LATE

Date of Hearing: January 23, 2008

Committee: House Health

LATE
Testimony

Department:	Education
Person Testifying:	Patricia Hamamoto, Superintendent
Title:	H.B. No. 2022, Relating to Children's Health
Purpose:	Provides a means for childhood screening required for entry into school, from birth to eight years of age, and establishes the Hawaii Childhood Screening Initiative Advisory Committee.
Department's Position:	The Department supports this bill because early detection of disabilities and appropriate early intervention are critical for students to reach their potential. The Individuals with Disabilities Education Act requires states to identify, locate, and evaluate all children with disabilities, aged birth to 21, who are in need of early intervention services. The bill would improve the state's ability to identify the needs of children in an appropriate and timely manner. However, we defer to the Department of Health, the identified expending agency, as to their funding priority for this program.

LATE
Testimony

To: Representative Josh Green, MD, Chairperson
Representative John Mizuno, Vice Chairperson
Members of the House Committee on Health

From: Nancy McGuckin, MSN, RN

Date: January 23, 2008

Re: H.B. 2022 Relating To Children's Health

Good morning Representative Green, Representative Mizuno and members of the House Committee on Health. My name is Nancy McGuckin and I am testifying in strong support of this bill and also request that nursing be added as members of the Advisory Committee.

Nurses and nursing provide many of the identified services to children on a daily basis and would welcome the opportunity to be involved in the development of early screening of our children prior to entry into preschool or elementary school.

I respectfully request the bill to be amended to include:

Dean, University of Hawaii at Manoa, School of Nursing and Dental Hygiene, or the Dean's designee from the area of pediatrics;

President of the National Association of Pediatric Nurse Practitioners, Hawaii Chapter

I also request that the term "medical evaluation or treatment" in the definition of "health care provider" be clarified to include the practice of all those professionals who will be providing screening.

Thank you for this opportunity to testify.

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Health

H.B. 2022, Relating to Children's Health

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

January 23, 2008, 8:00 a.m.

Department's Position: The Department supports the intent of this bill but already has several efforts to address the early identification and intervention/treatment for developmental, hearing, and vision concerns of young children, and we are concerned that such an appropriation would adversely impact or replace priorities as set forth in the Executive Supplemental Budget.

Fiscal Implications: $500,000 in general funds is appropriated for FY 2009 for the planning, implementation, and evaluation of early childhood screenings.

Purpose and Justification: This bill establishes a requirement for developmental, hearing, and vision screening and certification prior to preschool or kindergarten entry, and establishes a Hawaii Childhood Screening Initiative Advisory Committee. Screening, early identification, and intervention/treatment for vision, hearing, developmental, and social/behavioral concerns will help children in their ability to learn in school, through supporting the development of language, cognitive, and social skills. Early childhood screening contributes toward achieving the community goal that "All children will be safe, healthy, and ready to succeed in school." Survey and other data indicate the need to improve screening.

The DOH convened a Screening Task Force, as requested by S.C.R. 70, H.D. 1, 2006 Hawaii State Legislature, with the purpose to determine a means for a child to be screened prior to the start of

the child's education, at the child's first entry into preschool and elementary school, to provide for diagnosis, referral, correction or treatment, and to integrate the efforts of community and state organizations related to screening. Therefore a mechanism is in place to recommend standardized developmental screening tools. Legislative reports were completed in December 2006 and December 2007. The Task Force could provide information to the proposed Hawaii Childhood Screening Initiative Advisory Committee.

Thank you for the opportunity to testify.

LATE
Testimony

TESTIMONY
from the
Hawaii State Council on Developmental Disabilities

Testifier's Name: Waynette Cabral

Position Title: Executive Administrator

Organization: Hawaii State Council on Developmental Disabilities

Date and Time of Hearing: Wednesday, January 23, 8:00am

Measure Number: HB 2022 - Relating to Children's Health

Name of Committee: Health

Number of copies the Committee is requesting: Original and 5 copies

Room Number: 436

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

January 23, 2008

The Honorable Josh Green, M.D., Chair
House Committee on Health
Twenty-Fourth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Green and Members of the Committee:

SUBJECT: HB 2022 - RELATING TO CHILDREN'S HEALTH

The position and views expressed in this testimony do not represent nor reflect the position and views of the Departments of Health, Education, and Human Services.

The State Council on Developmental Disabilities **SUPPORTS HB 2022.**

The purpose of the bill is to provide a means and require childhood screening from birth to eight years of age prior to entry into a school (i.e., the start of the child's education and at the child's first entry into preschool or elementary school); to provide for diagnosis, referral, correction or treatment; and to integrate the efforts of the community and State organizations related to screening under the Hawaii Childhood Screening initiative. The bill appropriates $500,000 for FY 2008-2009 for the planning, implementation, and evaluation of early childhood screenings. The bill further establishes the Hawaii Childhood Screening Initiative Advisory Committee.

The Council believes that childhood screening, and identification and intervention for developmental delays during the early stages of development are crucial to ensuring that children are able to function in school to the best of their ability and to succeed.

The Council was a member of and participated on the Screening Task Force, established pursuant to SCR 70 HD1, SLH 2006. The purpose of the task force was to determine a means for a child to be screened prior to the start of the child's education, at the child's first entry into preschool and elementary school, to provide for diagnosis, referral, correction or treatment, and to integrate efforts of community and State organizations related to screening under this Hawaii Childhood Screening initiative.

The task force completed and submitted a report to the Legislature prior to the start of the 2008 legislative session that summarized the efforts of the members and State and community partners to improve screening efforts.

The task force addressed issues in the following areas: (1) selection of standardized developmental screening tools for children from birth through age eight years of age; (2) referral protocols; (3) guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school; (4) issues related to physician participation; and (5) compliance and appropriateness of referrals.

Also identified were areas for further action: (1) improve vision and/or hearing screening for preschool and school-aged children; (2) address barriers to screening by primary care providers, such as office staffing, time, training, cost of tools, and payment issues; (3) arrive at a consensus regarding vision screening tools, best practices, and guidelines.

The task force further identified strategies and challenges in implementation for improving vision and/or hearing screening for children. One such strategy was to pursue legislation requiring screening prior to school entry. HB 2022 addresses this strategy.

The Council believes that the establishment of an advisory committee will allow the work initiated by the task force to continue. The Council looks forward to working with the advisory committee and respectfully requests that the bill be amended on page 7, line ~~3~~ 4, Section 2, (b) (11) to reflect the official name of the Hawaii State Council on Developmental Disabilities in the list of members of the advisory committee. Delete "advisory committee" and replace with Council

Thank you for the opportunity to submit testimony in support of HB 2022.

Sincerely,

Waynette K.Y. Cabral
Executive Administrator

Reflect the continued work of the Screening task force if the advisory committee is not a feasible alternative.

Proposed Budget for School Hearing & Vision Screening & Follow-up Program

		Year 1 Initial	Year 2 Annual
Personnel *(entry salaries used for budget calculation, fringe benefits not included)*		727,740	727,740
[8 districts - Honolulu, Windward, Central, Leeward (on Oahu); Hilo, Kona (on Big Island); Maui; Kauai.]			
a. Head Audiologist V ($49,344 - 70,236)	49,344		
b. 7 District Audiologists IV ($43,824 - $62,424) for Oahu-4, Hawaii-1, Maui-1, Kauai-1	306,768		
c. 13 Audiometric Assistants ($26,688 - $41,040) for Oahu-8, Hawaii-2, Maui-2, Kauai-1	346,944		
d. Clerk-typist ($24,684 - 37,956)	24,684		
Equipment and Supplies – one time initial purchase		80,958	0
a. Audiometer – $995 each, 1 per staff, 21 total	20,895		
b. Typanometer (Impedance Bridge) – $2250 each x 15 (2 per district except 3 for Big Island)	33,750		
c. Snellen eye chart for distance – $30 each x 13 (1 per Audiometric Assistant)	390		
d. Lea symbols flip chart for distance – $40 each x 13 (1 per Audiometric Assistant)	520		
e. Lea symbols and numbers for near vision – $26 each x 13 (1 per Audiometric Assistant)	338		
f. Ishihara Colorblindness Books – $137 each x 13 (1 per Audiometric Assistant)	1,781		
g. Otoscopes and case – $220 each x 21 (1 per staff)	4,620		
h. Extension cords – $20 each x 21 (1 per staff)	420		
i. Luggage carts – $50 each x 21 (1 per staff)	1,050		
j. Penlights – $10 each x 13 (1 per Audiometric Assistant)	130		
k. Hearing Aid kit (stethoscope $27 & battery tester $4) – $31 each x 8 (1 per Audiologist)	248		
l. Ultrasonic Cleaner – $116 each x 16 (1 per district plus 1 per audiologist)	1,856		
m. Reusable Specula – $8.50/pack (4 specula) x 160 (10 per district plus 10 per audiologist)	1,360		
n. Tympanometer tips – $25/pack (4 tips) x 160 (10 per district plus 10 per audiologist)	4,000		
o. Computers, printers – $1200 x 8 (1 per audiologist)	9,600		
Equipment and Supply Costs (Annual)		19,370	19,370
a. Forms	2,000		
b. Alcohol swabs – $8/box (200 swabs) x 32 (4 per district)	256		
c. Office supplies – $200 each x 22 staff	4,400		
d. Batteries for otoscopes – AA	100		
e. Batteries for penlights – AAA	100		
f. Audio wipes for equipment/headphones – $8/container (160 wipes) x 48 (6 per district)	384		
g. Printout paper for Tympanometer – $50/carton (10 rolls) x 21 (1 per tympanometer)	1,050		
h. Cleansing solution for tympanometer tips – $36/gallon x 80 (10 per district)	2,880		
i. Disposable gloves – $14/box (100 gloves) x 200 (25 per district)	2,800		
j. Repair/calibration of 21audiometers and 15 tympanometers – $150/unit x 36	5,400		
Other Costs (Annual)		54,500	54,500
a. Mileage - $200/month/staff x 21 staff	50,400		
b. Neighbor Island travel for Head audiologist for supervision and training $175/trip (airfare, per diem, car rental) x 4 trips (Hilo, Kona, Maui, Kauai)	700		
c. Neighbor Island travel to Oahu for annual training $150/trip (airfare, per diem), 8 trips (Hawaii-3, Maui-3, Kauai-2) + $25 car rental x 2	1,250		
d. Travel from Maui to Molokai for screening (4 days, 1 Audiologist, 2 Audiometric Assistants) $125/trip (airfare) x 3 persons; $400/person (per diem, 3 nights hotel) x 3 persons; $25/day car rental x 4 days	1,675		
e. Travel from Maui to Lanai for screening (1 day, 1 Audiologist & 2 Audiometric Assistants) $150/trip (airfare, per diem) x 3 persons; $25 car rental	475		
TOTAL (without fringe)		**882,568**	**801,610**
41.13% fringe		299,319 0	299,319
TOTAL (with fringe)		**1,181,887 0**	**1,100,929**

1/22/08

REPORT TO THE TWENTY-FOURTH LEGISLATURE

STATE OF HAWAII

2008

PURSUANT TO SENATE CONCURRENT RESOLUTION 70, H.D. 1,
SLH 2006,
REQUESTING THE DIRECTOR OF HEALTH TO CONVENE A TASK FORCE TO DETERMINE A MEANS FOR A CHILD TO BE SCREENED PRIOR TO THE START OF THE CHILD'S EDUCATION, AT THE CHILD'S FIRST ENTRY INTO PRESCHOOL AND ELEMENTARY SCHOOL, TO PROVIDE FOR DIAGNOSIS, REFERRAL, CORRECTION OR TREATMENT, AND TO INTEGRATE THE EFFORTS OF COMMUNITY AND STATE ORGANIZATIONS RELATED TO SCREENING UNDER THIS HAWAII CHILDHOOD SCREENING INITIATIVE

PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
CHILDREN WITH SPECIAL HEALTH NEEDS BRANCH

NOVEMBER 2007

EXECUTIVE SUMMARY

This report summarizes the efforts of Screening Task Force members and professional and state/ community partners to improve screening for young children in Hawaii. These efforts include:

A. Selection of standardized developmental screening tools for children from birth through age eight years of age:
   - American Academy of Pediatrics-Hawaii Chapter adopted a position statement on developmental surveillance and screening.
   - EPSDT guidelines specify screening tools for developmental, hearing, and vision screening.
   - Hawaii Optometric Association has identified vision screening tools for preschool and third-grade children.

B. Referral protocols:
   - Flow chart of community resources for follow-up for developmental concerns was updated.

C. Guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school:
   - A template letter was developed for community programs to share developmental screening results with the medical home.
   - Healthy Child Care Hawaii developed an Early Childhood Health Record form which includes a primary care provider's report of screening results.

D. Issues related to physician participation:
   - Hilopa'a Project and Department of Health/Maternal and Child Health Branch provide Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaire (ASQ) developmental screening training for health providers.
   - American Academy of Pediatrics-Hawaii Chapter and University Health Alliance collaborated in a quality initiative for well child visits.

E. Compliance and appropriateness of referrals:
   - Department of Health/Family Health Services Division requests for proposals for primary care and parenting education/support services included standardized developmental screening for children age 0-5 years.
   - Department of Human Services/Med-QUEST Division is implementing a new Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) reporting form which includes screening and referrals.

Areas for further action include:

A. Improve vision and/or hearing screening for preschool and school-aged children.
B. Address barriers to screening by primary care providers. These barriers include office staffing, time, training, cost of tools, and payment issues.
C. Review "Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" (2007) for updated screening guidelines.

Screening Task Force

Senate Concurrent Resolution SCR 70 HD 1

The 2006 Hawaii State Legislature, in S.C.R. 70, H.D. 1, requested the Director of Health to convene a task force to determine a means for a child to be screened prior to the start of the child's education, at the child's first entry into preschool and elementary school, to provide for diagnosis, referral, correction or treatment, and to integrate efforts of community and state organizations related to screening under this Hawaii childhood screening initiative. Purposes of the task force, as specified by S.C.R. 70, H.D. 1, are:

(1) Plan and implement a statewide screening initiative for all children from birth to eight years of age.
(2) Develop and implement a screening certification program for children entering preschool and elementary school.
(3) Unify screening-related activities in the state by January 1, 2007.

S.C.R. 70, H.D. 1, requested the task force to:

- Recommend selection of standardized developmental screening tools for children from birth through age eight years of age, including but not limited to:
  - Cognitive development
  - Language development
  - Motor development
  - Adaptive skills
  - Behavioral or social-emotional development
  - Hearing
  - Vision
- Formalize referral protocols.
- Develop guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school.
- Address issues related to physician participation.
- Evaluate compliance and appropriateness of referrals.
- Submit to the Legislature an annual report no later than 20 days before the start of each regular session, beginning with the Regular Session of 2007, on any recommended legislation necessary to implement the program.

Screening Task Force Members

Representatives who have participated at Task Force meetings included:

- American Academy of Pediatrics (AAP) - Hawaii Chapter
- Department of Education (DOE)
- Department of Health (DOH)
  - Children with Special Health Needs Branch
  - Maternal and Child Health Branch
  - Public Health Nursing Branch

- Department of Human Services (DHS)
- Family Voices of Hawaii
- Hawaii Early Intervention Coordinating Council
- Hawaii Optometric Association
- Hawaii Speech-Language-Hearing Association
- Hawaii State Council on Developmental Disabilities
- Hawaii State Teachers Association
- Healthy Child Care Hawaii Project
- Hilopa'a Project
- University of Hawaii (UH), John A. Burns School of Medicine, Dept. of Pediatrics

Screening Task Force Meetings

Screening Task Force meetings and discussion areas:

October 31, 2006	Overview of screening in Hawaii, including data, guidelines, requirements, procedures/tools, resources for follow-up of screening concerns, barriers to screening, training on screening, and follow-up.
November 16, 2006	Former DOH School Health Hearing and Vision Program. Screening in a pediatric office. Issue of insurance payment for screening.
May 3, 2007	Current status of hearing and vision screening. Community vision screening projects in preschools and schools. Vision screening tools. Approaches (and challenges) to improving vision and hearing screening.
June 7, 2007	Request from teachers to reinstate vision screening in schools. Approaches (and challenges) to improving vision and hearing screening.

Efforts to Improve Screening

Efforts of Screening Task Force Members and State/Community Partners

A. Selection of standardized developmental screening tools for children from birth through age eight years of age

American Academy of Pediatrics-Hawaii Chapter – position statement on developmental screening

The AAP-Hawaii Chapter adopted a position statement on "Development Surveillance and Screening in the Medical Home" (www.hawaiiaap.org/pospapers.htm). The AAP-Hawaii Chapter will work to enable pediatric providers to perform developmental surveillance at every well-child visit and do developmental screening using a standardized screening tool at 9, 18, and

24 month visits or when a concern is expressed. Recommended standardized screening tools included Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaire (ASQ).

Development of the position statement was based on information including: (a) American Academy of Pediatrics. Policy Statement - Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics* 2006;118:405-420. (b) Gupta VB, Hyman SL, Johnson CP, et al. Identifying Children with Autism Early. *Pediatrics* 2007;119:152-3. (c) Criteria for selecting tools for general developmental screening. (d) Comparison of screening tools listed in the AAP Policy Statement on surveillance and screening.

EPSDT – developmental, hearing, and vision screening
DHS Med-QUEST Division revised its EPSDT Periodic Screening Guidelines in July 2007. The guidelines include surveillance for hearing, vision, and development/behavior at all visits. Screening includes:

- Development: PEDS/ASQ at ages 9, 12, and 18 months; 2, 3, 4, and 5 years
- Hearing: Audio (20-25 db screen) at age 4-6 years
- Vision: Snellen/Allen – at ages 3, 4, 5, 6, 8, 10, 12, 15, 18, and 20 years

Hawaii Optometric Association – vision screening tools
Hawaii Optometric Association's recommended screening tools for preschool and school vision screening programs are:

- Pre-school Vision Screening Kits (ages 2-4 years):
  - Massachusetts Lea Symbols Flipchart for 3 and 4 year olds
  - Massachusetts Lea Symbols and Sloan Letters for Near Test
  - Lang Stereo II Test
- School Age Vision Screening Kits
  - Massachusetts HOTV Flipchart Set
  - Massachusetts HOTV and Sloan Letter Near Vision Test
  - Lang Stereo II Test
  - Plus Lens Flipper for testing Latent Hyperopia (farsightedness)
  - Color Vision Test

Further action needed
Consensus is needed about vision screening tools, best practices for vision screening, and guidelines for vision screening.

"Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents" (AAP, 2007) is a comprehensive set of health supervision guidelines, including recommendations of routine health screenings for children ages 0-21 years. Existing guidelines will need to be compared with the updated Bright Futures guidelines.

B. Referral protocols

Updated flow chart of community resources for follow-up for developmental concerns
"Developmental Screening: A Guide for ASQ and PEDS Referrals for Children Age 0-5 Years" *(see Appendix A)* is a flow chart of community resources for follow-up for developmental concerns identified through screening. This flow chart was updated to recognize that either ASQ or PEDS may be the initial screen for primary care providers. Children age 0-3 years with developmental concerns may be referred to early intervention services provided by the DOH Early Intervention Section and contracted programs. Children age 3-5 years with developmental concerns may be referred to the DOH Preschool Developmental Screening Program or DOE Preschool Special Education.

Training on referral protocols
The Hilopa'a Project and DOH Maternal and Child Health Branch provide information on the flow chart and related community resource as part of the PEDS and ASQ training for community physicians, their office staff, and pediatric and family practice residents (physicians-in-training).

The Hilopa'a Project included the flow chart and related community resource information and referral forms in "Rainbow Book – A Medical Home Guide to Resources for Children with Special Health Care Needs and Their Families". Rainbow Book training has been provided to individuals from 37 distinct agency or program sites. Participants have included professionals, graduate students, residents, as well as family members and self advocates, and are well represented across disciplines. These include audiologists, care coordinators/case managers, community advocates, dental hygienists, educators, families, health care administrators, nurses, nutritionists, physicians, psychologists, rehabilitation therapists, social workers, and others. These individuals make referrals, coordinate with the medical home, provide information, and support families to achieve the goals of the child/family.

C. Guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school

Letter for community programs to share developmental screening results with the child's medical home
A template letter has been developed to share results of ASQ screening by community providers with the child's medical home (primary care provider). The letter includes screening results (within normal limits, borderline, below average) for communication, gross motor, fine motor, problem-solving, and personal/social-emotional. This form is being recommended for use by community programs using the ASQ. The template letter was developed by the Universal Screening Committee of the Early Childhood Comprehensive System initiative. The committee included representatives from DOH (Maternal and Child Health Branch, Children with Special Health Needs Branch), UH Department of Pediatrics, and Family Voices.

Early Childhood Pre-K Health Record Supplement
A DHS "Early Childhood Pre-K Health Record Supplement" form includes developmental screening results, behavioral/social emotional concerns, and follow-up/recommendations, and is to be used in conjunction with the DOE School Health Record. The form is intended to be

needed, parents will be supported and encouraged to seek services when referral is indicated, ASQ results will be provided and explained to the parents, and ASQ results will be sent to the child's health care provider, with parent consent. Parenting education and support services are for parents raising children exposed to violence, through respite services, through parent-child mobile outreach services, through trained volunteers, and through Parent Line and HomeReach.

EPSDT Reporting Form

DHS Med-QUEST Division implemented a new EPSDT reporting form to be used throughout the Medicaid programs to report the health status of all children in the programs during their well child visits. The form includes reporting of surveillance and screening for hearing, vision and development/behavior *(see Section A)*. The form includes identifying referrals to H-KISS, DOE, developmental/behavioral specialists, and other community resources. The form also includes care coordination assistance needed, such as for scheduling/keeping appointments or obtaining specialty services. The standardized form offers the opportunity for quality improvement based upon data gathered on the EPSDT forms.

Further action needed

Hearing and vision screening and follow-up data (see Appendix B) for preschool and school-aged children indicate a need for further improvement. Approaches (see Appendix C) to promote improve vision and/or hearing screening and follow-up include:

- *School vision and/or hearing screening program with community partnership.*
- *Community-initiated preschool and school vision screening.*
- *Supporting screening and follow-up by primary care providers.*
- *Family and community education about vision and/or hearing screening and follow-up.*
- *Legislation requiring vision and/or hearing screening prior to school entry.*
- *Legislation requiring insurance coverage of health supervision for age 6+ years.*

Appendix A

Developmental Screening:
A Guide for ASQ and PEDS Referrals for Children Age 0-5 Years

Medical Home
Primary Care Provider

Community Program

Gives ASQ results to Medical Home

PEDS or ASQ
or other screening tool

Rescreen
Monitor

Medical Home referral to developmental-behavioral or other specialist

Referral
for developmental/behavioral concerns

Age 0-3 years
Early Intervention Services (DOH)

H-KISS Fax Referral Form

H-KISS – OAHU	594-0066
	Fax 594-0073
– From Neighbor Islands	1-800-235-5477
HAWAII:	
Hilo Easter Seals	961-3081
Kona Early Childhood Services Program	322-4880
North Hawaii Child Development Program	885-0086 ext. 18
KAUAI: Kauai Easter Seals	245-7141
MAUI & LANAI: Imua Family Services	244-7467
MOLOKAI:	
Ikaika-Molokai Family Support Services	553-3276

Early intervention services include:
- Assistive technology (AT)*
- Audiology
- Care coordination
- Family training, counseling, & education
- Health services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological support services
- Social work
- Special instruction
- Speech & language therapy
- Transportation to EI services
- Vision services

**AT may have insurance/family cost-sharing.*

Age 3-5 years
DOE Preschool Special Education

DOE Request for Evaluation (Form 101)

Fax, mail, or hand-deliver Form 101 to the Home School (where child would enter public kindergarten). Include evaluations, reports, parent concerns, or other information related to child's development.

For information:

STATEWIDE:	733-4840	**HAWAII:**	
1-800-297-2070		E. Hawaii	974-4535
		W. Hawaii	323-0015
OAHU:		S. Hawaii	982-4252
Honolulu	733-4977	N. Hawaii	775-8895
Central	622-6432	**MAUI:**	873-3520
Leeward	675-0335	**MOLOKAI:**	553-1723
Windward	233-5717	**LANAI:**	565-7900
		KAUAI:	274-3504

Special education is specially designed instruction to meet the unique learning needs of students with disabilities who required Individualized Education Programs. Related services include:
- Speech-language therapy
- Audiology
- Psychological services
- Physical therapy
- Occupational therapy
- Counseling services
- Parent counseling and education

Age 3-5 years
DOH Preschool Developmental Screening Program (PDSP)

PDSP Fax Referral Form

OAHU:	832-5675
	Fax 832-5680

For Neighbor islands, call collect or use toll-free access numbers below and follow its directions to call PDSP:

KAUAI:	274-3141
HAWAII:	974-4000
MAUI:	984-2400
MOLOKAI/LANAI:	1-800-468-4644

PDSP services include:
- Developmental screening & rescreening
- Information to family about activities for child in motor, speech, language, other areas
- Intervention strategies for early childhood programs & families
- Referral for speech/language, psychological, or other evaluations
- Referral to DOE special education
- Referral to community resources (e.g., Head Start)
- Referral for speech therapy or private mental health counseling *(may have family/insurance costs).*

5-16-07

Appendix C
Approaches to Improving Vision and/or Hearing Screening

Strategy: **School vision and/or hearing screening program with community partnership.**	
Description:	State-funded school vision and/or hearing screening program in DOE or DOH to provide screening for all children in specified grades (with parent consent). School/community volunteers assist with logistics. Children who fail screens are referred to their primary care provider (medical home) for follow-up.
Screening issue(s) addressed:	Some children with hearing and vision problems are not being identified early, and may not have optimal hearing and vision to support their learning in school. A school screening program can systematically screen & provide follow-up for children with hearing or vision concerns. *Note:* The former DOH Hearing and Vision Screening Program was abolished in 1995 due to severe budget restrictions. Changes in the delivery system since 1995 include: (a) statewide newborn hearing screening; (b) increased funding to community health centers for the uninsured; (c) expansion and increased enrollment of children in State Child Health Insurance Program.
Legislative action needed:	Re-establish a state-funded school vision and/or hearing program by providing state funds. State law HRS §321-101 may need to be amended. Estimated cost is unknown and will depend on program staffing and whether the programs screens for only vision or both vision and hearing.
Challenges:	Legislative, state, community, and professional support are needed to establish a screening program with adequate funding and staff resources.

Strategy: **Community-initiated preschool and school vision screening.**	
Description:	Organizations initiate a screening project at a school(s) in their community. Organizations work collaboratively with the school to implement screening. The school will be responsible for follow-up.
Screening issue(s) addressed:	Some children with hearing or vision problems are not being identified early and may not have optimal hearing or vision for learning.
Challenges:	Community organizations may not be able to provide screening in all schools. Community organizations may have difficulty in finding volunteers and sustaining interest. Community volunteers need training on conducting screening efficiently and with high quality. Community organizations may need funds to purchase screening tools. Community volunteers do not do follow-up. Schools may need additional staff to assist with referrals and follow-up.

Strategy: **Legislation requiring vision and/or hearing screening prior to school entry**	
Description:	Requirement for hearing and vision screening prior to initial school entry (and/or before entry to middle school).
Screening issue(s) addressed:	There is no requirement for hearing or vision screening for school enrollment.
Legislative action needed:	Passage of laws requiring hearing and vision screening at school entry (similar to HRS §302A-1154, 1159, & 1161).
Challenges:	Legislative, state, community, and professional support are needed for this requirement. Schools may need additional staff to ensure compliance with this requirement. Primary care providers need to have adequate insurance payment for their screening services. Children who acquire hearing or vision loss after school entry may be missed.

Strategy: **Legislation requiring insurance coverage of health supervision for age 6+ years**	
Description:	Requirement for health insurance to cover health assessments for children age 6 years and older. These assessments include hearing and vision screening.
Screening issue(s) addressed:	Existing laws require health insurance coverage for child health supervision (which includes screening) only for children under age 6 years. Some families of children age 6+ years face high out-of-pocket costs for health assessments and may forego such assessments because of cost and miss screening.
Legislative action needed:	Passage of laws on coverage for child health supervision services for children age 6 years and older (similar to HRS §431:10A-115.5, §431:10A-206.5, §432:1-602.5, on child health supervision for children under age 6 years).
Challenges:	Legislative, state, community, professional, and health insurance support are needed for this requirement. There may be concerns that health insurance costs may rise in order to cover health assessments. This may or may not address insurance payment issues related to screening.

completed by primary care providers for children attending early childhood programs. This form is being piloted at several early childhood programs. The form was developed by the Healthy Child Care Hawaii Project (HCCH), with input from community providers. HCCH, funded by DHS, is a collaborative effort of the UH Department of Pediatrics, AAP-Hawaii Chapter, and DOH Children with Special Health Needs Branch.

D. Issues related to physician participation

Training for providers on screening tools and referral protocols
The Hilopa'a Project and DOH Maternal and Child Health Branch provide PEDS and ASQ training for community health centers, community physicians and their office staff, and pediatric and family practice residents (physicians-in-training). Informational materials include the flow chart and related community resource information.

AAP-Hawaii Chapter and University Health Alliance quality initiative for well child visits
AAP-Hawaii Chapter and University Health Alliance (UHA) collaborated in developing the Pediatric Health Screening form, a quality initiative for pediatric preventive health examinations. The form includes hearing/language screening at 6 and 12 months; 2, 5, 12, 14, and 18 years. The form also includes developmental surveillance at 6, 12 months; 2 years. UHA will pay physicians an additional fee above the standard well-child visit fee for completed forms.

Further action needed
Barriers to screening need to be addressed. These barriers include office staffing, time, training, cost of tools, and payment issues (CPT codes, RVUs, insurance payment, etc.). The AAP-Hawaii Chapter position statement on development surveillance and screening states "Developmental surveillance and standardized screening are resource intensive and therefore implementation of these services is dependent upon appropriate payment and thoughtful resource allocation."

E. Compliance and appropriateness of referrals

DOH Family Health Services Division requests for proposals for primary care and parenting education/support services include developmental screening
The DOH Family Health Services Division Request for Proposals for Comprehensive Primary Care Services (HTH 595-07-03, issued 9/1/06) required the provision of a comprehensive physical examination for children within 6 months of an initial episodic visit and then at intervals following the EPSDT periodicity schedule. The physical examination should include developmental screening (physical and social-emotional) for all children age 5 years and under with PEDS and/or ASQ and ASQ-Social-Emotional (SE), documentation of findings, and referral as necessary. A performance measure is "At least 80% of all children five years old and under will have received a developmental screening with a standardized tool." Comprehensive primary care services are for uninsured families under 250% of the federal poverty level.

The DOH Maternal and Child Health Branch Requests for Proposals for Parenting Education and Support (HTH 550-12 to 16, issued 10/18/06) required that all children under age 6 years will be screened using the ASQ and ASQ-SE, referral/linkage with other providers will be made as