Senate Finance Committee
Article II
Testimony of James Lukefahr, MD, FAAP
February 6, 2019

Submitted on behalf of:
Texas Pediatric Society
Texas Medical Association

Chair Nelson and Senate Finance 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 Senate. My testimony today will focus largely on child abuse and fatality prevention, with recommendations to build upon the success of existing state programs and leverage new federal match funding opportunities.

Department of State Health Services (DSHS) Recommendations:

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]

<u>Department of Family and Protective Services (DFPS) Recommendations:</u>

Fund DFPS Exceptional Item #8: $15.4 million each year of the biennium to expand Prevention and Early Intervention (PEI) programs. While all children and families will experience varying degrees of stress, the American Academy of Pediatrics (AAP) states that the presence of protective factors such as parental knowledge and resilience, social connections, concrete and tangible support in times of need, and social emotional competence, are paramount in determining how the child and family fare in times of stress.[xi] PEI administers a range of voluntary, community-based prevention programs for children and families at risk, providing needed supports that prevent abuse and neglect, promote family resiliency, and provide long-term cost savings to the state by avoiding costly involvement with the child welfare system. For instance, in FY 2017, the Nurse-Family Partnership, a nurse home visiting program, not only demonstrated fewer childhood injuries and instances of abuse and neglect in families served, but also a return on investment of more than 500 percent for dollars spent on high-risk populations and a nearly 300-percent return for dollars spent on all individuals served.[xii] The agency's request aligns with the PEI Five-Year Strategic Plan to "maximize the impact of current investments and seek additional resources to serve more children, youth, and families and strengthen communities.[xiii]"

Fund DFPS Exceptional Item #9: placeholder for additional funding to address new requirements and opportunities through the federal Family First Prevention Services Act. In February 2018, Congress passed the Family First Prevention Services Act (FFPSA). This landmark legislation aims to shift focus and investment nationwide toward family-based prevention services and, to the extent possible, the placement of children in family-like and least restrictive settings. As a child abuse pediatrician, I know that education and support to caregivers is critical because it helps them better understand child development, foster healthy coping mechanisms, and use appropriate discipline techniques, all of which help break intergenerational cycles of abuse and neglect. FFPSA provides an opportunity for Texas to enhance its efforts in child abuse prevention by allowing states to use Title IV-E funds to prevent the need for a child to enter foster care in the first place. FFPSA dollars will fund

evidence-based mental health and substance use services as well as in-home parent skill-based programs. While the law stipulates several conditions to obtain the federal matching funds, with strategic investment, Texas will be able to leverage the new dollars to bolster state programs that increase the resiliency, health, safety, and productivity of children and families.[xiv]

FFPSA also stipulates that states must take steps to safely reduce the use of inappropriate congregate and group care. In its statement supporting FFPSA, AAP urged Congress to ensure the bill required that "federally-funded congregate, or group, care facilities meet common-sense standards for licensed clinical and nursing staff." In addition, AAP asserted that "children fare best when they are raised in families equipped to meet their needs. Congregate care, when necessary, should be of high-quality for the shortest possible duration and reserved for instances when it is absolutely essential."[xv] Investing in family-based placement capacity and improving standards in congregate or group care settings is essential to ensure children are placed in the least restrictive, most family-like setting and, when necessary, receive appropriate therapeutic supports.

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 and leverage new opportunities to prevent child abuse, neglect, and fatality.

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[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
[xi] American Academy of Pediatrics (2018). The Resilience Project. Retrieved from: www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx.
[xii] Texas DFPS Prevention and Early Intervention (December 2017). Supporting New Families and Investing in the Newest Texans: Texas Nurse Family Partnership Statewide Grant Program Evaluation Report. Retrieved from: www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2017/2017-12_TX_Nurse_Family_Partnership_Rpt.pdf.
[xiii] Texas DFPS Prevention and Early Intervention (September 2016). PEI Five-Year Strategic Plan. www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2017/2016_09-01_PEI_Five_Year_Strategic_Plan.pdf.
[xiv] Children's Defense Fund (February 2018). The Family First Prevention Services Act: Historic Reforms to the Child Welfare System Will Improve Outcomes for Vulnerable Children. Retrieved from: www.childrensdefense.org/library/data/family-first-detailed-summary.pdf.
[xv] American Academy of Pediatrics (June 2016). AAP Statement Urging Advancement of the Family First Prevention Services Act as Written. Retrieved from: www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAPStatementUrgingAdvancementoftheFamilyFirstPreventionServicesActasWritten.aspx.