



House Appropriations Committee
Article II
Testimony of James Lukefahr, MD, FAAP
February 12, 2019

Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association

Chair Davis, Vice-Chair Sheffield, and House Appropriations Committee Members,

My name is James Lukefahr, MD, FAAP and I am a Child Abuse Pediatrician in San Antonio testifying on behalf of the Texas Pediatric Society and the Texas Medical Association. Thank you for the opportunity to provide testimony and recommendations on Article II of the budget as currently proposed by the House. My testimony today will focus on enhancements to two existing Department of State Health Services (DSHS) programs that aim to address and prevent child abuse, neglect, and fatality in Texas.

Increase funding for the Medical Child Abuse Resource and Education System (MEDCARES) Grant Program to continue to improve assessment, diagnosis, prevention, and treatment of child abuse and neglect. The MEDCARES Grant Program was established in the 81st Legislative Session to improve assessment, diagnosis, treatment, and prevention of child abuse and neglect in hospital or academic care settings. The program is currently supported by \$5 million each biennium in allocated state funds and \$540,000 through the Title V Maternal and Child Care Block Grant.ⁱ DSHS contracts with 11 grant recipients across the state that provide a variety of services including inpatient and outpatient care, case reviews, trainings, parent education, court appearances and testimony, and accredited fellowships in child abuse pediatrics.ⁱⁱ

During the 2017-2018 reporting period, MEDCARES providers examined 3,852 children through inpatient consultations and 25,843 through outpatient consultations. Since the 2015-2016 reporting period, MEDCARES sites have accommodated a 37% increase in outpatient consultation as well as significant increases in educational trainings for community partners, case reviews, and court appearances. MEDCARES sites also expanded clinical hours and increased existing clinic capacity.ⁱⁱⁱ These sites rely on MEDCARES grant funding remain viable and keep up with the growing demand for services, yet appropriations for the program have remained flat since 2012.

A \$2 million increase over the 2020-21 biennium would enable sites to provide more direct services to children and families. For instance, several sites have begun to explore the feasibility of enhancing consultations through telemedicine. Additionally, in areas of the state where mental health services are sparse, MEDCARES serves as a much-needed support, especially for children who have experienced abuse or other trauma. For instance, the Texas Tech University Health Sciences Center in Lubbock provides evidence-based mental health services for survivors of child maltreatment.^{iv} Since its inception, MEDCARES has been successful in expanding services in underserved areas such as El Paso. An increase in MEDCARES funding not only would expand the ability of centers to provide direct services,

but also increase capacity through additional child abuse fellowships and recruitment of board-certified physicians and other health professionals to the state.

Invest in Regional Coordinators in each of the 11 DSHS Regions to improve the efficacy and capacity of local Child Fatality Review Teams (CFRTs) to prevent child injury and fatality. Local CFRTs are multidisciplinary groups of expert volunteers that conduct retrospective reviews of child fatalities. All reviews seek to understand whether the child’s death could have been prevented. The State CFRT, comprised of a similar multidisciplinary group, works with local CFRTs to provide a report of aggregate data and recommendations to prevent child fatality and injury across the state.^v Volunteer members of Local CFRTs participate outside of normal work hours and with little support.^{vi}

Last reported, there were 83 active local CFRTs covering 211 Texas counties. While this coverage results in 94 percent of Texas children residing in a county with a CFRT, only 32% of total child deaths were reviewed in 2015.^{vii} One full-time employee in each of the eleven DSHS Regions to support the local CFRTs would dramatically impact the effectiveness and consistency of each team by providing meeting coordination, training, and data entry assistance. This would ensure that regions with rural teams receive more technical assistance and coordination to cover larger geographic areas, that urban teams receive support to cover a higher volume of cases, and that these teams provide the state with enhanced data to prevent child fatality.^{viii}

These recommendations are shared by the Protect Our Kids Commission report^{ix} and the State Child Fatality Review Team Committee Report.^x

Thank you for the opportunity to provide testimony and for the dedication of this Committee to the health and safety of Texas children. We look forward to continued partnership with the Legislature to build upon our existing efforts to prevent child abuse, neglect, and fatality.

ⁱ Texas Department of State Health Services (November 2018). Maternal & Child Health (MCH) – Medical Child Abuse Resource and Education System (MEDCARES). Retrieved from: <https://www.dshs.texas.gov/Legislative/Reports-2018.aspx>

ⁱⁱ Ibid

ⁱⁱⁱ Ibid

^{iv} Ibid

^v State Child Fatality Review Team Committee. (Apr 2018). Texas Child Fatality Data and Recommendations. Retrieved from: https://www.dshs.texas.gov/mch/child_fatality_review.shtm

^{vi} Protect Our Kids Commission. (Dec 2015). Protect Our Kids Commission Report. Retrieved from: <http://texaschildrenscommission.gov/media/1141/pdf-report-pok-commission-december-2015.pdf>

^{vii} State Child Fatality Review Team Committee. (Apr 2018). Texas Child Fatality Data and Recommendations. Retrieved from: https://www.dshs.texas.gov/mch/child_fatality_review.shtm

^{viii} Protect Our Kids Commission. (Dec 2015). Protect Our Kids Commission Report. Retrieved from: <http://texaschildrenscommission.gov/media/1141/pdf-report-pok-commission-december-2015.pdf>

^{ix} Ibid

^x State Child Fatality Review Team Committee. (Apr 2018). Texas Child Fatality Data and Recommendations. Retrieved from: https://www.dshs.texas.gov/mch/child_fatality_review.shtm