

## **November 25, 2014 Progress Notes**

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**The LA AAP wishes you a very Happy Thanksgiving. As a reminder, the office will be closed on Thursday (11/27) and Friday (11/28) in observance of the holiday.**

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### **Urgent Advocacy Needed- Child Care Regulation Recommendations**

#### **Contact BESE Members About Recommended Child Care Regulations**

The Board of Early and Secondary Education (BESE) is scheduled to vote on Child Care Licensing Regulations changes at their December 2, 2014 board meeting. The meeting is currently set for 12:30 pm in Baton Rouge. Everyone who is available is encouraged to attend as this is a public meeting and open to anyone who wants to be there.

Two of the critical recommendations from the Early Care and Education Advisory Council to the Department of Education were not adopted by the Department of Education to be sent to BESE for a vote. The LA AAP and other child advocacy groups feel very strongly that these elements, child to staff ratios and staff education, are of the utmost importance to creating a safe and healthy environment where children can develop and enter school ready to learn.

It is **CRITICAL** that BESE board members here from you. They are elected individuals and would hopefully respond to a call or email from their constituents. They have been flooded with letters from child care center owners stating that reducing the ratios would cost them too much money and they would have to close their doors. They need to hear from you, the healthcare professional, that not reducing the ratios put children at risk for increased infections, contagiousness, respiratory issues and safety issues such as falls and choking.

Below is a very informative chart created by the Policy Institute for Children to help you understand that status of the two most pressing issues, BESE board email addresses and sample text for an email or phone call.

**PLEASE TAKE A FEW MINUTES TO REACH OUT AND BE A VOICE FOR CHILDREN IN EARLY LEARNING AND CHILD CARE CENTERS!**

For a map of the districts and their phone numbers, go to: <http://www.policyinstitutela.org/#!/your-state-board/cqbo>

BESE's Early Care and Education Advisory Council				
Recommendations to BESE on Child Care Licensing Regulations				
Rec #	Chapter	Council Member Recommendation	ECCE Advisory Council Decision	LDOE Response
39	Section 1711 Child to Staff Minimum Ratios	<p>Section 1711.E:</p> <p>Over time reduce the 2-year-old Staff to child ratio from 1:11 to 1:8 by one child per year</p> <p>NOTE: The nationally recommended ratio of staff to child is 1:5, and in the proposed regulations Types II and III the ratios are 1:11, and 1:12 for Type I.</p>	<p>Recommendation passes.</p> <p>Opposition from five members.</p>	<p>Not accepted by LDOE.</p> <p>Ratio for 2 year olds will be reduced from 1 adult to 11 two year olds to 1:10, starting in July 2016 provided the Louisiana Child Care Assistance Program subsidy rate reaches the 75 percentile of the 2012 Louisiana Market Rate Survey rate* for weekday care for toddlers by December 1, 2015.</p> <p>NOTE: Current LA Child Care Assistance Program subsidy rate is set at the <i>10th percentile</i> of the 2012 LA Market Rate Survey*. (Source: Child Care and Development Fund Plan for LA for FFY 2014-15).</p> <p>DISCUSSION:</p> <ul style="list-style-type: none"> <li>• This is very unlikely to happen—that is, it is very unlikely that the state will be able to increase the</li> </ul>

				<p>funding per child from the current 10th percentile up to the 75th percentile* in one year.</p> <ul style="list-style-type: none"> <li>• Even if this does happen, the ratios will only drop by one. A ratio of staff to child of 1:10 is still DOUBLE the nationally recommended standard.</li> <li>• Louisiana is one of only four states with such extreme ratios.</li> <li>• The proposed Report Card by LDOE under Act 3 will grade programs entirely based on the quality teacher-child interactions.</li> <li>• It is nearly impossible to achieve high quality interactions with such high ratios, setting up child care to fail under the new system.</li> <li>• Worse, these ratios are setting children up to fail, as a child's most important brain development occurs from birth to age 3 and the research has shown that positive, high quality adult-child interactions are a critical component to successful child outcomes.</li> </ul>
46	Section 1721	1721.A Require that Continuing Education (CE) training must be conducted by a trainer approved by the Department and add a requirement for a trainer registry	<p>Recommendation passes</p> <p>Opposition from five members</p>	<p>Not accepted by LDOE.</p> <p>LDOE will provide discretion to centers in the same way discretion is provided to schools so long as training relates to specified topics. LDOE will publish guidance on topics and criteria for quality trainers.</p> <p>DISCUSSION:</p> <ul style="list-style-type: none"> <li>• Under the proposed regulations, child care teachers need not have even a high school degree and need NO FORMAL TRAINING before teaching.</li> <li>• The one requirement for formal training is 12 clock hours of CE a year.</li> </ul>

				<ul style="list-style-type: none"> <li>• Currently, trainers must be approved and on the state registry to provide this CE.</li> <li>• Given the current state of the workforce of child care teachers it is imperative for children that these trainings are conducted by qualified professionals in the subject area being taught.</li> <li>• The proposed regulations <b>WOULD MOVE OUR STATE BACKWARDS</b> on this critical issue.</li> </ul>
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\*Under federal law, states must conduct a Child Care Market Rate Survey to document what is being charged for tuitions by child care centers statewide. The state must then report how its subsidy rates compare to what is actually being charged. LA has set its subsidy rate at the 10th percentile—i.e. what LA pays in subsidies only covers tuition at 10% of the centers in state (and even then, the state only pays at most 80% of this rate, with the low-income parent making up the difference as a co-pay).

**Contacts:**

John White  
 Superintendent  
 Louisiana Department of Education  
[John.White@la.gov](mailto:John.White@la.gov)

**BESE members:**

- [James.Garvey@la.gov](mailto:James.Garvey@la.gov)      [Kira.OrangeJones@la.gov](mailto:Kira.OrangeJones@la.gov)      [Lottie.Beebe@la.gov](mailto:Lottie.Beebe@la.gov)      [Walter.Lee@la.gov](mailto:Walter.Lee@la.gov)
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- [Jane.Smith.BESE@la.gov](mailto:Jane.Smith.BESE@la.gov)

[Click here](#) for a policy brief from the Policy Institute for Children on staff ratios

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**Sample Text:**

Dear

As a pediatrician in Louisiana, I support your efforts in the implementation of Act 3. I understand the significance that the new Child Care Regulations play in ensuring that the children within these centers are healthy and safe and given the tools they need to enter kindergarten prepared to learn.

To provide the healthiest and safest environment for Louisiana's children in child care centers, I urge you to adopt the following changes to the proposed child care regulations:

## **1) Lower the Staff:Child Ratios for Two Year Olds from 1:11 to 1:8 and for Infants from 1:5 to 1:4**

Staff-to-child ratios and group sizes can have a significant effect on child outcomes, especially for young children. Yet, the ratios for each age group under the current and proposed regulations are substantially higher than the national recommendations. For two year olds it is the most egregious, with current and proposed licensing regulations **allowing more than double the number of children per staff member** than is nationally recommended.

The Advisory Council to BESE on Early Care and Education has urged that the ratios for two year olds be reduced to 1:8 by dropping the ratios one child per year. We strongly endorse this recommendation.

## **2) Restore Requirement that Continuing Education (CE) training must have prior approval by the Department and add a requirement for trainer approval and a trainer registry**

Teachers must have access to training that has been reviewed for quality and to trainers who have demonstrated their own competence in the content that they teach. By contrast to national standards and best practice, Louisiana's current and proposed child care regulations allow for child care teacher to be 18 years old without a high school degree and no background education or training at all before entering the classroom. The proposed regulations do require 12 hours of annual continuing education, but provide absolutely no quality control on the trainer or the training. Maintaining a registry of approved trainers and trainings would make it possible to share training resources with the early learning providers and directors who need access to them.

The Advisory Council to BESE on Early Care and Education has recommended that the requirement be added that all trainers be approved by the department and a trainer registry be maintained. We strongly endorse this recommendation.

**- your name, credentials and contact information**

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### **Department Presents Streamlined Early Childhood Licensing Regulations Months of Expert and Community Feedback Sustains Focus on Child Health and Safety Released 11/20/2014**

BATON ROUGE, La. - The Louisiana Department of Education today proposed to the Board of Elementary and Secondary Education (BESE) new early childhood licensing rules for child care and Head Start centers that streamline older regulations while preserving strong requirements around child health and safety. The new, proposed regulations allow educators more time to focus on child development and learning. They were developed after months of public discussion involving early childhood experts - including many child care and Head Start leaders, stakeholders and community members.

"It is critical that we prepare our children for the classroom as early as possible, and that means ensuring our children enter kindergarten ready to learn," said State Superintendent John White. "The proposed regulations also ensure that our preschool children are cared for and taught by qualified, competent, and trustworthy individuals while maintaining health and safety requirements."

Highlights of the changes in the proposed licensing regulations presented to BESE include:

- **Increased Safety Standards:** To better protect children, the state will require all new employees and volunteers complete a more intensive, fingerprint-based criminal background check; staff at every center will be trained in pediatric first aid and medication administration; and, adults are present when children are participating in water activities.

- **Family Friendly Policies:** Families will be supported through the requirement that all centers post their licenses; the posting of daily schedules reflecting physical activity, rest time, and learning activities; and, flexibility to bring in food or ask for adjustments to best meet the dietary needs of their children.

- **Flexibility to Implement More Efficient and Effective Operations:** Early learning centers directors and staff will be able to reduce paperwork and have more flexibility to choose professional development for their staff. Directors will no longer have to get state approval for the 12 training hours required annually for all staff. Instead, they will choose from a set of relevant topics and pick the trainer or professional development program best meeting the needs of their staff.

Act 3 of the 2012 Legislative Session calls for a unified system of early childhood education and care to ensure all children enter kindergarten ready to learn. In 2012, BESE approved a multi-year plan for implementation. At the state level, this plan involved the consolidation of early childhood oversight functions under one state board, BESE, and under one state agency, the Department of Education. This will allow for consistent, streamlined regulation and consistent accountability for results across child care, Head Start, and pre-kindergarten.

The Department announced the first cohort of pilot communities for the Early Childhood Care and Education Network in April 2013. A second cohort was announced in February 2014. A third cohort, consisting of applications from all remaining school districts not in the first two cohorts, will be announced in January 2015. All three cohorts will work to unify enrollment and access for families, implement common standards with shared measurement, and ensure equal access to professional development for teachers in all program types to improve the lives of Louisiana's youngest learners.

"The Child Care Association of Louisiana (CCAL) is excited about the Department of Education's revised regulations that will continue to ensure the health, safety and welfare of our children in the state of Louisiana," said Alan Young, Child Care Association of Louisiana. "It is through these new regulations and the implementation of Act 3 that we will ensure our preschool children will enter school ready to learn. CCAL is looking forward to this bold and courageous partnership with the Department of Education and our collaborative effort to provide every child the highest quality early childhood education."

For more than a year, the Department has worked closely with experts, child care and Head Start leaders and other stakeholders on the licensing regulations. Staff participated in a stakeholder workgroup, created a new email address to receive feedback, conducted multiple webinars and collaborated with pilots to host in-person sessions around the state. Following these efforts, the Department presented a draft set of licensing regulations to the new Early Childhood Care and Education Advisory Council, which was formed in October. This council advises BESE and the Department in implementing the landmark unification of the state's early childhood systems. In early November, the Council spent hours reviewing the draft and provided 60 recommendations. Nearly all of these recommendations were included by the Department in the regulations that will be presented to BESE. The next meeting of the Advisory Council will be held on December 8 at 10 a.m. in the Claiborne Building in Baton Rouge.

"Combining stakeholders from different early care and childhood entities who share a common goal of ensuring the safety of all young children in Louisiana has been beneficial to the development of the proposed licensing regulations," said Contessia Brooks, Director of the West Feliciana Parish Family Service Center Early Head Start - Head Start Program.

"The Archdiocese of New Orleans is pleased to be working with the Department of Education to unify the early childhood system and provide quality child care to young children throughout the state of Louisiana," said Dr. Jan Lancaster, Superintendent of Catholic schools.

To read the proposed licensing regulations being presented to BESE, please [click here](#).

To read the recommendations from the Early Childhood Advisory Council, please [click here](#).

To view a presentation on the Early Childhood Policy Blueprint please [click here](#).

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## **Immunization Program - Communicating About Vaccines**

**Source: Ruben A Tapia, MPH, Director Louisiana Department of Health and Hospitals  
Immunization Program**

I want to alert you of a new section within the LINKS – Document Center entitled “Communicating About Vaccines”. There you will find the latest Immunization Action Coalition - “Top Ten Reasons To Protect Your Child By Vaccinating” also included is the Spanish version of this great informational sheet. Added to this section are some related topics that previously were found in the “General Documentation”.

Please share this information with others that may be interested. Thanks and Happy Thanksgiving!

Contact information:

Ruben A Tapia, MPH, Director  
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Immunization Program  
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Telephone (504) 838-5300  
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E-mail [Ruben.Tapia@la.gov](mailto:Ruben.Tapia@la.gov)

Visit our registry at:

<https://linkweb.oph.dhh.louisiana.gov/linkweb/main.jsp>

Visit our outreach website at: [www.shotsfortots.com](http://www.shotsfortots.com)

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## **AAP Press Statement on President Obama's Executive Action on Immigration Reform**

**By: James M. Perrin, MD, FAAP, President, American Academy of Pediatrics**

“President Obama’s executive action unveiled tonight includes needed, new commitments to protect immigrant children, youth and families. The nation’s pediatricians support the President’s plan to help keep millions of immigrant families together by delaying deportations for undocumented immigrants whose children are U.S. citizens or meet other residency requirements, and by expanding the existing *Deferred Action on Childhood Arrivals* policy to allow additional undocumented immigrants who came to this country as children to remain in the United States.

“Far too many children in this country live in constant fear that their parents will be taken into custody or deported, and this prolonged anguish takes a toll on their health. Children who experience at least one parent being deported can develop toxic stress, which manifests in serious mental, physical and emotional health problems that persist across the lifespan, from sleeping and eating disturbances to anxiety and depression. Forced separations due to immigration enforcement affect much more than the family’s health, and can lead to loss of income, poor school performance, unstable housing and food insecurity.

“We can and must do better for immigrant children and youth, who did not choose where they or their parents were born or how they came to this country. The mission of the American Academy of Pediatrics is to protect the health and well-being of all children, and pediatricians hold our elected leaders to this same standard.

“Adequately protecting our nation’s immigrant children and families will require additional steps beyond tonight’s executive action, which does not address the surge in unaccompanied children crossing the southwestern U.S. border, many of whom are victims of violence.

“All children, no matter where they or their parents were born, should be able to pursue a high-quality education, remain united with their families, and access health care services. Pediatricians welcome President Obama’s commitment tonight as an important step forward and urge its swift implementation.

“Children are not a political problem; they are a national treasure. It is time for Washington to set politics aside and craft public policy that gives children and their families our full compassion, attention and care.”

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## **Provider notice on Negative Third Party Liability (TPL) Amounts**

***Source: J. Ruth Kennedy, Medicaid Director***

The purpose of this memo is to advise you that effective December 9, 2014, the processing of Third Party Liability (TPL) claims that are submitted with a negative TPL dollar amount will be revised.

Pharmacy claims with a negative TPL amount will deny at Point of Sale (POS) with:

**NCPDP reject code DV (Missing/Invalid Other Payer Amount Paid) mapped to EOB code 315 (Negative TPL amount not allowed)**

There are no overrides available for this reject code.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980 or refer to [www.lamedicaid.com](http://www.lamedicaid.com).

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## **DHH Announces Plans to Integrate Behavioral Health Services into Medicaid Managed Care Plans**

*Currently provided through the Louisiana Behavioral Health Partnership, specialized behavioral health services will be incorporated into Bayou Health by 2016*

Wednesday, November 19, 2014 | Contact: Olivia Watkins; (225) 610-8660, [olivia.w@la.gov](mailto:olivia.w@la.gov)

Baton Rouge, La. -The Louisiana Department of Health and Hospitals (DHH) announced today that it will integrate specialized behavioral health services into the benefits coordinated by Bayou Health plans for more than 920,000 Medicaid recipients. Currently, these services are provided separately in a program called the Louisiana Behavioral Health Partnership (LBHP). The Department will work with the five managed care organizations contracted to provide care to Louisiana’s Medicaid recipients, as well as providers, recipients and stakeholders on the transition set for implementation on Dec. 1, 2015.

"I am so proud of the work that the Department has done over the last three years to better serve individuals with behavioral health needs in Louisiana," said DHH Secretary Kathy H. Kliebert. "It is important that we build upon those improvements and look ahead to the future of how care should be provided. One of our primary goals with Bayou Health is to create better coordination of care and we've long known that integrating behavioral health services with other acute care services was the right direction for our recipients.

"Our Bayou Health plans clearly have the national experience and local track record to build upon the successes of the LBHP and will continue to expand the provider network," said Medicaid Director Ruth Kennedy. "Health care providers and policy makers know that behavioral health needs have a tremendous impact on overall health outcomes and costs. Integrating responsibility for coordinating these services into one entity allows us to better manage an individual's care to promote improvements to both."

The Louisiana Behavioral Health Partnership was designed to better coordinate care provided to individuals in need of behavioral health services. Often mental health needs and addictive disorder needs are co-occurring, meaning individuals with one need also often have the other. Before the creation of the LBHP more than three years ago, fewer doctors, inpatient facilities and service providers were available to Louisiana residents whose services are reimbursed through Medicaid. The LBHP expanded access to providers by more than double - from 800, to 1,700 providers. There has also been an 87 percent increase in available inpatient beds since the LBHP was implemented.

"Integrating behavioral health care into the acute medical care for Medicaid recipients is the best way for us to serve Louisiana residents. We have to care for the individual as a whole person rather than compartmentalizing types of services by the provider type," said DHH Office of Behavioral Health Assistant Secretary Dr. Rochelle Head-Dunham said. "With careful planning and by working closely with our providers and advocacy organizations, I believe that coordinating care for primary, acute and behavioral health care needs of our residents will help us improve outcomes."

Rather than accept a bid for a new three year LBHP contract that would have begun March 1, 2015, DHH is fully integrating behavioral health services into Bayou Health effective Dec. 1, 2015. DHH is negotiating a shorter-term contract with the one entity that responded to the recent request for proposals (RFP), the current incumbent Magellan of Louisiana. That contract is expected to last for nine months while the transition occurs.

Over the next few weeks, the Department will name an advisory group of key stakeholders, including partner state agencies, local governing entities, providers, advocates and others to provide ongoing guidance and feedback as specific contract language for the addition of behavioral health services to Bayou Health is developed.

"It is important to me that we take our time to make sure this is a smooth transition for both members and providers with no interruption in care," said Kliebert. "With one full year before the integration is set to occur, we have time to seek and incorporate feedback from our own stakeholders in Louisiana as well as national best practices."

The LBHP is also responsible for coordinating behavioral health services for certain non-Medicaid populations. Between now and Dec. 1, 2015, the Department will work with input of the advisory group and other stakeholders to develop a smaller scope management arrangement for these services, which may result in a new RFP and contract. In addition to moving LBHP participants into Bayou Health, the state is planning the implementation of managed care for individuals with age-related or developmental disabilities through a system of managed long-term supports and services (MLTSS). Those individuals who will receive supports and service through the planned MLTSS will also receive their behavioral health care needs through that network of managed care providers and coordinators.

Other new services and provider types available since the implementation of the LBHP, include:

- Psychiatric residential treatment facilities, including 128 beds with 60 additional scheduled to open in the coming months;
- Therapeutic group homes;
- 250 new crisis intervention providers;
- 29 providers of independent living skills;
- Addiction disorder services, including all levels of residential care, counseling and intensive outpatient;
- New outpatient therapy provider types such as family counselors and other licensed mental health professionals;
- Evidence-based programs for youth such as functional family therapy and homebuilders;

- Behavioral health services provided by schools and school systems;
- Wraparound services for youth at risk of out-of-home placement in the Coordinated System of Care (CSoC);
- Family support for youth in the CsoC; and
- Youth support for youth in the CsoC.

The Louisiana Department of Health and Hospitals strives to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state citizens. To learn more about DHH, visit [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov). For up-to-date health information, news and emergency updates, follow DHH's Twitter account and Facebook.

## **Community Access to Child Health (CATCH™) Grant Opportunity**

Call for Proposals-Submissions due January 30, 2015

The CATCH Program is seeking grant applications for innovative community-based projects to improve access to health services for children who are most likely to experience barriers. Eligible initiatives reach out to the community at large. Chapter officers are eligible to apply.

Up to \$10,000 will be awarded to pediatricians and fellowship trainees and \$2,000 to pediatric residents to work collaboratively with local community partners to ensure that all children have access to medical homes or access to specific health services not otherwise available.

Applications available November 3 for Planning Grants, Implementation Grants, and Resident Grants. Learn more at <http://www2.aap.org/catch/funding.htm>.

Examples of Recent Topics

Bullying Prevention  
 Children of Incarcerated Parents Health  
 Continuity of Care for Youth in the Juvenile Justice System  
 Gun Violence  
 Immunizations  
 LGBTQ Youth  
 Military Children's Health  
 Refugee/Immigrant Health  
 Teenage Pregnancy & Parenting  
 Youth in Group Homes Health

To see what others are doing with their CATCH grants, visit the Community Pediatrics grants database at <http://www2.aap.org/commpeds/grantsdatabase>. You can search by several categories, including health topic and AAP grant program.



### **SUIDA Recipe: MVP Parfait**

What better way to end a football party or tailgating event with a nutrient rich dessert.

Make in one large serving dish or pre-portion in individual containers. Either way, serve up nine essential vitamins and minerals with this MVP Parfait.

**Ingredients:**

4 cups 1% lowfat milk  
2 packages (4 serving size) vanilla regular pudding  
1 cup of 1-inch lowfat brownie pieces (using fat free or lowfat brownie mix)  
2 cups sliced strawberries  
1 cup blueberries

**Directions:**

Add milk to pudding mix and prepare according to directions on box (instant pudding may be substituted). Place half of the brownie pieces on the bottom of a medium glass bowl and layer with half of the vanilla pudding, 1 cup of strawberries and 1/2 cup of blueberries. Repeat layers with remainder of ingredients. Serve immediately or cover and refrigerate.

Note: If fresh berries are unavailable, you can substitute frozen berries, thawed.

**Nutrition Information:**

Calories: 293  
Total Fat: 9 g  
Saturated Fat: 2 g  
Cholesterol: 8 mg  
Sodium: 304 mg  
Calcium: 20% Daily Value  
Protein: 9 g  
Carbohydrates: 49 g  
Dietary Fiber: 3 g

For more information and recipes visit [www.southeastdairy.org](http://www.southeastdairy.org)

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## Upcoming Events

### **The Louisiana Department of Health and Hospitals is excited to host an ADHD Symposium**

*Tuesday, December 9, 2014  
Bienville Building  
628 N. 4th Street  
Baton Rouge, Louisiana 70802*

We welcome leaders and champions from areas of medicine, behavioral health, health plan management, education, family members, advocates, and government to learn more about ADHD medication rates for youth in Louisiana and the U.S., best practices surrounding proper utilization of ADHD medications, and begin the discussion of solutions on how to best serve Louisiana youth.

There is *NO COST* to attend. Website for registration and further information can be found at <http://www.dhh.la.gov/index.cfm/subhome/39>

As you may know, recent data has informed us that Louisiana ranks among the top 3 states in our percentage of youth diagnosed with ADHD, and we are number 1 in our level of prescribing ADHD-related medications for children. This information has provided cause for concern within our healthcare system, within our legislators, and among our citizens. It raises important questions: are we correctly identifying youth with ADHD? And, are we relying too much on medication for Louisiana's children, while neglecting alternative treatments and approaches to help our children manage their behavior and focus their attention? In response to these concerns, DHH has

convened an ADHD Taskforce to think critically and creatively about ADHD diagnosis and treatment, and begin exploring both barriers and opportunities. We know that effectively helping our youth with their attention will require partners from all corners, from the doctor's office to the offices of the HMO, and from the home to the classroom. In that spirit, we would like to invite you to partner with us.

We will be kicking off these efforts at a symposium scheduled for December 9th in Baton Rouge; we invite you to join us then. We are seeking to bring together leaders in the medical field, in healthplan management, in behavioral and public health, and in education, family members, and political leaders. At this symposium we will offer the latest data on trends in ADHD diagnosis and treatment in Louisiana and in the nation, as well as nationwide trends and promising initiatives across multiple systems including prescriber's networks, healthplans, mental health and supportive services for children and families, and education. We need leaders from all of these sectors to join us and shape the discussion.

For more information please contact Heather Taylor at [Heather.Taylor@LA.GOV](mailto:Heather.Taylor@LA.GOV)

### **Tulane Saturday Pediatric Series**

*Hot Topics in Pediatric Pulmonary and Infectious Diseases*  
December 13, 2014

Registration 9:00 am – 10:00 am

Conference 10:00 am - 1:30 pm



#### **Presented by**

Tulane University School of Medicine Department of Pediatrics  
and the Center for Continuing Education  
Tulane University Health Sciences Center

#### **Location**

Ralph's on the Park  
900 City Park Avenue  
New Orleans, LA

#### **Topics will include:**

Update on Ebola and Influenza Viruses  
The New Synagis Guidelines  
Pneumonia Diagnosis and Treatment  
Effects of Tobacco Smoke and e-Cigarettes on Children

This activity has been approved for *AMA PRA Category 1 Credit™*.

Registration Fee is \$35  
Online registration is open at <http://tulane.edu/cce/>

**LAPEN'S 8th Annual Summit for Parenting Educators  
Adverse Childhood Experiences: Parenting Education is Key**



Wednesday, January 21, 2015, West Baton Rouge Conference Center in Port Allen, LA

9:00am - 3:30pm

A full day of presentations, networking, exhibits, and more!

Register now! Early bird rates end 12/31/14

**Speakers:**

***Dr. Robert Anda, co-Principal Investigator with the ACE Study***

Dr. Anda has conducted research in a variety of areas including disease surveillance, behavioral health, mental health and disease, cardiovascular disease, and childhood determinants of health. After spending 20 years as a research medical officer in the U.S. Public Health Service, he is now a Senior Scientific Consultant to the Centers for Disease Control and Prevention (CDC) in Atlanta. He played the principal role in the design of the Adverse Childhood Experiences (ACE) Study and serves as its Co-Principal Investigator. Findings from the ACE Study have been presented at Congressional Briefings and numerous conferences around the world. The ACE Study is being replicated in numerous countries by the World Health Organization (WHO) and is now being used to assess the childhood origins of health and social problems in more than 18 U.S. states.

***Dr. Stewart Gordon, Community Health Solutions Louisiana***

Dr. Stewart Gordon joined CHS-LA in January 2012 as Chief Medical Officer. Prior to joining CHS-LA, Dr. Gordon was a practicing pediatrician for eighteen years at Earl K. Long (EKL) Medical Center. His pediatric practice was largely focused on providing services to the Medicaid and uninsured population. He was involved in medical student and pediatric resident education throughout his tenure at EKL. Dr. Gordon's areas of interest include early brain development / early childhood, child advocacy / children's public policy, juvenile justice reform, prevention of child abuse and neglect and prevention and treatment of childhood obesity.

Register: <http://lapensummit2015.eventbrite.com>

**Registration RATES:**

\$40 through December 31, 2014

\$50 After January 1st, Registration Closes January 15th

Registration includes lunch!

Continuing education credit applications are in progress.

To view the flyer, [click here](#)

Questions? Call Lenell Young 225-218-5657 or [lapen@selahec.org](mailto:lapen@selahec.org)