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# **Presentation to Select Committee on Child Protection**

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*Commissioner*

*Texas Department of State Health Services*

September 30, 2014

# Presentation Outline

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- Traditional DSHS Role in Reducing Abuse and Neglect Fatalities
- MEDCARES
- Provider Training and Education
- DSHS – DFPS Coordination to Reduce Abuse and Neglect Fatalities
- DSHS – DFPS Collaborative Residential Treatment Center Pilot
- Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)
- Neonatal Abstinence Syndrome (NAS)



# DSHS Role in Reducing Child Abuse and Neglect Fatalities

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## Traditional Role

- Data collection
  - primarily birth and death records
- Preventive efforts and public awareness campaigns
  - infant safe sleep, child safety seats, and seat belts

## Current Role

- Started collaborative efforts with our sister agency—the Department of Family and Protective Services (DFPS)

# Actions Central to DSHS

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- Providing timely data regarding child abuse/neglect fatalities in Texas
- Addressing the role that substance abuse plays in homes where children are at risk
- Recognizing the critical role providers play and giving them additional resources to deal with these complex issues

# Child Fatality Review Teams

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- Statewide effort to conduct retrospective reviews of child deaths through volunteer-based, Child Fatality Review Teams (CFRTs)
- Led by DSHS, in coordination with the Department of Family and Protective Services and other state agencies
- Public health strategy to:
  - Understand child deaths through multidisciplinary review on the local level;
  - Collect and analyze data to better understand risks to children; and
  - Inform local and statewide activities to reduce preventable child deaths
- Two Components:
  - Local Child Review Teams (CFRTs)
  - State Child Fatality Review Team (SCFRT)

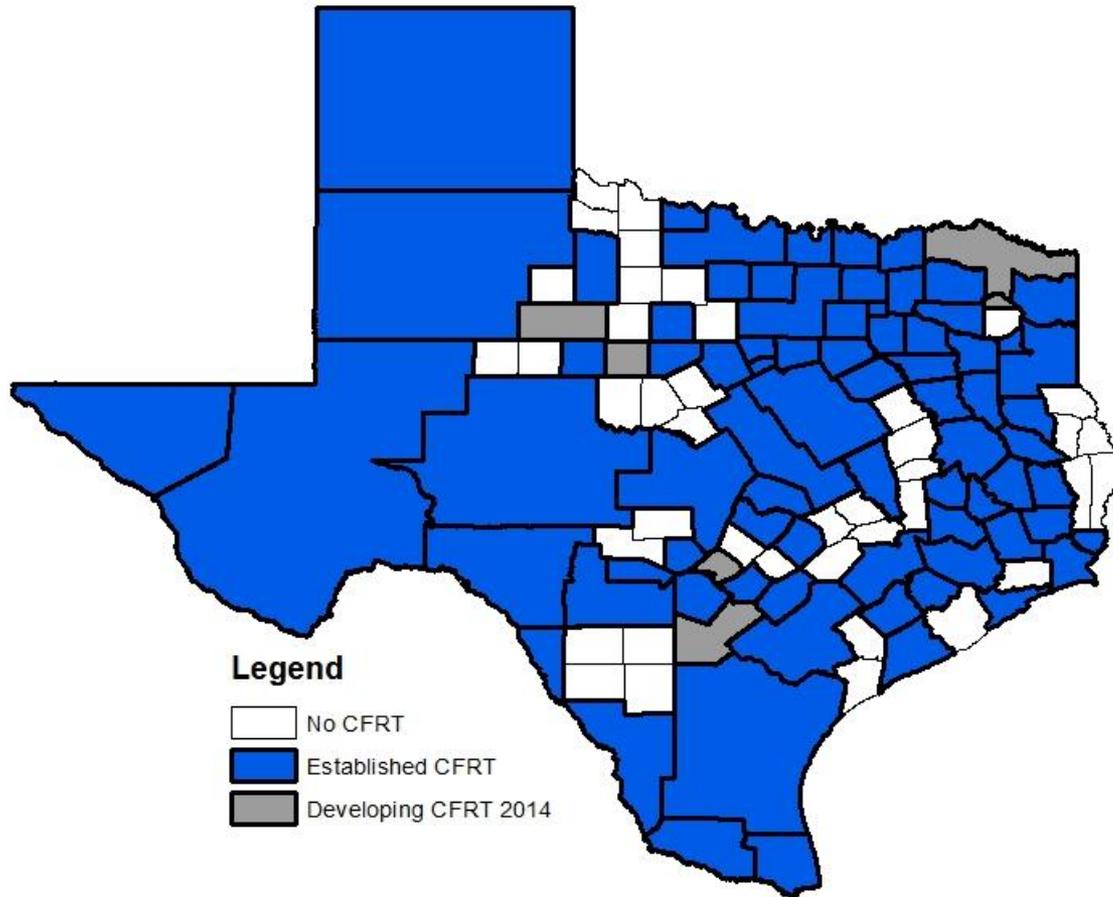


# Local Child Fatality Review Teams (CFRTs)

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- 76 CFRTs that cover 203 of the 254 Texas counties
- Conduct retrospective reviews of child deaths in their geographic areas
  - Local reviews may be conducted a year or more after each event
- Identify risk factors specific to their communities, monitor child death trends, and spearhead local prevention efforts
- DSHS provides training and technical assistance at the local level

# Statewide Map of CFRTs



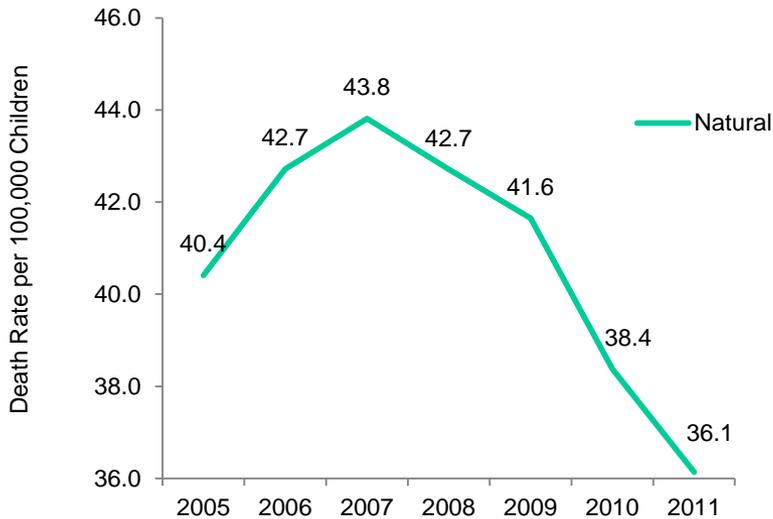


# State Child Fatality Review Team (SCFRT)

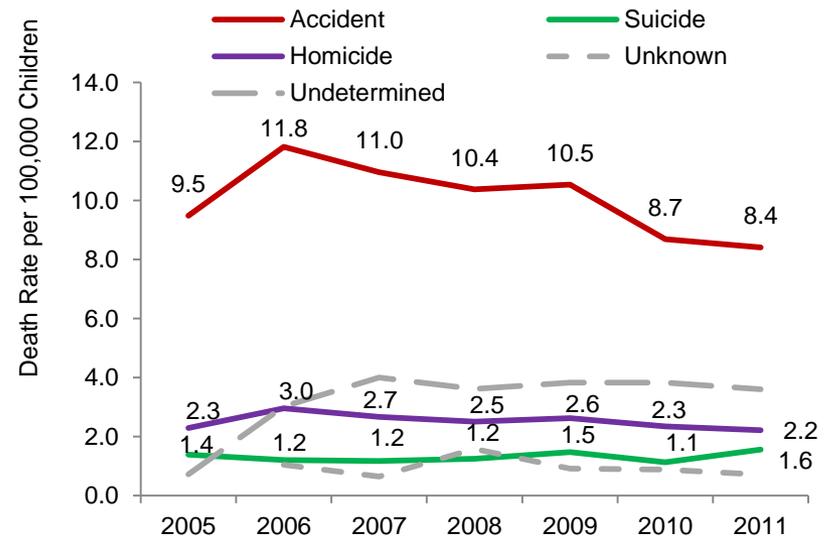
- Multidisciplinary group of specific professional disciplines with unique perspectives on child safety, including: law enforcement, the medical community, CPS and the behavioral health community
- Meets quarterly to:
  - Review data
  - Discuss statewide trends in child risks and safety issues
  - Develop strategies to improve child death data collection and analysis
  - Make legislative and policy recommendations to the Governor and Legislature regarding child safety
  - DSHS provides direct support for the SCFRT

# Child Fatalities in Texas

**Seven-year Trend in Child Death Rate -Natural Death**



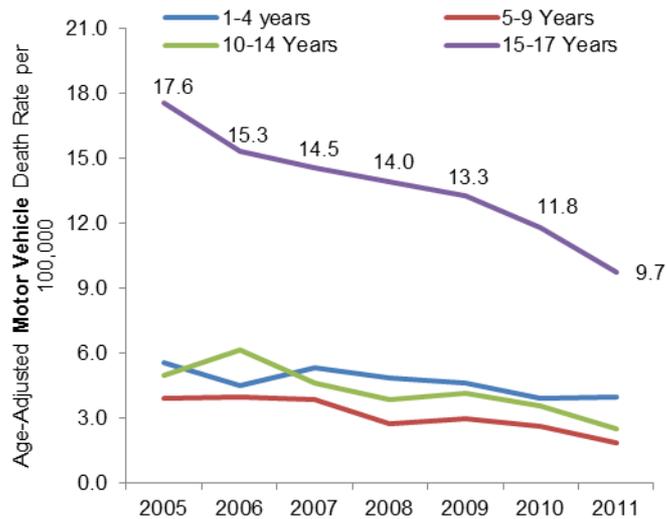
**Seven-year Trend in Child Death Rate by Manner of Death**



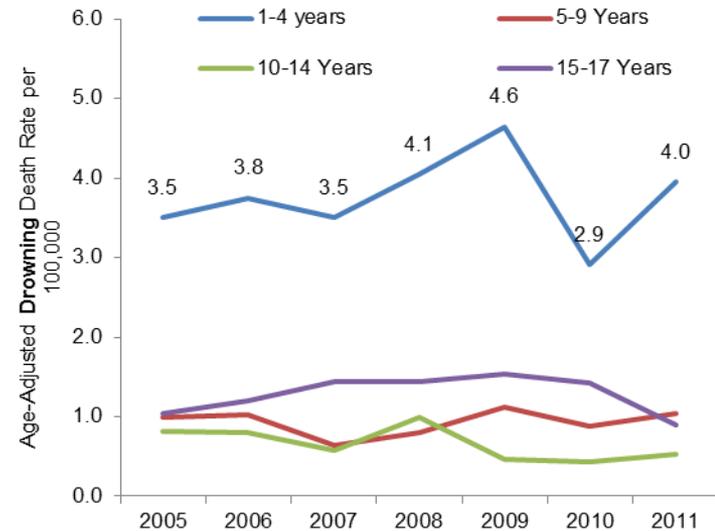
Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

# Causes of Child Accidental Deaths

## Motor Vehicle



## Drowning



Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

# CFRT Annual Report

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- Texas Child Fatality Review Team 2013 Annual Report  
(<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589987385>)
- SCFRT Committee made legislative recommendations to reduce preventable child death in Texas, such as:
  - DFPS provide quarterly reports to the SCFRT on Project HIP (Help Through Intervention and Prevention)
  - Options for more timely delivery of death certificates and birth abstracts to the local CFRTs and strategies for improved data collection and data entry of those child deaths
  - Provide funding for annual training for Texas CFRTs
  - All Texas counties have an independent CFRT or participate in a multi-county CFRT to review and document all deaths of children less than 18 years of age



# Medical Child Abuse Resources and Education System (MEDCARES)

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**Purpose:** To develop and support regional initiatives to improve the assessment, diagnosis and treatment of child abuse and neglect

\$2.5 million in funds are awarded annually to hospitals, academic health centers, and health care facilities with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence

# MEDCARES

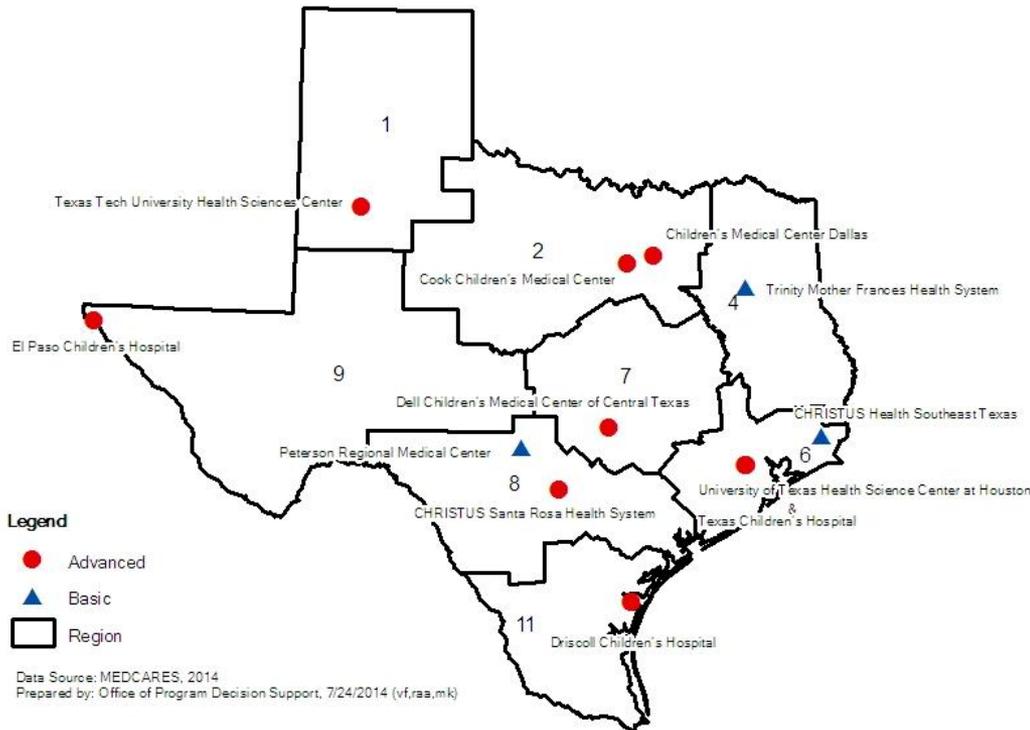
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- Child Abuse Pediatrics is a relatively new subspecialty that provides assessment, diagnosis and treatment for children with suspected child maltreatment injuries
- Child abuse specialists (CAPs), Forensic Nurse Examiners, Sexual Assault Nurse Examiners, Physician Assistants, Psychologists, etc.) improve timely and accurate diagnoses, provide treatment and give support to investigations
- Medical services include comprehensive medical evaluations in an inpatient or outpatient setting. Depending on the type of maltreatment, a child could require access to specialized equipment and/or the care of additional specialized medical professionals. These facilities are equipped to handle such needs or have relationships in place to ensure the child receives the full spectrum of care
- In addition to providing direct services, these highly trained professionals also provide education and training to those who work on the front lines with children at risk (such as law enforcement, case workers, members of the judiciary) as well as other members of the public (parents, teachers, students, medical professionals). Information is regularly provided on topics such as how to identify various types of abuse, reporting requirements, abuse mimickers, abusive head trauma and photo documentation



# MEDCARES Contractors

## 9 Advanced and 3 Basic Sites, 2014-2015



Site	City
Children's Medical Center Dallas	Dallas
Cook Children's Medical Center	Fort Worth
CHRISTUS Health Southeast Texas	Beaumont
CHRISTUS Santa Rosa Health System	San Antonio
Dell Children's Medical Center of Central Texas	Austin
Driscoll Children's Hospital	Corpus Christi
El Paso Children's Hospital	El Paso
Peterson Regional Medical Center	Kerrville
Texas Children's Hospital	Houston
Texas Tech University Health Sciences Center	Lubbock
Trinity Mother Frances Health System	Tyler
University of Texas Health Science Center at Houston	Houston

# MEDCARES 2011-2014

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- 34,242 Outpatient Consultations
- 5,950 Inpatient Consultations
- 1,926 Physical Abuse
- 369 Sexual Abuse
- 966 Neglect/Other
- 1,316 Court Appearances
- 5,677 hours conducting education and training

# Provider Training and Education

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## Texas Health Steps

- DSHS efforts center around Texas Health Steps
- Texas' Medicaid program's comprehensive preventive child health services for individuals from birth through 20 years of age
  - Focuses on medical, dental, and case management services and is dedicated to:
    - expanding recipient awareness of existing services, and;
    - recruiting and retaining a qualified provider pool to assure the availability of comprehensive services.

# Provider Training and Education

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## Texas Health Steps Online Provider Education Program

- Collaboration between DSHS, DFPS, pediatricians and other subject matter experts to provide information to providers that could help identify child abuse and potential child safety concerns
- Online continuing education modules for physicians and other health care providers on:
  - Recognizing, Reporting and Preventing Child Abuse
  - Infant Safe Sleep

# DSHS-DFPS Strategic Plan To Reduce Child Abuse and Neglect Fatalities

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## DSHS-DFPS collaboration will target three main objectives:

1. Sharing of data to enhance analytical capabilities and support prevention and intervention strategies by both agencies.
  - Almost half of the confirmed child abuse and neglect fatalities have not had previous involvement with DFPS. By utilizing more robust data systems available to DSHS, a broader picture of influencing factors and possible intervention points can be determined for all confirmed child abuse and neglect fatalities. This approach allows for a comprehensive, yet focused approach supported by data and empirical evidence that can be evaluated over time
  - Project HIP (Help Through Intervention and Prevention) – match names of parents of newborns with parents of children who died of abuse or had rights terminated to provide intervention on behalf of the infant
2. Development of more comprehensive strategies.
  - As the first step of this project, a catalog of internal resources and programs is being developed. This catalog will allow both DFPS and DSHS to identify opportunities for cross-agency coordination, referral and access of programs statewide and identify areas to strengthen or programs to develop
3. Specific, targeted prevention and intervention at the local level.
  - The data analysis will allow the agencies to pinpoint particular geographic areas needing specific services. This will help both agencies collaborate with families, stakeholders, law enforcement, community organizations and other government agencies to address specific issues identified in their respective areas



# DSHS- DFPS

## Internal Resources Guide

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- Adult Mental Health Resources
- Children's Mental Health Services
- Crisis Services
- Children with Special Health Care Needs
- Child Safety Programs
- Prevention and Early Intervention
- Child Fatality Review
- Substance Abuse – Youth and Adults
- Suicide Prevention - DSHS
- Media Campaigns and Trainings

# DSHS-DFPS Safe Sleep

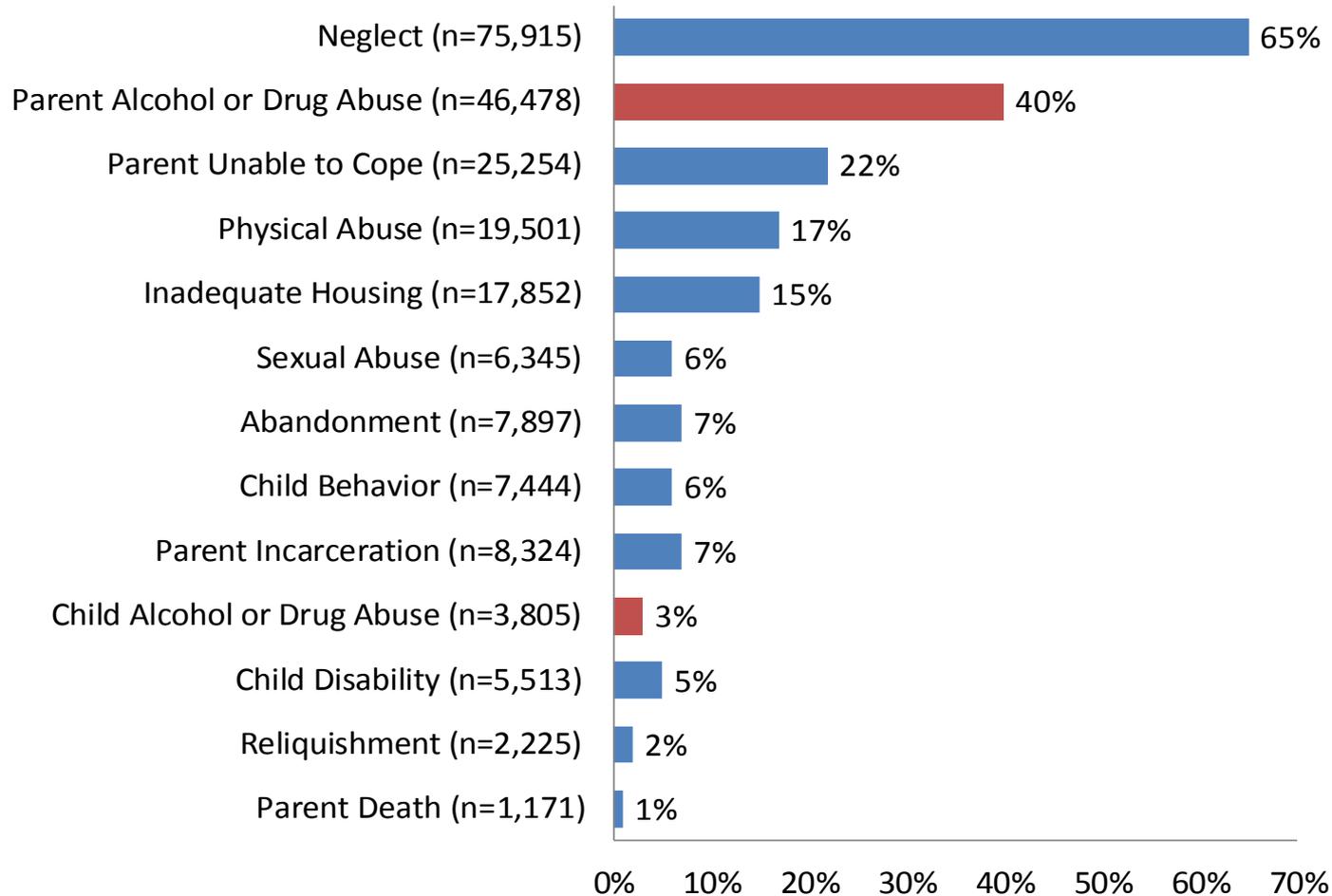
- DSHS-DFPS have collaborated on safe sleep messaging since 2008. Key collaborations include development of:
  - **Safe Sleep for Babies** factsheet used to educate childcare centers and other caregivers about safe sleep practices
  - **Safe Sleep for Babies: A Community Training**, a train-the-trainer resource for organizations providing services to parents and caregivers.
  - **Safe Sleep Training**, developed for **DFPS Child Protective Services case workers**. The online training module provides case workers with education and resources to assess home environments for sleep environment risk factors and provides guidance on counseling families on safe sleep strategies
- DSHS and DFPS cross-promote initiatives, integrating common safe sleep messaging across agencies' campaigns
  - DSHS **Some Day Starts Now** campaign and **Healthy Texas Babies** initiative promote DFPS Room to Breathe Campaign
  - DFPS **Room to Breathe** website promotes DSHS campaigns, training resources, and educational materials

# Need for Substance Abuse Services

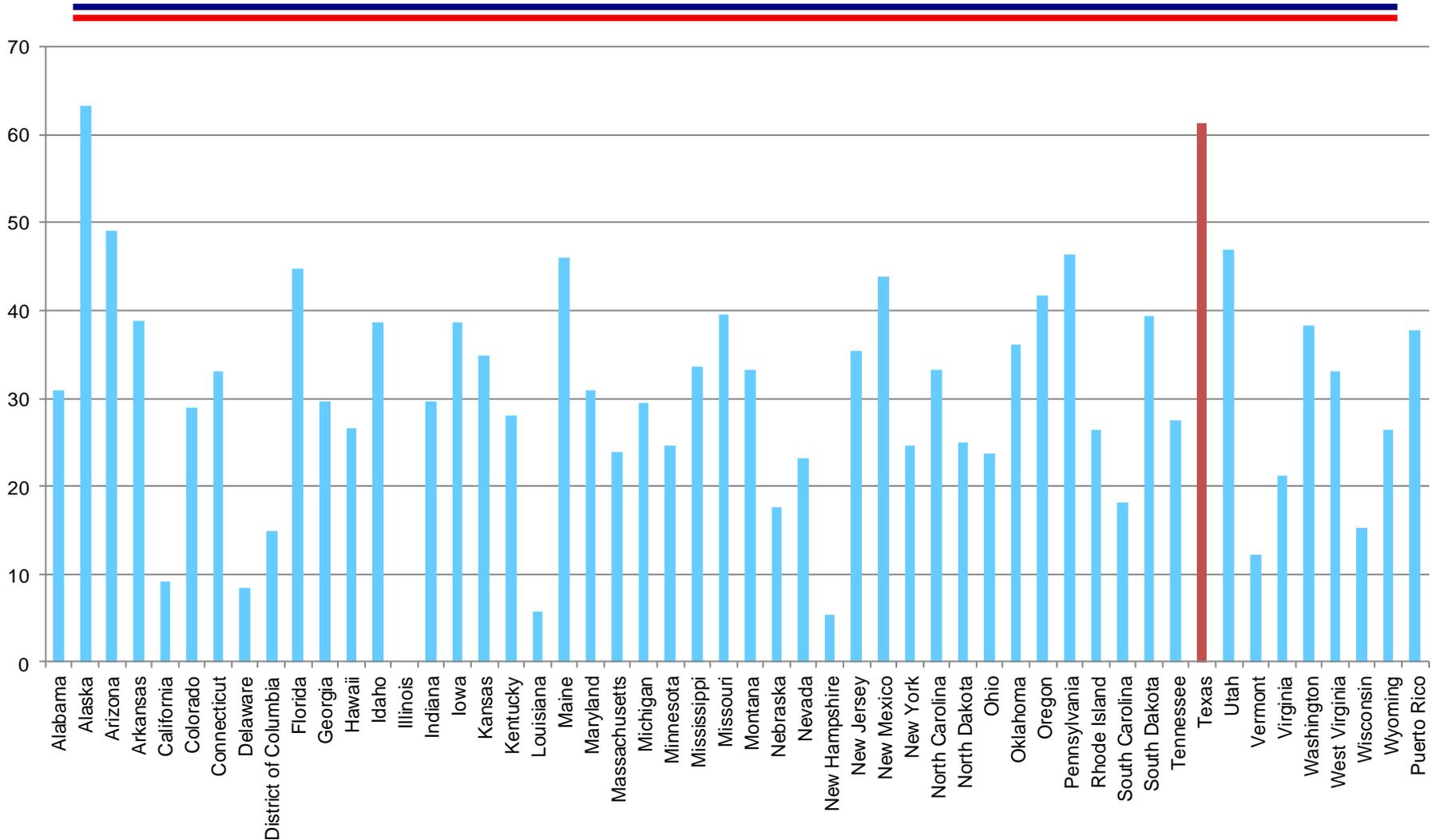
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- Drug overdose deaths exceed motor vehicle-related deaths in 29 states and Washington D.C.
- Abuse of prescription painkillers costs an estimated \$53.4 billion a year in lost productivity, medical costs, and criminal justice costs
- Only 1 in 10 Americans with a substance abuse disorder receives treatment

# Children with Terminated Parental Rights by Reason for Removal



# Parental Alcohol or Other Drug Use as Reason for Removal





# Substance Abuse Services for DFPS Clients

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- \$10.14 million was appropriated by the 83rd Legislature to provide on-demand substance use disorder (SUD) services for referrals from DFPS
  - DFPS clients are to be admitted to SUD screening, assessment and treatment services within 72 hours
  - Expanded eligibility for the pregnant and postpartum intervention program to include parents involved with DFPS who have children under the age of 6
  - Developed the Parenting Awareness and Drug Risk Education (PADRE) program specifically for DFPS-involved fathers who have children under the age of 6 – this program began operating in September 2013



# Substance Abuse Services for DFPS Clients

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- Between December 2013 and May 2014, more than 1,800 DFPS caseworkers have been trained in the Substance Use Disorder service system
- The goal is to serve an additional 3,000 individuals referred by DFPS each fiscal year
- As of July 31, 2014, DSHS had served 2,528 more DFPS clients than in the same period in fiscal year 2013
- For FY 2014 YTD (through July 2014), DSHS served 17,499 clients
- For FY 2013 (through July 2013, for comparison purposes), DSHS had served 14,971 clients
- The increase for FY 2014 YTD over the similar period in FY 2013 is 18%



# DSHS-DFPS Collaborative Residential Treatment Center Pilot

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- The 83rd Texas Legislature appropriated \$2 million for 10 residential treatment center (RTC) placements
  - Due to demand, additional funds were used to support 3 more beds in fiscal year 2014
- DFPS refers children/youth to DSHS who are at risk of relinquishment of custody by their parents/guardians due solely to a lack of mental health resources
- Community services help prevent relinquishment for families on waiting list
- DSHS-DFPS collaboration resulted in 5 referred children remaining in their homes due to wraparound and increased community services



## **DSHS-DFPS Collaborative Residential Treatment Center Exceptional Item**

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- 13 children currently are placed with 18 on waiting list
- The DSHS Legislative Appropriations Request includes an Exceptional Item to purchase an additional 20 beds from private, licensed Residential Treatment Centers throughout the state
- The biennial cost for the expansion of this effective program is \$4,805,604



# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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- Pregnant Postpartum Intervention (PPI)
  - Pregnant and postpartum females (up to 18 months postpartum) determined to have risk factors for substance use
  - Parenting females with a child under the age of six involved with DFPS determined to have risk factors for substance use
- Parenting Awareness and Drug Risk Education (PADRE)
  - Parenting males with a child under the age of six involved with DFPS determined to have risk factors for substance use
- PPI and PADRE intervention services aim to assist pregnant and parenting clients in reducing risk factors associated with substance use and improve the health of families at risk
- PADRE programs are co-located at PPI sites due to similarity in structure and service delivery
- Each program is designed to be gender-responsive and trauma-informed



# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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## Goals

- Reduce risk of parental substance use/misuse
- Improve birth outcomes for current and future pregnancies
- Promote parental bonding activities
- Improve parenting skills
- Improve safety in familial relationships including addressing intimate partner violence and child abuse
- Increase access to community and recovery resources
- Promote engagement in primary healthcare including reproductive health and well-child visits

## DSHS-funded through GR and Federal Substance Abuse Block Grant

- \$4,439,713 funded 19 PPI sites in fiscal year 2014
- \$700,000 funded 9 PADRE sites in fiscal year 2014



# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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## Services:

- Outreach
- Case management
- Home visitation
- Motivational interviewing
- Evidence-based parenting education
- Education on fetal and child development
- Education on family violence and safety
- Reproductive health education including education on effects of alcohol, tobacco, and other drugs on the fetus
- Activities that promote parental bonding
- Assistance with transportation



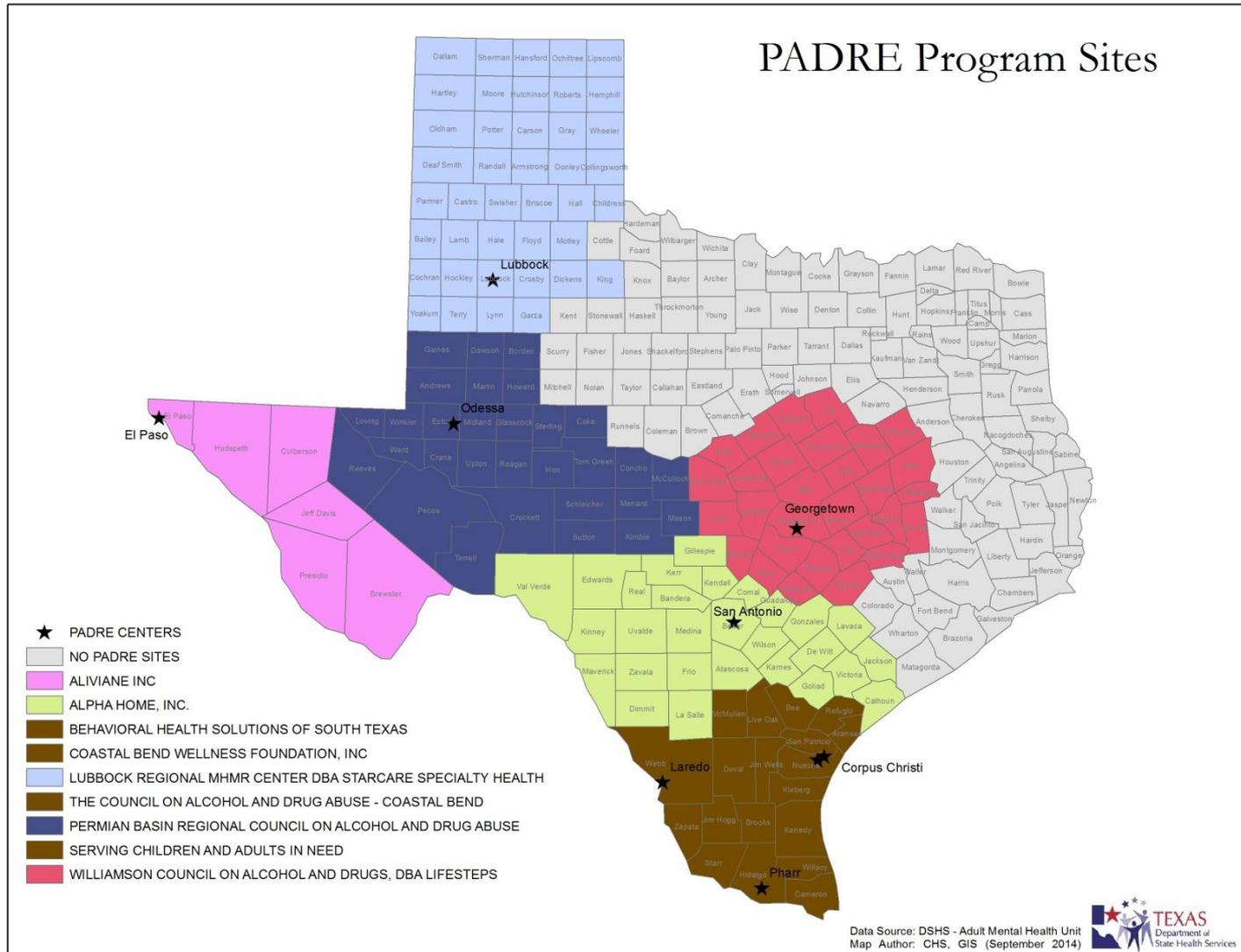
# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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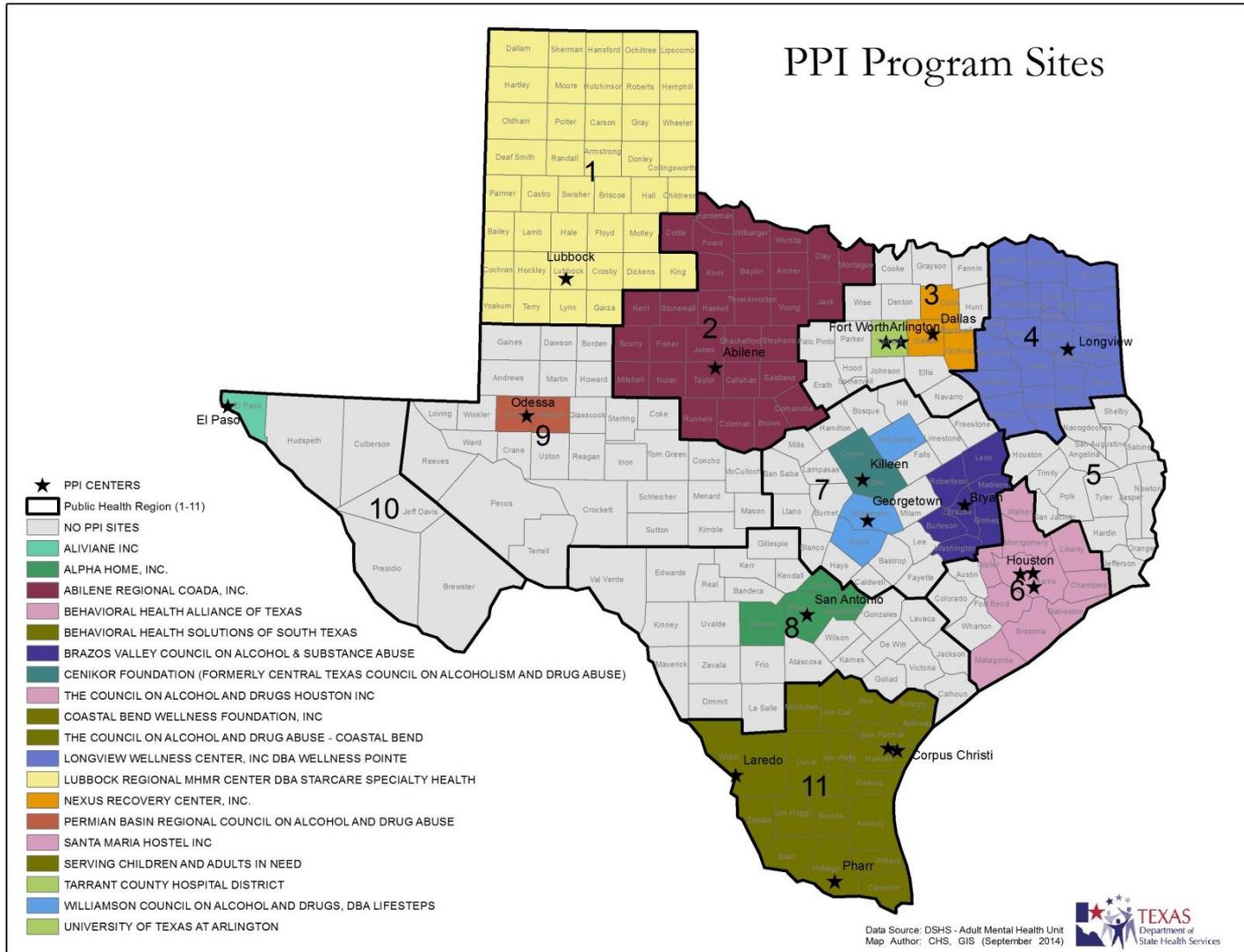
## Population served

- PPI fiscal year 2014 targets
  - Adults - 3,344
  - Youth (12-17) - 861
- PADRE fiscal year 2014 targets
  - Adults – 399
  - Youth (12-17) - 174

# PADRE Program Sites



# PPI Program Sites



# Neonatal Abstinence Syndrome (NAS) Exceptional Item

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- NAS is neonatal withdrawal after exposure to certain drugs (illicit or prescription) in the womb, which occurs with the abrupt cessation of the exposure resulting from birth
- NAS cases grew by 300% in the U.S. between 2000 and 2009
  - In 2000, there were 1.20 cases per 1,000 U.S. births
  - In 2009, there were 3.30 cases per 1,000 U.S. births
- In Texas, 1 out of 4 pregnant women admitted to DSHS-funded treatment services are dependent on opioids
  - Bexar, Harris and Dallas counties have the highest incidence
  - Bexar County accounts for 30% of all cases in Texas

# Neonatal Abstinence Syndrome (NAS) Exceptional Item

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- The DSHS Legislative Appropriations Request includes an Exceptional Item to purchase health care services, products, and community-based activities to reduce incidence, severity, and cost associated with NAS
  - Provide Opioid Substitution Therapy for an additional 635 women
  - Increase Screening, Brief Intervention and Referral To Treatment for an additional 16,500 women
  - Serve an additional 2,417 opioid-dependent clients through PPI
  - Provide outreach services for approximately 1,111 pregnant women with Substance Abuse Disorder (SUD)
  - Provide intensive case management services for an additional 729 pregnant and postpartum women prescribed buprenorphine
  - Implement a statewide residential SUD pilot program for approximately 170 clients
  - Expand the “Mommies” program to hospitals with the highest incidence of NAS to provide services to approximately 550 families with a child diagnosed with NAS
- DSHS is requesting \$7,747,349 in FY 2016 and \$9,256,553 in FY 2017 for this purpose

# Neonatal Abstinence Syndrome (NAS) Incidence in Texas

<b>Texas Incidence of NAS and Associated Costs</b>			
<b>Year</b>	<b>Medicaid NAS Births</b>	<b>Average Inpatient Hospital Cost</b>	<b>Total Inpatient Hospital Cost</b>
FY 2011	854	\$37,263	\$31,822,422
FY 2012	994	\$30,517	\$30,334,312
FY 2013	1,009	\$31,321	\$31,602,668

In 2013, the average Medicaid cost to deliver a baby was \$3,369

Sources: AHQP Claims Universe, TMHP; Encounters Best Picture Universe, TMHP; Vendor Drug Universe, HHSC; Medicaid Provider Universe, HHSC



# Questions

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