

Children's Special Health Services  
Report to the Developmental Disabilities Council  
December 2008

**The Office of Public Health has had a recent hiring freeze, midyear budget cuts to the current 2008-2009 budget, and a proposed cut for the 2010 budget.** The hiring freeze went into effect December 14, which was also the last day of work for our CSHS program manager, Laurent Lebien, who had accepted another job. Fortunately, we have been given special permission to restore the position even though it was cut by the hiring freeze. At this point in time we have made an offer to an excellent candidate and are waiting to see if she accepts the position.

The OPH 2009 budget proposed cuts are a little over \$3 million. Of this, as of today CSHS will receive a \$250,000 cut to its supplemental state budget. This will not affect the block grant state match but will affect a portion of our budget used for the La Birth Defects Monitoring Network, since this program does not directly target any of the national performance measures for the MCH Block Grant. This will be discussed below. The cuts for 2010 were initially set at \$550,000 for CSHS but these are likely to be less than that.

The **Care Coordination Pilot** in the Region I CSHS clinics targeting the needs of youth in transition (age 14 and over) has been successfully completed. Feedback from staff and families has been very positive, although there are some glitches in the software that need to be resolved. The program will expand to Region VI in February. Our plan is to expand statewide over a two year period, if CSHS regional staffing is adequate. Before the hiring freeze there were two regions without CSHS social workers, and the addition of a hiring freeze is likely to create other staffing shortages as well which may slow the expansion.

The percent of children coming to CSHS clinics that have a **medical home**, or primary care physician, is now 99.9%. This is important because CSHCN with a medical home that coordinates their care and provides preventive care have better health outcomes. CSHS also ensures that **all Tulane and LSU Pediatric Residents are trained in medical home concepts**, including the importance of linking families of CSHCN with public health and community resources. If residents are taught that this is part of the pediatrician's role, and if they become familiar with resources available, they will be more apt to provide care coordination for families in their own practices when they finish their training.

The **CSHS application process** has been simplified so that a parent will not have to have a face to face meeting in a health unit to apply for CSHS services. The new simplified application can be mailed in or dropped off at a local health unit. The application will be reviewed by the OPH Forms Committee on January 20 and if accepted, will be printed and posted on the website for use. If a child is likely to be eligible after reviewing medical and financial information, a clinic appointment will be made and eligibility will be confirmed at the clinic appointment, saving the parent a visit.

**Hearing, Speech and Vision** provided 227 audiology/ speech visits and 44 hearing aids to eligible children during the third quarter of 2008. Staff also provided ABR hearing testing for toddlers where hearing evaluations are not available in the private sector. The program is limited by having only 3 audiologists for the entire state due to repeated hiring freezes and limited positions available.

Over 97% of infants in Louisiana were screened at birth for hearing loss in 2007, and HSV was able to follow approximately 64% of these infants with “suspect” results to be sure that audiology evaluations were completed and infants with hearing loss were enrolled in early intervention (national average is 50% or less). The program is planning a training for Early Steps System Points of Entry and the Parent Pupil Program of the School for the Deaf to help coordinate services for children with hearing loss.

Over 206 school professionals and volunteers were trained to provide vision screening in daycares and schools during the third quarter of 2008.

**LA Birth Defects Monitoring Network** now covers approximately 68% of births in LA. This is a surveillance system designed to decrease the number of birth conditions in the state by providing area specific rates of certain conditions to help target prevention activities. For example, areas with higher rates of spina bifida would be targeted for folic acid education efforts. Families of infants in the registry will receive resource information to help them begin to identify healthcare and early intervention resources beginning later this year.

This program was mandated without funding which has slowed its growth. It has been funded almost entirely by CSHS Title V Block grant funds. If adequately funded, the program could cover 100% of births over the next two years, with the addition of an epidemiologist and two more data collection specialists. Recent budget cuts may prevent the addition of these contracted personnel, preventing the program from being statewide and continuing to limit the usefulness of the data produced.