

June 16, 2014

Office of Public Health Report to the DD Council

Children's Special Health Services: CSHS participated in AMCHP's Action Learning Collaborative on transitioning Children and Youth with Special Health Care Needs (CYSHCN) into Managed Care Organizations (MCOs). Louisiana's team consisted of Jay Collinsworth (past La AAP President), Stewart Gordon (Bayou Health – Medical Director for CHS), Julie Johnston (parent of a youth with spina bifida and Program Manager, LBDMN), Angela Marshall (Medicaid) and Sue Berry (La Title V CYSHCN Director). Six other states participated as well. The ALC was an intense evening plus one full day of presentations, panels, and team meetings. The team was asked to develop a plan with 4 strategies to improve care of CYSHCN in MCOs, and steps to achieve them. Our strategies were: 1. improve family involvement in policy decisions by including parents on Bayou Health regional committees and the Bayou Health Quality Committee, 2. improve identification of CYSHCN across plans using consistent criteria such as a simple screener (used nationally for care coordination), 3. require that plans authorize the same medications a child is on for up to a year after the child has joined the plan to decrease denials for needed medications (or, require one formulary for all plans), and 4. have CSHS meet with the Bayou Health Plans to discuss the importance of care coordination in the pediatric medical home for CYSHCN and to offer its expertise for practices that want to implement CC. CSHS has implemented CC in 15 teaching practices and 3 private practices, and could assist other practices or provide materials and trainings if requested. All of these strategies involve collaboration with Medicaid. Progress in these initiatives will be reported.

The **Family Resource Center** at Children's Hospital has continued to expand its contacts with families coming to Children's Hospital to link them with local resources, no matter where they live in Louisiana. They are planning a third Habilitation Conference for Children's Hospital staff on Transition on July 10. This one will feature Families Helping Families of Jefferson Parish. The conference will feature a day in the life of FHF with phone callers with different needs. The Director will answer the calls illustrating the various ways FHF can help families. The previous Habilitation Conferences were both well attended and received excellent ratings.

The **CSHS Transportation Assistance Program** provided travel stipends for medical appointments to 19 families in Region 4,5,6,7, and 8. Stipends totaled \$2,139 for the last quarter of the fiscal year. CSHS will increase this contract with FHF to \$50,000 for FY 2015 to meet demand.

CSHS is working with the LSU Human Development Center, our Louisiana University Center for Excellence in Developmental Disabilities to produce **8 webinars** funded by

the DD Council for primary care physicians, nurses and social workers on caring for CYSHCN in the medical home. Four of these topics are being used for “**Lunch and Learns**” for medical homes. All should be released this summer, offering CME to participating professionals and hopefully helping practices to become more Patient Centered Medical Homes for CYSHCN.

Resource Information Workshops hosted by FHF to inform agency staff about other programs that service CYSHCN will rap up in June. 81 Workshops were held over the past 3 years; 3 per region per year. One per region per year will be continued by CSHS Parent Consultants so that agency staff continue to be informed of changes in each other’s programs.

Updated Resource Quick Reference Sheets were provided to 540 providers to assist with care coordination in pediatric practices. Recipients included FQHCs, NCQA certified MHs, MD Needs Assessment survey respondents, orthopedists, neurologists, school nurses, and School Linkage Committee members.

Louisiana’s Early Hearing Detection and Intervention (LA EHDI) program of Hearing, Speech & Vision is in the final stage of development of a new web based database. The program is working with DB Sysgraph, the system developer to make sure all problems or “bugs” have been corrected prior to system launch, tentatively scheduled for 7/1/14. The new system will enhance the capacity of the current LA EHDI-IS to collect screening, diagnostic and early intervention data in order to ensure that children and their families receive quality services, to assess Louisiana's progress toward meeting EHDI objectives and goals, and to ensure the validity of reportable information. Private providers, including pediatricians, family practice physicians and audiologists will also receive controlled access to their patient records thorough a closely monitored HIPPA compliant screening process.

Louisiana Birth Defects Monitoring Network is entering its 5th and final year of its CDC grant, which has permitted the program to reach statewide surveillance. The final three birthing hospitals in Region 6 are in the process of coming on board and revisions to the LEERS integration with vital records is still waiting for IT approval. This surveillance was an unfunded mandate in 2001 and is just now approaching statewide surveillance with CDC funding. The program is also improving its surveillance of children with conditions that were not diagnosed at birth but recognized in the first three years of life. Data is used to identify clusters of conditions that may have environmental etiologies and to compare Louisiana rates to national rates to better target preventive strategies, and to provide resource support to parents of infants identified in the system.

The Lead Program is establishing a linkage between WIC and blood testing for lead. This will be piloted in New Orleans WIC clinics where lead levels are the highest. Children coming for WIC visits will be tested for lead when their hemoglobin is checked, so that no additional finger sticks should be needed. Testing is routinely done at 1 and 2 years of age.

OPH and Early Steps:

1. **CSHS and Early Steps** have a **common application** so that children who enroll in either program can be referred to the other. CSHS parent liaisons and social workers refer any child needing early intervention to their closest SPOE.

What could be done: If Early Steps Community Outreach Specialists need more information CSHS clinics, CSHS can provide brochures and physician guides to simplify the process. However, this does seem to be working well.

2. **Genetics and Early Steps:** Children born with metabolic diseases frequently have developmental delays. Improved coordination between genetics and CSHS clinics and Early Steps could increase referrals to Early Steps Early Intervention services.

What could be done: CSHS Parent Liaisons could attend Genetics Regional Clinics to ensure these referrals are made. CSHS is looking into the feasibility of doing this. This can be done within the agency.

3. **LBDMN and Early Steps:** Families of children identified in the LBDMN will receive a letter referring them to specific, appropriate public health services when the new software is in place. Families already have access to resource booklets given to birthing hospitals which explaining how to access various services, including Early Steps, in their area of the state.

4. **Newborn Hearing Screening and Early Steps:** Every child identified with any degree of unilateral or bilateral hearing loss is referred to the LA School for the Deaf Parent-Pupil Education Program (PPEP) immediately when LA Early Hearing Detection and Intervention (EHDI) Program receives documentation of a confirmed hearing loss. PPEP is the system point of entry into intervention for Deaf and Hard of Hearing children. An outreach teacher from PPEP meets with the family to discuss/explain the child's hearing loss, and makes the referral to Early Steps within 2 weeks. Any child with a 25db loss (mild) or greater in either one or both ears qualifies for Early Steps under medical diagnosis.

Current LA EHDI activities involve obtaining a Release of Information to acquire a copy of developmental assessments and Individualized Family Service Plans (IFSP) from Early Steps for children with hearing loss. Over the next 3 years LA EHDI will be working on the development of an MOU between LA EHDI, PPEP and Early Steps to define timelines and reporting responsibilities, and to improve coordination and data sharing between programs.