

Children's Special Health Services
March 2011

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CSHS has a projected budget cut for FY 2012. The \$9 million CSHS budget is comprised of the Title V MCH Block Grant, three additional federal grants, Medicaid and Insurance revenue. This budget supports all three programs within CSHS: the Birth Defects Monitoring Network, the Hearing, Speech and Vision Program (including newborn hearing screening), and the CSHS program itself. The Title V MCH Block Grant, which is 53% federal and 47% state match, is the backbone for all of these programs. In the FY 2011 midyear cuts, the required state match was met by utilizing funds spent on other programs, resulting in a cut to the CSHS budget. According to the Social Security Act that establishes the Title V funding, the CSHS match can come from any program that serves mothers, infants and children. Therefore, using this strategy, the federal funding is preserved.

CSHS has tried to plan for this cut in a way that will least impact the program's services. The original proposed plan included closure of 30% of the smallest clinics (16 of 52), where most services are available in the community. The proposed budget also included cutting funds reserved for hospitalizations, pharmacy, all care coordination and medical home contracts, and limited staff. Some of these contracts can be replaced with funds from a new grant that has been submitted, if that grant is funded. CSHS made an effort to preserve essential staff in each region, so that the largest clinics can continue to offer comprehensive interdisciplinary care.

CSHS held stakeholder meetings to inform families of the closures and to reassure them that their transition to private clinics would be facilitated, and that CSHS staff would remain active in coordinating their care, as needed. Meetings were held in Monroe for Regions 6 (Alexandria), 7 (Shreveport) and 8 (Monroe), Lake Charles for Regions 4 (Lafayette) and 5 (Lake Charles), and Baton Rouge for Regions 2 (Baton Rouge), 3 (Thibodeaux) and 9 (Hammond). An overview of CSHS was presented as well as plans for specific clinic closures. Parents, CSHS physicians, and other stakeholders were provided an opportunity to ask questions and to provide comments on the proposed plan.

All meetings were tape recorded and will be transcribed for administration. Kathy Kliebert attended the final meeting in Baton Rouge and responded to parent concerns, reiterating that it is only the smallest clinics that have been closed and stressing the budget constraints for the upcoming year.

As a result of stakeholder input, we are working to find funds to restore physician contracts for all by the five smallest clinics. These clinics have less than 20 patients and would have been closed regardless of budget constraints. The other cuts are also being reviewed.

Louisiana Birth Defects Monitoring Network: The LBDMN is now statewide, and its database is soon to be web-based. A new software system has been imported from CDC and is in the process of being adapted for Louisiana using funds from a grant to environmental epidemiology. This grant will permit integration of these two databases using GIS mapping, so that specific types of birth defects can be linked to environmental toxins in geographic areas, should associations exist. Data analyses are far behind due to the paper system of data collection. The new CDC grant is permitting this program to rapidly advance in efficiency. Future program efforts will focus on outreach to community partners such as March of Dimes and Families Helping Families to enhance education of families to help prevent birth conditions.

Hearing, Speech and Vision: The HSV program's budget is supplemented by two federal grants, both of which end in 2011. The program has applied for new grants to continue both of these sources of funding. The \$300,000 per year three year MCHB grant was awarded and will begin April 1. The \$150,000 per year three year CDC grant has been submitted and a decision is pending.

This program is responsible for Newborn Hearing Screening and tracking of infants born with hearing loss, to make sure they receive timely audiology evaluation and early intervention. This is essential to ensure optimal language and school outcomes. In 2010 97% of newborns were screened for hearing loss. In addition, 1239 audiology and speech assessments were provided, 111 hearing aids were dispensed, 22,000 toddlers were screened for vision loss, and 1065 school personnel were trained to conduct vision screening in school age children.