

**CHILD HEALTH AND FAMILY LIFE INSTITUTE
ANNUAL REPORT
1 July 13- 30 June 2014**

Prepared By

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
DEPARTMENT OF PEDIATRICS
AND
ARKANSAS CHILDREN'S HOSPITAL**

CHILD HEALTH AND FAMILY LIFE INSTITUTE
ANNUAL REPORT
1 July 2013 – 30 June 2014

TABLE OF CONTENTS

	PAGE
Mission Statement/Executive Summary	3
Summary of Financial	4
<u>SUMMARY OF SERVICES</u>	
OUTREACH	5
Cardiology Clinics	
Developmental Pediatric Clinic	
Endocrinology Clinics	
Hematology/Oncology Clinics	
Neurology Clinics	
Physical Medicine and Rehabilitation Clinics	
Genetics Clinics	
Allergy and Asthma Outreach	
Arkansas Children's Directory of Organizations and Resources	
Community Physician Liaison Services	
Neonatal Pediatric Transport	
Kids First	
COMMUNITY PEDIATRICS	12
Outplacement Physician Service	
School Nurse Training	
School Medicaid Billing Service	
"Our House" Shelter Clinic	
CHILDREN AT RISK (CHILD ABUSE)	14
Family Treatment Program	
Arkansas Children's House	
Adolescent Sexual Abuse Perpetrator Treatment Program (ASAP)	
Psychological Assessment, Crisis Intervention, and Treatment	
PSYCHOLOGY	23
Parenting Research and Education Program (PREP)	
Prison Pre-Release Parenting Classes	
Attention Deficit-Hyperactivity Disorder Teacher Inservice Training	
Educational Assessment Model Development	
DEVELOPMENTAL PEDIATRICS/PHYSICAL MEDICINE REHABILITATION	26
Developmental Disabilities Clinic	
Developmental Medical Clinics	
Physical Medicine and Rehabilitation Services	
University Centers for Excellence in Developmental Disabilities	
Developmental Center	

CENTERS FOR APPLIED RESEARCH AND EVALUATION (CARE)	29
Arkansas Reproductive Health Monitoring System (ARHMS)	
Traumatized Children Project	
Program Performance Criteria Development	
Program Outcomes Evaluation	
ADOLESCENT MEDICINE	36
Sports Medicine Plus	
Adolescent Eating Disorders Program	
Outpatient Substance Abuse Program	
Young Women's Clinic	
GENETICS	38
Medical Genetics	
NEUROLOGY	40
Arkansas Comprehensive Epilepsy Program	
ASTHMA CARE CENTER	41
Research, Diagnostic and Treatment Program	
PEDIATRIC NEPHROLOGY	43
Program For Care of the Pediatric Patients with Kidney Disease	

CHILD HEALTH FAMILY LIFE INSTITUTE (CHFLI)
ANNUAL REPORT
1 July 13 – 30 June 14

MISSION STATEMENT:

The Child Health and Family Life Institute is an initiated state effort to explore, develop, and evaluate new and better ways to address medically, socially, and economically interrelated health and developmental needs of children with special health care needs and their families. Utilizing a multidisciplinary collaboration of professionals, the Institute's priorities include wellness and prevention, screening and diagnosis, treatment and intervention, training and education, service access, public policy and advocacy, and research and evaluation.

EXECUTIVE SUMMARY

The Child Health and Family Life Institute is a subsidiary of the University of Arkansas for Medical Sciences and the Department of Pediatrics. Our mission is to create a long-lasting, positive health impact for the children and adults of Arkansas with disabilities and special needs. Our goal is to create community assessment, intervention, and evaluation programs that target health issues, communities and populations with the highest level of expert evidenced based health care. The Child Health Family Life Institute (CHFLI) provides care for both children and adults with special health care needs statewide. The outreach program exports physicians to local communities and utilizes local services to ensure individualized care for at-risk children and persons with disabilities.

During this fiscal year 2013-14 CHFLI has exported services and continue to serve medically at-risk children. The CHFLI programs provide training of health care providers in the area of Developmental-Behavioral Rehabilitation and Physical Medicine and the distribution of those services for the both children and adults with disabilities statewide. CHFLI fixed site clinics provided direct care for patients with chronic care and special health care needs statewide. Community based Autism Liaison and Treatment Clinics are also serving this population with community resources. More training and clinics are planned for the coming fiscal year 2014-15 to better serve Children with Special Health Care Needs (CSHCN) statewide. In addition, CHFLI programs have been awarded millions of dollars of funding for research initiatives that directly benefit Arkansas as well as other states regionally with serving the CSHCN population. The institute focus is always on prevention of disease, early diagnosis and effective state of the art treatment for patients requiring CHFLI services remains a priority through evidenced based research.

FINANCIAL SUMMARY

Budgeted Quarterly	\$525,000
Expenditures Quarterly	\$525,000
Budgeted Year-To-Date	\$2,100,000
Expenditures Year-To-Date	\$2,100,000

Program	Budgeted FY 13-14	Year-to-Date
Outreach	778,812	778,812
Community Pediatrics	50,000	50,000
Children At Risk	146,117	146,117
Psychology	50,000	50,000
Developmental Rehabilitation	350,000	350,000
CARE	300,000	300,000
Adolescent Medicine	50,000	50,000
Genetics	50,000	50,000
Neurology	130,000	130,000
Asthma Care Center	145,071	145,071
Nephrology	50,000	50,000
TOTAL	2,100,000	2,100,000

CHFLI ANNUAL REPORT OUTREACH

PROGRAM DESCRIPTION

Outreach provides specialized health care to children living in communities where such services are not available. Pediatric specialists work with medical personnel in communities to enhance availability of services. Cardiology, Developmental, Endocrinology, Genetics, Adolescent Medicine, Allergy, Hematology/Oncology, Nephrology, Physical Medicine/Rehabilitation and Pulmonary/Asthma Medicine currently participate. Infectious Disease and Pharmacology specialists offer phone consultation to answer questions related to diseases, diagnostic tests, treatment, immunizations, communicability of infectious disease and infection control recommendations. These activities are designated to augment services within the community and not replace or compete with other existing service providers. In addition, physicians support the Neonatal and Pediatric transport program at Arkansas Children's Hospital insuring statewide emergency transportation to tertiary care services for children in crisis.

PROGRAM GOALS/ACTIONS:

GOAL 1: To provide specialized health care to children living in communities where services are not readily available, or are limited.

ACTION 1.1: The CHFLI outreach program exported physician services to the most rural parts of the state. Direct and indirect expenses are saved by the state, as physicians travel to the most rural communities of the state providing healthcare services.

ACTION 1.2: New outreach initiatives are being explored across the state as well as partnerships with local programs that benefit patient care from such collaboration. Presently, twenty locations are visited with over ten subspecialties exported serving thousands of patients in their communities.

PERFORMANCE INDICATOR 1:1:

Source: ACH Chief of Staff Report (c) and DOP Regional Clinic/Clinical Activity Databases

Subspecialty	Area	Patient Visits	
Allergy/Immunology	Lowell	65	c
	Texarkana	158	
Cardiology	Fort Smith	246	
	Jonesboro	264	c
	Pine Bluff	32	
	Lowell	1,097	c
	Total	1,798	
Endocrine	Lowell	37	c
	Total	37	
Hematology	Lowell	242	c
Rheumatology	Lowell	143	c

Subspecialty	Area	Patient Visits	
Developmental	El Dorado	53	
	Texarkana	24	
	Lowell	449	<i>c</i>
	Hope	20	
	Marshall	7	
	Alma	7	
	Russellville	14	
	<u>Hot Springs</u>	<u>23</u>	
	Total	597	
Gastroenterology	Lowell	222	<i>c</i>
Genetics	Lowell	450	<i>c</i>
	<u>Jonesboro</u>	<u>21</u>	<i>c</i>
	Total	471	
Pulmonary <i>(does not include CFC physician activity)</i>	Lowell	43	
Physical Medicine/ Rehabilitation	Jonesboro	20	
	<u>El Dorado</u>	<u>17</u>	
	Total	37	
Nephrology	Lowell	225	<i>c</i>
Infectious Disease	Lowell	122	<i>c</i>
	<u>Jonesboro</u>	<u>13</u>	<i>c</i>
	Total	135	
Foster Care	Batesville	76	
	Brinkley	188	
	Camden	46	
	Fort Smith	312	
	Harrison	43	
	Hope	100	
	Hot Springs	135	
	Jonesboro	134	
	Little Rock	601	
	Mena	32	
	Monticello	90	
	Morrilton	150	
	Mountain View	70	
	Pine Bluff	120	
	Searcy	93	
	<u>Walnut Ridge</u>	<u>55</u>	
	Total	2,245	

Total Patients this year: 6,260
(July '13– June '14)

GOAL 2: Availability of specialized medical information and consultation related to children living in communities where these services are not available.

ACTION 2.1: The Pediatric Infectious Disease Division provides a 24-hour a day, 52 weeks a year telephone consultation service to providers and organizations in local communities, including private physicians, hospitals, and parents. The service makes recommendations regarding patient presentations, assessment of difficult or complex patient diagnostic issues, suggestions on treatment modalities, and recommendations on immunizations, school health issues, preventative health care recommendations, and infection control guidelines.

ACTION 2.2 Pediatric Pharmacology/Toxicology, the only pediatric clinical toxicologists in the state, serve as consultants to mothers on medication pre and post pregnancy, and provide telephone consultation 24 hours a day, 7 days a week. Health Care providers aid in the care and management of specific poisoning of children, prenatal drug exposure, novel therapies and toxicological findings in children in which abuse or neglect are suspected throughout the state of Arkansas.

PERFORMANCE INDICATOR 2:1:

Subspecialty	<u>Date</u>	<u>Area</u>	<u>Telephone Contacts</u>
Infectious Disease	July 13	Statewide Total	715
		Service Providers:	348
		Parents/Communities:	367
	Aug 13	Statewide Total	843
		Service Providers:	433
		Parents/Communities:	410
	Sept 13	Statewide Total	868
		Service Providers:	426
		Parents/Communities:	442
	Oct 13	Statewide Total	819
		Service Providers:	402
		Parents/Communities:	417
	Nov 13	Statewide Total	801
		Service Providers:	422
		Parents/Communities:	379
	Dec 13	Statewide Total	871
		Service Providers:	376
		Parents/Communities	495
	Jan 14	Statewide Total	966
		Service Providers:	451
		Parents/Communities:	515
	Feb 14	Statewide Total	861
		Service Providers:	417
		Parents/Communities:	444

Mar 14	Statewide Total	776
	Service Providers:	334
	Parents/Communities	442
Apr 14	Statewide Total	843
	Service Providers:	427
	Parents/Communities:	416
May 14	Statewide Total	844
	Service Providers:	424
	Parents/Communities:	420
June 14	Statewide Total	770
	Service Providers:	356
	Parents/Communities	414
	Statewide Totals	9977
	Service Providers	4816
	Parents/Communities	5161

PERFORMANCE INDICATOR 2:2:

Subspecialty	Date	Area	Telephone Contacts
Pharmacology	1 st Quarter	Statewide	242
	2 nd Quarter	Statewide	210
	3 rd Quarter	Statewide	125
	4 th Quarter	Statewide	246

BUDGETED INFORMATION

CHFL funds budgeted
CHFL funds expended

YEAR-TO-DATE

\$778,812
\$778,812

CHFLI ANNUAL REPORT KIDS FIRST

PROGRAM DESCRIPTION

KIDS FIRST is a community based multidisciplinary pediatric day health program providing evaluation and intensive therapeutic treatment, and early intervention for children birth-five years old that have special healthcare needs and developmental delays. KIDS FIRST clinics are located in Fort Smith, Magnolia, Morrilton, Mountain View, Newport, Pine Bluff, Pocahontas, Lowell, Warren, Searcy and Little Rock. An interdisciplinary team of professionals and paraprofessionals partner with families and local health care providers to identify and address the needs of the child and his/her family.

PROGRAM GOALS/ACTIONS

GOAL 1: **Provide a comprehensive program of excellence for infants, toddlers, and their families in order to allow families to work and be self-sufficient by providing a reliable intensive system of care for their young medically at-risk child.**

ACTION 1.1: The KIDS FIRST programs serve children with special health care needs in some of the most rural and underserved parts of our state. Recruiting and hiring staff, particularly therapists, has become an even bigger challenge in past years due to critical shortages of trained/licensed individuals in certain areas of the state.

Project Nurture, the infant mental health component of KIDS FIRST provides behavioral health services for children and families as needed. Over the year, clinic newsletters have continued to provide parenting information related to the development of positive supportive parent/child relationships so important to life outcomes for children. We continue to use the ASQ-SE with parents of children enrolling at KIDS FIRST to identify areas of concern for parents.

KIDS FIRST Following Baby Back Home program continues to provide home visiting services for families of medically-complex infants who have been discharged from neonatal intensive care units around the state. Registered nurse/social worker pairs work from six KIDS FIRST clinics in Pocahontas, Pine Bluff, Magnolia, Little Rock, Lowell and Morrilton we will be able to visit a large number of the families in need of the service. Currently, families of 126 of these medically-complex infants receive home visiting services. In FY 14, KIDS FIRST Following Baby Back Home program continued a contract with Arkansas Children's Hospital to receive funds from the Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) project to support 2 of our teams: Magnolia and Little Rock. FBBH is a member of the Arkansas Home Visiting Network, and works to provide coordinated services and to collaborate with the network on training and shared benchmarks for quality.

KIDS FIRST is the home for Healthy Child Care Arkansas, providing telephone consultation for questions related to health, illness, and best practices for child care personnel around the state by a trained, certified Child Care Health Consultant RN. The leadership team includes an ACH developmental pediatrician, a general pediatrician, a child psychologist, APNs, as well as administrative support. Training has been provided on Managing Infectious Disease, Medication Administration, and Spotting Autism in the Child Care Setting. A website has launched: www.HealthyChildCareAR.org. The leadership team works in close collaboration with the Division of Child Care and Early Childhood Education personnel on projects to

improve health quality for preschool children being cared for outside the home, with a focus on children with special health care needs.

ACTION 1.2: All clinics remain at or near capacity. The high number of referrals has forced us to revisit our basic mission and expertise. At the end of the state fiscal year (June 30) the clinics were actively working on over 208 referrals from local primary care physicians. Enrollment totaled 710. KIDS FIRST had 169 children transition to public/private school kindergarten services.

Over the course of the fiscal year, 1152 were served in our 11 clinics. Because of the intensity of the services provided many children who initially show deficits when evaluated no longer demonstrate those deficits when their next evaluation is due. For some children this may be a long term change, for others continuing support is needed to maintain their gains.

ACTION: 1.3: KIDS FIRST's affiliation with the Frank C. Steudlein Learning Center has resulted in many children being served who would not have met the standards defined by AFMC prior approval review. Although the number of children served through the DDTCS program has declined this is still a very valuable alliance for KIDS FIRST.

At the end of FY 14, 45 children were being served through DDTCS, most of whom were less than 18 months of age.

ACTION 1.4: All KIDS FIRST sites received a three year re-accreditation in Child and Youth Services. Early Childhood Development Program (Children and Adolescents) through the Commission on the Accreditation of Rehabilitation Facilities (CARF) during our August 2012 survey. Our CARF accreditation has resulted in the DHS Division of Developmental Disabilities Services limiting its visits to mirror the CARF terms. Annually we are accredited by the Arkansas Foundation for Medical Care, and the Department of Health, DHS Child Care Licensing. In FY 2014, all KIDS FIRST clinics received Level 3 certification in Better Beginnings, the state's child care quality rating system.

PERFORMANCE INDICATOR 1.1:

KIDS FIRST Enrollment by quarter from July 2013 through June 2014.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Total	713	712	748	471

GOAL 2: Assist parents to participate in the accomplishment of treatment goals.

ACTION 2.1 Families are invited regularly to become involved in the services their children receive through treatment planning meetings, educational parent meetings and celebrations of holidays and accomplishments of their children. We are proudly hosting eleven "graduation" ceremonies as our oldest patients move on from us to kindergarten. 169 children will transition from KIDS FIRST to kindergarten in fall of 2014. The Department of Education kindergarten readiness guidelines are shared with all parents and clinic personnel take an active role in arranging and/or participating with parents and the local school district representatives.

ACTION 2.2: Family Centered Care continues to be a cornerstone of the KIDS FIRST program. Annual surveys assess the opinions of parents related to the operation and effectiveness of the program. The results of these surveys are used to direct organizational leadership in areas that need attention and change. The parent newsletter grew out of this survey and continues to be provided monthly. Monthly newsletters by clinic are distributed to families and posted at each clinic.

Parents are also encouraged to attend informational and networking sessions at the clinics. During the year 75 meetings and events were held at the 11 clinics offering parents an opportunity to get to know each other, the clinic staff and to learn more about assisting their child in accomplishing their treatment plan goals.

ACTION 2.5 KIDS FIRST continues to increase their presence in local and state organizations that seek to improve the care for children with special needs. KIDS FIRST supports the academic mission of UAMS by serving as a clinical site to students from 27 colleges and universities in Arkansas. Additionally, KIDS FIRST staff serves as community trainers, presenting at 7 conferences and numerous education sessions in 2014. KIDS FIRST forms partnerships with communities across the state to promote high standards and best practices for children with special health care needs. In 2014 we collaborated with over 26 community and state organizations including: Arkansas Association for Infant Mental Health, Arkansas System Improvement Project for Children with Special Health Care Needs, Safe Babies Court Team-Zero to Three, and the Arkansas Department of Human Services.

CHFLI ANNUAL REPORT COMMUNITY PEDIATRICS

PROGRAM DESCRIPTION

Community Pediatrics provides pediatric services to medically underserved populations and outreach activities to enhance the health of children throughout Arkansas. Through physician services, school nurse training, outreach and school-based clinics, Community Pediatrics is caring for needy children in their communities.

PROGRAM GOALS/ACTIONS

GOAL Provide pediatric services to medically underserved populations.

ACTION 1.1: Community Pediatrics continues programs with a statewide service area: Arkansas School for the Blind and Deaf, Centers for Youth and Families, and Little Rock School District. The Arkansas School for the Blind and Deaf and the Centers for Youth and Families serve children statewide. At The Centers for Youth and Families, Community Pediatrics provides admission, discharge, and referral medical services to the Emergency Shelter, the Transitional Therapeutic Living Center and The Child and Adolescent Residential units. Both programs serve children statewide. Services through ACH Dental Clinic were added, both for dental home and treatment, through partnerships started by Community Pediatrics. All on-site residents of CFYF programs are in DCFS custody. Counties served at the Arkansas School for the Blind and Deaf include: Ashley, Baxter, Benton, Boone, Clark, Cleburne, Cleveland, Columbia, Conway, Crittenden, Cross, Drew, Faulkner, Fulton, Garland, Grant,

Hempstead, Hot Spring, Howard, Jackson, Jefferson, Johnson, Lincoln, Lonoke, Madison, Miller, Mississippi, Nevada, Phillips, Polk, Pope, Prairie, Pulaski, Randolph, St. Francis, Saline, Sevier, Union, Washington, White, and Yell.

- ACTION 1.2: Community Pediatrics provides physician services to foster care children through the Department of Pediatrics Foster Care Evaluation Program in the following Communities: Morrilton, Pine Bluff, Hot Springs, Russellville, Little Rock.
- ACTION 1.3: Community Pediatrics/UAMS Head Start, through the leadership of Dr. Charles Feild, has been involved with Children International. The two agencies have worked together for years to improve overall health for children and families in Head Start Programs. UALR is the lead agency, with UAMS Office of Diversity Affairs, Arkansas DHS, Arkansas Department of Health, and Delta Dental. By working together, more than 12,000 children have received an annual health checkup and dental screening.
- ACTION 1.4: *Action The Latino Clinic group, Dr. Eduardo Ochoa, APN, RN and admin staff are merging into Community Pediatrics early 2014. Meetings and budgeting are underway.*
- A team of bilingual providers, led by Dr. Eduardo Ochoa, serves families in Central Arkansas through a full service Patient Centered Medical Home. The team includes two APNs and a bilingual RN who is the main care coordinator.
- ACTION 1.5: In partnership with LRSD, ACH, ADH, ADE and Rhea Drug, Community Pediatrics is staffing a school-based clinic at Franklin Elementary school in Little Rock.
- ACTION 1.6: The Mid Delta Health Systems clinic, a federally qualified health center, serves patients from Monroe, Phillips, Lonoke, Prairie, and Arkansas Counties, referred from non- pediatric providers in the clinic.

Community Pediatrics physicians provide the equivalent of 1.6 FTE in services off the UAMS and ACH campuses and 2.6 FTE in services on the UAMS and ACH campuses.

BUDGETED INFORMATION

CHFL funds budgeted
CHFL funds expended

YEAR-TO-DATE

\$50,000
\$50,000

**CHFLI ANNUAL REPORT
CENTER FOR CHILDREN AT RISK**

PROGRAM DESCRIPTION

The Center for Children at Risk provides diagnostic and treatment services for abused children and their families through a transdisciplinary model that includes pediatrics, nursing, social work and psychology. It has two components, the Team for Children at Risk (TCAR) and the Family Treatment Program.

PROGRAM ACTIONS/GOALS

GOAL 1: Evaluate and treat physically and sexually abused children and their families in the Children's House, Mercy Children's Advocacy Center in Hot Springs, Family Treatment Program, and hospitalized at ACH utilizing multidisciplinary approaches.

ACTION 1.1: The TCAR provides evaluation and treatment of physically and sexually abused children in the UAMS/ACH Arkansas Children's House, a home-like facility where children and families are interviewed, children are examined, and services for the children and families are initiated. The physician and nurse practitioner perform examinations of sexually abused children, utilizing videocolposcopy.

ACTION 1.2 The TCAR provides medical evaluations of children of suspected sexual abuse one-half day per week in the Mercy Children's Advocacy Center.

ACTION 1.3: Family assessments are provided by social workers, and crisis intervention is provided by all staff members.

PERFORMANCE INDICATOR 1.1: Outpatient Medical/Evidentiary evaluations in the Arkansas Children's House.

	<u>1stQtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
<i>Number of children</i>	139	137	150	130	556
Number of children under 6 years of age	84	73	83	78	318
Suspected CMS Diagnosis -					
SEXUAL ABUSE:	67	45	42	45	199
Sexual & Physical abuse:	0	0	1	0	1
Sexual Abuse & Drug Exposure:	1	0	1	1	3
Sexual, Physical & Drug Exposure:	0	0	0	0	0
PHYSICAL ABUSE:	20	16	20	20	76
Physical Abuse & Neglect:	0	1	2	2	5
Physical Abuse & Drug Exposure:	4	1	1	1	7
DRUG EXPOSURE & NEGLECT:	42	70	81	58	251
OTHER:	5	4	2	3	14
(Total # of 4TH QTR diagnosis: 130)					
Number of counties of residence	28	24	22	27	N/A

PERFORMANCE INDICATOR 1.2: Outpatient Medical/Evidentiary evaluations in the Mercy and Lonoke Children's Advocacy Center.

	<u>1stQtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Number of children	20	11	27	14	72
Diagnosis: Suspected sexual abuse	20	11	27	14	72

ACTION 1.3: The Family Treatment Program provides outpatient long-term treatment and management of family child sexual abuse. Treatment is delivered by a multidisciplinary team comprised of psychologists, social workers, psychological examiners and family therapists.

PERFORMANCE INDICATORS 1.2: Family Treatment Program Clinic patient visits (hours)

	<u>1stQtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Number of client visits (hours)	563	415	542	537	2057

ACTION 1.3: The TCAR provides consultations on all physically and sexually abused children hospitalized at ACH. Consultation of the TCAR is required by ACH policy.

PERFORMANCE INDICATORS 1.3: Hospitalized Suspected Victims of Maltreatment

	<u>1stQtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Number of children	52	47	63	59	221
Number of children 6 years and under	51	46	56	54	207
Number of children less than 24 months	44	35	47	40	166
Additional cases found not to be suspicious	19	16	9	10	54
<i>Diagnoses:</i>					
Abusive head trauma	12	12	14	10	48
Fractures (w/o head injuries)	7	5	10	9	31
Ingestions	4	0	2	4	10
Burns	5	3	3	2	13
Bruises (alone)	1	1	3	3	8
Abdominal injuries	3	1	0	1	5
Drowning (or near)	0	0	0	1	1
Pediatric Condition Falsification	0	0	3	2	5
Gunshot wound	0	0	0	0	0
Adolescent offenders	0	0	0	0	0
Sexual abuse	0	1	2	0	3
Other physical abuse and neglect	3	1	2	2	7
Medical Neglect	0	0	5	0	5
Substantial risk for abuse & neglect	0	0	2	0	2
Drug Exposure	11	19	15	12	57
Neglect	6	4	2	13	25
<i>(Total # of 3rd QTR diagnosis: 59)</i>					
Number in which permanent injury is likely	9	11	11	4	34
Number who died	0	3	1	0	4
Number of counties of residence represented	21	18	22	29	N/A
Number of non-AR residents	3	6	6	4	19

GOAL 2: Provide transdisciplinary clinical support and collaboration for community professionals and agencies that investigate, prosecute and treat cases of child abuse throughout the state.

ACTION 2.1: Written reports are sent to DCFS and law enforcement on all inpatient and outpatient evidentiary evaluations by the TCAR, with telephone and personal contact regarding many of the children with community agencies. Medical/forensic reports are received by the referring law enforcement or DCFS office within 24 hours of a child being seen in the Arkansas Children's House.

- ACTION 2.2: New cases of physical and sexual abuse are presented at weekly meetings of the ACH Child Protection Committee. It is attended by members of the TCAR, the Family Treatment Program, Department of Human Services, SCAN, law enforcement, juvenile court, community mental health, and others. This committee provides an opportunity for exchange of appropriate information and suggestions.
- ACTION 2.3: The TCAR sends written reports from Child Protection Committee to the Department of Human Services and law enforcement offices located too far from Little Rock for their professionals to attend.
- ACTION 2.4: The TCAR provides case specific conferences to the Department of Human Services, law enforcement and prosecuting attorneys on hospitalized physically abused children to promote effective utilization of information obtained at ACH. The Family Treatment Program members participate in staffing in various sites in Arkansas.

PERFORMANCE INDICATORS 2.1: Collaborations with community agencies

	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Number of program contacts with DCFS/law enforcement agencies involved with hospitalized victims	82	68	100	93	343
Number of program contacts with DCFS and law enforcement agencies/prosecuting attorneys regarding outpatient evaluations	285	357	300	281	1223
Number (#) of attendances at case conferences/staffing of patients with community agencies (Staff hours)	37 (94)	80 (165.5)	54 (86)	59 (119)	230 (464.50)

- ACTION 2.5: Professionals of the TCAR and Family Treatment Program provide telephone consultations to professionals throughout the state who investigate, prosecute, and treat child abuse. These consultations to DCFS, law enforcement, prosecuting attorneys, physicians, etc. are too numerous to count.
- ACTION 2.6: The TCAR and Family Treatment Program members testify in juvenile and criminal court hearings, meet with Department of Human Services and prosecuting attorneys prior to court hearings, and assist other ACH professionals in their court testimonies throughout Arkansas.
- ACTION 2.7: We have instituted a program of clinical and educational support of the Mercy Children's Advocacy Center in Hot Springs and advocacy centers in northwest Arkansas.

PERFORMANCE INDICATORS 2.2: Provide court testimony/assistance of other professionals with court testimony

	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Occurrences (#) of court testimonies/assistance of other professionals with court testimony	29	46	26	39	140
(Hours)	(127.5)	(139.25)	(173.50)	(88.5)	(528.75)

GOAL 3: Enhance the expertise of professionals in Arkansas who work in this difficult arena, especially those working in or interfacing with the medical and therapeutic aspects.

- ACTION 3.1: The Family Treatment Program provides technical assistance to professionals and agencies across the state that treat similar cases or wish to establish a sexual abuse family treatment program utilizing our treatment model. Experiential training is also provided within both programs.
- ACTION 3.2: Members work to improve the level of skills of Arkansas professionals through medical, psychological and social work organizations in the state, as well as through multidisciplinary teams, state boards and the Arkansas Commission on Child Abuse, Rape and Domestic Violence.
- ACTION 3.3: Both the TCAR and the Family Treatment Program provide conferences for professionals throughout the state.
- ACTION 3.4: We are developing ACH and community protocols for evaluation of children exposed to clandestine methamphetamine laboratories, and we have submitted a proposal (contract) with the Arkansas Department of Human Services to assist that agency in handling these cases.
- ACTION 3.5: We are working with a state senator regarding needed legislation in the area of child maltreatment.
- ACTION 3.6: We are working with area emergency medical responders, law enforcement personnel and children's services representatives to improve the community wide response to children found living in homes with methamphetamine laboratories.

PERFORMANCE INDICATORS 3.1: Education of Community Professionals Statewide

	<u>1st Qtr</u>	<u>2nd Qtr</u>	<u>3rd Qtr</u>	<u>4th Qtr</u>	<u>Total</u>
Number (#) of training programs/ conferences (Staff hours)	38 (60)	9 (36.5)	3 (37)	15 (84)	65 (197.5)

GOAL 4: Provide preventive services to reduce the incidence of child abuse in Arkansas.

- ACTION 4.1: Program Goals/Actions 1 - 3 result in tertiary prevention of child abuse, prevention of its recurrence.

GOAL 5: Conduct clinical research to establish the effectiveness of our programs.

- ACTION 5.1: The TCAR is evaluating the results of laboratory tests of specimens submitted from children exposed to clandestine methamphetamine labs.
- ACTION 5.2: The Family Treatment Program is determining the outcomes of two psychological interventions.

SIGNIFICANT EVENTS:

Jerry G. Jones, M.D.

- Outpatient Clinic
 - Resolved issues and established procedures for nurse practitioner to perform and bill sexual abuse examinations
 - Revised all outpatient clinic forms to increase ease of understanding by agencies, serve as clinical flow sheets, and become eligible for the highest level of billing; obtained ACH committee approval
- Family Treatment Program
 - Developed a protocol for management of children who had not had sexual abuse medical evaluations
 - Assisted in development of a new questionnaire regarding medical evaluations to be administered to clients of the Family Treatment Program, for use in therapy and quality assurance
- ACH Emergency Department

- Wrote one and three year goals for the sexual abuse exam program
- Rewrote form for recording medical evaluations of sexually abused children, for ease of understanding by agencies and meeting the highest level of billing
- Arranged for a new colposcope to be purchased utilizing ACH Foundation Children at Risk funds
- New Children's House
 - Attended meetings and developed and reviewed plans for the building
 - Presented for potential donors
 - Attended ACH Auxiliary functions: Miracle Ball and A la Carte
 - Meetings and lunches with potential donors
 - Sent small gifts and notes to 22 donors four times per year
- Outreach Activities
 - Prepared quarterly issues of the SHIPS Log, an educational program for children's advocacy center nurses and directors. The ratings of this teaching program are excellent.
 - Attended MDT meetings in Benton, AR
 - Member/attended meetings of the Arkansas Commission on Child Abuse, Rape and Domestic Violence
 - Attended advisory committee meetings regarding policies of the Arkansas Division of Children and Family Services
- Legal Issues
 - Received more than 100 subpoenas, reviewed records, commonly talked to prosecutors and State's attorneys and prepared for trial
 - Less than one-fourth of those cases actually went to trial and required testimony
- Other Activities
 - Meetings regarding the new Children's House: 15; 30 hours
 - Arkansas Commission on Child Abuse, Rape and Domestic Violence; 4 meetings
 - MDT Meetings: 7; 15 hours
 - Meetings for policy direction of the AR Division of Children and Family Services: 6; 15 hours

Karen J. Farst, M.D.

- Presented at the AR Conference on Child Abuse and Neglect on fractures in child abuse and drug endangered children
- Presented at the statewide CASA conference for AR on drug endangered children
- Dr. Farst participated as a faculty instructor at the Medical Training Academy course in November in Huntsville, AL at the Southern Regional Children's Advocacy Center.
- Dr. Farst provided a lecture on Drug Endangered Children via telemedicine to the Indiana University Child Maltreatment conference in November.
- Dr. Farst attended the 2013 meeting of the American Board of Pediatrics Sub-board in Child Abuse Pediatrics meeting in Chapel Hill, NC in December.
- Presented 3 lectures at National Child Advocacy Center's Annual Symposium in Huntsville, AL on child abuse topics, March.
- Invited to speak at the Indiana Juvenile Judge's conference on Drug Endangered Children
- Invited to present a national presentation on Abusive Head Trauma and Fractures in Child Abuse by the Midwest Regional Children's Advocacy Center via webinar platform.
- The Support for Health Involved Professionals at Children's Safety Centers held their annual conference in Little Rock, AR. Faculty presentations included 6 hours of CEU credit on topics relating to child sexual abuse.
- Invited to present the plenary lecture at the University of Kentucky's Contemporary Pediatrics conference in Lexington, KY on child sexual abuse.
- Invited to present at the Arkansas DHS Legal Training on Drug Endangered Children.

- Invited to present at the AR Children and the Courts conference on the “Evaluation of Fractures in Child Abuse.”

Rachel Clingenpeel, M.D.

- Presented at the AR Conference on Child Abuse and Neglect in Hot Springs, AR. “Could This Be Child Abuse?”, September 2013.
- Presented at the AR Child Abuse and Neglect Conference in Little Rock, AR. “Skin Injuries.”, September 2013.
- Appointed to the Arkansas Task Force for Prevention Through Education of Child Sexual Abuse
- Joined the Pulaski County Infant and Child Death Review Team
- Lecture: “Neglect” December 2013. DCFS Area V Quarterly Training, Russellville, AR
- Lecture: “Skin Injuries” December 2013. DCFS Area V Quarterly Training, Russellville, AR
- Lecture: “Sexual Abuse Exams” October 2013. Arkansas Prosecuting Attorneys Association Fall Conference, Hot Springs, AR
- Mar 2014: Medical Consultant, ‘From Crime Scene to Trial’, training program of the National Child Protection Training Center
- “Evaluation of Skin Injuries.” May 2014. Children in the Courts Conference, Little Rock, AR.
- “Outcomes of Child Maltreatment.” April 2014. One Loud Voice: A Multidisciplinary Team Approach, Children’s Advocacy Centers of Mississippi Conference, Jackson, MS.
- Continued participation in the Pulaski County Child Fatality Review team, as well as the Arkansas Task Force for Prevention Through Education of Child Sexual Abuse.

Karen Worley, Ph.D.

- Lecture. Child Sexual Abuse (Advanced). Arkansas Victim Assistance Academy. July 17, 2013. Little Rock, AR.
- SAM Team training in Garland County with Jan Church, Diana Smith, and Adrian Sanders. July 10 and 17, 2013.
- Assessment and Treatment of Youth who Have Committed Sexual Offenses. With Jan Church, Ph.D. Community Service, Inc. Morrilton, AR. July 31, 2013.
- Participated in monthly Sexual Abuse Management Team staffing in Pulaski County.
- Participated in Sexual Abuse Management Team staffing for Garland County on July 17, 2013.
- Participate in AR BEST steering Committee. August 25 and September 27, 2013.
- Participate weekly in Pulaski County Multidisciplinary Team.
- Work with Pulaski County CPC and CAC of Central Arkansas (Conway) to provide mental health services for children served by those CACs.
- DCFS administrative review hearing (2 hours). August 13, 2013.
- I participated in follow-up study looking at parents’ concerns according to whether children had or didn’t have sexual abuse medical exams. I met with Dr. Jones, Jan Church, and Chris Swearingen on 10/13.
- I participated in conference calls as a member of the Association of Treatment for Sexual Offenders (ATSA) Public Policy committee.
- I attended the annual ATSA conference in Chicago (10/29-13-11/2/13).
- I attended the annual Crime Victim Advocates of Arkansas meeting on 10/11/13.
- I have participated weekly in the Pulaski County Multidisciplinary Team.
- I began carrying a weekly caseload of clients at the Children’s Advocacy Center of Central Arkansas for mental health services.
- I worked with Jan Church, Adrian Sanders, and Heather Miles to plan for a panel discussion at the Arkansas ATSA conference to be held in December 2013 in Fayetteville. The conference was cancelled due to weather and will be rescheduled.
- I participated in the ARBEST steering committee on 11/22/13.
- I provided monthly clinic opportunities for residents on the developmental rotation.

- Reviewed manuscript for Journal of Child and Family Studies, “Using Strengths and Rapport to Engage Families of Youth who have Sexually Offended in Treatment” for this journal.
- Participated in draft of “Sexual Abuse Medical Evaluations and the Mental Health of Children and Parents” by Jones, J., Worley, K.B., Church, K., Worthington, T., and Swearingen, C.
- Training for Midsouth. “Management of Cases of Within-Family Sexual Abuse when a Youth has Offended.” April 11, 2014. With Jan Church. Little Rock.
- Participated in draft of “Cutting” with Jones, J.
- “Working with Parents of Adolescents with Illegal Sexual Behaviors (AISB). Presentation to Youth Home clinical staff with Jan Church.
- “Child Sexual Abuse and Children with Sexual Behavior Problems.” Presentation to psychiatry fellow. January 2014.
- “Sexual Abuse Management Teams: Partnering to Manage Juvenile Sexual Offenders and Their Victims.” Presentation at the National Children’s Advocacy Center annual conference with Jan Church. Huntsville, AL.
- Arkansas Building Effective Services for Trauma (AR BEST)—Participated in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Peer Review Conference Call for mental health providers contracted with Child Advocacy Centers (CACs) to provide services—6/3/14.
- Attended Advanced TF-CBT Training in Little Rock, 6/4/14.
- Serve as Board Member of the Arkansas Commission of Child Abuse, Rape, and Domestic Violence.
- Serve on ATSA Public Policy Committee.
- Presentations:
 - “Pilot Analysis Utilizing the TSCC and BASC 2 in Sexually Abused Children.” Presented by Nicholas Mitrani, MS, LPE on behalf of Nicholas Mitrani, Kevin Rowell, Ph.D. (University of Central Arkansas), Karen Worley, Ph.D., and Janice Church, Ph.D. at the Southwestern Psychological Association Annual Conference, San Antonio, TX, April 5, 2014.
 - “Management of Cases of Within-Family Sexual Abuse when a Youth has Offended.” Invited 6-hour presentation, together with Jan Church, Ph.D., for MidSouth Little Rock, AR, 4/11/14 and MidSouth Jonesboro, AR, 6/20/14.
 - “Assessment and Treatment of Youth Who Have Committed Illegal Sexual Behaviors.” Invited 4½-hour presentation, together with Jan Church, Ph.D., and Diana Smith, LCSW, for staff of the Division of Youth Services, Arkansas Juvenile Assessment and Treatment Center, Alexander, AR, 5/7/14.
- Attended 1 multi-agency multidisciplinary case staffing in Jacksonville—2 hours total, June 26, 2014

Janice Church, Ph.D.

- Chaired three meetings of the Arkansas Crime Victims Reparations Board (7/18/13 and 9/12/13—full board meetings; 8/21/13—conference call meeting).
- Provide ongoing primary clinical supervision for Licensed Psychological Examiner staff member.
- Primary clinical supervision of doctoral-level psychology practicum students from the University of Central Arkansas, one student 8/12-8/13 and second student 7/13-8/14.
- Secondary clinical supervision of masters'-level social work interns from the University of Arkansas at Little Rock, 9/13-4/14.
- AR BEST—Participated in Steering Committee Meeting on 8/23/13. Continued two sets of bi-weekly TF-CBT consultation calls as the local expert on each set of calls that will extend over a period of approximately seven months (one set: 7/10/13, 7/24/13, 8/7/13, 8/21/13, and 9/4/13; and second set: 7/1/13, 7/15/13, 7/29/13, 8/12/13, 8/26/13, 9/9/13, and 9/30/13).
- Provided 2-hour training lecture for the Doctoral-level Psychology Interns at the University of AR for Medical Sciences College of Medicine, Department of Psychiatry, “Child Maltreatment and Reporting,” 7/3/13.
- Sexual Abuse Management Team Training (various topics on sexual abuse victimization and assessment, treatment and management of youth who have committed illegal sexual behaviors): Garland County/Hot Springs on 7/10/13 and 7/17/13 (two half-days, together with Karen Boyd Worley, Ph.D., Diana Smith, LCSW, and Adrian Sanders, B.S.).

- Conducted 3-hour training for the staff of Community Services, Inc., Morrilton, AR on various topics related to adolescents who have sexually offended (together with Karen Boyd Worley, Ph.D. and Diana Smith, LCSW), 7/31/13.
- Gave presentation at international meeting, “Sexual Abuse Management Teams: Partnering for Management of Juvenile Sexual Offenders and Their Victims,” at the International Society for the Prevention of Child Abuse and Neglect, European Regional Conference on Child Abuse and Neglect, Dublin, Ireland, 9/16/13.
- Also participated in two multidisciplinary staffings regarding Family Treatment Program cases on 7/3/13 (1-hour) and 7/11/13 (2 hours) and testified in one Juvenile Court review hearing on 7/22/13 (3 hours).
- Chaired three meetings of the Arkansas Crime Victims Reparations Board (10/16/13 and 12/18/13—conference call meetings; 11/21/13—full board meeting).
- Provide ongoing primary clinical supervision for Licensed Psychological Examiner staff member.
- Primary clinical supervision of doctoral-level psychology practicum student from the University of Central Arkansas (7/13-8/14)
- Secondary clinical supervision of two masters’-level Social Work Interns from the University of Arkansas at Little Rock (9/13-4/14)
- AR BEST—Participated in Steering Committee Meeting on 11/22/13. Continued and completed two sets of bi-weekly TF-CBT consultation calls as the local expert on each set of calls that extended over a period of approximately seven months (one set: 10/2/13, 10/9/13, 10/30/13, and 11/13/13; and second set: 10/7/13, 10/21/13, 11/4/13, and 11/18/13). Participated in initial bi-monthly TF-CBT Peer Review Conference Call for mental health providers contracted with CACs to provide services (12/3/13).
- Attended the following training conferences: 10/10/13-10/11/13 Arkansas Psychological Association Annual Convention (statewide meeting in Little Rock); 10/30/13-11/2/13 Association for the Treatment of Sexual Abusers (international meeting in Chicago, IL).
- Served as facilitator for Center for Children at Risk Annual Retreat, 10/9/13, Little Rock.
- Re-elected Chair of the Arkansas Crime Victims Reparations Board and presided over three meetings (1/16/14 and 3/20/14—full board meetings and 2/19/14—conference call meeting)
- Provide ongoing primary clinical supervision for Licensed Psychological Examiner staff member.
- Primary clinical supervision of doctoral-level school psychology practicum student from the University of Central Arkansas (7/13-5/14).
- Independent Study Site Director for masters’-level counseling psychology student from the University of Central Arkansas (1/14-4/14).
- Secondary clinical supervision of two masters’-level Social Work Interns from the University of Arkansas at Little Rock (9/13-4/14).
- AR BEST—Participated in Steering Committee Meeting on 1/24/14. Participated in bi-monthly TF-CBT Peer Review Conference Call for mental health providers contracted with CACs to provide services on 2/18/14.
- Served as a Faculty Interviewer for UAMS Medical Student applicants on 1/11/14. Also continue service as member of Faculty Mentoring Committee for one Pediatrics faculty member; committee met on 2/14/14.
- Serve as Member of the Arkansas Psychological Association Professional Development Committee; met on 1/10/14.
- Presentations:
 - “Working with Parents of Adolescents with Illegal Sexual Behaviors (AISB).” 3-hour presentation, together with Karen Boyd Worley, Ph.D. for the staff of Youth Home, Little Rock, AR, 2/7/14.
 - “Treating Victims of Child Sexual Abuse.” 3-hour Counseling Psychology Round Table for the Faculty and Students of the Psychology Department of the University of Central Arkansas, Conway, AR, 3/21/14.
 - “Sexual Abuse Management Teams: Partnering to Manage Juvenile Sexual Offenders and Their Victims.” 1½-hour workshop, together with Karen Boyd Worley, Ph.D., at the National Children’s Advocacy Center 30th National Symposium on Child Abuse, Huntsville, Alabama, 3/25/14.
- Also participated in one multi-agency multidisciplinary case staffing—1 hour (1/23/14)

- Chaired three meetings of the Arkansas Crime Victims Reparations Board (5/15/14—full Board meeting and 4/16/14 and 6/18/14—conference call meetings). Presented Crime Victims Reparations Board Crime Victim Advocate of the Year Awards at Crime Victims Week Statewide Kick-Off Celebration on 4/9/14.
- Provide ongoing primary clinical supervision for Licensed Psychological Examiner staff member.
- Primary clinical supervision of doctoral-level school psychology practicum student from the University of Central Arkansas (7/13-5/14). Independent Study Site Director for masters'-level counseling psychology student from the University of Central Arkansas (1/14-4/14). Secondary clinical supervision of two masters'-level Social Work interns from the University of Arkansas at Little Rock (9/13-4/14).
- Arkansas Building Effective Services for Trauma (AR BEST)—Participated in bi-monthly Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Peer Review Conference Call for mental health providers contracted with Child Advocacy Centers (CACs) to provide services—4/1/14 and 6/3/14. Attended Advanced TF-CBT Training in Little Rock, 6/4/14. Began facilitation of new round of TF-CBT consultation calls, one group, first call—6/25/14; these calls will continue through 1/15 and a second group will be facilitated starting in 7/14.
- Serve as Member of the Arkansas Psychological Association Professional Development Committee; met on 4/25/14.
- Attended Child Abuse Committee Meeting of the Arkansas Commission on Child Abuse, Rape and Domestic Violence—5/23/14.
- Presentations:
 - “Pilot Analysis Utilizing the TSCC and BASC 2 in Sexually Abused Children.” Presented by Nicholas Mitrani, MS, LPE on behalf of Nicholas Mitrani, Kevin Rowell, Ph.D. (University of Central Arkansas), Karen Worley, Ph.D., and Janice Church, Ph.D. at the Southwestern Psychological Association Annual Conference, San Antonio, TX, April 5, 2014.
 - “Management of Cases of Within-Family Sexual Abuse when a Youth has Offended.” Invited 6-hour presentation, together with Karen Boyd Worley, Ph.D., for MidSouth Little Rock, AR, 4/11/14 and MidSouth Jonesboro, AR, 6/20/14.
 - “Protecting our Children: Bullying, Social Media and Exploitation.” Invited 1 ¼ hour presentation for the “Raising Black Children in Today’s Society” Conference, sponsored by the Central Association of the National Association of Black Social Workers and the Arkansas Association of Black Psychology Professionals, Little Rock, AR, 5/3/14.
 - “Assessment and Treatment of Youth Who Have Committed Illegal Sexual Behaviors.” Invited 4½-hour presentation, together with Karen Boyd Worley, Ph.D. and Diana Smith, LCSW, for staff of the Division of Youth Services, Arkansas Juvenile Assessment and Treatment Center, Alexander, AR, 5/7/14.
 - “Assessing Sexual Abuse Victimization.” Invited 2-hour presentation for the Arkansas Adult Protective Services Leadership Team, Little Rock, AR, 5/16/14.
- Attended 3 multi-agency multidisciplinary case staffings—3 hours total (4/21/14, 4/25/14, and 6/11/14).
- Testified in 1 Juvenile Court hearing—2¾ hours, 4/22/14.

BUDGETED INFORMATION

CHFL funds budgeted

CHFL funds expended

YEAR-TO-DATE

\$146,117

\$146,117

CHFLI ANNUAL REPORT PEDIATRIC PSYCHOLOGY

PROGRAM DESCRIPTION

The Pediatric Psychology Section focuses its efforts on improving the psychological, developmental, and health status of children and their families. Primary areas of focus involve evaluation services, intervention services, prevention services, consultation, and outreach services. Services are provided directly to children, their parents and the professionals who care for them. In order to have an even wider impact on children and families, efforts also include research and training (including education programs for the public and continuing education for professionals who work with children and families). CHFL funding helps the Pediatric Psychology Service offer many high quality services to benefit children and families that are not self-supporting but are greatly needed in Arkansas.

PROGRAM GOALS/ACTIONS

GOAL 1: **To improve children's adjustment through the development and enhancement of programs targeted for specific groups of children.**

ACTION 1.1: Pediatric Psychology participates in the evaluation and treatment of children with developmental disorders through their participation in the multi-disciplinary services offered through the Dennis Developmental Center. Psychology participates in clinics for learning and attention problems, comprehensive evaluations of children suspected of having problems such as autism, mental retardation, significant developmental delays, ADHD, and learning disorders. Psychology staff also assists with the Autism Treatment Network program. Staff also provides telephone consultations to parents, educators, and various providers throughout the State on a variety of specific and general topics related to children's developmental and psychological problems.

ACTION 1.2: The Pediatric Psychology Section provides pediatric neuropsychological services to children with a variety of specific medical and developmental problems including head injuries, spina bifida, brain tumors, hydrocephalus, meningitis, encephalitis, learning problems, intractable epilepsy and other neurological disorders. Outside of the Department of Pediatrics it is difficult to access pediatric neuropsychological services in Arkansas because of the lack of adequately trained pediatric neuropsychologists.

ACTION 1.3: Pediatric Psychology also provides unique services within the state of Arkansas in several other areas including work with high risk infants, providing psychosocial care for children with a variety of chronic illnesses and disorders such as feeding disorders, diabetes, pain disorders, sleep disorders, gastrointestinal disorders, cardiac disorders, sickle cell, cystic fibrosis, cleft palate, craniofacial disorders, obesity, genetic disorders, hemophilia and numerous other chronic conditions. Primary goals include improving medical adherence, helping identify significant psychosocial problems, and helping these children and their families cope as well as possible with the chronic illness. Psychology faculty were involved this past year in helping create a support group for teens with diabetes as well as a support group for parents of children diagnosed with autism.

In order to provide a greater continuum of care in this regard, we also offer a medical crisis program to help families cope. This has been an area with very limited resources in Arkansas.

- ACTION 1.4:** The Pediatric Psychology Section provides consultations and guidance to 27 specialty services at UAMS/ACH. Services covered include Pediatric Brain Tumor Clinic, Developmental Pediatrics, Pediatric Rehabilitation, Pediatric Hematology/Oncology, Cardiology, Endocrinology, Gastroenterology, Bariatric surgery program, weight management clinic, Medical Home clinic, Sleep disorders clinic, Pain clinic, respiratory technology dependent program, Craniofacial clinic, Habilitation clinic, Traumatic Brain Injury clinic, cleft lip/palate clinic, dystrophia myotonica clinic, demyelinating clinic, genetics clinic, and community providers. A primary goal is to improve medical adherence and the psychosocial adjustment of the children and families. We also provide consultation/supervision services to various UAMS/ACH programs including Kids First and the PACE program (that evaluates children entering the foster care system as well as those in DHS/DYS custody), as well as the ACH Nutritional Research Institute.
- ACTION 1.5:** Members of the Pediatric Psychology section are working on several projects focusing on prevention. These projects are introducing, or disseminating, programs to Arkansas that have been found to be effective in other states. Projects focus on such issues as parenting, home visiting and obesity prevention.

PERFORMANCE INDICATOR 1:

Number of children seen in the Dennis Developmental Center by psychology. Many of these patient contacts were comprehensive (e.g., a neuropsychological evaluation of a patient can take up to 6-7 hours).

Number of patients seen in the DDC by psychology: 435

GOAL 2: To help families through the enhancement, expansion, and improvement of community education services.

ACTION 2.1: Psychology staff work through the Center for Effective Parenting to enhance parenting education services. Through this Center various parenting classes are free of charge.

ACTION 2.2: Community education efforts also include public presentations and the preparation of written materials on a variety of topics including issues related to improving the adjustment of children. Faculty members also participate frequently in a number of television and radio shows to inform the public of various child and family issues. They also provide information to newspapers for feature stories on family and child issues.

PERFORMANCE INDICATOR 2: Attendance at Community Education Programs

Number attending community programs: 246

GOAL 3: To increase the knowledge base of professionals who work with children through continuing education programs and other training activities.

ACTION 3.1: The staff of the Pediatric Psychology Section are very active in trying to enhance the knowledge base of professionals who work with children and their families. We provide in-service training to various groups as well as presentations to various local, regional, and national professional groups. We also provide written information on a variety of requested topics. The Pediatric Psychology Section is also very active in professional writing for state, regional, national, and international publications.

ACTION 3.2: The Pediatric Psychology Section's primary training focus is at the fellowship training level. In Arkansas, as in many other states, there are an inadequate number of psychologists trained in specific child-clinical and pediatric psychology skills. In order to help address this problem we offer three 12-month training post-doctoral fellowships. Several past psychology trainees have stayed in Arkansas and provide needed clinical services to the children of Arkansas. In addition to our fellowship program, various training activities to students from Arkansas' colleges and universities are offered.

ACTION 3.3: The Pediatric Psychology Section also participates in training activities for pediatric residents and other physicians. The goal of these activities is to improve their ability to identify and effectively address psychological issues that may be present in the patients they follow both in primary care settings and in sub-specialty services.

PERFORMANCE INDICATOR 3: Presentations to Professionals

Professionals attending presentations: 1,324

GOAL 4: To advance knowledge through research efforts that have direct implications for improving services to children and their parents.

ACTION 4.1: The Pediatric Psychology Section is active in various research projects. Areas being examined include autism, sleep disorders, childhood obesity, cystic fibrosis, nutrition, learning disabilities, ADHD, parenting, the impact of neurological disorders on children, measuring cognitive processes, spina bifida, and the relationship between nutrition and early brain development.

ACTION 4.2: Disseminate information from research efforts through presentations and publications in order to improve services to children and families.

BUDGETED INFORMATION

CHFL funds budgeted

CHFL funds expended

YEAR-TO-DATE

\$50,000

\$50,000

CHFLI ANNUAL REPORT

DEVELOPMENTAL PEDIATRICS/PHYSICAL MEDICINE AND REHABILITATION

PROGRAM DESCRIPTION

Developmental/Physical Medicine and Rehabilitation is a multidisciplinary group of sub-specialist physicians who serve the most severely disabled population of the state. Pediatric Physiatrists and Developmental Pediatricians are committed to improving services for the CSHCN population statewide. The section exports physicians and ancillary staff to supplement local provider's resources in the most rural communities of the state. The Developmental/ Physical Medicine program offers inpatient and outpatient rehabilitative services for severely handicapped children with an established continuum of care that includes outside organizations and local providers.

The UAMS Developmental Center is a research, diagnostic and treatment program providing care for developmentally and physically challenged children from birth to 21 years of age. The Center supports full service clinics both at Little Rock and Lowell. Programs are supported with a centralized intake system, clinic staff and administrative support.

The University Centers for Excellence in Developmental Disabilities (UCEDD) are found in every state and each is affiliated with a major university. A UCEDD works with all groups and organizations including the individual with disabilities to ensure education, research and service in the area of developmental disabilities.

PROGRAM GOALS/ACTIONS

GOAL 1: **To detect and treat children with complicated health care needs such as Autism, Developmental Delay, Cerebral Palsy, Attention Deficit Disorder, Learning Disabilities, and Failure to Thrive at the earliest age possible.**

ACTION 1.1: Developmental Pediatrics and Physical Medicine and Rehabilitation programs support diagnostic and treatment programs that serve persons with disabilities. Programs include inpatient acute rehabilitation services, residential care services as well as outpatient rehabilitation services. The section exports physicians and ancillary staff to supplement local provider's resources to the most rural communities of the state ensuring individualized and specialized care for children with disabilities being served in the state's Developmental Disability Treatment Centers, Residential Care Facilities as well as filling in the gaps in services statewide.

ACTION 1.2: The Developmental Center operated by the University of Arkansas for Medical Sciences and the Department of Pediatrics is one of two fixed site developmental programs that serve the most severe and complicated children of our state with developmental disorders.

ACTION 1.3: The section also serves children and adults with physical disabilities that require adaptation equipment, nutritional interventions and individualized care for disabilities in the state's residential care facilities. The section of Developmental/ Physical Medicine and Rehabilitation affords Developmental and Rehabilitative services for children at the Conway Human Development Center as well as other Human Development Centers.

ACTION 1.4: The section of Developmental/ Physical Medicine and Rehabilitation affords inpatient and outpatient Developmental and Rehabilitative services for children admitted to Arkansas Children's Hospital. Clinical leadership and clinical programs are ensured for a fourteen bed Acute Tertiary Care Rehabilitative Unit. The section has established a continuum of care with Arkansas Children's Hospital clinical activities with outside organizations such as Easter Seals,

Developmental Disability Services and local providers to detect and treat children with severe and complicated health care needs such as Autism, Spina Bifida, Muscular Dystrophy, Traumatic Brain Injury, Developmental Delay, Cerebral Palsy, Attention Deficit Disorder, Learning Disabilities, and Failure to Thrive at the earliest age possible within a fifty mile radius of their homes..

ACTION 1.5: The UAMS Developmental Center is a diagnostic and treatment program providing care for developmentally and physically challenged children from birth to 21 years of age. A second full service UAMS developmental diagnostic and treatment center is located at Lowell, Arkansas. Ten cooperative treatment and diagnostic programs have been established with local providers. This state network of care will ensure the closure of gaps in services for the CSHCN population with the subspecialties of Developmental, Physical Medicine and Rehabilitative programs supporting nine total local providers statewide.

GOAL 2: Provide training as it relates to developmental disabilities for teachers, health professionals, counselors, state agencies and other disciplines statewide.

ACTION 2.1: Autism Training is completed for in the area of Developmental Disabilities to include the use of a diagnostic testing tool designed to screen for Autism. Nine CoBALT teams are established statewide with local providers trained in Developmental Disabilities. The COBALT screening tool will ensure diagnostic and treatment for patients and families suspected of severe disabilities. In addition, these CoBALT sites will ensure early intervention with timely diagnostics for disabilities improving care that crosses organizational boundaries.

ACTION 2.2: Project DOCC (Delivery of Chronic Care) has three components home visits, parent interview and training. This innovative program by design promotes an understanding of serving children with disabilities for physicians by utilizing parents of children with disabilities and real life experiences as the training tools. In addition, this training network and the Medical Home Training initiative has been successful in also educating statewide primary care physicians and ancillary staff that serve persons with disabilities.

ACTION 2.3: A Developmental Behavioral Pediatric Fellowship Program has been certified to train pediatricians over a three year period in Developmental-Behavioral Pediatrics. There were 3 fellows in training in fiscal year 2013-2014.

GOAL 3: Facilitate and support a variety of research and activities designed to prevent developmental disorders and promote successful treatment outcomes.

ACTION 3.1: The CDC awarded a four-year Autism Prevalence Study to the section for further study on the ASD population of the state. The most recent prevalence data arising from this study and shared nationwide by the CDC shows an increase in the prevalence of ASD among 8-year old children from 1 in 145 (2002 data) to 1 in 65 (2010 data). Fifteen other states were awarded four year grants to share data that crosses organizational boundaries taking a national look at Autism.

ACTION 3.2: Another research initiative in the area of Autism is awarded the section, as one of 15 sites in the National Autism Treatment Network (ATN). The ATN has developed standards of care for the diagnosis and treatment of ASD and facilitates research and early identification of Autism to improve outcomes from behavior therapy and living skills training.

ACTION 3.3: The Autism Metabolic Genomics Laboratory and the UAMS/Department of Pediatrics operates a Centers for Excellence in research to better understand pathology of children with autism with the goal of developing predictive biomarkers and treatment targets for children with autism.

GOAL 4: **Collaborate and form alliances with state and local agencies, crossing organizational boundaries to meet the social and healthcare needs of children with special health care needs.**

ACTION 4.1: The section crosses organizational boundaries and collaborate with the Department of Human Services (DHS), Division of Developmental Disabilities (DDS), Division of Children and Family Services and associated programs that serve both children and adults with disabilities. The section's effort has resulted in the increased quality care for persons with disabilities from birth to death statewide.

ACTION 4.2 The organizational structure of the section of Developmental Rehabilitation and Physical Medicine is comprised of a myriad of programs that serve both children and adults with disabilities from birth to death statewide. Thousands of children/adults with disabilities living in the state are served directly and indirectly with clinical activities and medical leadership.

ACTION 4.3: The University Centers For Excellence In Developmental Disabilities (UCEDD) are found in every state and each is affiliated with a major university. A UCEDD works with all groups and organizations to ensure education, research and service in the area of developmental disabilities. The UCEDD as well as the Autism initiatives are dependent on state and federal funding to support clinical, educational and research initiatives for children with disabilities. The section continues to directly support the UCEDD with medical leadership and research opportunities and initiatives. The Section and the UCEDD have received multi-year grant funding for interdisciplinary leadership training of graduate and post-graduate health professional students in neurodevelopmental and related disorders (LEND). This training collaboration has expanded health professionals' understanding and interest in a team-based approach to serving children and families with special health care needs.

BUDGET INFORMATION

	<u>Year-To-Date</u>
CHFL funds budgeted	\$350,000
CHFL funds expended	\$350,000

CHFLI ANNUAL REPORT CENTER FOR APPLIED RESEARCH AND EVALUATION

PROGRAM DESCRIPTION

Founded in 1990, the Center for Applied Research and Evaluation (CARE) seeks to improve the health of children in Arkansas and the nation through research in the areas of child health services, pediatric injury prevention, and child development and nutrition. Research results at CARE have influenced child health practice and policies in Arkansas and throughout the country.

CARE is one of the few divisions in a Department of Pediatrics nationally that offers multi-disciplinary applied research focusing on the health of children, their families, and communities. Interactive disciplines include: epidemiology, health policy, behavioural psychology, health services research, medical sociology, and nutrition. Pediatric research is conducted in three major areas: 1) Child Health Services research identifies cost-effective practices and policies that result in improved health for children; 2) Injury Prevention focuses on interventions designed to reduce and prevent pediatric injuries; and 3) Child Health, Development, and Nutrition research investigates child health, behavior, and nutrition in relation to development and family functioning.

Additionally, CARE has responsibility for two clinical entities. The first is the long standing Growth and Development Program, including the weekly Growth and Development Clinic with a multidisciplinary staff that includes a developmental pediatrician, a specialty nurse, social worker, psychological examiner, nutritionist, and speech pathologist. The second is the more recently established Medical Home Program, including the Medical Home clinics with several pediatricians, three nurses and two social workers. The Medical Home program provides and coordinates care for highly complex infants and children.

PROGRAM GOALS/ACTIONS

GOAL 1: **Assess the quality and cost of services provided to children in the areas of inpatient care, intensive care, nutrition, emergency care, health care, and infant development.**

ACTION 1.1: CARE's faculty has organized a research team to study costs and outcomes of pediatric inpatient and outpatient care for a variety of conditions, including studying infants hospitalized with birth defects and evaluating the impact of the Medical Home program. Extra- and intramurally funded projects in CARE made possible through infrastructure support by CHFLI include:

Children's Health Services Research Group (ACH Contract)

ACTION 1.2: Strengthening care for children with special health care needs: Dr. Dennis Kuo has set the following objectives. The first objective is to develop and maintain a statewide consortium for strategic oversight and collaboration for the system of care for CSHCN. The next objective is to partner with community-based organizations to develop resources and training for families and providers. The third objective is to develop Medical Homes for such children, through technical assistance, quality improvement and

co-management of children with medical complexity with pediatric practices. Finally, the collaborators will promote health care transitions from pediatric to adult health care, engaging providers, youth, and families to develop and disseminate resources. CHFLI infrastructure support facilitated the applications for the following funded projects:

Building an accessible, integrated, and family centered system of services for children and youth with special health care needs in Arkansas (HRSA)

Co-Management of Complex Neonates: Supporting the Medical Home (HRSA)

Transforming Patient Care Through Practice Transformation and Education (Blue & You Foundation for a Healthier Arkansas – Berry, PI)

ACTION 1.3: Dr. Robbins has initiated a study of the hospital experience of adolescents and adults born with congenital heart defects, and a study of whether cases of child physical abuse can be anticipated by previous visits to the hospital emergency department for injuries suggestive of abuse. Development of these new projects was made possible in part by support from CHFLI.

GOAL 2: **Assess the number and types of children who are malnourished or obese in Arkansas, and research methods and programs to address these findings.**

ACTION 2.1: Dr. Patrick Casey leads a team that studies food insecurity in conjunction with socio-economic status and the impact of Welfare Reform. CHFLI has supported the infrastructure that resulted in this externally funded Project.

Children's Health Watch (WW Kellogg Foundation and others)

ACTION 2.2: The Community-based Childhood Obesity Prevention Research Program (COPRP), co-sponsored by ACHRI and the DOP, has a mission of addressing childhood obesity through a coordinated community-based approach targeting modifiable individual risk behaviors, environmental risk factors, and state and national risk reduction policies. The approach is focused on food systems and sustainable agriculture strategies. A portfolio of federal and state-funded research studies and outreach programs to address these goals under the direction of Dr. Judy Weber (Associate Professor of Pediatrics; Co-Director, COPRP) include:

Increasing school bonding through gardening to reduce obesity and other risk behaviors in the Delta: The Delta Garden Study (USDA)

Intervention for obesity prevention targeting young children in at-risk environments: An integrated approach: The Arkansas Grow Healthy Study (USDA)

Arkansas GardenCorps (Corporation for National and Community Service – AmeriCorps)

AmeriCorps NCCC Service Project/Delta Garden Study at ACHRI (Corporation for National and Community Service – AmeriCorps)

Through these grants and programs, undergraduate and graduate students from across the state, service learners from around the country, and UAMS junior faculty members, are trained in issues related to childhood obesity, and strategies for preventing and reducing this epidemic health problem through risk reduction efforts.

GOAL 3: Maintain clinical programs to diagnose and treat children from the state of Arkansas and surrounding states, ages 0-3, with problems of growth/nutrition and/or development.

ACTION 3.1 CARE provides professional support, administrative support, and professional services for children referred for failure to thrive or developmental delays. The weekly Growth and Development Clinic provides multidisciplinary diagnostic and treatment services for children ages three and under from Arkansas and neighboring states. In addition, CARE faculty provides inpatient consultation on children with developmental delay.

Performance indicator 3.1:

Services provided this year:

Total number of children seen in the Growth & Development Clinic (FY13, 536)	625
Total number of new children seen (FY13, 179)	236*
Total number of new children with failure to thrive (FY13, 55)	59
Total number of new children with developmental delays (FY13, 57)	77
Total number of new children seen with FTT and Developmental Delays (FY13, 22)	45

*These numbers do not reflect new children seen with “other” diagnoses but only new children seen with FTT and DD.

ACTION 3.2 CARE provides professional support, administrative support, and professional services for children referred to the Medical Home Clinic for Children with Special Health Care Needs at Arkansas Children’s Hospital. This clinic provides general medical care, with emphasis on nutrition and developmental needs, of highly complex children with several chronic conditions who see multiple sub-specialists at ACH; the clinic staff assists in the coordination of care of these complex children at ACH.

Performance indicator 3.2

Services provided this year:

Total number appointed (FY13, 1568)	1721
Total number seen (FY13, 1201)	1286
Total number of follow-up children (FY13, 1357)	1478
Total number of new children seen (FY13, 211)	243

GOAL 4: To improve the health of Arkansas children by increasing awareness of healthy lifestyles and injury prevention and by providing services to promote those behaviors. CHFLI infrastructure support has made possible the attainment of the following actions.

ACTION 4.1: Dr. Aitken continues to develop the services of the Injury Prevention Center at Arkansas Children's Hospital. A number of projects and key staff have been made possible, including extramurally funded programs, through the infrastructure support by CHFLI, including:

Child Passenger Safety Education Program (AR Highway Safety Offices)

Building Consensus for Safer Teen Driving Project (NHTSA, Arkansas Highway Safety Office)

ACTION 4.2: The Child Passenger Safety Education (CPSE) program (AR Highway Department contract) is meeting the primary goals of educating health and childcare personnel on child restraint. During the year, 60 newly trained CPSE technicians were certified. Fifty workshops educated 767 health, childcare, and social service professionals on child restraints. 653 car seats were provided for Arkansas children through the CPSE program at no cost through check-up events, regular fitting stations, and a mini-grant process.

A CPS program continues at the Arkansas Children's Hospital General Pediatric Clinic. Printed materials in English and Spanish, videos, and protocols are in place for parental education and a check up by "prescription" is conducted monthly on the ACH campus.

ACTION 4.3: Dr. Aitken is increasingly asked to speak with local media and received coverage as part of a press conference on injury prevention. Dr. Aitken has several injury-related activities that have frequent or regular articles in local newspapers and neighborhood newsletters.

ACTION 4.4: Dr. Aitken received funding from Arkansas Children's Hospital to establish an injury prevention research center in 2007 and this support continues. Population-based translational research in the areas of injury prevention and traumatic brain injury were implemented. Collaboration with other faculty who shared research interest in injury was a primary objective for the year. Continuing interventions included ATV safety and evaluation of a teen driving safety program, both of which received intramural and extramural funding. Two collaborative grants funded by NIH were recently completed or are in progress:

Social Cognitive Function after Traumatic Brain Injury (PI: Levin, Baylor University)
Safety in Seconds 2.0 (PI: Gielen, Johns Hopkins Bloomberg School of Public Health)

ACTION 4.5 Establishment of the Statewide Injury Preventions Program (SIPP): The program is funded through a contractual agreement between the Arkansas Department of Health and Arkansas Children's Hospital. The program is housed and administered within the Injury Prevention Center of the Center for Applied Research and Evaluation in the Department of Pediatrics, University of Arkansas for Medical Sciences. The Director of the Statewide Injury Prevention Program is Mary Aitken, MD, MPH.

The mission of the SIPP is to reduce the burden of injury mortality and morbidity in Arkansas through primary prevention of injuries. The SIPP provides technical assistance and serves as a resource center for designated trauma centers, EMS Providers, Hometown Health Improvement Coalitions, Educational Cooperatives, and other injury prevention entities requesting assistance in implementing injury prevention interventions within their

local communities. When fully established, the SIPP will provide the information necessary to efficiently and effectively adopt programs that have been demonstrated to be effective in achieving injury control goals. The program team also develops injury prevention education modules along with a comprehensive educational delivery system (live presentation, webinars, online coursework, teleconferencing, etc.) to provide the tools to effectively identify, implement, and evaluate injury prevention initiatives in the at the regional and local levels. Program areas of interest are Motor Vehicle Safety, Home Safety, Recreational Safety, Intentional Injury Prevention, and Professional Education Development.

ACTION 4.6: Establish an Infant and Child Death Review Program: In 2011 The Arkansas Infant and Child Death Review Program was established to identify the causes of death of infants and children and to reduce the incidence of injury and death to infants and children by requiring a death review to be performed in all cases of unexpected deaths of children under eighteen years of age. The Arkansas ICDR Program, housed in the Injury Prevention Center of the Center for Applied Research and Evaluation, Department of Pediatrics, UAMS, was created to produce procedures for the operation of local child death review teams and provide leadership and guidance to the local teams. Three teams are now functioning in the State and several others are in development. The Director of the ICDR Program is Pamela Tabor, DNP, WHNP-BC, Forensic Certification.

GOAL 5: To provide leadership and assistance to community organizations seeking to establish or expand health promotion activities, and to foster collaboration with public health organizations working in this discipline.

ACTION 5.1:

- Mary E. Aitken, M.D., M.P.H. will be the inaugural chair holder of the Injury Prevention Center (IPC) when the chair is fully endowed.
- Mary E. Aitken, M.D., M.P.H., was interviewed on topics related to injury prevention, graduated teen driver's licenses, car seat safety, and all-terrain vehicle education and safety.
- Debra H. Fiser, M.D., received the 2014 UAMS Distinguished Service Award.
- James M. Robbins, Ph.D. is a member of the Arkansas Folic Acid Coalition.
- Joseph W. Thompson, M.D., M.P.H., advocates for policy improvement both locally and nationally, and is the Surgeon General of Arkansas.
- Joseph W. Thompson, M.D., M.P.H., received The David E. Bourne Award for his leadership efforts in the State of Arkansas.
- Joseph W. Thompson, M.D., M.P.H. was featured in C-SPAN where he talked about Medicaid expansion in Arkansas.
- Judith Weber, Ph.D., gives talks on promoting healthy active lifestyles to school children.
- Judith Weber, Ph.D., and her Delta Garden have established working relationships with the AmeriCorps and FoodCorps programs to provide community outreach and support in various areas of the state.

Grants and other Research Activities in FY14:

Mary Aitken, M.D., M.P.H., continues work on “Building Consensus for Safer Teen Driving,” HSO \$216,685.

Mary Aitken, M.D., M.P.H., submitted a proposal, “Arkansas Injury Control Research Center”, to CDC, \$2,249,696.

Mary Aitken, MD MPH, submitted a proposal, “Generations in Families Talking Safe Sleep—GIFTSS” to NIH, \$2,880,387. This project will be funded in FY15.

Mary Aitken, M.D., M.P.H., submitted a proposal, “Parental Perception of All-terrain Vehicle Risk”, to NIH, \$409,750.

Patrick Casey, M.D., continues work for the Children’s Health Watch (formerly Children’s Sentinel Nutrition Assessment Program (C-SNAP)), subcontract with Harvard University, various funding sources, \$36,500, \$18,000, \$71,927; \$120,329, \$120,567.

Patrick Casey, M.D., received funding for his “Children’s Health Watch 2014”, from Boston Medical, \$126,400.

Patrick Casey, M.D., received funding for his “Child Food Insecurity in Families of Young Children with and without Special Health Care Needs,” from USDA/University of Kentucky/Boston Medical, \$22,924.

Dennis Kuo, M.D., M.H.S., submitted a proposal, “Supporting Co-Management of Children with Medical Complexity”, to PCORI, \$2,100,074.

Dennis Kuo, M.D., M.H.S., submitted a proposal, “Evaluating Developmental Monitoring with Learn the Signs. Act Early Materials in Child Care Settings”, to Disability Research Center, \$395,570.

James Robbins, Ph.D., (Aitken co-Investigator) continues work on “Assessment of Outcomes of Pediatric Health Care,” (ACH Contract, \$175,000 annually).

Judith Weber, Ph.D., R.D., received funding for her “USDA Farm to School Support Service Grant” from USDA, \$4,986.

Judith Weber, Ph.D., R.D., received funding for her “Arkansas Americorps State – Arkansas GardenCorps” from AmeriCorps, \$186,123.

Judith Weber, Ph.D., R.D., received funding for her “Bridging Request in Support of the ACHRI Childhood Obesity Prevention Research Program”, from ACHRI/ABI, \$125,000.

Judith Weber, Ph.D., R.D., submitted a proposal, “Center for Childhood Obesity”, to NIH, \$9,411,401.

Judith Weber, Ph.D., R.D., submitted a proposal, “The Arkansas School Garden Network: Supporting Innovations in Child Health and Academic Achievement”, to American Honda Foundation/ACH Foundation, \$73,480.

Judith Weber, Ph.D., R.D., submitted a proposal, “The Arkansas Grow Healthy Study: Interventions to Understand and Prevent Childhood Obesity”, to USDA/UA, \$1,615,157.

Judith Weber, Ph.D., R.D., continues work on the USDA/ARS (and Delta Obesity Prevention Research Unit) funded, “Increasing School Bonding through Gardening to Reduce Obesity and Other Risk Behaviors in Children in the Arkansas Delta,” \$1,799,900.

Publications:

In FY2014, CARE faculty members have written 19 peer-reviewed research articles and publications.

BUDGETED INFORMATION

CHFL funds budgeted

CHFL funds expended

YEAR-TO-DATE

\$300,000

\$300,000

CHFLI ANNUAL REPORT ADOLESCENT MEDICINE

PROGRAM DESCRIPTION

The Adolescent Medicine program of professionals works through the Adolescent Center at Arkansas Children's Hospital to provide the state's only comprehensive array of preventive and treatment services for teens under a universal umbrella of wellness. Beyond this single point of entry to the health care system, youths and their families can undergo diagnostic evaluation for virtually any medical or psychosocial condition afflicting teenagers. These conditions, often previously unrecognized causes of suffering, range from common gynecological conditions and primary health care needs to chemical dependency, sports-related acute and overuse injuries; growth and development, eating disorders, depression and behavioral problems; diabetes, asthma, concussion and AIDS.

PROGRAM GOALS/ACTIONS

GOAL 1: Provide health care designed to meet the special needs of Arkansas' adolescents.

ACTION 1.1: Adolescent physicians and a multidisciplinary team of adolescent specialists provide medical and psychological care to youth during ten-day and evening clinics weekly to include medical services, evaluations and intervention counseling. The majority is ages 13-17 out of the 12-21 year olds served.

ACTION 1.2: Eating disorders services were provided at the West Little Rock ACH Specialty Clinic to both male and female adolescent patients diagnosed with anorexia nervosa, bulimia nervosa or eating disorders not otherwise specified.

GOAL 2: Provide specialized and creative programs to educate and promote wellness to prevent health problems that may have diverse and profound effects on children's futures.

ACTION 2.1: On-site physicians and athletic trainer coverage was provided at athletic events. All injuries were treated by ACH medical staff.

ACTION 2.2: Adolescent Medicine's Website (<http://teenhealth.net>) provides information and articles on each program within Adolescent Medicine (clinic services, sports medicine, substance abuse, eating disorders, psychosocial needs, sexually transmitted diseases, obesity, etc.).

ACTION 2.3: The Sports Medicine Plus (SMP) Webpage provides brief athletic histories and athletic information for each school covered by SMP. Information will be available regarding sports injuries, conditioning, announcements of sports physicals and special programs provided by SMP.

ACTION 2.4: The Eating Disorder Treatment Program is conducting research into the factors influencing osteoporosis and cardiac conditions in females with eating disorders. Additional data on resting energy expenditures is being gathered this quarter and will augment the existing database.

ACTION 2.5: A website specific to the Eating Disorders Program has been launched that includes information about eating disorders, referral information for our clinic, links to national resources for parents and teens, and guidelines for school and community professionals who may be concerned about teens they know. The Eating Disorder Program has also expanded to include an additional ½ of clinic per week.

BUDGETED INFORMATION

CHFL funds budgeted

CHFL funds expended

YEAR-TO-DATE

\$50,000

\$50,000.

CHFLI ANNUAL REPORT GENETICS

PROGRAM DESCRIPTION:

Pediatric Genetics and Metabolism is a comprehensive specialty program provided through UAMS and the Department of Pediatrics. Patients seen include persons and their families with birth defects, mental retardation, autism, disorders of sexual differentiation, a personal or family history of multiple miscarriages, growth problems (over or under), hereditary disorders, inborn errors of metabolism, family history of cancer/ and/or other complex diagnostic problems. Patients of all ages are seen.

The Pediatric Genetics and Metabolism Program is the only one of its kind in the state of Arkansas. The professional staff includes, five board certified clinical / biochemical geneticists, one advanced practice nurse, seven genetic counselors, one newborn screening coordinator, a genetic specialty nurse, and three clinical nutritionists.

Services provided by the Clinical Genetics Program include general clinics at ACH; participation in 13 interdisciplinary clinics; inpatient consults; numerous educational activities, serving professional and lay groups; participation in research related to birth defects; clinical outreach clinics, telemedicine clinics and other consultative/collaborative studies.

PROGRAM GOALS/ACTIONS:

GOAL 1: GENETIC CLINIC SERVICES

To provide specialized, genetic clinic services for the state of Arkansas to include accessible diagnostic evaluations/follow up care, as needed, for patients/families with birth defects and hereditary disorders. We also strive to provide rapid turn-around clinic summary letters to each referring physicians, counseling information (letters and printed material are also provided directly to families).

ACTION: 1.1

General genetic clinics are held every day of the week. Comprehensive services for congenital anomalies, familial disorders and developmental disabilities are provided. The genetic counselors also see the patient/family in the clinic to obtain a family history, information and provide genetic counseling .

ACTION 1.2

Our staff participates in over 13 quaternary (interdisciplinary) clinics. This includes endo-genetics, disorders of sexual differentiation, connective tissue disorders retinal genetics, dystrophinopathy and autism clinics. Down syndrome and metabolic patients follow up patients are seen by the APN and clinical nutritionist. Additional specialty clinics are being planned.

ACTION 1.3

An outreach clinic in Lowell, Arkansas was started in October 2009 to better serve patients in Northwest, AR. We began outreach clinics in Jonesboro Jan 2014.

ACTION 1.4

Telemedicine services to the University of Kansas were begun in May 2010 to provide physician Genetic and Metabolism services to patients in Kansas. Additional telemedicine services to other sites within the state of Arkansas are provided. We will be starting telemedicine clinics in Tulsa, OK this Fall 2014.

GOAL 2: GENETIC CONSULTATION

ACTION 2.1

Physicians with genetic counselors perform inpatient consultations at both UAMS and ACH
The genetic counselors may also see the patient/family to obtain a family history, information and provide genetic counseling

GOAL 3: NEWBORN SCREENING

To detect and treat inborn errors of metabolism picked up by newborn screening performed in Arkansas and to perform consultative services for the numerous physicians/professionals involved in care of newborns at potential risk.

ACTION 3.1

A Program Director, Medical Genetics and Administrative Analyst have been added to develop a comprehensive program for the developing NBS infrastructure for the state. Components of this program include education, data collection, integration, and program development.

ACTION 3.2

A Newborn Screening Nurse Educator position has recently been added to provide education and data collection for families and medical personnel throughout the state.

ACTION 3.3

A long term follow-up program began in January 2012 to track children identified with disorders identified by NBS.

BUDGETED INFORMATION

CHFL funds budgeted
CHFL funds expended

YEAR-TO-DATE

\$50,000
\$50,000.

CHFLI ANNUAL REPORT NEUROLOGY SECTION

PROGRAM DESCRIPTION

The Arkansas Comprehensive Epilepsy Program is a regional diagnostic and treatment center which provides a full range of services for the patient with epilepsy and other neurological and neuromuscular disorders. Twelve Neurologists, six specialty nurses, four advanced practice nurses, three child neurology residents, psychologists, research assistant and social work education specialist provide a multidisciplinary team which focuses on evaluation, treatment, and education of these patients. Patient advocacy is also provided on a statewide basis.

PROGRAM GOALS/ACTIONS

GOAL 1: **To provide patients with neurological disorders (and their families) with full comprehensive services designed to help the child live a normal life in his or her own environment.**

ACTION 1.1 Pediatric Neurology provides full diagnostic services and support for patients with epilepsy and other neurological and neuromuscular disorders through support of ACH clinics and the family Network Services.

ACTION 1.2 CHFLI supports a school alert program, a resource center and a library for patients and children with disabilities.

PERFORMANCE INDICATOR 1.1 Patients Served

	<u>1st QTR</u>	<u>2nd QTR</u>	<u>3rd QTR</u>	<u>4th QTR</u>
Neurology Specialty & ANP Clinics	1644	1477	1786	1962
Neurophysiology Lab	557	526	465	585
Lowell Neurology Clinic	647	609	633	754
Lowell Neurophysiology Lab	129	108	114	147
Jonesboro Neurology Clinic	474	390	409	431
Jonesboro Neurophysiology Lab	77	71	96	109

BUDGETED INFORMATION

CHFL funds budgeted
CHFL funds expended

YEAR-TO-DATE

\$130,000
\$130,000

CHFLI ANNUAL REPORT CHILDREN'S ASTHMA CENTER

PROGRAM DESCRIPTION

The Children's Asthma Center (CAC) is a multidisciplinary program that provides a continuum of comprehensive, quality and cost effective care for children with asthma. The CAC is dedicated to collaboration among community services, primary care physicians, specialty physicians and other health care providers in order to achieve excellence in asthma care for the children of Arkansas and the region.

PROGRAM GOALS/ACTIONS

GOAL 1: Children with asthma will demonstrate significant improvement in quality of life measures and fewer hospitalizations and emergency department visits through a comprehensive care program for children with asthma in the state.

ACTION 1.1: The CAC operates clinics both on campus at Arkansas Children's Hospital and in urban and rural outreach sites. The expansion of CAC clinics has been accomplished and a new asthma center specialist recruited. Clinics to serve patients with special needs (e.g., infants with asthma, children with severe asthma) are being developed and evaluated.

PERFORMANCE INDICATOR 1.1: CAC Children Served: (Approx. figures from patient statistics provided by Information Systems Index Format Summary; Patients with a diagnosis of Asthma)

	<u>Year to Date</u>
West Little Rock Asthma Clinic	1215

GOAL 2: Provide training as it relates to asthma management practices for primary care physicians, physicians-in-training, families, and other disciplines statewide.

ACTION 2.1: A survey has been developed to establish baseline data regarding knowledge of Arkansas primary care providers. The data will be collected and disseminated next fiscal year

ACTION 2.2: Development of a comprehensive asthma education program is being planned for primary care physicians, physicians at Arkansas Health Education Centers (AHEC's), physicians-in-training, and other healthcare providers to improve medical and community services for children with asthma.

GOAL 3: Facilitate and support a variety of research and other activities designed to prevent and promote successful treatment outcomes for children diagnosed with asthma.

ACTION 3.1: A database is maintained and updated for specific populations of children served with the diagnosis of asthma.

ACTION 3.2: The physician research director of the CAC recruited a behavioral psychologist, who has submitted several applications for extramural grant funding of clinical asthma research. Grants are related to improvement in child and caregiver adherence to asthma treatment regimens and in developing local community asthma coalitions.

ACTION 3.3: The recently recruited behavioral psychologist has taken a prominent role in design of programs to improve child and caregiver adherence to asthma treatment regimens and to help with development of a comprehensive asthma education program for primary care physicians.

BUDGET INFORMATION

	<u>Year-to-Date</u>
CHFL funds budgeted*	\$145,071
CHFL funds expended	\$145,071

CHFLI ANNUAL REPORT PEDIATRIC NEPHROLOGY

PROGRAM DESCRIPTION

The pediatric nephrology program is the state's only comprehensive program for care of the pediatric patients with kidney disease. The multidisciplinary pediatric nephrology team includes pediatric nephrologists, nurse specialists, transplant coordinator, dialysis nurses, renal social workers, and a renal dietician. This team offers evaluation and treatment of a wide array of kidney diseases from very mild kidney disease such as asymptomatic hematuria and urinary tract infections to very technically demanding problems such as end stage renal disease requiring dialysis and renal transplantation.

PROGRAM GOALS/ACTIONS

GOAL 1: Provide outpatient health care for pediatric patients with kidney disease.

ACTION 1.1: The pediatric nephrologists and team members provide medical evaluation and treatment for children with kidney disease in three general nephrology clinics and one hypertension clinic each week. In addition, there are 24 general nephrology clinics held each year in the UAMS/ACH clinic in Lowell, Arkansas. This year 388 new patients were seen and 1580 follow-up patient visits were made at ACH and 37 new patients and 184 follow-up patients were seen in the Lowell nephrology clinic.

GOAL 2: Provide acute and chronic dialysis to pediatric patients with acute renal failure and end stage renal disease.

ACTION 2.1: 639 inpatient and 885 outpatient dialysis treatments in pediatric patients with acute and chronic renal failure were provided this year. 33 pediatric patients with end stage renal disease were provided with ongoing chronic dialysis this year with 204 clinic visits for dialysis patients.

GOAL 3: Provide renal transplantation to those pediatric patients with end stage renal disease.

ACTION 3.1: Four patients underwent renal transplantation this year. 162 transplant follow-up visits were made in clinic. Eight patients are currently undergoing renal transplant work-up or are on the UNOS waiting list for transplantation.

SIGNIFICANT EVENTS IN THIS YEAR

The pediatric nephrology program provides unique treatment for pediatric patients suffering from all types of kidney disease. It is the only program in the state treating pediatric patients with kidney disease. The catchment area is statewide plus areas of bordering states. There are five fully trained pediatric dialysis nurses serving our patients with both acute and chronic kidney failure. A pediatric nephrology outreach clinic in the UAMS/ACH clinic in Lowell, Arkansas began in August 2007 and now meets 24 times a year.

ANTICIPATED ISSUES NEXT YEAR

Five pediatric nephrologists are involved in the pediatric nephrology program, four on a full time basis and one on a part time basis. There are five dialysis nurses and 1 dialysis nurse manager to serve these patients with acute and chronic renal failure. Engineering issues in water quality and infection control in the dialysis unit have been ongoing and further improvements are required. Adequate space is also an issue in the dialysis unit.

BUDGET INFORMATION

	<u>Year-to-Date</u>
CHFL funds budgeted*	\$50,000
CHFL funds expended	\$50,000

*All CHFLI funds are applied to staff salaries.