

Children's Special Health Services  
December 2010

**Children's Special Health Services:**

CSHS received its written report for the 2010 Five Year Needs Assessment and MCHB Block Grant submitted for 2011. Once again, it was a very positive report with no requirements.

In October, CSHS Region 1 CSHS clinics were closed. CSHS leadership met with all of the Region 1 contracted physicians to determine how children would be transitioned to the private sector. Most patients were able to keep the same sub-specialty physician at Children's Hospital, and actually benefited from increased access to their physician, since private clinics are generally open several times per week and CSHS clinics are only open one to three times per month. Medical records were scanned into the Children's Hospital medical records system for continuity of care, and sent to new physicians when appropriate. Letters were mailed to parents informing them of the closing and instructing them how and when to schedule their next appointment, so that there would be no gaps in services.

CSHS services at Children's Hospital in New Orleans will continue through a Family Resource Center, located in the same space as the prior CSHS office on the 3<sup>rd</sup> floor. The Family Resource Center will be staffed with a full time social service counselor and a parent liaison, who will continue to provide family support and address care coordination needs. Resource Center staff will be supported by CSHS central office staff, which currently includes a developmental pediatrician, the CSHS nurse consultant the CSHS social worker, and the parent consultant. Eventually, CSHS hopes to add an on-site part time nurse supervisor to the Family Resource Center. Initially the Resource Center will assist with transition of patients to private clinics. Over time, we hope the resource center will be able to serve other CSHCN coming to Children's Hospital as well.

CSHS plans to continue to transition children to the private sector where services are available. CSHS is working to maintain a presence in each region to provide necessary clinical services where services do not exist in the private sector, and care coordination and support to all CSHCN families.

**Louisiana Birth Defects Monitoring Network:** LBDMN is still on track for being statewide by the end of FY 2011. Two additional data collection specialists have been added in regions 6 and 8, who will be able to add infants born at the remaining hospitals to the registry. LBDMN is also well on its way to having a web-based surveillance system. CDC has helped the program to select and upload a software system that has been successful in other states, and it is in the process of being adapted for Louisiana.

Family Resource Guides have been distributed to families identified by the registry to help them find medical and social support services in their communities. Folic Acid educational materials from March of Dimes are being distributed to birthing hospitals, health units and health fairs during January which is Birth Defects Prevention Month.

**Hearing, Speech and Vision:**

HSV is in the final year of two grants from MCHB and CDC. Application for new funding has been submitted and continued funding is expected. The grants are the primary funding source for the statewide Early Hearing Detection and Intervention program, which is responsible for implementation of the 1999 legislatively mandated universal newborn hearing screening and intervention program. Currently, the focus of the program is improving follow up of infants who fail the initial newborn hearing screening. Presently, 99% of infants born in LA have their hearing screened prior to hospital discharge. However, of those infants who fail the newborn hearing screening, only 65% of those needing further services return for the recommended follow up.

The program is also working with private sector providers to obtain needed hearing and speech services in regions where private sector providers are available. This will allow the program to assist in infrastructure building and further the goal of insuring that services to children are community based and family centered.