

Children's Special Health Services
June 23, 2011

Children's Special Health Services:

CSHS is very grateful for the restoration of roughly \$600,000 to our budget through HB1. This will permit continuation of contracts with key subspecialty clinics including the Tulane CF clinic, the Children's Hospital New Orleans diabetes clinic, the LSU Shreveport NICU follow-up clinic, and the Earl K. Long pediatric clinic care coordination services. Unfortunately, even with this restoration CSHS has a \$1 mil cut for 2012 which will come from its state match. This will not affect the federal grant amount, because match money for the block grant can go to any MCH programs, not just CSHS. In order to help meet budget needs of all programs in 2012, about a third of the CSHS state match dollars will be given to other MCH programs. It is our hope that in future years, these programs will be less dependent on state general fund dollars, so that CSHS can receive the full 30% of state match dollars required for our grant, that are intended for programs that serve children and youth with special healthcare needs (CYSHCN).

CSHS has a new grant, which will help to mitigate some of the budget cut. The new grant is \$300,000 per year for 3 years from the Maternal Child Health Bureau, for the purpose of furthering block grant activities. It does not require a state match. This is tremendously helpful, since our cut would have made completion of our block grant activities impossible. This money will be used for our new initiatives, including:

1. Contracts with FHF offices to provide travel stipends to CSHS-eligible families for medical appointments and hospitalizations, and when necessary, to provide the actual transportation. This will begin in Region 6 (Alexandria) for the first year and then be offered to other FHF offices. FHF in Region 6 has recently purchased a handicapped accessible van with money from OCDD that will complement this project.
2. Expansion of our care coordination program to three new private practices, or Medical Homes, and addition of training in transition services for the existing participating medical homes. This program provides training to pediatrician and family medicine practices in care coordination for CSHCN, using a model that we have now implemented in 7 practices total. The model has been demonstrated to improve family satisfaction with the clinics for families of CSHCN. In other practices, similar models have decreased emergency visits and hospitalization rates, thereby reducing cost, although this could not be measured in our study due to hospital closures after Hurricane Katrina.
3. Expansion of our Family Resource Center in Children's Hospital, New Orleans, by adding a nurse supervisor and a youth liaison to the staff and providing equipment and supplies to the center. This center will eventually serve children coming to Children's Hospital subspecialty clinics since CSHS no longer has a clinic at Children's. The FRC will be marketed to subspecialists and clinic coordinators at Children's as a resource for families who need help with care coordination or youth transition services.

4. Contract with FHF to provide regional workshops for public health staff from all programs that serve families of CYSHCN. These workshops will help staff to know more about other public health programs so that they can refer to them more appropriately, thereby improving coordination between programs.

CSHS is also finishing up the 2012 Title V block grant, which is due mid July. The review will be in Dallas on August 17.

Louisiana Birth Defects Monitoring Network:

The Birth Defects Program is making rapid advances with its connection to the community, its support of families and its management of data.

- 1) With the new emphasis on impact, the CDC is endorsing our push to visibly support community-based partners in each DHH region. Through the March of Dimes, Families Helping Families, faith-based organizations as well as local government programs, the Birth Defects Program will indirectly increase healthy prenatal behaviors and decrease maternal exposures. Our employees in each DHH region have just begun to contact local resources for families to strengthen our support of our community partners statewide.
- 2) An updated Family Resource Guide is going to press. With flyers and Facebook to extend our outreach, our Birth Defects Program continues to inform families about the resources that are available in their neighborhoods. Self-advocacy and health literacy which empowers families will continue to be the cornerstone of our prevention and referral strategy.
- 3) Finally, the Birth Defects Program is modernizing its information management system in order to produce accurate information in a timely manner. Contact LBDMN for data, maps, charts, and graphs as well as policy briefs. The LBDMN program wants to know when there is a concern or question about the prevalence of birth defects anywhere in Louisiana.

Hearing, Speech and Vision:

The Hearing, Speech and Vision Program has been busy assisting with finding/coordinating hearing and speech services in the private sector throughout the state, in the absence of OPH/HSV providers. Through budget cuts, retirements, and attrition, the H,S & V program has lost a significant number of audiologists statewide. However, the program is working with private providers, throughout the state, locating appropriate services for our patients who need hearing and speech assistance. In 2010, the program provided 563 hearing and speech screenings for infants and toddlers, 1239 audiology evaluations to CYSHCN eligible for CSHS, and 73 hearing aids.

In 2010, the Early Hearing Detection and Intervention (EHDI) Program within H,S&V ensured that over 97.5% of newborns born in LA were screened for hearing. The EHDI Program has been chosen to work on two national collaboratives related to quality improvement in services for hearing impaired infants and their families. Through the Early Childhood Hearing Outreach (ECHO) Initiative, the EHDI program will be working with two Early Head Start (EHS) programs to pilot a system of hearing screening for EHS children within the EHS natural environment along with a system of referral for any follow up care and intervention needed. The EHDI program is also working with the National Initiative for Children's Healthcare Quality (NICHQ) to improve the system of screening, diagnosis and early intervention for hearing impaired children.

The HS&V program continues to train preschool and school staff/volunteers in vision screening, utilizing two vision specialists to conduct photo-screening for preschoolers and Titmus testing for school age children. In 2010 the two vision specialists trained over 1065 school volunteers in vision screening. Over 22,200 preschoolers were screened with photo-screening.