

Children's Special Health Services

Children's Special Health Services (CSHS): CSHS had its **2010 Title V Block Grant Review** in August in Oklahoma. The review is conducted by MCHB in a host state and telecast back to New Orleans so that staff can participate. Once again CSHS had a stellar review. We were told repeatedly during the morning that we are a "model program" that should "showcase our initiatives nationally". The final report is still pending. Initiatives that received the most attention were those centered on expanding medical home capacity and care coordination through partnerships with private providers and medical school residency programs, as well as newer initiatives to improve interagency communication and ease of use of programs in the public sector.

Some of these newer initiatives began with our **2010 Needs Assessment**, which is now underway. The Needs Assessment is required every 5 years to help determine a 5 Year Plan for Title V Block Grant activities. Activities are based on meeting 6 National Performance Measures (NPM's), which all focus on ensuring that CSHCN and their families have access to comprehensive, coordinated care through medical homes. CSHS has contracted with a group called "Policy and Research Group" to assist with the Needs Assessment, which is due in July 2010. Our 2010 Needs Assessment has several components, including written surveys from families of CSHCN to affirm priorities, email surveys of pediatricians and family practitioners to determine medical home capacity, and surveys of program staff of DSS, DHH, and Families Helping Families staff that serve CSHCN to determine care coordination practices and knowledge of other programs. To do this last survey, PRG will conduct a focus group of program representatives to help develop survey questions. The focus group will then form the beginning of a stakeholder group, which will be broadened after completion of the Needs Assessment.

CSHS is also helping to develop and pilot a Master Patient Database for citizens with disabilities and chronic health conditions receiving state services. This is called the "DSS-DHH Data Integration Project". The goal is to help create a single point of entry into public health services for citizens served by the programs. With the client's consent, when an individual receives services from one program, the program representative will be able to go into the database to determine what other programs that person is enrolled in, what programs they may be eligible for, and who the contact person is for that program. CSHS requested to help with this pilot to improve the efficiency of care coordination between public health programs. Care coordination is one of the six NPM's for the block grant.

Louisiana Birth Defects Monitoring Network (LBDMN): The Resource Coordinator position for birth defects was filled on the day the latest hiring freeze was announced. We are fortunate to have all positions filled in CSHS. We have submitted a special request to add an epidemiologist to the LBDMN despite the freeze and received the support of Dr. Francois, but were told the agency does not have any T.O. at the moment to allocate. Expansion of the LBDMN from 75% of birthing hospitals to 100% will require the addition of an epidemiologist and two more contracted data specialists. This could be done in the next year with sufficient funds. However with current state budget cuts this is unlikely.

Hearing, Speech and Vision: HSV had the opportunity to apply for stimulus money to expand its CDC grant for improving follow-up of infants who do not pass their newborn hearing screen, to make sure that they receive appropriate assessment and intervention. We were successful in obtaining the \$150,000 per year for three year grant award.

Budget: There are no new changes to the 2010 budget from the last report. The 2011 budget request was just submitted. In addition, Governor Jindal has initiated a new process called “Outcomes Based Budgeting” for 2011 to help curb the \$2 billion shortfall expected by 2013. He has determined 9 priority areas for the state budget and has allocated a proportion of the state budget to each of them. Existing programs have to submit “offers” or budget requests indicating current activities, objectives, evidence for effectiveness, how the activity helps meet one of the 9 priorities, and funds needed for that activity. Emphasis is placed on devising new efficiencies and new innovative activities to replace less effective ones. Activities will then be reviewed by “Results Teams” that are buying agents for citizens that work with the budget office to rank the “offers”. Offers are then accepted according to the 9 priority areas until the budget for that area is exhausted. All remaining offers are rejected. By this method, the budget process is based on reaching desired outcomes rather than just continuing current activities. First budget requests are due in the governor’s office October 5. Departments will then get feedback and revise requests. Final requests will be due November 5.

All OPH programs submitted their first offers to OPH administration on September 29. CSHS feels confident that its newer initiatives based on increasing capacity of Medical Homes and expanding Care Coordination are evidence based and consistent with the administration’s goals. We hope the administration feels the same way!