse assessment expertise from a facility at the Advanced level.

Beginning in 2011, General Revenue reductions to the DSHS' Women & Children's Health appropriation eventually lead to the funding of MEDCARES by the Title V Maternal and Child Health Block Grant (MHC) and/or General Revenue Maintenance of Effort (MOE) for the MCH Block Grant. With the change in funding source came a greater focus on child abuse prevention, education, and partnership building efforts.² DSHS plans to continue contributing federal program funds in support of child abuse prevention in accordance with federal funding availability.

According to the DFPS Interactive Data Book, a total of 289,795 children in Texas were suspected of being victims of child abuse or neglect and were reported to DFPS.⁶ Of those, 63,657 were distinct, confirmed victims of child abuse or neglect. The leading type of abuse is neglectful supervision (50,405 cases) followed by physical abuse (8,858 cases) and sexual abuse (6,156 cases). In 2017, there were 172 child deaths caused by abuse in Texas.

[House Bill 2848, 85th Legislature, Regular Session, 2017](#), amended the Family Code to require MEDCARES contractors to be able to obtain consultations with physicians who specialize in identifying unique health conditions. This legislation also outlined the referral process for specialty consultations and a procedure for when there are disagreements between physicians on case assessments.

⁶ The DFPS Open Data Portal can be found at data.texas.gov/browse?Dataset-Category_Agency=Texas+Department+of+Family+and+Protective+Services

3. Contractor Overview

The Department of State Health Services (DSHS) awarded \$5.54 million through the Medical Child Abuse Resources and Education System (MEDCARES) grant program to 11 contractors in 2017-2018: 2 contractors in the Basic category and 9 in the Advanced category. Of the 9 advanced contracts, 4 were also designated as a Center of Excellence (COE). An overview and description of each contractor within each category is provided below. MEDCARES grants have allowed contractors to improve their services and qualify for additional resources from other entities.

Since November 2018, DSHS re-competed the grant program and is funding 11 contractors moving forward. To maximize funds and activities, the new awards were only given to contractors who met the Advanced category criteria. The current list of MEDCARES contractors can be found at dshs.texas.gov/mch/medcares.shtm.

Basic Contractors

CHRISTUS Trinity Mother Frances Health System, Tyler

The Sexual Assault Nurse Examiner (SANE) program at CHRISTUS Trinity Mother Frances performs sexual abuse examinations and physical abuse photo-documentation. The program coordinator is responsible for social work assessment and sees patients at the hospital on an inpatient and outpatient basis. SANE performs psychosocial assessments, and patients are referred to the Children's Advocacy Center for follow-up counseling.

CHRISTUS Health Southeast Texas dba CHRISTUS St. Elizabeth, Beaumont

CHRISTUS Hospital St. Elizabeth is a 431-bed acute care and trauma center in Beaumont, Texas, and is the only Level III trauma center in the area. Its forensic nursing program provides medical and forensic examination for patients with a history of sexual assault. Over time, the program has expanded to provide services to victims of child abuse, domestic violence, elder abuse, and other non-accidental trauma.

Advanced Contractors

The four advanced contractors who are also Pediatric Centers of Excellence are indicated with an asterisk (*).

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

The Referral and Evaluation of At-Risk Children (REACH) Program at Children's Health, in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics hospital-based child abuse medical evaluation program, serves children through a comprehensive team consisting of two board-certified child abuse pediatricians, a clinical psychologist, nurse practitioners, a child abuse pediatrician fellow, licensed social workers, child life specialist, registered dietitian, and program coordinator.

For more information, visit childrens.com/specialties-services/specialty-centers-and-programs/arch-center/programs-and-services/reach-clinic.

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

The CHRISTUS Santa Rosa Health System Children's Hospital of San Antonio Center for Miracles (CFM) is a multidisciplinary clinical facility established to provide comprehensive evaluation and treatment of suspected victims of child abuse and neglect. The CFM is a joint effort between the CHRISTUS Santa Rosa Health System and the University of Texas. 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, law enforcement, and other local agencies to optimize the services for at-risk families in need to keep their children safe and healthy. Comprehensive services include acute and follow-up medical evaluations for physical abuse, sexual abuse or assault, and neglect; photo-documentation; X-rays; lab work; psychosocial evaluation; physician consultations; inpatient consultations; and short-term counseling. CFM services extend beyond a 30-county area with most referrals coming from Bexar County.

For more information, visit christushealth.org/santa-rosa/childrens-hospital-of-san-antonio/services-treatments/child-abuse-assessment-center.

Cook Children’s Medical Center, Fort Worth

Cook Children's Medical Center located in Fort Worth, Texas, created its Child Abuse Resource and Evaluation (CARE) team in 1994 in response to the need in the community for a place to conduct a comprehensive evaluation of child sexual abuse victims. The mission of the CARE team at Cook Children’s is to provide specialized clinical care to address child maltreatment in the region and surrounding communities. The program strives to be a national model for how community-wide child maltreatment health services are delivered. Highly-qualified and experienced staff conduct medical interviews, medical and forensic evaluations, sexual abuse screening examinations, psychological assessments, preventive education, and multidisciplinary reviews.

In 2004, the Cook Children’s CARE team began seeing only the most severely injured and abused children admitted to the pediatric intensive care unit. The team’s efforts gradually expanded to offering consultative services to all inpatients with concerns for abuse. In 2008, staff offered outpatient physical abuse evaluations on a limited basis and have been gradually increasing the inpatient and outpatient services as personnel and space allow.

For more information, visit cookchildrens.org.

Dell Children’s Medical Center of Central Texas, Austin

The Child Abuse Resource and Education (CARE) team at Dell Children’s Medical Center is a part of the community Child Protection Team (CPT) providing comprehensive, evidence-based care to child abuse and neglect victims. In addition, Dell Children’s CARE team provides education and resources to the community, outlying health care associates, and other members of the child protection teams. The team also analyzes child abuse data for contributing answers and best practices in the field. The MEDCARES grant enabled Dell Children’s CARE team to be established as a hospital department in 2010 and expand to an outpatient setting.

For more information, visit dellchildrens.net.

Driscoll Children’s Hospital, Corpus Christi*

The mission of Driscoll Children’s Hospital in Corpus Christi’s Child Abuse Resource & Evaluation (CARE) team 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. The Driscoll Children’s Hospital’s CARE team is recognized as a Pediatric Center of Excellence for evaluation of child abuse in South Texas. In addition to improving patient care, the team educates medical and community partners, participates in regional and state prevention activities, and collaborates in national research initiatives.

The CARE team at Driscoll Children’s Hospital is among only a handful of teams in the United States staffed with full-time positions, available 24 hours a day, 365 days per year. The team receives referrals and transfers of patients from 33 surrounding counties for expert evaluation of child maltreatment concerns. The team serves children in the inpatient and outpatient settings regardless of economic status. Most of the children evaluated by the team are Hispanic, consistent with the population in the area.

For more information, visit driscollchildrens.org.

El Paso Children’s Hospital, El Paso

El Paso Children’s Hospital’s (EPCH) Center for the Prevention of Child Abuse (Clinic) is a non-profit hospital located in Texas on the border with Mexico and New Mexico and is the only level-one trauma center in the area. The Clinic is the only agency providing services to children who are victims of abuse under the age of fourteen in the far West Texas area. Clinic patients are usually referrals from Child Protective Services (CPS) and law enforcement. Clinic staff provide forensic medical exams, testing for sexually transmitted diseases and human immunodeficiency virus, short term trauma counseling, psychosocial evaluations, referrals, crime victim’s compensation, CPS consults, follow-up exams and other needed services. Staff also provide education on recognizing and reporting child abuse to the community and Period of Purple Crying (POPC) training to parents.

For more information, visit elpasochildrens.org/about.

Texas Children’s Hospital, Houston*

Texas Children’s Hospital/Baylor College of Medicine’s (TCH/BCM) Child Abuse Pediatrics program, within the Public Health and Primary Care section, provides

comprehensive medical evaluations for child abuse and neglect for Houston's children. The clinical Child Abuse Pediatrics program at TCH/BCM has six board-certified child abuse pediatricians (CAP) and two advanced practice providers to care for at-risk children and perform sexual abuse evaluations. The Child Abuse Pediatrics program also includes a team of social workers, nurses, and medical assistants.

In parallel to the Child Abuse Pediatrics program, the public health section has a Foster Care Clinic staffed by a Board-Certified Pediatrician to assist with establishing a medical home for many of the children seen by the Child Abuse Pediatrics program. In addition to the inpatient and outpatient consult service, Texas Children's Hospital staffs a full-time sexual abuse outpatient clinic at Harris County's child advocacy center.

The program at TCH/BCM is committed to training Child Abuse Pediatricians and has the largest CAP fellowship program in the state.

For more information, visit texaschildrens.org/departments/child-abuse-pediatrics-cap.

Texas Tech University Health Science Center, Lubbock

Texas Tech University Health Science Center's (TTUHSC) mission is to promote the health and safety of vulnerable children by providing expert consultation for suspected victims of child abuse and neglect. The child protection pediatrics program provides medical consultation and pediatric care for suspected victims of neglect, physical abuse, and sexual abuse. TTUHSC also provides evidence-based mental health services for child maltreatment victims. TTUHSC staff provides 24-hour support for CPS investigative staff at Health Service Region 1; inpatient consults for a large geographic area of West Texas and Eastern New Mexico; and education to CPS workers, medical students, pediatrics and family medicine residents, and faculty about medical aspects of child maltreatment.

For more information, visit texastechphysicians.com/lubbock/center-for-superheroes.

University of Texas Health Science Center, Houston*

The Child Abuse Resource and Education (CARE) Center at the University of Texas Health Science Center-Houston (UTHealth) was named the Division of Child

Protection Pediatrics in 2012, in recognition of the importance of the specialty and the contributions of the Center to the University. The division's affiliation with Children's Memorial Hermann Hospital includes a pediatric level one trauma center and 24-hour pediatric emergency department. Pediatric radiologists and neuro-radiologists are available 24 hours a day, 7 days a week to review images in child abuse cases.

Division physicians are recognized locally, nationally, and internationally for their expertise in the field. The division's mission is to provide comprehensive care to child abuse and neglect victims; to educate future physicians, other medical providers, and the community about child abuse and neglect; and to study important clinical questions.

For more information, visit med.uth.edu/pediatrics/divisions/child-protection-pediatrics.

4. Contractor Activities

As a result of data quality issues identified by DSHS, this section has been modified to reflect Medical Child Abuse Resources and Education System (MEDCARES) contractor activities for the 2017-2018 Biennium. The issues identified are addressed in Section 5.

MEDCARES sites provide services in the inpatient and outpatient setting for suspected cases of child abuse and neglect. Sites also provide case review and court appearances to support individuals who work in the judicial process.

MEDCARES sites provide staff training at clinics and hospitals to increase awareness of assessment and subsequent reporting and referral of suspected child abuse and neglect. Also, sites have expanded community-training opportunities for those who work with high-risk families (e.g. parents, providers, caseworkers, and law enforcement personnel). MEDCARES sites have trained on child safety, infant care, and Period of PURPLE Crying (POPC). POPC is a researched-based education program that teaches parents how to care for their infant during highly stressful times, such as extended crying, to prevent Shaken Baby Syndrome. Trainings have also covered topics such as recognizing and reporting abuse, abusive head trauma, injury biomechanics, conditions that mimic abuse, and the importance of family history.

The MEDCARES grant program provides resources for pediatricians in the state to receive the training needed to specialize as a Child Abuse Pediatrician (CAP). To be a CAP, physicians must be certified in the subspecialty of child abuse pediatrics by the American Board of Pediatrics. To sit for the board examination, physicians must first receive a certification in General Pediatrics and complete a 3-year accredited fellowship in the child abuse pediatric subspecialty.⁷

According to the American Board of Pediatrics 2017-2018 Workforce Data report, there are 22 CAPs certified in Texas and three CAP Fellows. MEDCARES contractors employ the majority (19) of those certified CAPs in Texas. Three MEDCARES

⁷ A Guide to Board Certification in Pediatrics: Booklet of Information. January 2019. <https://www.abp.org/sites/abp/files/pdf/certboi.pdf>

contractors have created fellowship programs to recruit and train more CAPs to assess, diagnose, and treat child abuse and neglect.

Increased opportunities for training and specialization for pediatricians will result in more medical child abuse experts to perform the following activities:

- Differentiate between abuse or neglect, and a medical condition;
- Determine patterns of abuse;
- Dismiss cases in the early stages of a Child Protective Service (CPS) investigation where abuse is no longer suspected;
- Identify severe cases that require additional safety interventions to prevent further abuse and neglect, and potentially death;
- Reduce the short and long-term costs associated with receiving health care services, conducting investigations, and convening legal proceedings;
- Coordinate multidisciplinary case reviews; and
- Provide oversight within the foster care system.

5. Improving Data Quality

The Department of State Health Services (DSHS) requires the Medical Child Abuse Resources and Education System (MEDCARES) Grant program contractors to provide monthly reports for contract monitoring and reporting purposes. The reports include data measures such as number of consultations, case reviews, and trainings provided during the month.

In early 2019 DSHS leadership began an evaluation of the quality of MEDCARES data. The evaluation revealed that for fiscal years 2017-2018 the reported number of children examined through outpatient consultations was underrepresented. As a result, the percent of confirmed abuse cases reported by contractors may have been inflated.

As a result of this evaluation, DSHS began a comprehensive investigation of the MEDCARES Grant program and the data submitted from 2015 to 2019. DSHS also stopped further data collection from contractors and removed the 2017-2018 Legislative Report from its internet website on March 15, 2019.

DSHS required MEDCARES contractors to validate and correct previous data submissions from 2015 to 2019, and met with contractors to discuss data reporting.⁸ These meetings have revealed variation in how contractors defined the measures reported to DSHS. It is DSHS' understanding that this variation, in part, led to the reporting issues in the program data identified in early 2019. DSHS also found that the department is unable to aggregate data or recreate data using new definitions for this time period.

In response to these findings and to ensure the program uses the highest quality data moving forward, DSHS developed and implemented a comprehensive data quality plan. In partnership with MEDCARES contractors, DSHS developed new data measures, standardized data definitions, and developed a new data submission tool to improve data quality. The new data measures more accurately reflect contractor

⁸ As of September 2019, DSHS has yet to meet with one contractor to validate data due to ongoing contract negotiations and policies. DSHS plans to meet with the remaining contractor and receive validated data as soon as the new contract is executed.

activities, and data is now submitted through email instead of an online survey for better documentation and surveillance.

DSHS held a training on the new tool in June 2019 and contractors began submitting data using the new tool in July 2019. Data from March 2019 to June 2019 will not be retroactively collected since the definitions were not finalized until July 2019. Going forward, contractors will be required to submit the tool on a monthly basis. DSHS will conduct monthly monitoring of data submissions and is readily available to provide contractors with technical assistance and data definition clarification if needed. DSHS anticipates that the data collected through the new tool will be used to inform the next biennial report.

6. Conclusion

The Department of State Health Services (DSHS) awarded \$5.54 million through the Medical Child Abuse Resources and Education System (MEDCARES) grant program to 11 contractors in 2017-2018.² Sites focused on developing regional initiatives to leverage the expertise of the 22 certified child abuse pediatricians in Texas, roughly one for every 340,921 children.

Funding enabled contractors to perform the following actions:

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

Since November 2018, DSHS re-competed the grant program and is funding 11 contractors moving forward. To maximize funds and activities, the new awards were only given to contractors who met the Advanced category criteria.

Due to data quality issues identified by DSHS, a comprehensive data quality plan has been developed and implemented. Through partnering with MEDCARES contractors, DSHS standardized data definitions and developed a new data submission tool to improve data quality. Contractors began submitting data utilizing the new tool in July 2019, with anticipated inclusion of this data within the next Biennial Report.

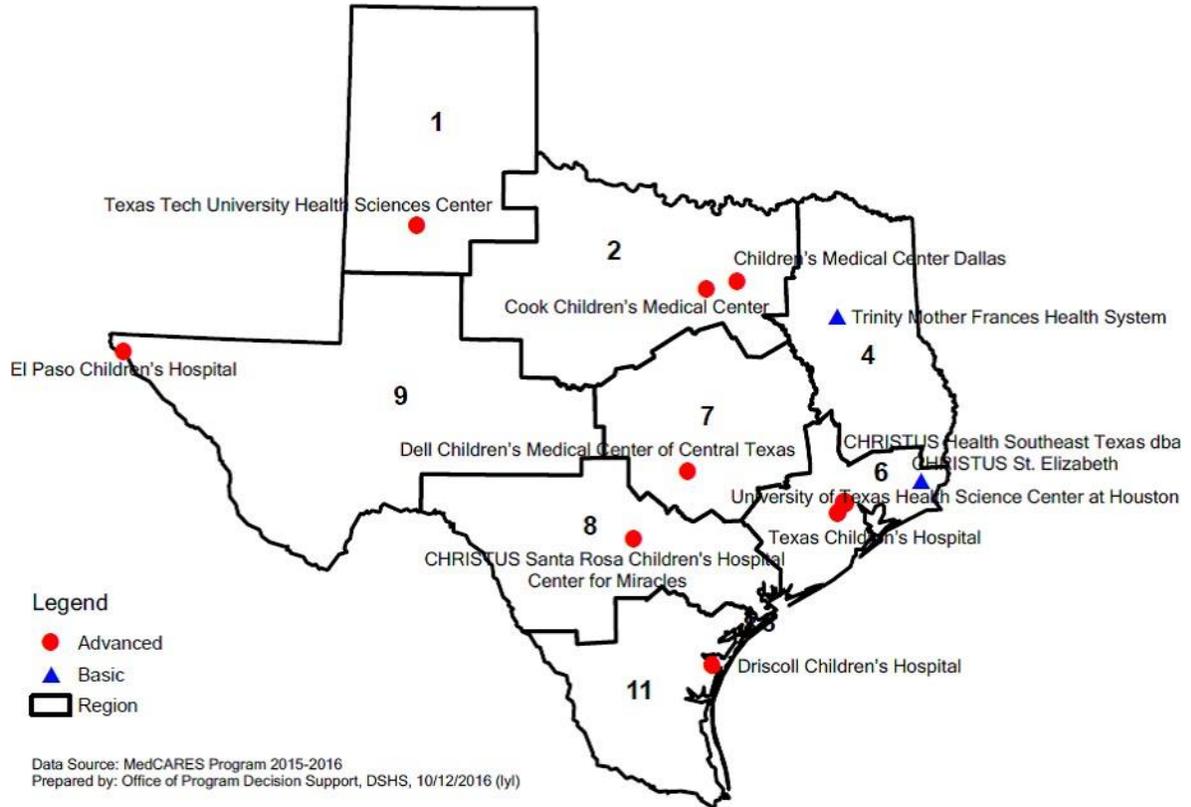
List of Acronyms

Acronym	Full Name
CAC	Child Advocacy Center
CAP	Child Abuse Pediatrician
UTHealth's CARE Center	The Child Abuse Resource and Education Center at the University of Texas Health Science Center at Houston
Cook Children's CARE team	The Child Advocacy Resource and Evaluation team at Cook Children's Medical Center
Dell Children's CARE team	Child Abuse Resource and Education team at Dell Children's Medical Center
Driscoll Children's Hospital's CARE team	Child Abuse Resource and Evaluation team at Driscoll Children's Hospital's
CFM	Center for Miracles (CHRISTUS Santa Rosa Children's Hospital)
CPS	Child Protective Services
CPT	Child Protection Team
DCMC	Dell Children's Medical Center
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services

EPCH	El Paso Children's Clinic
FACN	Forensic Assessment Center Network
MEDCARES	Medical Child Abuse Resource and Education System
NACHRI	National Association of Children's Hospitals and Related Institutions
PCOE	Pediatric Centers of Excellence
POPC	Period of PURPLE Crying
PURPLE	Peak of crying, Unexpected, Resists Soothing, Pain-like face, Long Lasting, Evening
REACH	Referral and Evaluation of At-Risk Children (Children's Health)
SANE	Sexual Assault Nurse Examiner
TCH/BCM	Texas Children's Hospital/Baylor College of Medicine
TTUHSC	Texas Tech University Health Science Center

Appendix A. MEDCARES Contractors Map

Figure 1. 2017 and 2018 MEDCARES Contractors by DSHS Health Service Region



Appendix B. MEDCARES Designation Requirements

MEDCARES contractors are identified as child abuse and neglect program levels based on the following Pediatric Center of Excellence (PCOE) criteria: Basic, Advanced, or Center of Excellence.

Basic Criteria

The PCOE criteria for Basic level includes all the following:

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

Advanced Criteria

The PCOE criteria for Advanced level includes all the following:

- At least one full-time equivalent physician board-certified as a child abuse pediatrician or that can demonstrate completion of a pediatric child abuse fellowship with experience providing child abuse and neglect medical services.
- One dedicated social worker and program coordinator;
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;
- Medical case reviews, consultations, and testimony regarding those reviews and consultations;

- Research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect; and
- The use of telemedicine and other means to extend services from regional programs into underserved areas.

Center of Excellence Criteria (COE)

The PCOE criteria for a COE is the same as the Advanced level with the addition of:

- At least 2 full-time equivalent board eligible/certified child abuse pediatricians as part of full multi-disciplinary team;
- Increased size, volume and support from medical subspecialties, mental health care and counseling;
- Regional leadership on prevention; hosts conferences and task force meetings;
- Regional resource for outlying communities; outreach to community stakeholders;
- Advanced training for pediatricians interested in becoming child abuse specialists; may support a fellowship or regional/ national training opportunities; and
- Recognized authority for child maltreatment research.