



# **Medical Child Abuse Resources and Education System Biennial Report 2019-2020**

---

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



**TEXAS**  
Health and Human  
Services

---

Texas Department of  
State Health Services

**December 2020**

# Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>1. Introduction .....</b>	<b>4</b>
<b>2. Background .....</b>	<b>5</b>
<b>3. Contractor Overview and Activities .....</b>	<b>7</b>
Education and Training.....	7
Direct Services.....	9
Efforts Regarding the COVID-19 Pandemic.....	10
Contractor Descriptions and Activities Narratives.....	10
<b>4. Data Quality .....</b>	<b>20</b>
<b>5. Conclusion .....</b>	<b>22</b>
<b>List of Acronyms .....</b>	<b>23</b>
<b>Appendix A. MedCARES Designation Requirements.....</b>	<b>A-1</b>
Advanced Criteria .....	A-1
Center of Excellence (COE) Criteria.....	A-1
<b>Appendix B. MedCARES Contractor Map .....</b>	<b>B-1</b>
<b>Appendix C. MedCARES Monthly Reports.....</b>	<b>C-1</b>
<b>Appendix D. MedCARES Monthly Reporting Measures and Definitions.....</b>	<b>D-1</b>
Current Reporting Measures.....	D-1
Key Definitions.....	D-1
<b>Appendix E. Data Submission and Validation Process .....</b>	<b>E-1</b>

## 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 recipient activities, program results, and outcomes.

Since 2010, DSHS has awarded MedCARES grants to qualifying facilities to develop and support regional programs to improve the prevention, assessment, diagnosis, and treatment of children for whom there is a concern for abuse or neglect. An additional goal of the program is to build infrastructure that increases access to medical experts in the assessment of child abuse and neglect and improves timely and accurate diagnoses. DSHS administers the MedCARES grant program by awarding contracts, monitoring contractor activities, providing opportunities for best practice sharing, and collecting data.

MedCARES provides communities easy access to medical experts who provide patient care in inpatient and outpatient settings, education for the general public, case reviews for other physicians, trainings, and court appearances. Other activities provided or improved through the MedCARES program include:

- Hiring physicians, nurses, social workers, and therapists to identify, treat, and assist children for whom there is a concern for abuse or neglect;
- Conducting training for community partners on the assessment and medical treatment of maltreated children as well as evidence-based psychological interventions;
- Increasing collaboration among medical providers;
- Increasing coordination with Child Protective Services, law enforcement personnel, the foster care system, and the judiciary through consultation, medical case reviews, and providing testimony in court; and
- Providing accredited fellowships in child abuse pediatrics.

# 1. Introduction

Since 2010, the Department of State Health Services (DSHS) has managed the Medical Child Abuse Resources and Education System (MedCARES) grant program. The purpose of the grant program is to develop and support regional initiatives to improve the prevention, assessment, diagnosis, and treatment of children for whom there is a concern for abuse or neglect.

Specifically, [Texas 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;
- 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 recipient 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. Background

Following statewide efforts to reform the child protection system, the 80th Texas Legislature established the Committee on Pediatric Center of Excellence (PCOE). The PCOE committee's purpose was to recommend and develop guidelines, procedures, and protocols for medical professionals and institutions to follow in evaluating suspected cases of child abuse and neglect. The PCOE committee's 2009 Legislative report emphasized 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 healthcare system and its ability to serve children and families.<sup>1</sup>

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.<sup>2</sup>

DSHS uses a competitive grant process to award funds through contracts to hospitals, academic health centers, and healthcare facilities with expertise in pediatric healthcare. Historically, funding amounts were awarded to facilities based on whether they met the eligibility criteria for either the *Basic* or *Advanced* award level, including those that met the criteria for a Center of Excellence (COE). The eligibility criteria for the *Basic* and *Advanced* award levels were established based on the recommendations of the PCOE committee's 2009 report. To maximize funds and activities when DSHS re-competed the grant in 2019, awards were only given to contractors who met the *Advanced* criteria, including the COE category. The requirements for the *Advanced* award level and COE criteria can be found in [Appendix A](#).

Through the Title V Maternal and Child Health Services Block Grant, DSHS provided the MedCARES Grant Program approximately \$6.6 million in funding for state fiscal

---

<sup>1</sup> The report by the Advisory Committee on Pediatric Centers of Excellence can be viewed at [dshs.texas.gov/mch/medcares.shtm/](https://dshs.texas.gov/mch/medcares.shtm/)

<sup>2</sup> [Senate Bill \(S.B.\) 2080, 81<sup>st</sup> Texas Legislature, Regular Session, 2009](#), added Subchapter F to Texas Health and Safety Code, Chapter 1001.

year (FY) 2019 and 2020 to increase child abuse prevention, education, and partnership building efforts.

Various types of child abuse and neglect are categorized as adverse childhood experiences (ACEs). As defined in a Centers for Disease Control-Kaiser Permanente Adverse Childhood Experiences Study, ACEs are negative experiences faced during the first 18 years of life that increase the risk for many chronic diseases, depressive disorders, and even premature death. ACEs can include parental absence, neglect, and violence. The ACE study identified 10 core adverse experiences that are linked with negative health outcomes later in life. The higher the number of ACEs a child experiences, the higher the likelihood of developing long term health problems and chronic illness.<sup>3</sup>

Data from the Department of Family and Protective Services indicate that neglectful supervision is the most prevalent type of child maltreatment in Texas. In FY 2019, of the 74,589 confirmed allegations of child maltreatment, 72.7 percent were of neglectful supervision. Physical and sexual abuse cases were 10.7 and 9.4 percent, respectively.<sup>4</sup>

[House Bill 2848, 85th Legislature, Regular Session, 2017](#), amended the Family Code to require MedCARES contractors to have the ability 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.

---

<sup>3</sup> Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS (2018). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

<sup>4</sup> Texas Department of Family Protective Services. (2019). CPI Completed Investigations: Alleged & Confirmed Types of Abuse [Interactive data book]. Retrieved from [https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Investigations/Investigations/Types\\_of\\_Abuse.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Types_of_Abuse.asp)

### 3. Contractor Overview and Activities

The Department of State Health Services (DSHS) awarded approximately \$6.6 million through the Medical Child Abuse Resources and Education System (MedCARES) grant program to 11 contractors in fiscal year (FY) 2019 and FY 2020. A map of the contractors can be found in [Appendix B](#). Of the 11 advanced contracts, six are designated as a Center of Excellence (COE). Contractors use funds to provide direct and preventive services in their community based on need.

#### Education and Training

MedCARES contractors provide education and training in their communities to individuals who work with children at risk of abuse and neglect and other members of the public. These individuals can include law enforcement, case workers, judiciary members, parents, teachers, advocacy centers, and medical professionals. MedCARES contractors regularly provide information and trainings on topics related to how to identify various types of abuse, abuse or neglect reporting requirements, medical conditions that mimic abuse or neglect, photo documentation, child safety, and [Period of PURPLE Crying](#)<sup>5</sup> trainings have also covered the importance of a thorough medical assessment, including consideration of obtaining and reviewing additional historical information through past medical records, laboratory evaluations, imaging evaluations, follow-up appointments, and consults with additional medical subspecialists when needed.

Additionally, many MedCARES contractors participate in their local Child Fatality Review Team (CFRT). CFRTs are working groups of community partners that review child deaths on a local level from a public health perspective. The purpose of the state CFRT Program at DSHS is to improve the response to child fatalities, provide accurate information on how and why Texas children are dying, and reduce the number of preventable child deaths by taking data into prevention practice.

MedCARES contractors also provide fellowship training to pediatricians who opt to specialize in the field of child abuse pediatrics. Child abuse pediatricians (CAPs) are highly trained physicians available for medical consultation when there are concerns

---

<sup>5</sup> An infant head injury prevention program

for abuse or neglect to children or adolescents. These professionals have expertise in managing and mitigating the consequences of abuse. To receive a CAP designation and sit for the board examination, physicians must receive a certification in General Pediatrics and then complete a three-year accredited fellowship in the child abuse pediatric subspecialty.<sup>6</sup> Additionally, MedCARES grants support the hiring of other child abuse specialists such as forensic nurse examiners, sexual assault nurse examiners, physician assistants, nurse practitioners, psychologists, and social workers.

Since the creation of the child abuse pediatric subspecialty certification in 2009, only 337 pediatricians have been certified nationwide.<sup>7</sup> As of July 2020, MedCARES contractors employ 21 CAPs. Four MedCARES contractors have created fellowship programs to recruit and train more CAPs to prevent, assess, diagnose, and treat children and adolescents for whom there is a concern for abuse or neglect.

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

- Complete appropriate and thorough assessments within the medical model for the purposes of diagnosis and treatment of children and adolescents for whom there is a concern of abuse or neglect;
- Determine patterns of abuse or neglect;
- Provide medical and safety consults for children in the foster care system;
- Participate in research to increase the bank of knowledge regarding prevention, assessment, diagnosis, management, and treatment in the medical field of child abuse pediatrics;
- Provide high-quality and accurate education to a variety of stakeholders;
- Identify or develop and implement effective abuse and neglect prevention strategies and programs; and
- Implement evidence-based integrated treatment plans to improve outcomes of children who have suffered maltreatment.

---

<sup>6</sup> A Guide to Board Certification in Pediatrics: Booklet of Information. January 2020. <https://www.abp.org/sites/abp/files/pdf/certboi.pdf>.

<sup>7</sup> U.S. Map of Subspecialists by State: 2019 Distribution of US-Based Pediatric Subspecialists Ever Certified by the ABP, Age 70 and Under.

From June 2019 to June 2020, MedCARES contractors completed 1,248 trainings and presentations totaling 1,674 hours. These educational opportunities were informal or formal methods of teaching information to individuals. Casual one-to-one interactions were not included. Additional data on contractor promotion activities can be found in [Appendix C](#).

## **Direct Services**

MedCARES contractors provide direct services in inpatient and outpatient settings for children and adolescents for whom there is a concern for abuse or neglect. Medical services include comprehensive medical evaluations and access to subspecialties such as radiology, toxicology, neurology, trauma care, and burn care. Depending on the type of concern, a child could require specialized equipment or the care of additional specialized medical professionals. In addition to participating in in-person and telephone consultations with other medical providers, MedCARES contractors also provide case reviews and court testimony when asked.

DSHS collects direct-service data monthly from the MedCARES contractors for contract monitoring purposes. Contractor activities and data reported varies based on how MedCARES contractors utilize funding to provide services in their community. Because of the recent implementation of standardized data measure definitions for contract monitoring, DSHS has been able to aggregate contractor data since June 2019. Due to a contract execution delay for one contractor, the data shown in Tables 1 and 2 in [Appendix C](#) represent activities from two timeframes. Table 1 shows June 2019 to October 2019 and includes data from 10 contractors. Table 2 shows November 2019 to June 2020 and includes data from all contractors. June 2020 is the most current data available at the time of writing.

Direct service activities captured by the MedCARES contractors include the most common efforts relevant to the MedCARES grant program. The 11 MedCARES contractors conducted 9,426 face-to-face initial visits and 5,723 follow-up visits from June 2019 to June 2020. Initial visits are billable encounters for professional services that are not related to previously billable encounters. Follow-up visits involve established patients for professional services related to an initial visit. These visits include a comprehensive assessment of a patient's overall medical history and

current condition for identifying health problems and planning treatment.<sup>8</sup> Additional data on contractor direct service activities can be found in [Appendix C](#).

## **Efforts Regarding the COVID-19 Pandemic**

DSHS hosted voluntary meetings twice a month in April and May 2020 due to possible increases in child abuse and neglect cases during the COVID-19 pandemic. These meetings allowed MedCARES contractors an opportunity to discuss emerging trends, share resources, and collaboratively brainstorm solutions to the unique challenges COVID-19 created. The meetings moved to monthly starting in June 2020 and, if needed, will continue in FY 2021.

## **Contractor Descriptions and Activities Narratives**

Activities and data listed below are from June 2019 to June 2020. June 2019 is the first month using the new data collection measures, as found in [Appendix D](#). June 2020 is the most current data available at the time of writing. The six contractors who qualify as Pediatric Centers of Excellence are indicated with an asterisk (\*).

Baylor Research Institute dba Baylor Scott & White Research Institute

The Child Protection Team (CPT) at Baylor Scott & White McLane Children’s Medical Center, a Level II Trauma Center in Temple, provides comprehensive medical evaluations for children for whom there is a concern for abuse or neglect. In addition, the CPT collaborates with multiple community partners to provide care to suspected victims and prevention resources. CPT staff develop and implement injury and violence prevention programming, such as the Shaken Baby Prevention Program, and institutional guidelines for the identification, evaluation, and management of children for whom there is a concern for abuse or neglect. Staff also work to educate medical professionals and members of the community, including law enforcement, Child Protective Services, emergency medical technician services, local advocacy agencies, and schools.

The CPT is staffed by a comprehensive team that includes pediatricians with experience and training in child abuse and neglect, pediatric and adolescent obstetrics/gynecology specialists, an adolescent pediatrician, sexual assault nurse

---

<sup>8</sup> Definition – What does Medical Evaluation Mean?  
<https://www.workplacetesting.com/definition/1468/medical-evaluation>

examiners, forensic nurses, social workers, mental health professionals, pastoral care, child life specialists, and their local Child Advocacy Center. CPT works to provide compassionate, patient-centered medical care to the Central Texas community.

To learn more, visit: [bswhealth.com/mclane-childrens/programs/Pages/child-abuse-support-center.aspx](https://bswhealth.com/mclane-childrens/programs/Pages/child-abuse-support-center.aspx).

The following are key activities for the biennium:

- Began plans for setting up Growth & Feeding and Foster Care Clinics in March 2019 - first clinic patient seen in July 2019;
- Offered trainings such as Safe Sitter Classes, monthly car seat checks, Safe Kids Bike Rodeo, Period of PURPLE Crying program, and a Simulation Day for forensic nurses; and
- Published a child abuse article in a local newspaper, reaching approximately 11,000 readers.

### **Children's Medical Center of Dallas dba Children's Health, Dallas\***

The Referral and Evaluation of at Risk Children (REACH) clinic at Children's Health, Dallas works closely with community agencies to promote early identification of at-risk children and to support families through primary and secondary prevention efforts. REACH operates in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics' hospital-based child abuse medical evaluation program. The REACH team consists of two board-certified child abuse pediatricians, a clinical pediatric psychologist, nurse practitioners, a child abuse pediatrician fellow, licensed social workers, a child life specialist, a registered dietitian, and a program coordinator. To learn more, visit [childrens.com/specialties-services/specialty-centers-and-programs/arch-center/programs-and-services/reach-clinic](https://childrens.com/specialties-services/specialty-centers-and-programs/arch-center/programs-and-services/reach-clinic).

The following are key activities for the biennium:

- Developed safety plans for families with adolescents expressing suicidal thoughts;
- Conducted trainings and case reviews with law enforcement and advocacy centers in multiple areas, and participated in twice-weekly case staffings with Child Protective Services; and

- Coordinated 40-hour pediatric Sexual Assault Nurse Examiner Training Programming twice per year for nurses across Texas.

## **CHRISTUS Santa Rosa Health System Children's Hospital of San Antonio Center for Miracles\***

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 children for whom there is a concern for abuse or neglect. The CFM is a joint effort between the CHRISTUS Santa Rosa Health System and the University of Texas Health Science Center at San Antonio. 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.

The CFM team consists of four child abuse pediatricians (CAPs), three CAP fellows, two social workers, and a sexual assault nurse examiner. The team 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.

To learn more, visit [christushealth.org/santa-rosa/childrens-hospital-of-san-antonio/services-treatments/child-abuse-assessment-center](http://christushealth.org/santa-rosa/childrens-hospital-of-san-antonio/services-treatments/child-abuse-assessment-center).

The following are key activities for the biennium:

- Offered several trainings per month on child abuse identification and reporting to a variety of professional and community audiences;
- Served as a training site for numerous other health professions in addition to the child abuse pediatrics fellowship program; and
- Spearheaded the development of a protocol, in coordination with other trauma specialists, to identify and evaluate children for whom there is a concern for abuse or neglect, to be used by all hospitals served by the Southwest Texas Regional Advisory Council's network of trauma professionals.

## **Cook Children's Medical Center, Fort Worth**

Cook Children's Medical Center located in Fort Worth, Texas, created its Child Advocacy 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 program 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 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.

To learn more, visit [cookchildrens.org/patients/healthcare-team/Pages/care-team.aspx](http://cookchildrens.org/patients/healthcare-team/Pages/care-team.aspx).

The following are key activities for the biennium:

- Participated in community Adverse Childhood Experiences taskforce and pilot program in collaboration with the local school district, county medical system, and Department of Family Protective Services;
- Participated in multidisciplinary team meetings for Children's Advocacy Centers covering eight counties; and
- Established the Medical Child Abuse Monitoring Program through case management to monitor appropriate healthcare use for high risk, medically complex children.

## **Dell Children's Medical Center of Central Texas, Austin\***

The Child Abuse Resource and Education (CARE) team at Dell Children's Medical Center (DCMC) is a part of the community Child Protection Team providing comprehensive, evidence-based care to children for whom there is a concern of abuse or neglect. In addition, DCMC'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 DCMC's CARE team to be established as an available medical subspecialty within the Seton network in 2010 and expand to an outpatient setting.

DCMC strives to consolidate pediatric care in one regional referral center, which is essential to the development of high-quality, cost-effective programs. DCMC is part of a strong alliance of expert personnel, facilities, and other specialty resources dedicated to the care of children in a 46-county referral region. DCMC believes that improving the life and health of children requires the prudent application of resources, as well as support of the Central Texas community.

To learn more, visit [dellchildrens.net/services-and-programs/child-abuse-resource-and-education-care-program/](http://dellchildrens.net/services-and-programs/child-abuse-resource-and-education-care-program/).

The following are key activities for the biennium:

- Served on multiple boards and committees, such as the Travis County Human Trafficking Workgroup and Child Protection Team Executive meetings;
- Hosted Grand Rounds and a teaching conference to provide educational opportunities to hospital staff; and
- Partnered with DCMC Injury Prevention and Trauma Research teams to promote education on infant crying and other triggers in the hospital and other community settings.

### **Driscoll Children's Hospital, Corpus Christi\***

The mission of the Child Abuse Resource & Evaluation (CARE) Team at Driscoll Children's Hospital (DCH) is to provide comprehensive medical forensic evaluations of children for whom there is a concern for abuse or neglect. This includes sexual assault, physical abuse, neglect, drug exposure, starvation, torture, and homicide. 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 is comprised of certified child abuse pediatricians, forensic nurses, masters prepared social workers, and medical assistants. The department director is also a forensic nurse.

To learn more, visit [driscollchildrens.org/specialty/child-abuse-pediatrics](http://driscollchildrens.org/specialty/child-abuse-pediatrics).

The following are key activities for the biennium:

- Chaired the local Child Fatality Review Team, reviewing 100 percent of the deaths that occur within 13 counties;
- Provided medical representation on the Texas Coastal Bend Border Region Human Trafficking Task Force; and
- Consulted with emergency departments when a child was admitted that had a preventable injury and provided education and resources.

### **El Paso Children's Hospital, El Paso**

El Paso Children's Hospital's Child Abuse Resources Education Services (C.A.R.E.S.) Clinic is a non-profit hospital located on the border with Mexico and New Mexico and is the only level-one trauma center in the area. C.A.R.E.S. is the only agency providing services to children who are victims of abuse and neglect under the age of 17 in the far West Texas area. Patients are usually referrals from Child Protective Services and law enforcement. C.A.R.E.S. staff provide forensic medical exams, testing for sexually transmitted diseases, crisis intervention, psychosocial evaluations, community referrals, crime victim's compensation, 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 training to parents. The C.A.R.E.S. Clinic team consists of a Doctor of Nursing Practice, a pediatric nurse practitioner, a certified pediatric sexual assault nurse examiner, a social worker, and a child life specialist. To learn more, visit [elpasochildrens.org/cares-clinic/](http://elpasochildrens.org/cares-clinic/).

The following are key activities for the biennium:

- Provided Period of PURPLE Crying training to all families of patients admitted to the Neonatal Intensive Care Unit and intermediate nursery prior to discharge;
- Participated in the Border Regional Advisory Council's pediatric subcommittee meetings to reduce injury, illness, and preventable deaths; and
- Attended bimonthly Sexual Assault Response Team community meetings, consisting of case reviews, policy discussions, and briefings on sexual assault trends in the El Paso community.

## **Texas Children's Hospital, Houston\***

Texas Children's Hospital/Baylor College of Medicine's (TCH/BCM) Child Abuse Pediatrics program provides comprehensive medical evaluations of possible abuse and neglect for Houston's children. The program has six board-certified child abuse pediatricians (CAPs) and two nurse practitioners to care for at-risk children and perform sexual abuse evaluations. The TCH/BCM team also includes a practice administrator, a patient care manager, social workers, nurses, and medical assistants. The program at TCH/BCM is committed to training CAPs through its child abuse pediatrics fellowship program.

TCH/BCM also has a Foster Care Clinic staffed by a board-certified pediatrician to provide care and medical evaluations for children in the foster care system that have been victims of abuse or neglect. Additionally, Texas Children's Hospital staffs a full-time sexual abuse outpatient clinic at The Children's Assessment Center, servicing Houston and Harris County, and a part-time outpatient clinic at the Brazoria County Alliance for Children.

In parallel to the clinical services, the TCH/BCM has a team of public health professionals who dedicate their time and effort to develop, pilot, implement, and evaluate programs to address child and family adversity.

To learn more, visit [texaschildrens.org/departments/child-abuse-pediatrics-cap](https://texaschildrens.org/departments/child-abuse-pediatrics-cap).

The following are key activities for the biennium:

- Chaired the Harris County Child Fatality Review Team to promote cooperation, communication, and coordination among agencies involved in responding to child deaths;
- Provided community trainings to enhance professionals' ability to recognize, diagnose, report, and prevent child abuse; and
- Developed and implemented strategies to reduce risk factors of abuse and strengthen attachment between parents and young children.

## **Texas Tech University Health Sciences Center, Lubbock**

Texas Tech University Health Sciences Center's (TTUHSC) mission is to promote the health and safety of vulnerable children by providing expert medical consultation and pediatric care for children for whom there is a concern for neglect or abuse. TTUHSC also provides evidence-based mental health services for child

maltreatment victims. TTUHSC staff provides 24-hour support for Child Protective Services investigative staff and inpatient consults for a large geographic area of West Texas and education to Child Protective Services workers, medical students, pediatrics and family medicine residents, and faculty about medical aspects of child maltreatment. To learn more, visit [texastechphysicians.com/lubbock/center-for-superheroes](http://texastechphysicians.com/lubbock/center-for-superheroes).

The following are key activities for the biennium:

- Assisted in the development and presentation of an annual child abuse conference;
- Provided content for use by TTUHSC media department and local media outlets on topics like trauma therapy, recognizing abuse, sex trafficking, and sex abuse; and
- Collaborated with a coalition of faith-based organizations to reduce abuse and its impact in the community.

### **University of Texas Health Science Center at Houston\***

The Child Abuse Resource and Education Center at the University of Texas Health Science Center at Houston is housed in the Division of Child Safety and Integrated Care (the Division). In addition to medical services for suspected victims of child maltreatment, the Division provides integrated psychiatric and counseling services to children, families, and caregivers thought to be at risk for maltreatment. The Division has three board-certified and one board-eligible child abuse pediatricians, nurse practitioners, a child and adolescent psychiatrist, psychologists, and social workers. 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, neuro-radiologists, and other subspecialties are available 24 hours a day, seven days a week to consult on complex cases.

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. Core Division activities include hospital and integrated outpatient clinical care, an accredited child abuse pediatrics fellowship program, an intensive day treatment program, and injury prevention initiatives.

To learn more, visit [med.uth.edu/pediatrics/child-protection-pediatrics](http://med.uth.edu/pediatrics/child-protection-pediatrics).

The following are key activities for the biennium:

- Expanded Division services to affiliated hospitals and clinics to improve the quality and consistency in diagnosis and evaluation of child maltreatment via protocol dissemination and improved communication;
- Established No Hit Zones in affiliated clinics to create a safe space for children and families; and
- Served on the American Academy of Pediatrics Council on Child Abuse and Neglect's Executive Committee, allowing the Division to collaborate on a national level with other abuse prevention teams.

### **University of Texas Medical Branch, Galveston**

The University of Texas Medical Branch (UTMB) ABC Child Safety and Protection Team consists of one board-certified pediatrician, two board-certified pediatricians with expertise in education and services to foster children, one nurse practitioner who is also a certified sexual assault nurse examiner, a full-time social worker, and a full-time clinic coordinator. The team provides comprehensive evaluations of children for whom there is a concern for abuse or neglect at the Advocacy Center for the Children of Galveston County, three hospitals, and three UTMB clinic sites. Team members also meet weekly for multidisciplinary reviews of cases with law enforcement, Child Protective Services, the District Attorney's office, and Advocacy Center personnel.

Education of health care providers and preventive programs are priorities for UTMB's program. Pediatric residents training in UTMB's Department of Pediatrics receive specialized training and create individual educational modules to be used by future pediatric residents and other learners, such as non-medical providers of services to children. Additionally, senior medical students can elect to learn about prevention strategies and working as community advocates. Prevention strategies include development and distribution of care and safety messages for parents via social media, medical visits, and community events.

To learn more, visit [utmb.edu/pedi/general-academic-pediatrics-group/abc-child-safety-and-protection-team](http://utmb.edu/pedi/general-academic-pediatrics-group/abc-child-safety-and-protection-team).

The following are key activities for the biennium:

- Expanded and staffed three clinics providing care to foster children as well as developed a plan to open a fourth clinic;

- Developed a set of resource brochures to provide families with tools to prevent abuse and neglect; and
- Released a messaging series to strengthen parental knowledge, attitudes, and skills needed to be effective, informed, and nurturing caretakers.

## 4. 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. The reports include data measures such as number of consultations, case reviews, and trainings provided during the month. Contractor activities and reported data varies because MedCARES contractors utilize the funding to provide services in their community based on need. As such, reported data measures cannot be used to compare contractors.

In early 2019, DSHS identified several issues impacting the quality of MedCARES data. A full description of the resulting investigation findings can be found in the revised [2017-2018 MedCARES Biennial Report](#).

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 activities and data is now submitted through email instead of an online survey for better documentation and surveillance. The data submission and validation process detail are provided in [Appendix E](#).

DSHS held a training on the new data submission tool in April 2019 and contractors began submitting data using the new tool in June 2019. Data from March 2019 to May 2019 was not retroactively collected since the new standard definitions and data collection tool were not yet in use. Some contractors had to adjust their data collection efforts to meet the new standards.

Contractors are required to submit the tool monthly. DSHS conducts monthly monitoring of data submissions and is readily available to provide contractors with technical assistance and data definition clarification, if needed.

To continue improving the quality of data, as well as ensure adequate contract monitoring, multiple strategies and measures have been implemented, including:

- Contractor trainings, including a webinar on use of new data tool and definitions;

- Quarterly contractor calls to promote collaboration amongst MedCARES contractors with an opportunity for DSHS to provide technical assistance as needed;
- In-person meetings, providing DSHS an opportunity to check in with contractors, receive feedback on project management, and address challenges and concerns;<sup>9</sup> and
- Site visits allowing DSHS to confirm, first-hand, compliance with contractor obligations.<sup>10</sup>

Data collected by the MedCARES contractors for contract monitoring is also shared in this biennial report. With the implementation of standardized data measure definitions for contract monitoring, DSHS has been able to aggregate contractor data since June 2019.

---

<sup>9</sup> Two meetings were held in October 2019. Further in-person meetings have been placed on hold indefinitely due to the coronavirus disease 2019 (COVID-19) pandemic. Virtual meetings may be an alternative option, if needed.

<sup>10</sup> Site visits have been placed on hold indefinitely due to the coronavirus disease 2019 (COVID-19) pandemic.

## 5. Conclusion

The Medical Child Abuse Resources and Education System (MedCARES) program distributed \$6.6 million in federal funding through the Title V Maternal and Child Health Services Block Grant to 11 contractors for the 2019 and 2020 biennium. Sites focused on developing regional activities to leverage expertise of the 21 certified child abuse pediatricians in Texas.

Funding enabled contractors to perform the following actions:

- Expand direct services to patients and 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;
- Increase effective communication regarding medical evaluations and diagnoses;
- Implement effective abuse and neglect prevention strategies and programs;
- Integrate mental health services in treatment and care plans; and
- Expand clinical hours and increase capacity during clinic hours.

Since the last biennial report, the Department of State Health Services (DSHS) re-competed the grant program and is funding 11 contracts 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 June 2019.

## List of Acronyms

Acronym	Full Name
ACE	Adverse Childhood Experience
CAP	Child Abuse Pediatrician
CFM	CHRISTUS Santa Rosa Health System Children's Hospital of San Antonio Center for Miracles
CFRT	Child Fatality Review Team
COE	Center of Excellence
COVID-19	Coronavirus disease 2019
CPT	Child Protection Team
DCH	Driscoll Children's Hospital
DCMC	Dell Children's Medical Center
Dell Children's Medical Center'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 Education team at Driscoll Children's Hospital
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
El Paso Children's Hospital's C.A.R.E.S. Clinic	Child Abuse Resources Education Services Clinic at El Paso Children's Hospital

<b>Acronym</b>	<b>Full Name</b>
FY	Fiscal Year
MCH	Maternal and Child Health
MedCARES	Medical Child Abuse Resources and Education System
PCOE Committee	Pediatric Center of Excellence Committee
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 clinic at Children's Health, Dallas
TCH/BCM	Texas Children's Hospital/Baylor College of Medicine
TTUHSC	Texas Tech University Health Sciences Center
UTHealth	University of Texas Health Science Center at Houston
UTMB	University of Texas Medical Branch

## **Appendix A. MedCARES Designation Requirements**

Medical Child Abuse Resources and Education System (MedCARES) contractors are identified as child abuse and neglect program levels based on the following 2009 Pediatric Center of Excellence (PCOE) Report criteria: *Basic*, *Advanced*, or Center of Excellence. Beginning March 2019, funded MedCARES contractors must meet *Advanced* criteria at a minimum.

### **Advanced Criteria**

The PCOE criteria for Advanced level includes all the following:

- At least one full-time equivalent physician with experience providing child abuse and neglect medical services, one dedicated social worker or case manager, 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 (COE) Criteria**

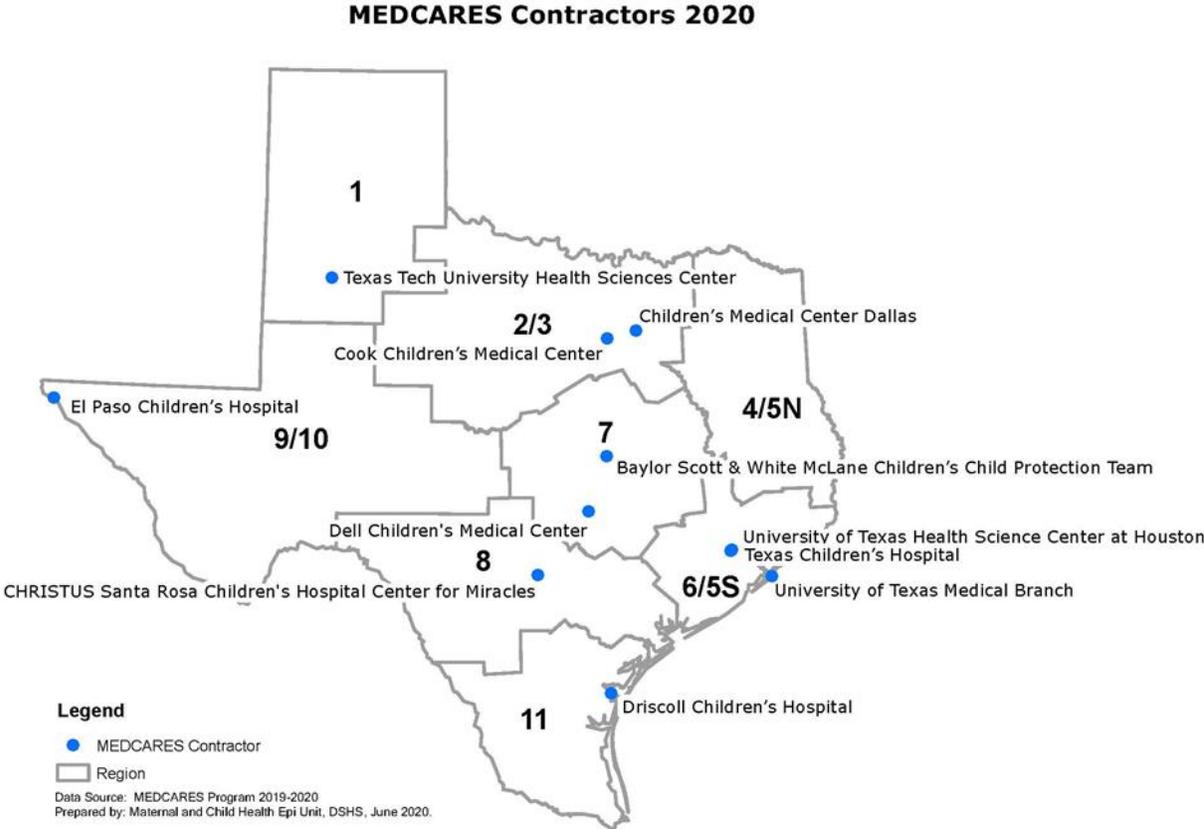
The PCOE criteria for a COE is the same as the advanced level with the addition of:

- At least one full-time equivalent physician, at least two full-time equivalent board eligible/certified child abuse pediatricians, at least one full-time equivalent individual for social work assessment, and at least one program administrator;

- 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.

# Appendix B. MedCARES Contractor Map

Figure 1. 2020 MEDCARES Contractors by DSHS Public Health Region



## Appendix C. MedCARES Monthly Reports

**Table 1. MedCARES Monthly Report from June 2019 to October 2019 (Representing 10 Contractors)**

Measure	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Total
<b>Total Number of Provider Face-to-Face Evaluation Initial Visits</b>	755	725	727	708	848	<b>3,763</b>
<b>Total Number of Follow-Up Visits</b>	244	403	422	431	532	<b>2,032</b>
<b>Total Number of Case Reviews</b>	639	558	554	666	719	<b>3,136</b>
<b>Total Number of Civil Court Appearances</b>	9	13	18	12	16	<b>68</b>
<b>Total Number of Civil Subpoenas</b>	17	6	24	55	25	<b>127</b>
<b>Total Number of Civil Affidavits Written</b>	16	8	13	12	13	<b>62</b>
<b>Total Number of Criminal Court Appearances</b>	16	18	21	14	28	<b>97</b>
<b>Total Number of Criminal Subpoenas</b>	49	32	30	65	73	<b>249</b>
<b>Total Number of Criminal Affidavits Written</b>	8	11	1	3	0	<b>23</b>
<b>Total Number of Trainings/Presentations</b>	93	68	113	105	108	<b>487</b>
<b>Total Number of Training/Presentation Attendees</b>	2,227	886	1,615	3,544	1,517	<b>9,789</b>

Measure	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Total
<b>Total Number of Training/Presentation Hours</b>	106.5	82.3	114.7	122	170.8	<b>596.2</b>
<b>Total Estimated Number of Individuals Reached Through Prevention Program Activities (sum of all promotion activities, not unduplicated)</b>	7,454	2,898	17,148	16,287	3,307	<b>47,094</b>

Source. MedCARES Program 2019-2020. Prepared by the Maternal and Child Health Epidemiology Unit, DSHS.

**Table 2. MedCARES Monthly Report from November 2019 to June 2020 (Representing 11 Contractors)**

<b>Measure</b>	<b>Nov 2019</b>	<b>Dec 2019</b>	<b>Jan 2020</b>	<b>Feb 2020</b>	<b>Mar 2020</b>	<b>Apr 2020</b>	<b>May 2020</b>	<b>June 2020</b>	<b>Total</b>
<b>Total Number of Provider Face-to-Face Evaluation Initial Visits</b>	687	652	803	794	697	570	703	757	<b>5,663</b>
<b>Total Number of Follow-Up Visits</b>	505	442	524	480	415	384	494	447	<b>3,691</b>
<b>Total Number of Case Reviews</b>	629	614	755	697	739	631	704	735	<b>5,504</b>
<b>Total Number of Civil Court Appearances</b>	5	8	14	13	5	6	13	14	<b>78</b>
<b>Total Number of Civil Subpoenas</b>	17	28	52	32	32	11	18	26	<b>216</b>
<b>Total Number of Civil Affidavits Written</b>	6	17	7	12	11	11	8	8	<b>80</b>
<b>Total Number of Criminal Court Appearances</b>	24	15	29	29	13	1	6	6	<b>123</b>
<b>Total Number of Criminal Subpoenas</b>	79	68	78	58	90	23	33	32	<b>461</b>
<b>Total Number of Criminal Affidavits Written</b>	0	3	2	1	3	0	4	4	<b>17</b>
<b>Total Number of Trainings/Presentations</b>	79	102	120	110	87	92	79	92	<b>761</b>

Measure	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	June 2020	Total
<b>Total Number of Training/Presentation Attendees</b>	2,477	1,374	1,200	2,420	562	1,057	1,380	940	<b>11,410</b>
<b>Total Number of Training/Presentation Hours</b>	156.5	134.0	135.5	230.5	110.5	161.1	58.8	90.5	<b>1,077.3</b>
<b>Total Estimated Number of Individuals Reached Through Prevention Program Activities (sum of all promotion activities, not unduplicated)</b>	4,217	5,549	971	2,488	1,510,992	524,779	1,456	15,861	<b>2,066,313</b>

Source. MedCARES Program 2019-2020. Prepared by the Maternal and Child Health Epidemiology Unit, DSHS.

## Appendix D. MedCARES Monthly Report Measures and Definitions

### Current Reporting Measures

- Evaluations:
  - ▶ Total Number of Provider Face-to-Face Evaluation Initial Visits
  - ▶ Total Number of Follow Up Visits
- Total number of Case Reviews
- Legal Services – Civil and Criminal:
  - ▶ Total Number of Court Appearances
  - ▶ Total Number of Subpoenas
  - ▶ Total Number of Affidavits Written
- Training and Presentations
- Child Abuse Prevention Promotion Activities

### Key Definitions

**Evaluations** - “A medical evaluation is a comprehensive assessment of a patient’s overall medical history and current conditions for the purpose of identifying health problems and planning treatment.”<sup>11</sup>

**Visit** – “includes separate, billable encounters that result from evaluation and management services to the patient and include: 1) Concurrent care or transfer of care visits, 2) Consultant visits, or 3) Prolonged Physician Service without Direct (Face-To-Face) patient Contact (tele-health). A consultant visit occurs when an Eligible Physician (EP) or other eligible professional is asked to render an expert opinion/service for a specific condition or problem by a referring provider.”<sup>12</sup>

**Initial** – a billable encounter for professional services which is not related to a previously billable encounter.

---

<sup>11</sup> Definition – What does Medical Evaluation mean?. (2018).  
<https://www.workplacetesting.com/definition/1468/medical-evaluation>

<sup>12</sup> Texas Medical Association. (2012). Definition of Office Visit.  
<https://www.texmed.org/Template.aspx?id=21593>

**Follow-up** – a visit from an established patient for professional services related to an initial visit.

**Case Review** – a review of medical records, investigative reports, photographs, imaging, and/or additional information that results in a written medical assessment and recommendations. Does not include review of records in preparation for an in-person patient evaluation.

**Court Appearance** – a visit to a government entity authorized to resolve legal disputes.

**Subpoena** – a combination of subpoenas “A command to a witness to appear and give testimony” and subpoena duces tecum “C command to a witness to produce documents.”<sup>13</sup>

**Affidavit** – “A written statement of facts confirmed by the oath of the party making it. Affidavits must be notarized or administered by an officer of the court with such authority.”<sup>14</sup>

**Timeline** – a time period with a beginning and end date.

**Training/Presentation** – an informal or formal method of teaching information to an individual or individuals. Includes trainings to individuals within your organization but does not include casual one-on-one interactions. For example, you may consider a Grand Round to individuals employed by your hospital. (Contractors are asked to provide unique counts of attendees.)

---

<sup>13</sup> Offices of the United States Attorneys. <https://www.justice.gov/usao/justice-101/glossary>

<sup>14</sup> Offices of the United States Attorneys. <https://www.justice.gov/usao/justice-101/glossary>

## **Appendix E. Data Submission and Validation Process**

- Report submission reminders are sent a couple of days before the due date. Contractors submit monthly reports via secure Adobe PDF form, submitted directly to [MEDCARES@dshs.texas.gov](mailto:MEDCARES@dshs.texas.gov), which is monitored by multiple staff.
- Receipt of submission emails are sent to contractors when a report is received.
- Submissions are tracked in a log to ensure reports are submitted.
- The DSHS State Child Health Coordinator communicates to Maternal and Child Health (MCH) Epidemiology and Contract Management Section when all reports are received.
- MCH Epidemiology exports data and uses two-person authentication to ensure numbers exported match the numbers submitted.
- MCH Epidemiology runs monthly visual reports of data to be used for monitoring activities by the DSHS State Child Health Coordinator.
- MCH Epidemiology runs quarterly visual reports of data to be returned to contractors for data verification.
- The State Child Health Coordinator sends a draft MedCARES biennium legislative report to each contractor for input and approval of any data included in the report.