

**Office of Public Health Report to the DD Council
March 2016**

OPH Administrative Changes: The Office of Public Health continues to undergo administrative changes. Dr. Rebecca Gee remains the Secretary of Health, assisted by Michelle Alletto, her Deputy Secretary. Dr. Holcombe, Medical Director for Region 6, was named Assistant Secretary by the transition team, which he held for 39 days, when he stepped down and was replaced by Beth Scalco as Interim Assistant Secretary. Beth had been Deputy Assistant Secretary until her recent interim detailed position. Dr. Myra Lowe, former Chief Financial Officer for OPH and then Executive Management Officer, was detailed to the Interim Deputy Assistant Secretary position.

Amy Zapata, Program Manager 3 over the Bureau of Family Health (BFH) was detailed into a Program Manager 4 Center Director position. The Title V CYSHCN Programs were moved under her.

This reorganization at this point is temporary, pending the selection of a permanent Assistant Secretary for OPH.

Title V Activities: BFH and the CYSHCN Programs are further refining objectives and strategies for the next five years, which will be submitted in July. A brief overview of those National Performance Measures and their objectives and strategies will be presented to the DD Council for your input during the council meeting. Please review the attached document so that you are prepared to complete the survey and offer any discussion during the council meeting.

Children's Special Health Services:

- **Developmental Screening:** A new Performance Measure for the Title V Block Grant for the next 5 year cycle is to improve developmental screening in Louisiana. On January 25, the Title V Developmental Screening Workgroup finalized a packet of recommended expanded developmental screening tools for Louisiana. The workgroup is a subgroup of the Young Child Wellness Collaborative which is an interagency collaborative that seeks to improve health outcomes for children from birth to five. The group includes representatives from the Tulane psychiatry department who specialize in early childhood, including Dr. Mary Margaret Gleason, a child psychiatrist, and myself, a developmental behavioral pediatrician from LSU, as well as representatives from Early Steps, OBH, and other DHH agencies.

The new expanded recommendations include screening tools for developmental milestones, social emotional problems, and environmental risk factors for young children. A schedule for using the screening tools during well child visits was also

approved. The group will now develop fact sheets and promotional materials targeted to primary care physicians to increase developmental screening rates.

Dr. Berry presented the new expanded recommendations to the ADHD Bayou Health Performance Improvement Project workgroup on March 17. It was well received and led to discussion about the importance of reimbursement for developmental screening between well child visits. Many physicians are ignoring parent concerns about their child's development, possibly because conducting a formal developmental screening between well child visits is not reimbursable by Medicaid. Delays in developmental screening lead to delays in early intervention, which is most effective early when the brain is still developing.

- **Medical Home—Care Coordination and Transition :**
 - **Bayou Health Plans** are required to identify CYSHCN at the practice level, and to provide care coordination. Dr. Berry presented highlights of the 2015 Needs Assessment and the CSHS Care Coordination Program to the Bayou Health ADHD Performance Improvement Project. Several Bayou Health Plans expressed interest in collaborating around care coordination in medical homes. Dr. Berry will meet with those plans to explore ways that CSHS training and tools can be used by interested plans.
 - The CSHS Care Coordinator Supervisor has completed all requirements for **NCQA PCMH content expert certification**. This will be helpful in assisting practices who are applying to become certified patient centered medical homes. She has continued to work with academic clinics that have implemented care coordination and will work with private practices/Bayou Health practices as requested. She continues to update regional resources and to update information for practices implementing care coordination.
 - The **webinars** developed in collaboration with the HDC and supported by the DD Council continue to be used for the pediatric development rotation. Physician CME for all 8 webinars and nurse and social work CE for Autism Spectrum Disorders and Navigating the School System is still pending.
 - The CSHS program is planning its next **Resource Information Workshop** for summer 2016 in Monroe, LA. These are open to agency staff and families who want to learn more about resources in their area.
- **The Family Resource Center (FRC) at Children's Hospital** served 291 clients with community-based resource information between December 2015 and February 2016. Steve Nguyen, youth liaison, continues to meet with youth admitted to the rehab unit to provide peer support and transition guidance.

- The Care Coordinator Supervisor and FRC staff held a **noon conference for residents and medical students on transition services** for youth on March 22. This will be followed by a **Transition Resource Fair** on May 24, which will provide lunch and information tables from 20 resources useful to transition age YSHCN.
- The next **FRC Advisory Board meeting** is April 5, 2016. Over half of its Advisory Board is parents of CYSHCN. FRC staff continue to provide family input to the CHNOLA Commission on Accreditation of Rehabilitation Facilities (CARF) Outcomes Committee.
- CSHS continues to provide needed **transportation assistance** to families of CYSHCN with out-of-region medical appointments. November 2015-January 2016 travel stipends were provided to **116 families** totaling **\$18,346**.
- 2016 Annual Conference for Maternal Child Health Programs (AMCHP) was cancelled due to a snow storm in Washington DC in February, and has been rescheduled to April 6-9. CSHS will present two sessions: a 3 hour skill building workshop on family involvement (joint with Title V Programs from Tennessee, Georgia, and Kansas), and a 1 hour workshop on Youth Health Transition (joint with Minnesota). The CSHS Care Coordinator Supervisor will present her website, "Smooth Moves" for YSHCN. Check it out at: **smoothmovesyht.org**

Louisiana Birth Defects Monitoring Network (LBDMN): This is Louisiana's birth defects surveillance program. Birth defects tracking provides data for identifying clusters and causes of birth defects in Louisiana, and for designing prevention campaigns.

LBDMN was not selected to receive a CDC grant for next four year cycle. We have applied for a no-cost extension through January 2017 for unspent funds totaling \$90,000. Thereafter, the requested \$250,000 per year will be picked by the preventive portion of the block grant and the remaining \$250,000 of our budget will continue to be funded by the CYSHCN portion of the block grant. Therefore planned activities will proceed through 2020 with federal funding.

The program continues to advance its database, with 53 of 56 birthing hospitals providing discharge records electronically and 17 providing remote access to medical records. Program data can now be shared between LBDMN, EHDI, Genetics, and EarlySteps, which will facilitate inclusion of children diagnosed after discharge from the birthing hospital.

The January **2016 National Birth Defects Prevention Month packet** was distributed to more than 300 partners and stakeholders in all Louisiana public health units, school-based health centers, federally qualified health centers, all CSHS contract providers, and student health centers of all universities and colleges. In addition, staff

participated in regional health fairs to distribute material on the individual level. The electronic version of the package was sent to peer support organizations for electronic distribution to their constituents through their social media networks.

The entire package can still be downloaded at

http://www.nbdpn.org/docs/2016BDPMpacket_FINAL.pdf. The theme was “Making Healthy Choices to Prevent Birth Defects – Make a PACT for Prevention.”

P – Plan ahead

A – Avoid harmful substances

C – Choose a healthy lifestyle

T – Talk to your doctor

The program provides **diagnosis and region-specific resource information for families** of infants identified by the surveillance system, with a computer generated letter. Mailings began at the end of January.

Genetics Program: Two new conditions may be added to the Louisiana newborn screening panel: Severe Combined Immunodeficiency (SCID) and adrenoleukodystrophy (ALD). These are recommended by the national Advisory Committee on Heritable Disorders in Newborns and Children. The program has a CDC grant to add SCID. Addition of a disorder requires changing the Newborn Screening Rule and pertinent legislation to include SCID and adding SCID to the Medicaid fee schedule. A bill has been proposed to add ALD to the newborn screening panel; the program is waiting to see if it is accepted. It is anticipated that SCID will be added in 2016 and ALD in 2017.

- The next Sickle Cell Commission meeting will be held on March 23, 2016 at 10 a.m.

Childhood Lead and Healthy Homes:

- The program held a “Chat and Chew” in Monroe, La (Region 8) in January to identify stakeholders in that region who could help spread information about lead poisoning prevention and increase testing rates. This activity was critical since East Carroll, West Carroll, Catahoula, and Tensas have the highest rates of lead poisoning in the state
- The program is working to establish lead testing in the City of New Orleans WIC clinics as it has in the state WIC clinics
- The next Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program Advisory Meeting will be held on March 29, 2016.
- New data indicates that lead levels in the soil in New Orleans have decreased since Katrina, and that blood levels in children show a similar decrease. This is good news, but it is important to realize that lead is still an issue throughout Louisiana and that every child should be tested at 1 year and 2 years of age!

Hearing, Speech and Vision:

On Jan. 25-27, LA EHDI hosted educational advocacy training to parents, deaf and hard of hearing (D/HH) persons and professionals working with children with hearing loss. Advocacy Support and Training program (ASTra) is an intensive educational training focusing specifically on D/HH educational advocacy that covers the fundamentals of special education law and advocacy strategies. ASTra training is provided with a commitment to unbiased support to families, regardless of language and communication approaches used by their children. The training was free to attendees, with 112 attending.

The LA EHDI team also sponsored a free statewide conference on Feb. 22-24 in New Orleans for educators, care coordinators, parents, audiologists, speech pathologists and other EarlySteps providers. There were 129 attendees. The featured speaker was Dr. Patti Martin, who is nationally known as an expert on improving access, independence and outcomes for children with hearing loss. The main topic of the conference was the Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention after Confirmation that a Child is Deaf or Hard of Hearing, which provides guidelines for EHDI programs on establishing strong early intervention (EI) systems with appropriate expertise to meet the needs of children who are D/HH. **EI services represent the goal of the entire EHDI process.** For the infant or young child who is D/HH to reach his or her full potential, carefully designed individualized intervention must be implemented promptly, utilizing service providers with optimal knowledge and skill levels and providing services on the basis of research, best practices and proven models.

The “rollout” of the new EHDI web based data system continues, with training of outside stakeholders and increasing use of the system by hospitals, physicians and other providers. Thus far, training on the system which was launched in Oct. 2014 has included a total of 151 providers, including EHDI staff, hospital screening staff, audiologists, newborn nursery supervisors, physicians and physician representatives, and support staff. The new web interface permits providers to enter audiology testing and intervention status into the EHDI data system, which is expected to greatly improve follow-up statistics for the program.