

Children's Special Health Services

Report to the Developmental Disabilities Council

June 2009

Staffing: We were extremely fortunate to hire Michelle Duplantier as the new CSHS social worker for central office. Michelle comes to us from OCDD where she has had lots of experience with case management and working with various programs serving children with special healthcare needs (CSHCN). We are also in the process of filling the Family Resource Coordinator for birth defects. With that position filled we will have no vacancies.

2010 Budget Cuts: Our final cut for 2010 was all of our supplemental state funding, which was \$800,000 budgeted for 2009. We are left with our MCH Block Grant funding (53% federal and 47% match) and some Medicaid and insurance funding. Both of these sources have decreased because the number of patients in our clinics is decreasing as families with Medicaid move to the private sector. The net effect on our budget is a cut of over \$1 million, which has to come from our central office budget, which is 47% of the total CSHS budget. This amounts to about a 20% cut in our central office budget. As a result, we will be monitoring contracts carefully and may need to slow the expansion of our birth defects monitoring network (LBDMN) and care coordination program for medical homes. We will be cancelling clinics with few patients in them and cancelling the MD honorariums that supported them.

CSHS Program Activities: Care coordination in CSHS clinics continues in regions I (Orleans) and VI (Alexandria), and plans are being made to train staff in region IV. In addition, CSHS has a spina bifida clinic in region VIII (Monroe) with a simultaneous general pediatric clinic. There are few pediatricians that take Medicaid in the region, so CSHS provides care coordination and pediatric care for children with complex medical problems that do not have a Medical Home. This pediatrician is retiring, and we hope to hire a new pediatrician for the clinic and begin our new care coordination program with this population.

CSHS continues to ensure that all LSU and Tulane Pediatric and Med-Peds Residents are trained in the Medical Home by providing a monthly lecture to residents rotating through their developmental pediatric rotation. Residents are also required to prepare a "Medical Home Case Presentation" of a CSHCN that they have worked with during the month. They are required to identify appropriate public health and community resources for the child and create a care coordination plan for the child that encompasses their medical, social, and educational needs. The case is presented to development rotation faculty, the clinic care coordinator (funded by CSHS) and early interventionist (funded by CSHS) at the end of the month for discussion.

CSHS has been invited to participate in the "DSS Data Integration Project" to create a Master Patient Database of CSHCN that are served by various programs in different agencies (DHH and DSS). When a child is receiving Care Coordination Services, staff will be able to check the database to see what other programs the child is enrolled in and what programs he might be eligible for. This will assist with inter-

agency collaboration, which is the focus of our 2010 Needs Assessment which is required by the MCH Block Grant to assist with planning for the next 5 years.

The Title V Block Grant is due in July each year, with a review in August. CSHS staff just completed the grant for 2010. We will begin our five year Needs Assessment in July 2009. We have contracted with Policy and Research Group to assist with this process. The Needs Assessment is due in July of 2010.

Louisiana Birth Defects Monitoring Network (LBDMN): This program has continued to grow steadily over the past two years, and now covers 75% of births in Louisiana. While this program was mandated to be statewide in 2001, expansion has been limited by lack of funding. The program is now entirely funded by the MCH Block Grant. The program requires an epidemiologist and two additional data collection specialists to cover 100% of births, in addition to filling the Family Service Coordinator position. With adequate funding, the program could be statewide by the end of 2010.

Hearing, Speech and Vision: Federal stimulus money is being used for one time grants of \$150,000 per year for three years to improve follow-up of infants who do not pass their newborn hearing screens. The grant announcement was just released two weeks ago and was due June 22. We were able to meet the deadline. There are 47 grants available to the states and 56 eligible recipients, so there is a very good chance that applicants will receive a grant.

In Louisiana over 97% of infants are screened for hearing loss at birth because of this program. Of infants who do not pass their hearing screen, approximately 36% were lost to follow up in 2007. This is low compared to the national average of 50%.