

PROGRAM DESCRIPTION

Health and Senior Services		HB Section(s): <u>10.700 and 10.710</u>							
Genetics and Newborn Services									
Program is found in the following core budget(s):									
	DCPH Program Operations	DCPH Programs and Contracts							TOTAL
GR	187,732	942,823							1,130,555
FEDERAL	624,543	136,384							760,927
OTHER	80,170	1,574,281							1,654,451
TOTAL	892,445	2,653,488							3,545,933

1a. What strategic priority does this program address?

Public Health System Building; Infant and Maternal Health; Social Determinants of Health; and Whole Person Health Access.

1b. What does this program do?

The Genetics and Newborn Services program provides education, outreach, and interventions to improve women's prenatal, maternal, and child health; increase healthier births; promote normal growth and development outcomes; increase school readiness; and facilitate healthy outcomes throughout the lifespan. The program develops and disseminates educational materials, social media messages, and multimedia marketing campaigns to educate the public on healthy behaviors. Primary program activities and priorities are outlined below.

- Encouraging early entrance into prenatal care.
- Providing education on healthy behaviors starting at preconception, including:
 - * the Count the Kicks program to reduce still births;
 - * the use of folic acid to reduce birth defects;
 - * the importance of avoiding smoking, alcohol, and other drugs during pregnancy;
 - * breastfeeding promotion; and
 - * helping families learn healthy parenting skills.
- Providing case management, education, and awareness for Hepatitis B (HBV) including information on disease transmission, disease process, diagnosis, and treatment, to clinical and social service providers, infected/affected individuals, and the general public to ensure infants born to HBV positive women receive timely and complete vaccination to prevent infection.
- Administering a confidential, toll-free Maternal Child Health Information and Referral Line that connects families with programs and services (TEL-LINK);
- Administering Newborn Screening Programs, which encompass the following:
 - * newborn blood spot screening tracking and follow-up for over 70 different rare disorders to prevent death and/or disability;
 - * early identification, diagnosis, and intervention for hearing loss to ensure communication milestones are achieved;
 - * education, outreach, and technical assistance for families, providers, hospitals, and the general public.
- Collaborating with child abuse medical resource centers to provide training, support, and mentoring to Sexual Assault Forensic Examination-Child Abuse Resource and Education (SAFE-CARE) medical providers.
- Providing screening, diagnostic evaluations, treatment, and counseling for Missourians with genetic conditions.
- Providing metabolic formula for adults and children with metabolic conditions.

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Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program.

Clients Served by Newborn Health Services	FFY 2020	FFY 2021	FFY 2022	FFY 2023 Proj.	FFY 2024 Proj.	FFY 2025 Proj.
Educational Materials Distributed	275,549	251,048	300,000	300,000	300,000	300,000
Number of TEL-LINK Referrals	3,267	2,952	3,000	3,000	3,000	3,000

Newborn Blood Spot Screening Tracking and Follow-up						
The Missouri Newborn Blood Spot Screening Program tracked, followed, and provided educational information to the parents of:	CY 2020	CY 2021	CY 2022	CY 2023 Proj.	CY 2024 Proj.	CY 2025 Proj.
Newborns referred to contracted referral centers for follow-up of abnormal newborn blood spot screening results.	567	552	600	600	600	600
Newborns diagnosed with disorders identified through newborn blood spot screening.	197	224	200	200	200	200
Newborns with hemoglobinopathy trait identified through newborn blood spot screening.	1,452	1,603	1,500	1,500	1,500	1,500
Newborns who need a repeat blood spot screening.	2,701*	3,287	3,200	3,200	3,200	3,200
Newborns who missed the blood spot screening.	429**	545**	400	400	400	400

*The number of letters mailed to parents of newborns who were found to need a repeat newborn screen in CY 2020 decreased due to follow-up program staff reassignments.

**The number of newborns in 2020 and 2021 who missed their newborn blood spot screening is likely due to parental hesitancy to seek out medical care and potential increased utilization of home birthing options during the COVID-19 pandemic.

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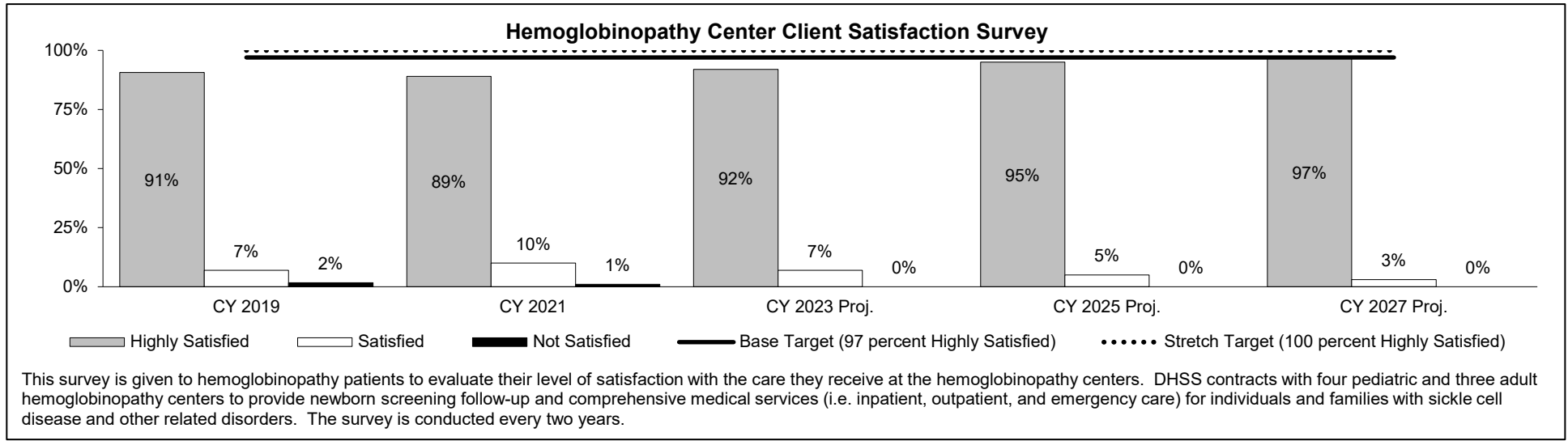
Health and Senior Services **HB Section(s):** 10.700 and 10.710
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Program is found in the following core budget(s):

2a. Provide an activity measure(s) for the program (continued).

Newborn Hearing Screening Tracking and Follow-up						
The Missouri Newborn Hearing Screening Program tracked, followed, and provided educational information to the parents of:	CY 2020	CY 2021	CY 2022	CY 2023 Proj.	CY 2024 Proj.	CY 2025 Proj.
Newborns who failed to pass their initial newborn hearing screening.	2,859	2,876	2,800	2,800	2,800	2,800
Newborns who missed their hearing screening.	815*	711	700	700	700	700
Newborns who were diagnosed with permanent hearing loss and referred to early intervention via Missouri's Part C Program, First Steps.	117	104	120	120	120	120

*The increase in newborns who missed their hearing screening in 2020 was likely due to COVID-19 policies instituted by some hospital hearing screening programs to omit the hearing screening during the height of the pandemic.

2b. Provide a measure(s) of the program's quality.



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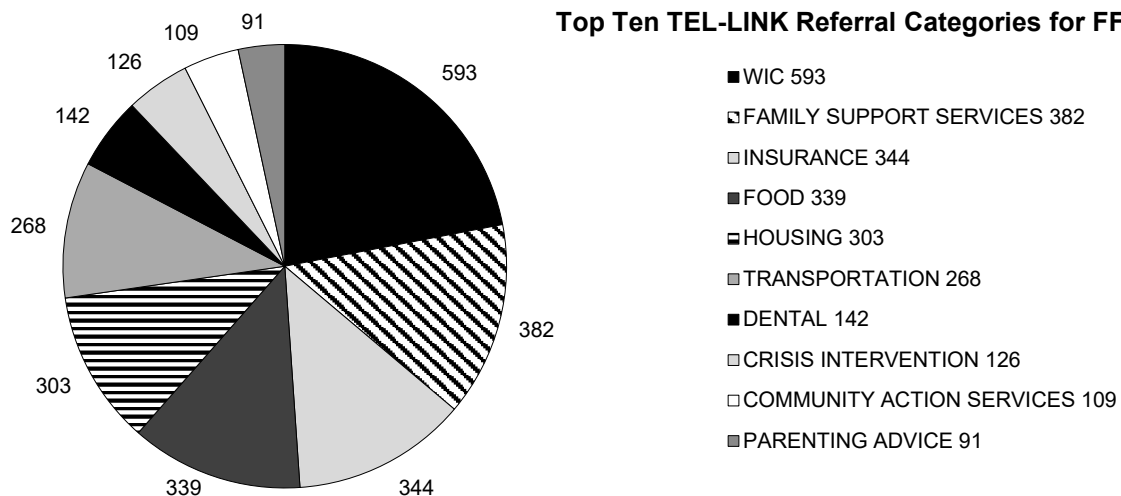
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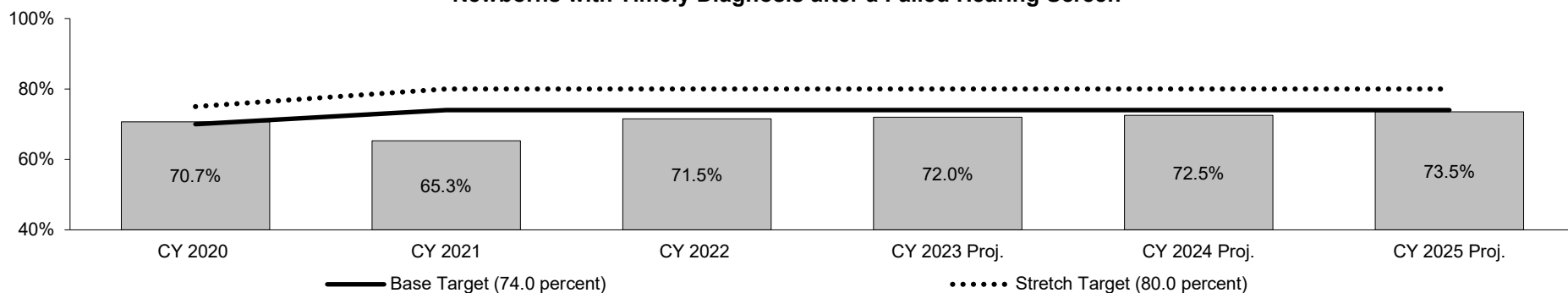
2c. Provide a measure(s) of the program's impact.

Top Ten TEL-LINK Referral Categories for FFY 2021



TEL-LINK is the DHSS's confidential, toll-free telephone line for maternal and child health care. The purpose of TEL-LINK is to provide information and referrals to Missouri residents concerning a wide range of health services. There are 52 different referral categories within the TEL-LINK database. The ten referral categories illustrated here represent 91 percent of the total referrals for FFY 2021. The number of referrals may fluctuate from year to year based upon available funding for advertising as well as the needs of the population.

Newborns with Timely Diagnosis after a Failed Hearing Screen



Universal newborn hearing screening, when accompanied by timely access to outpatient rescreening, audio logic diagnostic evaluation, and intervention services (e.g. training in sign language, hearing amplification services, and speech language services), can improve language, social, and emotional outcomes for children born deaf or hard of hearing and result in economic benefits to society. The purpose of Missouri's Newborn Hearing Screening Program is to screen all infants for hearing loss by one month of age, ensure those infants that fail screening are evaluated to identify hearing loss by three months of age, and ensure all infants diagnosed with permanent hearing loss are enrolled in an early intervention program by six months of age. Previous base target of 70 percent was exceeded in CY 2020, precipitating an increased base and stretch target.

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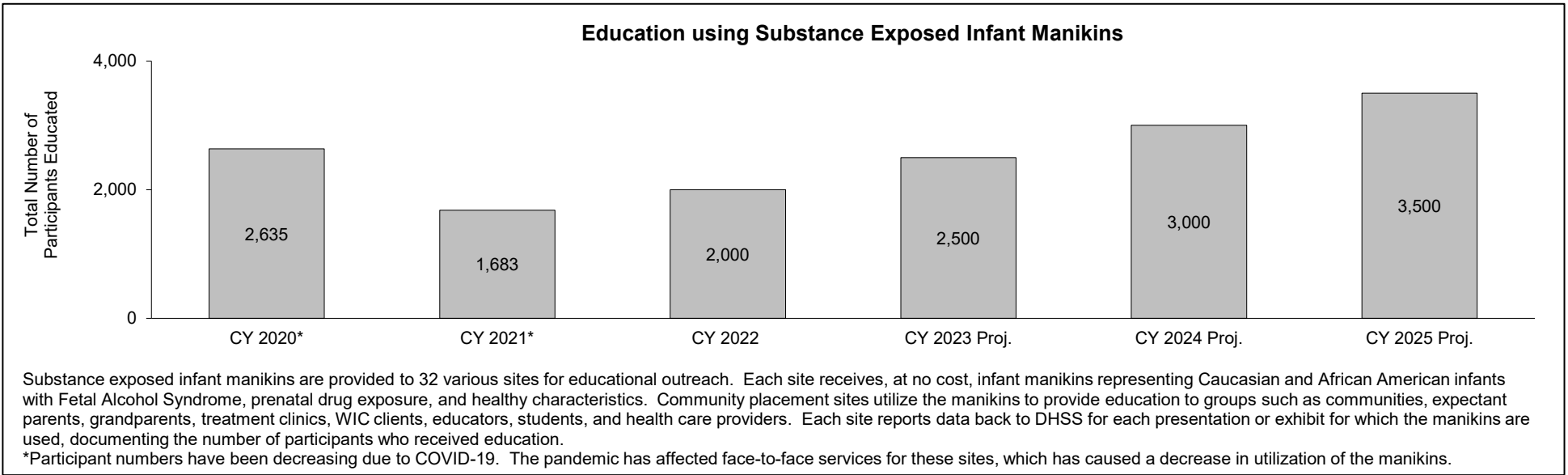
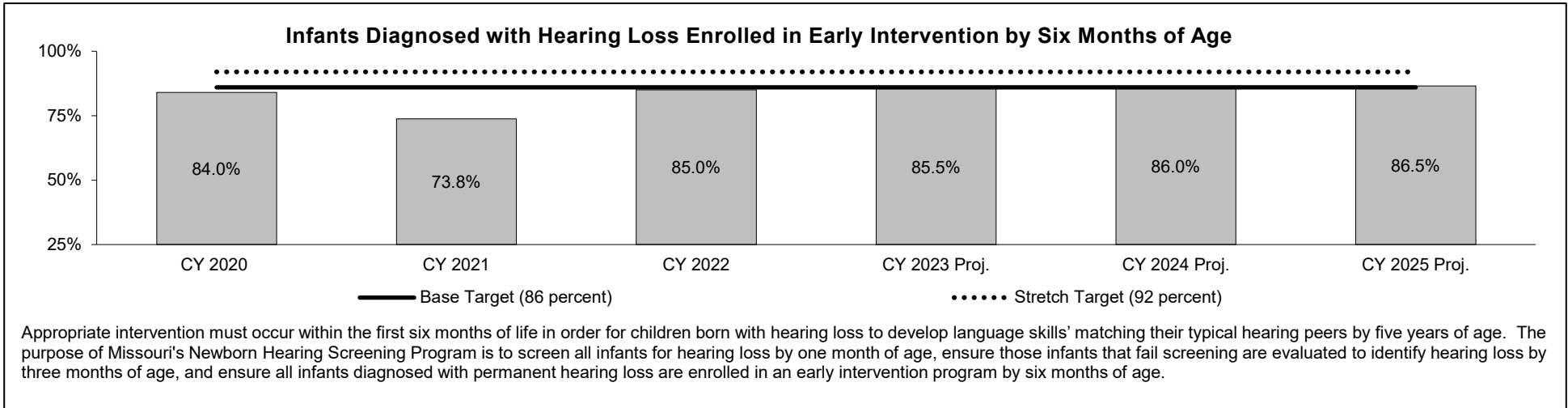
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2c. Provide a measure(s) of the program's impact. (continued)



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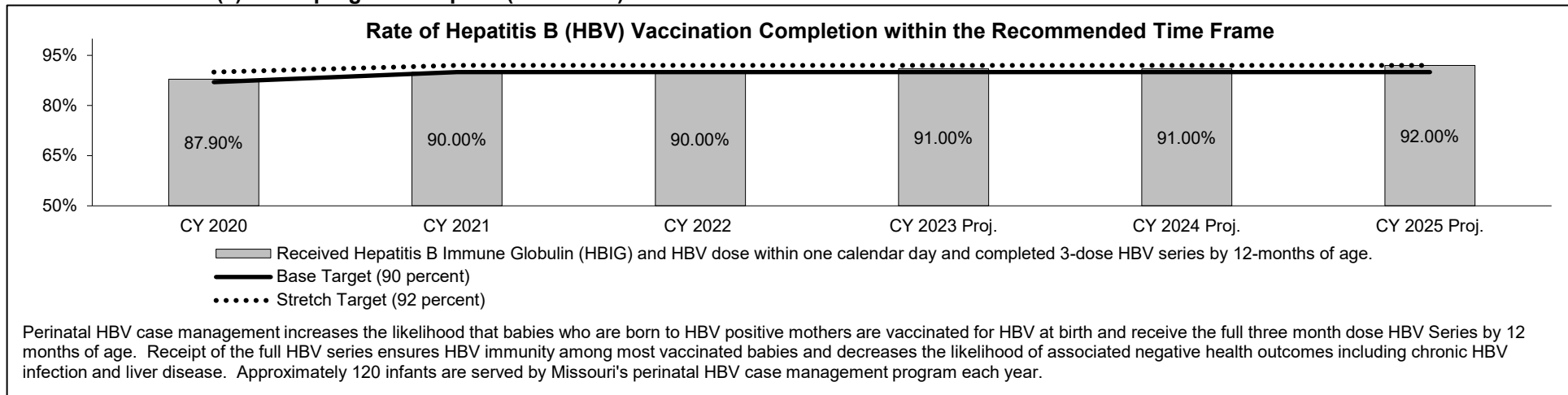
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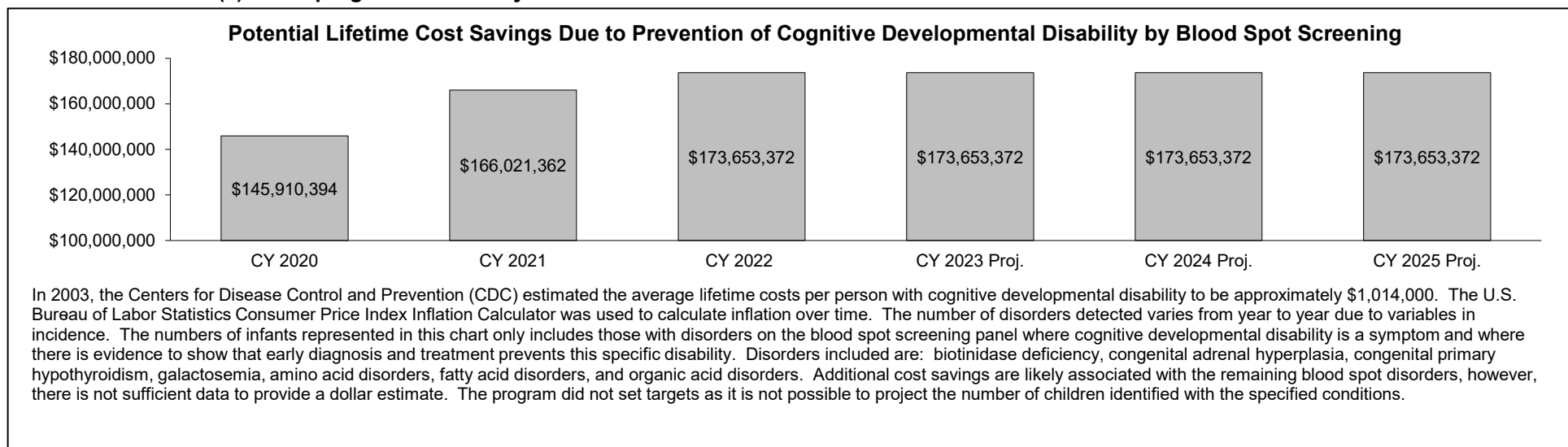
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2c. Provide a measure(s) of the program's impact. (continued)



2d. Provide a measure(s) of the program's efficiency.



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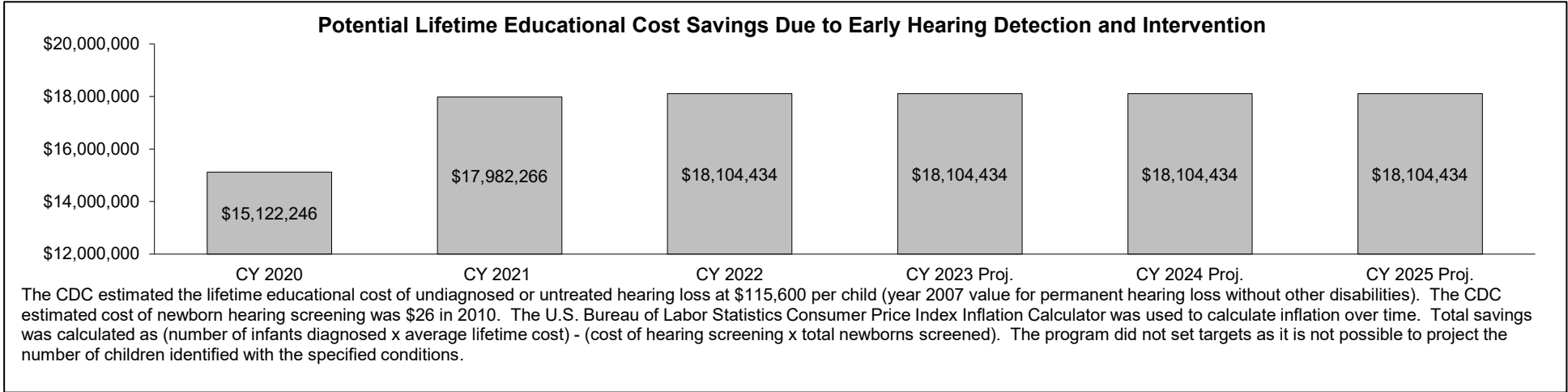
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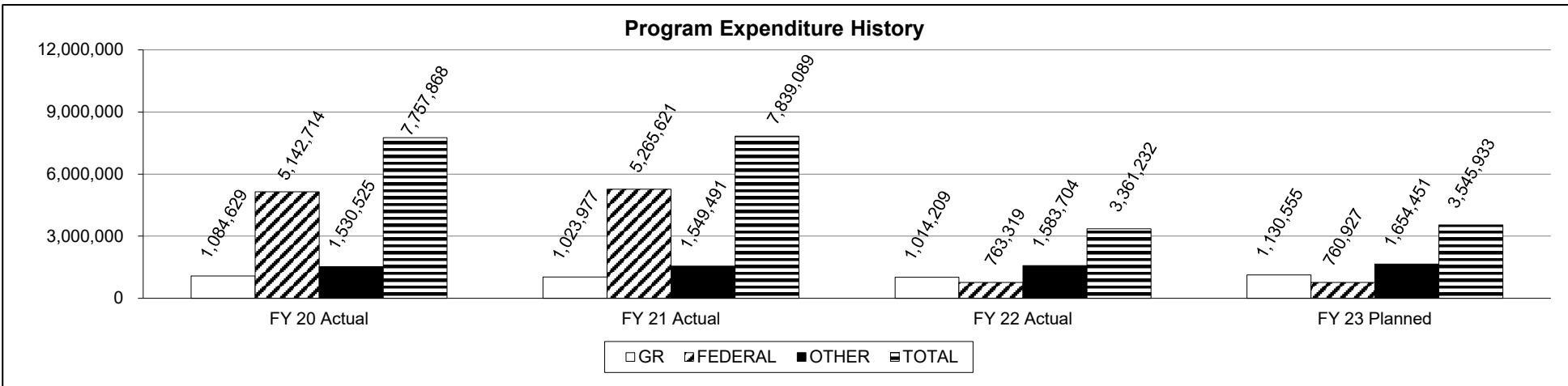
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



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4. What are the sources of the "Other " funds? Health Initiatives Fund (0275) and Missouri Public Health Services (0298).	
5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.) Sections 191.300 - 191.380 RSMo (Adult Genetics and Metabolic Formula; Sections 191.331 - 191.332 RSMo (Newborn Blood Spot Screening)); Sections 191.925 - 191.931, RSMo (Newborn Hearing Screening); Section 191.334, RSMo (Newborn Critical Congenital Heart Disease Screening); Section 191.725, RSMo (Prenatal Substance Use Prevention Program); and the Federal Omnibus and Reconciliation Act (OBRA 89) and Maternal Child Health Information and Referral Line and Section 192.601.1, RSMo (TEL-LINK).	
6. Are there federal matching requirements? If yes, please explain. Yes. The Maternal and Child Health Services Title V Block Grant partially supports this program and requires a three dollar non-federal match for every four dollars of federal funds received, and requires maintenance of effort.	
7. Is this a federally mandated program? If yes, please explain. Yes. The Maternal Child Health Information and Referral Link (TEL-LINK) is mandated under the Federal Omnibus and Reconciliation Act (OBRA 89).	