Medical Child Abuse Resource and Education System (MEDCARES) 2012-2014

As Required By
Subchapter F, Chapter 1001,
S. B. 2080, 81st Legislature, Regular Session, 2009

Department of State Health Services
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Executive Summary

S.B. 2080, 81st Legislature, Regular Session, 2009, added Subchapter F to the current Texas Health and Safety Code, Chapter 1001 to include the Medical Child Abuse Resources and Education System (MEDCARES), effective September 1, 2009, requiring the Department of State Health Services (DSHS) to establish the MEDCARES grant program. The purpose of the program is to help develop and support regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect.

In 2009, the Legislature appropriated $2.5 million for the grant program during fiscal years 2010 and 2011 and $5 million for fiscal years 2012 and 2013. DSHS is required to report to the Governor and the Legislature on the MEDCARES program and contractor activities by December 1 of every even-numbered year. This report covers the second two years, 2012-2014, of the grant.

Introduction

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

The statute required the Executive Commissioner of the Health and Human Services Commission (HHSC) to appoint an advisory committee to advise DSHS and the Executive Commissioner in establishing the grant program. This committee was convened in November 2009 and was instrumental in guiding the agency in creating the program that exists today. This advisory committee was abolished as of November 2013, in accordance to the Government Code Title 10. Subtitle C. Chapter 2110.088, on the fourth anniversary of the date of its creation.

Background

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

The Legislature created the MEDCARES grant program to increase access to medical child abuse experts and improve timely and accurate child abuse diagnoses. The grant augments existing statewide services and strengthens cross-sector relationships to enhance referrals.

In November 2009, the MEDCARES advisory committee and DSHS staff established requirements and priorities for the grant program. The priorities were outlined in the initial open enrollment application released March 2010 and were continued in contract renewals the following year for eight contractors. In fiscal years 2013 and 2014, the $5 million of appropriated general revenue funds were awarded and distributed to 12 contractors. These

contracts went into effect on June 1, 2012.

DSHS, with advice from the MEDCARES advisory committee, focused on program awards to hospitals or academic health centers with expertise in pediatric health care.

MEDCARES Grant Program Overview

Requirements

Contractors must be either a hospital, academic health center, or a health care facility that supports regional initiatives to improve the assessment, diagnosis, and treatment of child abuse and neglect and have expertise in pediatric health care.

DSHS MEDCARES contractors consist primarily of academic and non-profit hospitals throughout the state that are identified as child abuse and neglect basic programs or advanced programs according to criteria set out by the PCOE report. The criteria are the following:

Basic Criteria:

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

Advanced Criteria:

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

- The use of telemedicine and other means to extend services from regional programs into underserved areas.

MEDCARES Contractors

Open enrollment continued for the third year of the grant and all except one (Peterson Regional Medical Center, Kerrville, Texas) applied for a contract renewal in the following year. The facilities listed below were awarded contracts in June 2012 for either the advanced or basic categories:

Basic Contractors:
- Texas Tech University Health Sciences Center, Lubbock
- Trinity Mother Frances Health System, Tyler
- CHRISTUS Health Southeast Texas dba CHRISTUS St. Elizabeth, Beaumont
- Peterson Regional Medical Center, Kerrville (*Ended their contract early in January 2013, midway through the 2012-2013 contract year.)*

Advanced Contractors:
- 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
- University of Texas Health Science Center at Houston
- El Paso Children's Hospital

With the loss of Peterson Regional Medical Center as a MEDCARES contractor in 2013, DSHS distributed the remaining fiscal year 2014 allocation, $2.5 million, among 11 contractors beginning June 1, 2013, with three contractors remaining in the basic category and eight remaining in the advanced category.

Services

Child abuse specialists provide assessment, diagnosis, and treatment of child abuse and neglect. They provide a link to experienced medical professionals trained in assessing, diagnosing, and treating the injuries associated with child abuse and neglect. This allows for earlier and more accurate diagnoses. Timely assessments and accessibility to medical child abuse experts is beneficial in determining patterns of abuse; dismissing cases in the early stages of a Child Protective Service (CPS) investigation where abuse is no longer suspected; and can also help identify severe cases that require additional safety interventions to prevent further abuse and neglect, and potentially death. Early identification also reduces the short- and long-term costs associated with receiving health care services, conducting investigations, convening legal proceedings, and providing oversight within the foster care system. In addition to providing direct services, these highly trained professionals also provide education and training to those who work on the front lines with children at risk (such as law

enforcement, case workers, members of the judiciary), as well as other members of the public (parents, teachers, students, medical professionals). Information is regularly provided regarding how to identify various types of abuse, reporting requirements, how and where to make referrals, abusive head trauma, photo documentation, and other topics.

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

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

Clients

The Texas Department of Family and Protective Services (DFPS) reported 66,398 confirmed victims of child abuse or neglect in fiscal year 2013. Parents and other family members were responsible for nearly 97 percent of these cases. Child fatalities from abuse occurred in Texas at a rate of 2.2 deaths per 100,000.

As shown in Table 1, there were a total of 258,996 children in Texas suspected of being victims of child abuse or neglect and reported to the DFPS in fiscal year 2013. Of those, 25.6 percent, or 66,398 children, were confirmed victims. The percent confirmed differed by Region, ranging from a low of 19.8 percent in Region 6 to a high of 31.1 percent in Region 10.[1]

Table 1. Alleged and Confirmed Victims of Child Abuse/Neglect (Fiscal Year 2013)

Region	Alleged Victims	Confirmed Victims	Unconfirmed Victims	Percent Confirmed
Region 1	11,975	3,610	8,365	30.1%
Region 2	8,607	2,583	6,024	30.0%
Region 3	63,677	17,006	46,671	26.7%
Region 4	13,025	3,419	9,606	26.2%
Region 5	8,851	2,051	6,800	23.2%

Region 6	46,112	9,116	36,995	19.8%
Region 7	32,757	7,663	25,094	23.4%
Region 8	31,211	8,397	22,814	26.9%
Region 9	7,358	2,137	5,221	29.0%
Region 10	7,275	2,259	5,016	31.1%
Region 11	28,096	8,141	19,955	29.0%
Out of State	52	16	36	30.8%
[1]**Texas Total**	**258,996**	**66,398**	**192,597**	**25.6%**

Summary and Outcomes

Contractor Activities and Accomplishments

During the second two years of the MEDCARES grant program, contractors worked successfully to improve the assessment, diagnosis, and treatment of child abuse and neglect by expanding services within the facilities to those directly affected by child abuse and neglect; providing education and training to medical professionals and nonprofessionals; and developing and supporting regional initiatives through mentorships. The hiring of additional child abuse medical specialists allowed for expanded clinical hours, increased capacity during clinic hours, and development of new clinics.

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

Basic sites have been able to purchase equipment that allowed them to expand services to clients in more remote areas of the state and attend statewide and national trainings to improve their knowledge bases related to child maltreatment. Building these sites also brings awareness and encourages interest in child abuse fellowships and recruitment of other board-certified physicians to the state.

[1] Texas Department of Family and Protective Services. 2013 Data Book. Available from: http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2011/5CPSAll.pdf (July 2014).

The opportunity to mentor basic level sites has allowed the contractors to focus attention on developing regional initiatives, which is one of the core goals of MEDCARES. Because there are only 18 board-certified child abuse pediatricians in Texas[2], it is imperative that the basic level sites, with some capacity to serve children and families in need, are supported by these specialists, so children across the state can be served with the highest quality of care.

Other notable activities achieved through MEDCARES funding include:

- Increasing the knowledge of 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 the judiciary through consultations, medical case review, and by providing testimony in court.
- Improving research capabilities 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.

Contractor Challenges

MEDCARES contractors report primary challenges in the areas of funding, shortages in specialized medical staff, and providing education and outreach to expand services and expertise throughout the state. These areas are all interrelated and help to point out the dichotomy exposed as awareness and needs for services grow and the expertise in the field and funding to support such programs remains limited.

While MEDCARES funds help supplement many salaries at contractors' sites, they report a significant lack of financial resources to support clinic staff, especially physicians. Limited funding has also prevented sites from hiring additional staff to provide much needed community education and outreach. Positions, such as nurse educators, play a critical role in starting evidence-based shaken baby prevention programs in local newborn nurseries, for example. To ensure coverage of additional needed training and skills, existing staff have been trained and taken on new job duties, and staff schedules have been rearranged accordingly.

With the increased number of services and patients served, space is at a premium. Contractors reported refurbishing existing and small spaces to meet their needs but that some space is still suboptimal. Most contract sites receive additional funds to support services in their clinics; however, those funds are limited and sites report programs at risk of being ended due to a reduction or discontinuation of funding.

As patient volume has increased and the patient mix has changed to include more adolescents, the number of patients with acute medical and mental-health needs has also increased. This has put a greater burden on providers, particularly social workers and psychotherapists. The pool

[2] The American Board of Pediatrics: Workforce Data Research Publications. Child Abuse Pediatrics, 2013 ppt Slide 14. Available from: https://www.abp.org/abpwebsite/stats/wrkfrc/menu1.htm (July 2014).

of available qualified child abuse physicians is very small, and will remain so until more fellows are trained across the country. There are insufficient specialized personnel to fill the void in the more remote areas of the state. Having fellowship programs will contribute to the national effort to train more child abuse pediatricians, possibly increasing the number of and potential for having specialists in areas of scarcity.

Providing education and outreach to expand services and expertise throughout the state has been challenging due to the difficulty of getting buy-in from local doctors at mentee sites. It is important to find a physician champion for child abuse and neglect, and finding one available to spearhead the development of a child abuse program has proved to be difficult. Some contractors reported difficulty in getting initial commitments because of the uncertainty of long-term funding and difficulty changing to practices that are believed to be effective; especially when this may be incongruous with information provided by investigators and law enforcement. In addition, telemedicine services proved to be a challenge. It is still very new technology and is a service that not many health care staff and providers have embraced.

With regard to outreach to the community, due to ongoing turnover in CPS, law enforcement, and even among health providers (e.g., school nurses and emergency physicians), outreach must be a continuing activity. The need to plan for and carry out such activities does not diminish over time.

MEDCARES-Specific Data

Table 2 shows the number of inpatient consultations and outpatient exams across the 12 MEDCARES sites from June 2012-January 2013 and the 11 contractors from February 2013-May 2014. The data was collected on a monthly basis from each site and inpatient consultations are separated according to final determinations made by lead physicians. While the majority of patients in the MEDCARES sites are seen in outpatient settings, a significant number of children must be admitted to the hospital due to their injuries. Among those admitted, (55 percent) had injuries found to be caused by abuse or neglect.

Table 2. Number of Inpatient Consultations and Outpatient Exams

	Total	**Percent**
Number of inpatient consultations (not including ER)	4,210	100%
No allegation of abuse	288	6.8%
Unable to determine due to case characteristics	390	9.3%
Accidental explanation likely	943	22.4%

Unable to determine due to insufficient information	272	6.5%
Definite or probable cause	2,317	55.0%

Number of outpatient exams (includes ER) 21,606

Table 3 describes the types of abuse seen among the 55 percent of children admitted to the hospital for abuse-related injuries. MEDCARES contractors provided services for all types of abuse, but primarily saw children who were the victims of physical abuse (58 percent) and neglect (27 percent).

Table 3. Definite or Probable Abuse Consultations by Type of Abuse

	Total	**Percent**
Inpatient consultations of definite or probable cause	2,317	100%
Physical abuse	1,347	58%
Sexual abuse	337	15%
Neglect/other	633	27%

MEDCARES sites provided support above and beyond direct services to children requiring medical attention. A substantial amount of physician and staff hours are spent providing case reviews, training, and support to people who work in the judicial process. Table 4 shows the numbers and hours of support provided.

Table 4. Additional Support Provided

	Total
Number of case reviews provided	6,619
Number of staff hours spent providing education/training	3,734.25

Number of court appearances	741
Civil	279
Criminal	462

Conclusion

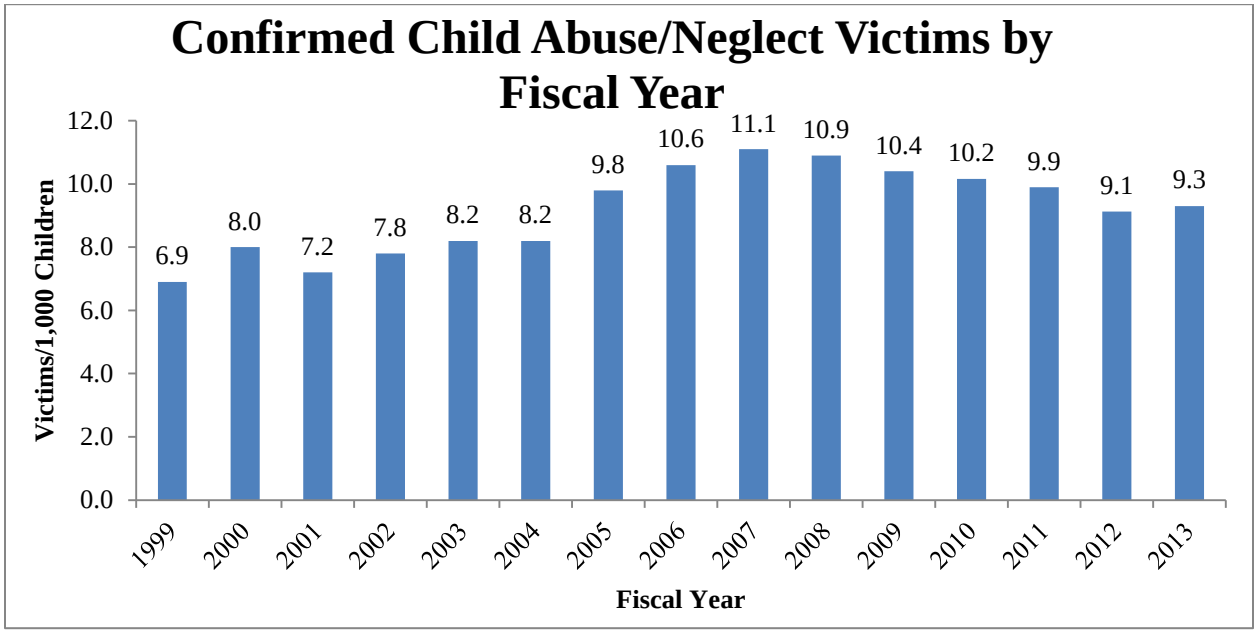
The MEDCARES program provided funds to 12 sites June 2012-January 2013 and 11 sites from February 2013-May 2014. The activities reported by the MEDCARES contractors demonstrate the benefits of the MEDCARES program to the children, communities, and health care system.

To date the MEDCARES contractors have been able to accomplish the following:

- Expand direct services to patients and their families;
- Provide thousands of hours of outreach and support to other medical professionals, case workers, law enforcement, the judiciary, and nonprofessionals;
- Mentor basic level sites to help improve and expand services in more rural areas;
- Explore research opportunities to improve this highly specialized field;
- Provide accredited fellowships in Child Abuse Pediatrics;
- Increase the knowledge of community partners through education and training on assessment and treatment of maltreated children;
- Expand current prevention programs by training community partners on evidence-based interventions;
- Increase cooperation with CPS, law enforcement, and the judiciary through consultations, medical case review, and by providing testimony in court; and
- Improve research capabilities by adding relevant data elements to current registries, creating new registries specifically designed for child maltreatment and neglect, and by convening data workgroups to advise facilities on data collection, research, and data analyses.

Appendix A: Confirmed Child Abuse/Neglect Victims by Fiscal Year[3]

FigureA-1. Confirmed Child Abuse/Neglect Victims by Fiscal Year



[3] Texas Department of Family and Protective Services, 2013 Data Book. (July, 2014)
http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2013/5CPSAll.pdf
Rates are per 1,000 children ages 0-17 years.
2013 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.

Appendix B: Profile of Confirmed Child Abuse by Race and Age Fiscal Year 2013[4]

Table B-1. Profile of Confirmed Child Abuse by Race and Age Fiscal Year 2013

Age	Gender	Anglo	African American	Hispanic	Native American	Asian	Other	Total
Under 1	Female	1,536	1,013	1,972	4	13	377	4,915
	Male	1,684	1,104	2,213	3	18	419	5,441
	Unknown	5	6	6	0	0	3	20
	Total	**3,225**	**2,123**	**4,191**	**7**	**31**	**799**	**10,376**
1-3 years	Female	2,348	1,145	3,367	11	30	477	7,378
	Male	2,432	1,340	3,700	9	39	491	8,011
	Unknown	8	5	17	0	0	7	37
	Total	**4,788**	**2,490**	**7,084**	**20**	**69**	**975**	**15,426**
4-6 Years	Female	2,247	1,040	3,455	7	32	369	7,150
	Male	2,213	1,126	3,248	9	40	360	6,996
	Unknown	9	4	14	0	0	0	27
	Total	**4,469**	**2,170**	**6,717**	**16**	**72**	**729**	**14,173**
7-9 years	Female	1,563	728	2,474	2	17	223	5,007
	Male	1,573	801	2,348	7	19	241	4,989
	Unknown	2	1	10	0	0	2	15
	Total	**3,138**	**1,530**	**4,832**	**9**	**36**	**466**	**10,011**
10-12 years	Female	1,291	595	2,145	4	23	173	4,231
	Male	1,174	514	1,582	2	19	161	3,452
	Unknown	3	1	2	0	0	2	8

[4] Texas Department of Family and Protective Services, 2013 Data Book. (July, 2014) http://www.dfps.state.tx.us/documents/about/Data_Books_and_Annual_Reports/2013/5CPSAll.pdf

	Total	**2,468**	**1,110**	**3,729**	**6**	**42**	**336**	**7,691**
13-17 years	Female	1,750	795	2,760	7	32	214	5,562
	Male	1,106	458	1,430	2	16	129	3,141
	Unknown	1	0	1	0	0	1	3
	Total	**2,857**	**1,253**	**4,191**	**9**	**52**	**344**	**8,706**
Age Unknown	Female	3	0	4	0	0	0	7
	Male	1	0	4	0	0	1	6
	Unknown	0	0	0	0	0	2	2
	Total	**4**	**0**	**8**	**0**	**0**	**3**	**15**
Total Victims	Female	10,738	5,316	16,177	35	151	1,833	34,250
	Male	10,183	5,343	14,525	32	151	1,802	32,036
	Unknown	28	17	50	0	0	17	112
Grand Total		**20,949**	**10,676**	**30,752**	**67**	**302**	**3,652**	**66,398**

Appendix C: MEDCARES Data Comparison

Table C-1 shows the number of inpatient consultations and outpatient exams across the eight MEDCARES sites from March 2011-May 2012 and across the 12 sites June 2012-May 2014. The data was collected on a monthly basis from each site and inpatient consultations are separated according to final determinations made by lead physicians. While the majority of patients in the MEDCARES sites are seen in outpatient settings, a significant number of children must be admitted to the hospital due to their injuries. Among those admitted, more than half (53 percent for 2011-2012) and (55 percent for 2012-2014) had injuries found to be caused by abuse or neglect.

Table C-1. Number of Inpatient Consultations and Outpatient Exams

	March 2011-May 2012 (8 Contractors-14 months)		**June 2012-May 2014 (12 Contractors-24 months)**	
	Total	**Percent**	**Total**	**Percent**
Number of inpatient consultations (not including ER)	1,777	100%	4,210	100%
No allegation of abuse	104	5.9%	288	6.8%
Unable to determine due to case characteristics	240	13.5%	390	9.3%
Accidental explanation likely	342	19.2%	943	22.4%
Unable to determine due to insufficient information	147	8.3%	272	6.5%
Definite or probable cause	944	53.1%	2,317	55%
Number of outpatient exams (includes ER)	12,636		21,606	

Table C-2 describes the types of abuse seen among children admitted to the hospital for abuse-related injuries: 53 percent in 2011-2012 with eight contractors and 55 percent in 2012-2014 with 12 contractors over twenty four months. MEDCARES contractors provided services for all types of abuse, but primarily saw children who were the victims of physical abuse and neglect.

Table C-2. Definite or Probable Abuse Consultations by Type of Abuse

	March 2011-May 2012		June 2012-May 2014	
	Total	**Percent**	**Total**	**Percent**
Inpatient consultations of definite or probable cause	944	100%	2,317	100%
Physical abuse	579	61.3%	1,347	58%
Sexual abuse	32	3.4%	337	15%
Neglect/other	333	35.3%	633	27%

MEDCARES sites provided support above and beyond direct services to children requiring medical attention. A substantial amount of physician and staff hours are spent providing case reviews, training, and support to people who work in the judicial process. Table C-3 shows the numbers and hours of support provided over the four years the program has been in effect.

Table C-3. Additional Support Provided

	2011-2012 Total	**2012-2014 Total**
Number of case reviews provided	3,559	6,619
Number of staff hours spent providing education/training	1,943	3,734.25
Number of court appearances	575	741
Civil	182	279
Criminal	393	462

APPENDIX D: Individual Contractor Activity Reports

Program Years Three and Four (June 2012-May 2014)

Basic Program MEDCARES Contractors

Texas Tech University Health Science Center
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. During fiscal years 2012-2014, TTUHSC was a mentee site. The child protection pediatrics program consisted of a Child Abuse Pediatrician, coordinator, Registered Nurse, SANE, and Licensed Vocational Nurse. Texas Tech University Health Science Center provided 24-hour support for Child Protective Services (CPS) investigative staff in 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.

Texas Tech University Health Science Center has seen approximately 100 physical abuse cases and approximately 250 sexual abuse cases per year. These numbers are expected to increase as TTUHSC increases subspecialty surgical capacity in the Lubbock hospitals, and as additional MEDCARES resources allow expansion of services.

Trinity Mother Frances Hospital
As a faith-based organization, it is the mission of Mother Frances Health System to enhance community health through service with compassion, excellence, and efficiency. The vision for the health system is: "Creating healthy lives for people and communities." The SANE (Sexual Assault Nurse Examiner) Program at Trinity Mother Frances Health System began in 1997. Since 2006, the system has treated more than 650 cases of pediatric and adolescent victims, and assisted 43 different law enforcement agencies. The SANE performs the sexual abuse examination and physical abuse photo-documentation. The program coordinator is responsible for social work assessment and sees patients at the hospital on an inpatient and outpatient basis. The psychosocial assessments are made by the SANE and patients are referred to the Children's Advocacy Center (CAC) for follow up counseling. Trinity Mother Francis Health System saw approximately 123 pediatric patients in the 2012-2014 reporting period.

CHRISTUS Hospital St. Elizabeth
CHRISTUS Hospital St. Elizabeth is a 431-bed acute care and trauma center in Beaumont, Texas, and is the only Level III trauma center in the area. In keeping with the mission and core values of the hospital, a forensic nursing program was established in 1993 to provide medical/forensic examination for patients with a history of sexual assault. Over time, the program expanded to provide services to victims of child abuse, domestic violence, elder abuse, and other non-accidental trauma. CHRISTUS Hospital St. Elizabeth saw approximately 491 pediatric patients in the 2012-2014 reporting period.

Advanced MEDCARES Contractors

Children's Medical Center Dallas REACH Program

The Referral and Evaluation of At-Risk Children (REACH) Program at Children's Medical Center Dallas, in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics, is a hospital-based child abuse medical evaluation program. The REACH Program serves children through a comprehensive team consisting of a board-certified child abuse pediatrician, attending physicians, educator/advocate, clinical psychologist, SANE, licensed social workers, child life specialist, and program coordinators. The program has been in existence since the early 1980s and is involved in the evaluation of more than 2,000 children each year.

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

The CHRISTUS Santa Rosa Children's Hospital, San Antonio Center for Miracles (CFM) is a multidisciplinary clinical facility that was established eight years ago to provide comprehensive evaluation and treatment of suspected victims of child abuse and neglect. CFM's mission is to promote the health and safety of children who are at risk for, or traumatized by, abuse or neglect. CFM opened in May 2006 in response to the community's need for a comprehensive, coordinated, medical assessment of possible abuse and neglect of children. CFM works closely with CPS and other local agencies to optimize the services at-risk families need to keep their children safe and healthy. Comprehensive services include acute and follow-up medical evaluations for physical abuse, sexual abuse or assault, and neglect, photo-documentation, X-rays, lab work, psychosocial evaluation, physician consultations, inpatient consultations, and short-term counseling. CFM provides services within a 30-county area with the majority of referrals coming from Bexar County. CFM has served more than 13,500 children from May 2006-April 2014.

Cook Children's Medical Center

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

In 2004, the CARE Team began seeing only the most severely injured, abused children: those who had been admitted to the pediatric intensive care unit. The team's efforts gradually expanded to offering consultative services to all inpatients with concerns for abuse. In 2008, staff offered outpatient physical abuse evaluations on a limited basis and have been gradually increasing the inpatient and outpatient services as personnel and space allow. In 1994, there were 368 patient visits. This number escalated to 1,502 in 2012 and 1,411 in 2013.

Dell Children's Medical Center

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

DCMC consists of a strong alliance of expert personnel, facilities, and other specialty resources dedicated to the care of children and adolescents within a 46-county referral region. The belief is that no child should be refused necessary care and attention for lack of ability to pay. DCMC acknowledges responsibility as a leader in the delivery of pediatric care. Central to this responsibility is the need to view care as both family-centered and family-oriented. DCMC strives to consolidate pediatric care in one regional referral center, which is essential to the development of high-quality, cost-effective programs. Such consolidation is vital for the development and maintenance of professional skills of physicians, nurses, and allied medical personnel. DCMC believes that improving the quality of life and health of children requires the prudent application of resources, as well as the support of the Central Texas community. Dell Children's Medical Center saw approximately 525 pediatric patients in the 2012-2014 reporting period.

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

The CARE Team at Driscoll Children's Hospital is among only a handful of teams in the United States staffed with full-time positions, available 24 hours a day, 365 days per year. The team receives referrals and transfers of patients from 33 surrounding counties for expert evaluation of child maltreatment concerns. The CARE Team serves more than 2,100 children a year in the inpatient and outpatient settings regardless of economic status. The majority of the children evaluated by the Team are Hispanic, which is consistent with the population in the area. The CARE Team frequently cares for children who are noncitizens or have uncertain immigration status, in addition to human trafficking victims.

Texas Children's Hospital, Houston
Texas Children's Hospital/Baylor College of Medicine's Child Abuse Pediatrics Program (CAP) was inspired by a community pediatrician in 1978, and has been providing comprehensive medical evaluations for child abuse and neglect for Houston's children for the past 32 years. For most of those years, children were served by a team of two social workers and a part-time physician director. During the past eight years under the direction of Dr. Michelle Lyn, the program has grown significantly to include two full-time, fellowship-trained child abuse pediatricians; as well as several dedicated physicians who participate in child abuse treatment in addition to their full-time positions; an inpatient and outpatient consult service; a full-time sexual abuse outpatient clinic at Harris County's child advocacy center; and an outpatient child protective health clinic focused on physical abuse and neglect. The focus of the CAP is to evaluate and collaborate in the treatment of victims of suspected abuse and/or neglect. The CAP is committed to the advancement of education, patient care, community outreach, and research, with the goal of identifying and preventing child abuse and neglect. In comparison to the number of evaluations and outpatient services cited in National Association of Children's Hospitals and Related Institutions (NACHRI) *2008 Children's Hospitals Child Abuse Services Survey*, Texas Children's CAP is one of the largest services in the nation, seeing more than 2,000 patients annually. The CAP also has three physicians with board certification as child abuse pediatricians.

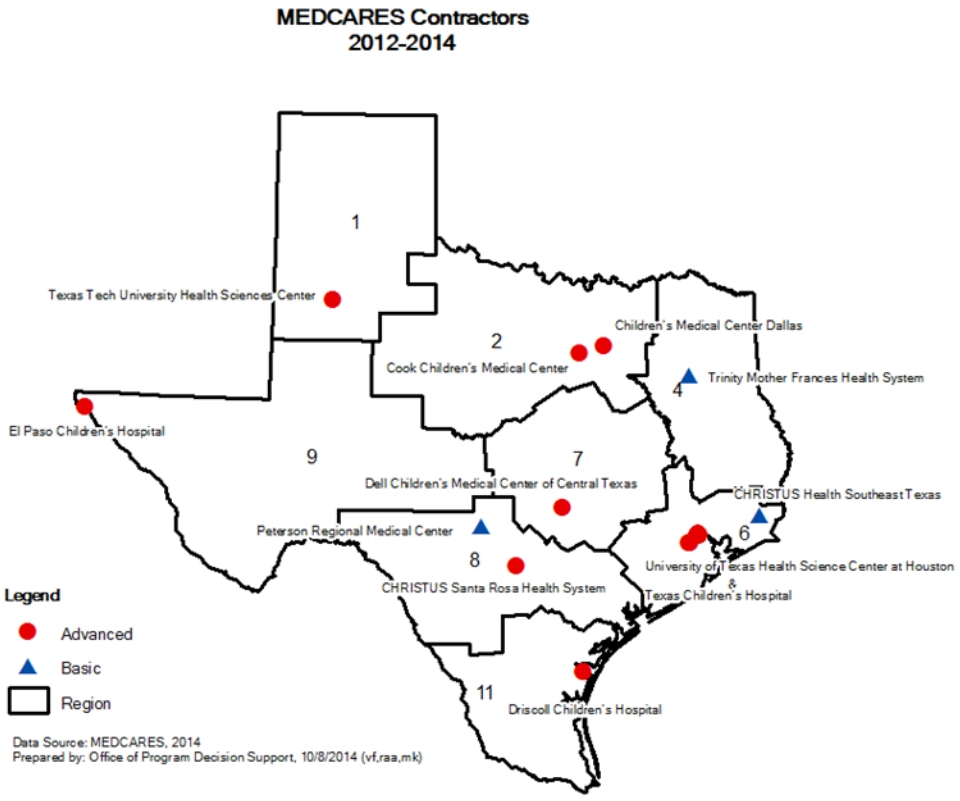
University of Texas Health Science Center at Houston
The CARE Center at the University of Texas Health Science Center-Houston was named the Division of Child Protection Pediatrics in 2012, in recognition of the importance of the specialty and the contributions of the CARE Center team to the University.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

Division physicians are recognized locally, nationally, and internationally for their expertise in the field. The division's mission is to provide comprehensive care to child abuse and neglect victims; to educate future physicians, other medical providers, and the community about child abuse and neglect; and to study important clinical questions. The majority of the catchment area is rural, though approximately three-quarters of families served by the division live in urban Harris County. Approximately 25 percent of children in Harris County are uninsured, and nearly 18 percent of county residents have incomes below the federal poverty level. Harris County has the highest child abuse fatality rate in Texas, and a disproportionate number of child maltreatment deaths relative to the regional child population. Through the statewide Forensic Assessment Center Network, (the division also serves children from the Rio Grande Valley and far West Texas (HHS regions 10 and 11), whose residents are predominantly rural, Hispanic, and impoverished. The University of Texas Health Science Center at Houston saw approximately 2932 pediatric patients in the 2012-2014 reporting period.

El Paso Children's Hospital (EPCH) Center for the Prevention of Child Abuse (Clinic)
The EPCH Clinic has been funded by a MEDCARES Grant since it opened in July 2012. EPCH is a new children's hospital opened in February 2012. The Clinic is the only organization providing any services for children under the age of 14 in far West Texas. From July 2012-May 2014, the Clinic has provided services to 914 children and their families. The majority of patients

that have been sexually abused are referred by law enforcement or CPS. The Clinic provides forensic medical exams, testing for sexually transmitted diseases, short-term counseling, referrals for long-term counseling, psycho-social evaluations, Crime Victims Compensation applications, CPS consults, and in-patient consultations at EPCH. They also provide any necessary medical referrals. The staff also sees level one trauma patients at University Medical Center of El Paso (UMC). El Paso Children's Hospital is a non-profit hospital located on the border with Mexico and New Mexico. UMC is a non-profit county hospital and the only level one Trauma Center within 350 miles.

APPENDIX E: MEDCARES Contractors Sites 2012-2014



Texas Children's Hospital is slightly offset to the northeast to distinguish it from UT Health Science Center at Houston.

APPENDIX F: Acronyms

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