

# Organizing for Change: Strengthening Child Abuse Medical Care in NYS

Ann S. Botash, MD  
SUNY Distinguished Teaching Professor  
Division Director, Child Abuse Pediatrics  
Upstate Golisano Children's Hospital, Department of Pediatrics  
10.16.24



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## Disclosures

I have no financial relationships with ineligible companies.

This work was funded by  
The New York State Office of Children and Family Services  
The New York State Department of Health

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## Objectives:

Describe	Describe the needs for comprehensive medical evaluations and treatment for children suspected of being abused and maltreated.
Review and analyze	Review and analyze an assessment of the current state of medical care for child abuse in New York State.
Discuss	Discuss strategies and recommendations to improve New York State medical care for children suspected of being abused.

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## Child Advocacy Centers

Per the Office of Juvenile Justice and Delinquency Prevention:

Children's Advocacy Centers coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution, and physical and mental health.

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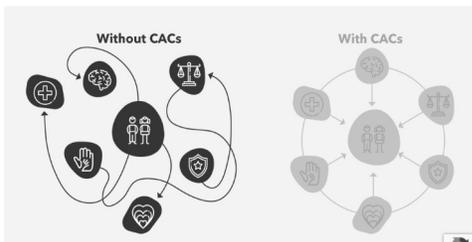
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### The System Needs



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## CACs in New York State

In 1998 there were 5 counties with a CAC; in 2013 there were 40. Today 61 counties have CACs. (Livingston County does not have one.) This number includes the St. Regis Mohawk Tribe (Akwesasne).

Total number of children served:	19,333
Gender of children:	
Male	7,102
Female	12,192
Undisclosed	39
Age of children at first contact:	
0-6 years	6,129
7-12 years	7,818
13-18 years	5,350
Undisclosed	36



NCA Data 2022

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## Child Advocacy Center Components

- Child-appropriate facility.
- Multidisciplinary team.
- Designated legal entity responsible for program and fiscal operations.
- Culturally competent policies and practices.
- Forensic interviews conducted in an objective, nonjudgmental manner.
- Medical evaluation and treatment.
- Therapeutic intervention.
- Victim support/advocacy.
- Case review and tracking.
- Prevention.



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## Video: Information about Medical Services

- Ensure patients/families understand medical services
  - Medical providers may not always be available to explain
- **Dana Kaplan, MD**, CHAMP faculty member, created this informative overview for CACs in NYS – a 3-minute video.
  - Designed to prepare, reassure and inform patients and families who are at the CAC for a medical evaluation
  - Download the video that also provides closed captioning

<https://upstate.video.yuja.com/V/Video?v=11267081&node=50138863&a=195410176> .

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## True or False

Accredited CACs are required to have clinical space for examinations of children who are suspected of being sexually abused.

FALSE

Essential Component D: Specialized medical evaluations for child clients are available on-site or through linkage agreements with other appropriate institutions, agencies, or providers.

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## NCA Standards – need regional details

Essential Component D:	Essential Component E	Essential Component F	Essential Component G
<ul style="list-style-type: none"> <li>Specialized medical evaluations for child clients are available on-site or through linkage agreements with other appropriate institutions, agencies, or providers.</li> </ul>	<ul style="list-style-type: none"> <li>Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay.</li> </ul>	<ul style="list-style-type: none"> <li>CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients.</li> </ul>	<ul style="list-style-type: none"> <li>CAC/MDT written protocols and guidelines include the circumstances under which a medical evaluation for child sexual abuse is recommended, provided, and accessed.</li> </ul>

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## Essential Component F

CAC/MDT written protocols and guidelines include access to appropriate medical evaluation and treatment for all CAC clients.

- Sexual Abuse
- Physical Abuse (bruises, corporal punishment, AHT, other)
- Neglect
- Medical Child Abuse
- Trafficking
- Burns
- Foster care/Kinship care
- Homeless/runaway youth
- Domestic violence (children)
- Children with disabilities
- Children in juvenile detention centers
- Children in mental health facilities

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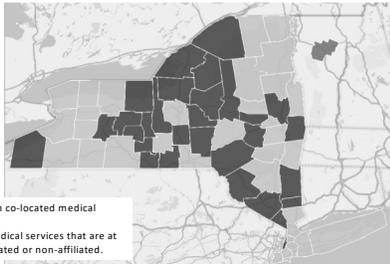
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## Clinical Resource at CAC



Gold colored counties have CACs with co-located medical services.  
Purple colored counties have CAC medical services that are at another location, and are either affiliated or non-affiliated.

	Albany	Buffalo	Long Island	New York City	Rochester	Syracuse	Westchester
Yes	14 (93.3)%	8 (100)%	2 (100)%	3 (100)%	7 (100)%	9 (64.3)%	3 (75.0)%

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## Descriptive Statistics of Clinical Capability

	69 (100)%
Clinical spaces exist at the CAC	46 (66.7)%
The CAC has a MOU or contract/agreement for medical services	46 (66.7)%
The medical provider team is part of the CAC Multidisciplinary Team	52 (75.4)%
Telehealth services are offered	35 (50.7)%
Off hours services are available	33 (47.8)%

\*Pearson's Chi-square tests indicate a statistically significant difference between regions (p < .05).

69 medical providers responded. 7 are not located at a CAC

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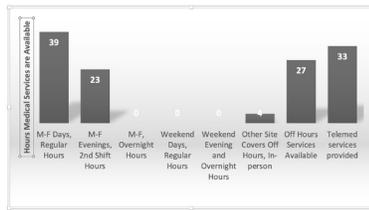
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## Descriptive Statistics and Pearson's Chi-square Analysis for Hours Medical Services are Available by Region

Figure 5. Hours Medical Services are Available Among All Medical Providers



\*Pearson's Chi-square tests indicate a statistically significant difference between regions (p < .05).

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What is the medical training requirement to perform an initial child abuse exam?

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## National Children's Alliance Medical Standards

### Essential Component A

- CAP sub-board eligibility or certification
- CAPs without sub-board eligibility, APPs or PAs
- SANE

### Essential Component B

- Continuing education in the field of child abuse (8 hrs/q 2yrs)
- Teaching experience (CME) in the area of child abuse

### Essential Component C

- All abnormal findings must be peer reviewed by an advanced medical consultant

<https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/>

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## ChildAbuseMD Triage Chapter

An advanced medical consultant is a Child Abuse Pediatrician, Physician or Advanced Practice Nurse who:

- Has met the minimum training outlined for a CAC provider (see above)
- Has performed at least 100 child sexual abuse examinations
- Is current in CQI requirements (continuing education and participation in expert review on their own cases)

Provider	Education	Recommended Additional Training per NCA
Physicians Child Abuse Pediatrician*	<ul style="list-style-type: none"> <li>• Undergraduate Degree</li> <li>• 4 years of Medical School</li> <li>• 3 years of Residency</li> <li>• 3 years of Child Abuse Fellowship Sub-Board certification or eligibility in Child Abuse Pediatrics</li> </ul>	No additional training requirements
Physicians Pediatrics, Family Medicine, Emergency Medicine, or other specialties	<ul style="list-style-type: none"> <li>• Undergraduate Degree</li> <li>• 4 years of Medical School</li> <li>• 3 years of Residency</li> <li>• 1-3 years of Fellowship (optional)</li> </ul>	16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse
Advanced Practice Nurse (APRN), Nurse Practitioner (NP), Pediatric Nurse Practitioner (PNP)	Undergraduate Degree 2 years of Graduate School Certification Exam	16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse
Physicians Assistant (PA)		
Sexual Assault Nurse Examiner** and Sexual Assault Forensic Examiner*** Adult and Pediatric	<ul style="list-style-type: none"> <li>• Nursing Degree (RN) or BSN; License Exam Adult and/or pediatric and adolescent SANE training consistent with state guidelines</li> <li>• Competency Based Clinical Preceptorship</li> <li>• Providers who have completed SANE training and preceptorship may also choose to apply for SANE-A and/or SANE-E certification through SANE.</li> </ul>	40 hours of formal didactic training in the medical evaluation of Child Sexual Abuse; Competency Based Clinical Preceptorship

Adapted from NCA Med-Appendix 2, page 70.

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## Example Referral

A 5-year-old female spontaneously discloses to her mom that sexual abuse occurred over a year ago by mom's ex-boyfriend who now lives out of state. The girl has no physical complaints. The mom calls you. Which of the following is your best next step?

- Refer the patient to the emergency department.
- Refer the mom to the local police.
- Call Child Protective Services.
- Give the mom the number for the local CAC.
- Call the local medical program or clinic.

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## The Creation of Child Abuse Pediatrics



- First ABP Certification Exam offered in November 2009
- Pediatricians were largely responsible for the child abuse reporting laws, first enacted in 1968 after publication of *The Battered Child Syndrome* (Drs. Ray Helfer, Henry Kempe)

<https://www.abp.org/content/child-abuse-pediatrics-certification>  
<https://www.healthychildren.org/English/family-life/health-management/pediatric-specialists/Pages/What-is-a-Child-Abuse-Pediatrician.aspx>

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## From Pediatrician to Pediatric Specialists



Howard Weinberger, MD

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## CAP Fellowships in NYS

### Maimonides Health Child Abuse Pediatrics Fellowship

- **Ingrid Walker-Descartes, MD, MPH, MBA, FAAP**, Director, Center for Vulnerable Children
- **Luisa Vaca Condado, BA**, Fellowship Coordinator

<https://maimo.org/medical-education/fellowship-programs/child-abuse-pediatrics-fellowship/>

### Upstate Golisano Children's Hospital Child Abuse Pediatrics Fellowship

- **Alicia Pekarsky, MD**, Fellowship Director  
Co-Medical Director McMahon Ryan Child Advocacy Center
- **JoAnne Race, MSc**, Fellowship Coordinator

<https://www.upstate.edu/pediatrics/education/cap-fellowship/index.php>

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## A CHAMP Survey of New York CACs

2023 Inventory Questionnaire surveys sent to (61) NYS Child Advocacy Center executive directors and 69 medical providers (7 not affiliated with a NYS CAC)

- 87% response rate by CAC executive directors
- 100% response rate by CAC medical providers September 2023: NYS Child Abuse Pediatrics Medical Summit

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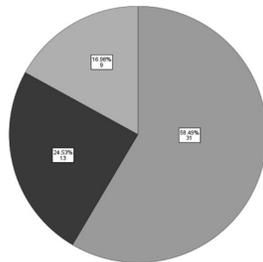
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All NYS CACs have a consistent medical resource for all medical referrals, either co-located at the CAC (58%) or at another affiliated or non-affiliated location (42%). Essential Component D

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## New York State Child Abuse Pediatricians

Pediatrician Count	26
Total under 18	3,959,908
Per 100,000 Children	0.70
Children per Pediatrician	152,304

NYS: 24% CAPs were under 60 years old (2022)

In 2022 the rate of child abuse and maltreatment in New York State was 12.4 per 1,000 children aged 0 to 17 years; **2,125 maltreated children per CAP.**

<https://www.abp.org/dashboards/pediatric-subspecialty-us-state-and-county-maps>



www.ABP.org

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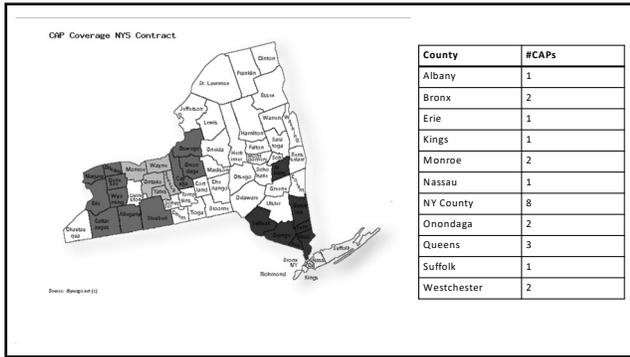
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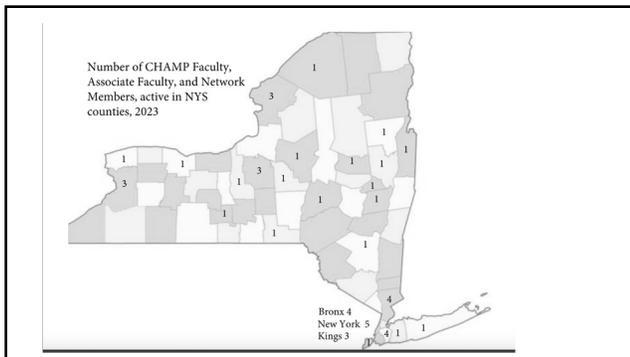
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Descriptive Statistics and Pearson's Chi-square Analysis for Scope of Practice by Region	Albany	Buffalo	Long Island	New York City	Rochester	Syracuse	Westchester	p-value
<b>Sexual Abuse Evaluation included in scope of CAC medical practice</b>	17 (100)%	8 (100)%	2 (100)%	10 (100)%	6 (66.7)%	14 (100)%	7 (100)%	.003*
<b>Physical Abuse Evaluation included in scope of CAC medical practice</b>	2 (11.8)%	8 (100)%	2 (100)%	10 (100)%	5 (55.6)%	4 (28.6)%	1 (14.3)%	<.001*
<b>Neglect included in scope of CAC medical practice</b>	2 (11.8)%	7 (87.5)%	1 (50.0)%	8 (80.0)%	2 (22.2)%	2 (14.3)%	0 (0)%	<.001*
<b>Medical Child Abuse included in scope of CAC medical practice</b>	2 (11.8)%	7 (87.5)%	1 (50.0)%	7 (70.0)%	5 (55.6)%	1 (7.1)%	0 (0)%	<.001*

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Descriptive and Chi-Square of Scope of Practice for CAC by CAP Cohort (n, (%)

Scope of Practice	Solo CAP	Group CAP	SPHP	Other	p-value
Sexual Abuse	20 (100)%	9 (100)%	21 (100)%	9 (100)%	N/A^
Physical Abuse	12 (60.0)%	9 (100)%	1 (4.8)%	7 (77.8)%	<.001*
Neglect	9 (45.0)%	1 (11.1)%	1 (4.8)%	5 (55.6)%	.004*
Medical Child Abuse	8 (40.0)%	6 (66.7)%	0 (0)%	6 (66.7)%	<.001*

\*Pearson's Chi-square test indicates a statistically significant difference between groups (p < .05).  
 ^No statistics were performed due to all clinics including Sexual Abuse in their Scope of Practice.

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NYS Coverage

Cohort	Counties assigned to Cohort
Solo CAP	Albany, Bronx, Erie, Niagara, Dutchess, Sullivan, Orange, Rockland, Putnam, Westchester, Kings, Queens, Suffolk, Nassau, Richmond, Orleans, Genesee, Wyoming, Cattaraugus, Allegany, Steuben
Group CAP	New York, Cayuga, Onondaga, Oswego, Monroe, Wayne, Ontario, Yates, Seneca
SPHP	Broome, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Tioga, Chenango
Other	Chautauqua, Livingston, Warren, Washington, Ulster, Chemung, Schuyler, Tompkins, Cortland

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Neglect and Medical Child Abuse

Most surveyed medical providers, 38 (71.7%) do not include an evaluation for neglect within their practice

Most surveyed medical providers, 36 (67.9%) do not include an evaluation for medical child abuse within their practice

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## Some Survey Conclusions

- All NYS CACs have a consistent medical resource for referrals.
- More than half of medical providers are co-located at NYS CACs.
- Medical providers are part of the Multidisciplinary team for the vast majority, and telehealth services are offered through half of NYS CACs.
- All NYS CACs provide sexual abuse evaluations, about half include physical abuse evaluations.
- The majority of provider professionals are advanced practice nurses; next most common are physicians and registered nurses.

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## Collaborations

Medical Provider Part of MDT	Co-Located	Non-Co-Located	Total
Yes	31 (100)%	21 (95.5)%	52 (98.1)%
No	0 (0)%	1 (4.5)%	1 (1.9)%

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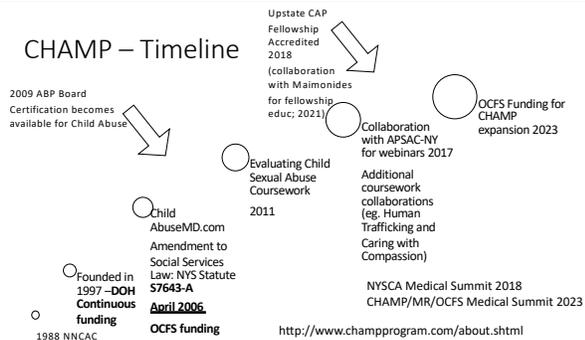
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## CHAMP – Timeline




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## CHAMP Programming

- Thursday virtual sessions—facilitation of discussions among CHAMP experts
- 6 webinars per year (with CME)
- Mentorships – physicians, APPs, PAs
- Child abuse information to medical providers through the websites <http://www.champprogram.com/> and <http://www.childabusemd.com/> that have had nearly six million visitors since their launch.
- Downloadable PDFs of NYS CHAMP Practice Recommendations and Guidelines.
- Coursework and case-based questions
  - Evaluating Child Sexual Abuse (ECSA); Child Abuse Reporting; Adolescent Sexual Assault: Consent Issues; Fractures; Trafficking of Children
  - Test Your Knowledge; What Would You Do?

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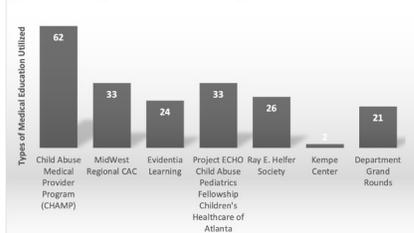
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## Survey Says!

Figure 7. Continuing Medical Education Among All Clinics




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## CHAMP Expansion

To improve the medical response of New York State Child Advocacy Centers by improving the examination, treatment, documentation, community referral and management of suspected child abuse cases:

- increase the number of health care providers educated in child (sexual) abuse evaluation;
- develop child abuse coursework and reference materials for medical professionals;
- document best practices; promote regional multidisciplinary team collaboration and coordination; and
- promote collaboration and coordination of New York State Child Abuse Pediatrics Fellowship curricula.

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## CHAMP Expansion

- Utilize the expertise of the board-certified child abuse pediatricians who serve as CHAMP Faculty for input and to build systems and educational components (practice recommendations)
- Survey medical providers and CACs about their medical services, staffing, medical peer review process and education needs. The results of this survey will inform the process and the products of this project
- Improve website and communication
- Standardize education (curricular materials for all levels of learners and fellowship expansion)
- Create collaborations across the state among medical providers, including for educational purposes and case reviews

Every child deserves a skilled medical exam when abuse is suspected.

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## Website Upgrades



ChildAbuseMD – being revised



CHAMPProgram.com – has undergone a major renovation and makeover

Workrooms  
Practice Recommendations  
New video for CACs



Expanding case-based educational modules

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CHAMP  
Child Abuse Medical Provider Program  
Education for Child Abuse Medical Providers  
Login Area Coursework Contact Us

What's New  
Expand Your Knowledge  
Resources  
About CHAMP  
Contact Us

Every child deserves a skilled medical exam when child abuse is suspected.

CHAMP's goal is to improve the New York State medical response to suspected child abuse by improving the examination, treatment, documentation, community referral, and management of suspected child abuse cases.

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## CHAMP website Reviewed, Updated and New Topics

### Test Your Knowledge

- All 24 reviewed and updated
- An additional ~25 questions to be added this year

### Practice Recommendations

- Newest Update: Triage in Suspected Child and Adolescent Sexual Abuse or Other Sexual Offenses

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**CHAMP**  
Child Abuse Medical Provider Program  
ChildAbuseMD.com

Child Abuse Evaluation & Treatment for Medical Providers

**Chapters**  
Triage  
History  
Physical Examination  
Laboratory  
Radiology  
Diagnosis  
Treatment and Follow-up  
Documentation  
Reporting  
Foster Care  
Children and Adolescents with Disabilities  
Juvenile Sexualized Behavior  
Multidisciplinary Approach  
Legal Issues

ChildAbuseMD.com is a comprehensive source of child abuse information that is written by experts and reviewed by child abuse pediatricians. It provides tools and resources for the diagnosis and management of child and adolescent abuse cases. The website is a resource for medical providers who do not have a background or expertise in child abuse pediatrics and are striving to develop best practice standards for their patient care setting.

This website does not provide access to a child abuse expert for the purpose of case review or referral.

*Child Abuse Evaluation & Treatment for Medical Providers* is a textbook, providing detailed information and resources. Curbside Consults are case studies that provide best practice responses to suspected child abuse.

Every child deserves a skilled medical exam when child abuse is suspected.

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## Child Abuse MD Curbside Consults

Topics (as related to Child Abuse and Maltreatment)	Presenter
<u>Abusive Head Trauma</u>	Vince Palusci, MD
Burns	Heather Ross, MD/Jamie Hoffman Rosenfeld, MD
Disabilities	Lori Legano, MD
Femur Fractures	Jamie Hoffman Rosenfeld, MD
Intimate Partner Violence (IPV)	Ingrid Walker Descartes, MD
Sentinel Injuries	Alicia Pekarsky, MD
Sexual Abuse	Ann Lenane, MD
Skull Fractures	James Metz, MD

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## Updating the ChildAbuseMD Site

- CHAMP Faculty
- SUNY Upstate Bioethics and Humanities Faculty
  - Amy Caruso Brown, MD
  - Sarah Reckess, JD
  - Elizabeth Bowen, PhD
- Janet F Rosenzweig MS, PhD, MPA
- Lawrence Ricci, MD
- Steven Blatt, MD

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## Change and growth of our learners

- “Replacing language such as STI/STD with more open and less stigmatized phrasing”
- “Teach others of the value of focusing on trauma-informed care”
- “[Need for] system wide monitoring of missed child abuse”
- “Request scene investigations early in the process”
- “Better management in notifying parent/guardian of reporting and why”
- “Awareness of discussion needed for sexual norms and development”
- “Change in education about “good” touch, “bad” touch and privacy vs secrecy”

These are highlights of comments from 2022-23 webinars

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## The September 9, 2023, Child Abuse Medical Summit Topics and Facilitators

### Sexual Abuse

**Group # 1: Madhu Voddi, MD**  
CAC Follow-up following an emergency dept visit for SA (who decides if/when f/u needed)

**Group #3: Lori Legano, MD**  
16 yo refusing exam –is the CAC most appropriate place?

**Group #5: Iram Ashraf, MD**  
Past sexual abuse –who decides if exam not needed?

**Group #8: Jennifer Clarke, MD**  
Use of peer review for normal/abnormal exams

### Physical Abuse

**Group #2: James Metz, MD**  
Physical abuse examinations at the CAC (who decides if/when exam)

**Group #4: Alicia Pekarsky, MD**  
Diagnosis of physical abuse (not) made in the ED –who should make the dx?

**Group #6: Dana Kaplan, MD**  
Use of telehealth for evaluation of bruises (PA); other options for medical eval?

**Group #7: Elizabeth Murray, DO, MBA**  
Who triages the physical abuse cases to the ED vs CAC?

Each group developed a consensus statement.

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## Nursemaid's Elbow

A 5-month-old patient is seen in the Emergency Department after a reported fall. The patient was diagnosed with a nursemaid's elbow, but per the ED is stable and is successfully reduced. They call in a case to CPS per protocol given the age and indicate that the history is consistent with the injury.



<https://www.verywellhealth.com/nursemaids-elbow-2549719>

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## Consensus Statement

Healthcare providers require specific training and ongoing professional development in the field of child abuse pediatrics. The diagnosis of child abuse should ultimately be considered by these experts

- Exceptions (when case is "clear cut")
- When there is a concern for abuse, all children should have a CAP evaluation.
- Anyone concerned about abuse should report it
- Education should include communication skills (to hotline)
- NYS Peer Review process

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## Peer Review in NYS?

- Who is reviewing for NYS providers now?
- What are the steps when a provider "happens" to review the material from another provider, can we give feedback?
- New York State CQI – can we create a sustainable process?

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A 3-month-old  
with possible  
physical  
abuse

A case has been called into CPS regarding possible physical abuse of a 3-month-old male. This has triggered a CAC response. The CPS caseworker states she and the patient are on their way to the CAC for emergent medical assessment.

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Consensus Statement

- Determining the need for medical evaluations and potential triage to the emergency department should be a collaborative decision based on necessity, involving the medical team at the designated child advocacy center.
- All infants should be evaluated at a medical facility.
- Need to identify counties who lack resources and organize a referral stream.

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Physical Abuse

- Determine the number/proportion of physical abuse cases within your community.
- Map out the existing process for the response and intervention in reported cases of physical abuse cases.
- The MDT should consider how to assess if the medical representative for their team has the necessary capacity and availability to provide quality expertise for the MDT.
- The medical representative is willing to serve the team by routinely participating in MDT case review meetings and can appropriately access the necessary records and documentation.

<https://learn.nationalchildrensalliance.org/child-physical-abuse-guide>

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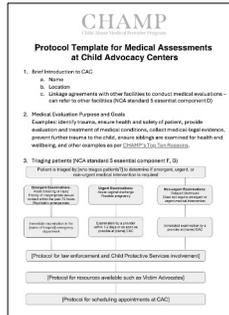
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## Medical Protocol Template

- Student project– reviewed 11 protocols from NCA accredited NY sites
- Findings– varied formats
- Mostly sexual abuse
- Questions that arose at our summit were often not addressed (who and where to see children?)
- Template sample is going to be circulated and posted in our CAC workbook




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## Recommendations to Improve Medical Care

- Consensus on "high level" best practices
- Collaboration across medical professionals
- Peer review for statewide quality improvement
- Point of care interventions/education (use of EPIC)
- Continuing professional development

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## September Summit Summary

- Most sexual abuse exams are non-urgent and should be offered an exam by a trained medical provider (issues: resources, collaborations, aspirational goals, telehealth)
- Need to focus on training of health providers to identify concerning injuries; identify when not a clearcut abuse situation (refer)
- Develop a protocol for patient refusals for medical exams (dependent on resources, acute, non-acute, other), ideally with medical input
- All infants (under certain age, 3 at Upstate) with injuries should be evaluated for PA; identify counties with no resources or referral options
- Ideas for peer review (Zoom, real-time expertise, addressing discovery concerns). Peer review is a crucial and necessary part of SA exams (100% of abnormal).
- Advocate for "tele-court"

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How do we develop and maintain necessary medical team skill sets?

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What else?

- OCFS and DOH (and CHAMP) have concerns about:
  - Inconsistent access and quality of care across the state
  - Standardization of processes (referrals, treatment, etc.)
  - Support for community hospitals

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Plan: Create educational content targeting NCA standards for the CHAMP expansion project to share with NYS CACs to help each CAC with the accreditation process.

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### How CHAMP Will Address the Issues

- Identify areas where medical teams need external support (Can judges agree to use virtual testimony for our limited experts in NYS?)
- Education– develop expertise, medical understanding among other CAC team members, provide more support for non-expert providers
- Identify point of care opportunities

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Please join us!

### Next CHAMP Webcast

November 13

CEUs available to mental health providers in addition to CMEs.

Presenter:  
Lindsey Crusan-Muse  
Director, St. Peter's Crime Victim Services,  
St. Peter's Health Partners

Co-sponsored by APSAC-NY & NY Foundling

Topic: Intimate Partner Violence (IPV) and its impact on children

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### Appreciation for our Sponsors

- Department of Health, Maternal and Child Health  
Bernadette Dolen, MPH / Kristina Hoetker  
New York State Department of Health  
Bureau of Perinatal, Reproductive, and Sexual Health
- Office of Children and Family Services  
Adam Berry  
Supervisor 1 CAC-MDT Unit  
Chair of the NYS Children's Justice Task Force  
Division of Child Welfare and Community Services  
New York State Office of Children and Family Services
- Upstate Foundation and Department of Pediatrics
  - Toni Gary
  - Eileen Pezzi

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Thank you to  
the Steering  
Committee

&

McMahonRyan  
Child Advocacy  
Center!

**JoAnne Race, MSc**

- Project Manager, Office of Faculty Affairs and Development & NYS DOH award, CHAMP
- Voluntary Clinical Instructor, Pediatrics
- Child Abuse Pediatrics Fellowship Coordinator

**Trish Booth, MA**

- Project Consultant, CHAMP Program, since 1997

**Alicia Pekarsky, MD, FAAP**

- Associate Professor of Pediatrics, Department of Pediatrics at SUNY Upstate Golisano Children's Hospital
- Program Director, Child Abuse Pediatrics Fellowship
- Medical Director, Inpatient Child Abuse Pediatrics Consult Service
- Co-Medical Director, McMahon/Ryan Child Advocacy Center

**Dana Kaplan, MD, FAAP**

- Director of Child Abuse and Neglect
- Medical Director of the Staten Island Child Advocacy Center
- Associate Program Director Pediatrics Residency Training Program
- Department of Pediatrics, Staten Island University Hospital

**Heather Ross, MD**

- Assistant Professor of Pediatrics, Division of Child Abuse Pediatrics

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