

**REPORT TO THE TWENTY-FOURTH LEGISLATURE**

**STATE OF HAWAII**

**2007**

PURSUANT TO SENATE CONCURRENT RESOLUTION 70, H.D. 1  
HAWAII STATE LEGISLATURE, 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

DECEMBER 2006

# 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 the 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:

- (a) 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
- (b) Formalize referral protocols.
- (c) Develop guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school.
- (d) Address issues related to physician participation.
- (e) Evaluate compliance and appropriateness of referrals.
- (f) 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

### *Role of the Task Force in the early childhood system of services*

The Task Force addresses the screening component of the early childhood comprehensive system of services. The Task Force will work toward improving the early identification and follow-up of developmental, behavioral/social-emotional, hearing, and vision concerns, and assuring that each child/family has access to needed follow-up including, health, education, and social services. This will help to increase the opportunity for children to be healthy, safe, and ready to succeed.

### ***Members***

Representatives invited to participate as Task Force members include:

- Department of Health
- Department of Human Services
- Department of Education
- University of Hawaii, John A. Burns School of Medicine, Department of Pediatrics
- American Academy of Pediatrics - Hawaii Chapter
- Hawaii Academy of Family Physicians
- Hawaii Primary Care Association
- Family Voices of Hawai'i
- Hilopa'a Project
- Healthy Child Care Hawaii Project
- Hawaii State Council on Developmental Disabilities
- Hawaii Early Intervention Coordinating Council
- Family members (children's parents)
- Hawaii Speech-Language-Hearing Association
- Community leaders for children's health

### ***First meeting***

The first meeting for the Screening Task Force was held on October 31, 2006. The agenda included:

1. Purpose of the Task Force
2. What lead to S.C.R. 70 H.D. 1?
3. Why is screening important?
4. Overview of screening in Hawaii (*See Appendix*)
  - A. A system view of screening & follow-up
  - B. Hawaii data on screening
  - C. Screening guidelines and requirements
  - D. Screening procedures/tools used by providers
  - E. Resources for follow-up of screening concerns
  - F. A Medical Home Guide for ASQ and PEDS Referrals & Follow-up for Children Age 0-5 Years
  - G. Documentation of screening and follow-up
  - H. Barriers to screening
  - I. Training related to screening & follow-up
5. Task Force strategy to address screening issues

### ***Future meetings***

The Screening Task Force will continue to meet to carry out the purposes of S.C.R. 70 HD1. The following is a list of items for the Task Force to address during 2007.

<b>SCR 70 HD 1 Purpose/Request</b>	<b>Task Force Action</b>
(1) Plan and implement a statewide screening initiative for all children age 0-8 years.	Add Task Force members as other screening efforts, interests, or key leaders are identified.
(2) Develop and implement a screening certification program for children entering preschool and elementary school.	This will be developed based on findings and recommendations for items (a)-(e) below.
(a) Recommend selection of standardized screening tools for cognitive, language, motor, adaptive skills development; behavioral or social-emotional development; hearing, and vision.	<p>Review national, state, and/or professional guidelines and requirements for screening procedures/tools and frequency of screening.</p> <p>Review screening procedures/tools used by physicians, pediatric and family practice residents, and community programs/agencies in Hawaii.</p> <p>Develop recommendations for screening procedures/tools.</p> <p><i>Reference information – Appendix C &amp; D</i></p>
(b) Formalize referral protocols.	<p>Identify health, educational, and social services for follow-up of concerns. Identify gaps in available services for follow-up.</p> <p>Develop referral protocol.</p> <p><i>Reference information – Appendix E &amp; F</i></p>
(c) Develop guidelines for reporting the completion of a child’s screening requirement for children entering preschool or elementary school.	<p>Review existing forms to report/record screening and follow-up for children.</p> <p>Develop recommendations to improve current reporting of screening and follow-up.</p> <p><i>Reference information – Appendix G</i></p>
(d) Address issues related to physician participation.	<p>Review data on barriers to screening. Determine whether additional data (e.g., survey) are needed on physician barriers to screening.</p> <p>Identify key barriers to be addressed by the Task Force. Gather information on these barriers.</p> <p>Develop recommendations to address these barriers.</p> <p>Develop recommendations on education for physicians and office staff on screening &amp; follow-up.</p> <p><i>Reference information – Appendix H &amp; I</i></p>
(e) Evaluate compliance and appropriateness of referrals.	Identify current compliance efforts. Develop recommendations to evaluate compliance and appropriateness of referrals.
(3) Unify screening-related activities in the state by January 1, 2007.	Continue Task Force meetings in 2007. Submit to the Legislature an annual report no later than 20 days before the start of the Regular Session of 2008.

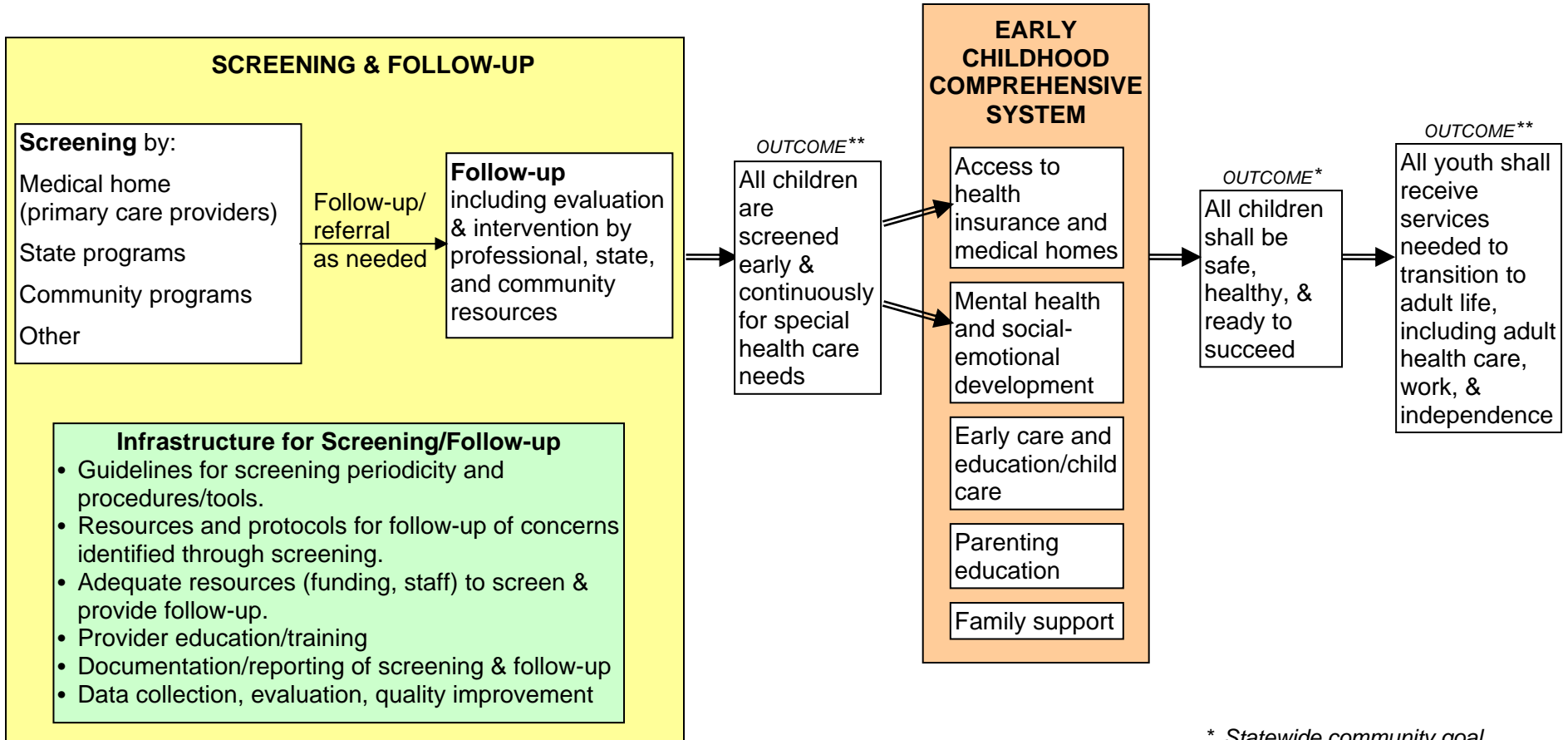
## Appendix

- A. A System View of Screening & Follow-Up
- B. Hawaii Data on Screening
- C. Screening Guidelines and Requirements
- D. Screening Procedures/Tools Used by Providers
- E. Resources for Follow-Up of Screening Concerns
- F. A Medical Home Guide for ASQ and PEDS Referrals & Follow-Up for Children Age 0-5 Years
- G. Documentation of Screening and Follow-Up
- H. Barriers to Screening
- I. Training Related to Screening and Follow-Up

### Acronyms:

AAP	American Academy of Pediatrics
ASQ	Ages and Stages Questionnaire ( <i>screening tool</i> )
ASQ-SE	Ages and Stages Questionnaire – Social-Emotional ( <i>screening tool</i> )
Behavior/SE	Behavior/social-emotional
CSHNB	Children with Special Health Needs Branch (in Family Health Services Division, DOH)
DHS	Department of Human Services
DOE	Department of Education
DOH	Department of Health
EPSDT	Early Periodic Screening, Diagnosis and Treatment
HAR	Hawaii Administrative Rules ( <i>rules based on state laws</i> )
HRS	Hawaii Revised Statutes ( <i>state laws</i> )
MCHB	Maternal and Child Health Branch (in Family Health Services Division, DOH)
PEDS	Parents' Evaluation of Developmental Status ( <i>screening tool</i> )
RFP	Request for Proposals
UH	University of Hawaii

**Appendix A**  
**A System View of Screening & Follow-up**



\* *Statewide community goal*  
 \*\* *National core outcome for children & youth with special health care needs, applicable to all children & youth*

## *Appendix B*

### **Hawaii Data on Screening**

#### **Parent concerns about their child’s learning, development, or behavior**

Hawaii data from National Survey of Children’s Health (2003) showed:

- 42% children age 0-5 years have parents with at least one concern about their child’s learning, development, or behavior.
  - For children age 4 months to 5 years:
    - 20% were concerned about how their child talks and makes speech sounds.
    - 13% were concerned about how their child understands what parent says.
    - 12% were concerned about how their child uses hands and fingers to do things.
    - 12% were concerned about how their child uses his/her arms and legs.
  - For children age 10 months to 5 years:
    - 27% were concerned about how their child behaves.
    - 24% were concerned about how their child gets along with others.
    - 15% were concerned about how their child is learning to do things for him-/herself.
  - For children age 10 months to 5 years:
    - 20% were concerned about how their child is learning pre-school or school skills.
- For children age 0-5 years, during the past year:
  - 40% visited doctor and were asked about concerns about child’s learning, development, or behavior.
  - 51% visited doctor, but were not asked about concerns about child’s learning, development, or behavior.
  - 9% did not visit doctor.
- For children age 0-5 years with highly concerned parents, during the past year:
  - 46% got specific information from their doctor to address their concerns about child’s learning, development, or behavior.
  - 54% did not get specific information from their doctor to address their concerns about child’s learning, development, or behavior.

*Data source: National Survey of Children’s Health Data Resource Center (Child and Adolescent Health Measurement Initiative, <http://www.nschdata.org>).*

#### **Early Periodic Screening, Diagnosis and Treatment Data for Hawaii (FY2005)**

	Age Group (Years)							
	Total	<1	1-2	3-5	6-9	10-14	15-18	19-20
Screening ratio*	0.92	1.37	1.09	0.74	0.68	0.65	0.72	0.36
Participant ratio**	0.68	0.87	0.77	0.67	0.64	0.61	0.65	0.32

\* Screening ratio = (total screens received)/(expected number of screenings)

\*\* Participant ratio = (total eligibles receiving at least one initial or periodic screen)/(total eligibles who should receive at least one initial or periodic screen)

*Data source: DHS, Form CMS-416: Annual EPSDT Participation Report, FY2005.*

### **Physician data on screening**

The Healthy Child Care Hawaii Project conducted a physician survey in May 2001. Responses were obtained from 144 providers of primary care for children age 3-4 years, on proportion of children screened for development, hearing, and vision. Results showed:

- 77% screened most (75-100%) of their children for development.
- 66% screened most (75-100%) of their children for hearing.
- 67% screened most (75-100%) of their children for vision.

*Data source: Healthy Child Care Hawaii Project (DOH/CSHNB, UH/JABSOM/Department of Pediatrics). A Survey of Physicians on Child Care Health Consultation and Screening of Young Children, May 2001.*

### **Hearing and vision screening study in schools (2000)**

The DOH/Children with Special Health Needs Program conducted a hearing and vision screening study in elementary and middle schools (grades preschool, K, 1, 2, 5, 7) in 2 school districts on Oahu from January-June 2000. Of children screened for vision and hearing, 5-6% children failed screening and needed further evaluation and/or intervention.

*Data source: DOH/Children with Special Health Needs Program.*

### **Preschool developmental screening**

The DOH/Preschool Developmental Screening Program (PDSP) promotes the screening and identification of developmental/behavioral problems in children age 3-5 years. The program trains community providers in using screening tools, provides screening for children who would otherwise not have screening, facilitates follow-up, and provides consultation regarding developmental/behavioral concerns and intervention strategies. In FY 2005, PDSP received 876 referrals from physicians, families, H-KISS (early intervention central information and referral line), community agencies, and other sources. As a result of screening/evaluation, 189 (22%) children required speech evaluations, 32 (4%) needed psychological evaluations, 168 (19%) were referred to DOE special education preschool.

*Data source: DOH/Preschool Developmental Screening Program.*

### **Newborn metabolic screening**

In FY 2006, 99.7% of newborns received the newborn metabolic screen, and 100% of screen-positive newborns received timely follow-up to definitive diagnosis and clinical management for mandated conditions.

*Data source: DOH/Newborn Metabolic Screening Program.*

### **Newborn hearing screening**

In FY 2005, 97.8% newborns were screened for hearing before hospital discharge, and 82.1% of infants with hearing loss were receiving appropriate intervention services by age 6 months.

*Data source: DOH/Newborn Hearing Screening Program.*



## Appendix C Screening Guidelines & Requirements

Area	Guidelines & Requirements	Age for Screening	Comments
	<i>For health professionals</i>		
Development Behavior/SE Hearing Vision	Early Periodic Screening, Diagnosis and Treatment (EPSDT) Periodic Screening Guidelines	Newborn, 2-4 days, by 1 month; 2, 4, 6, 9, 12, 15, 18 months; 2, 3, 4, 5, 6, 8 years.	Specifies appropriate screens/procedures. <i>Source: DHS/Medicaid Provider Manual.</i>
Development Behavior/SE Hearing Vision	American Academy of Pediatrics (AAP): <i>Recommendations for Preventive Health Care (2000)</i>	Newborn, 2-4 days, by 1 month; 2, 4, 6, 9, 12, 15, 18 months; 2, 3, 4, 5, 6, 8 years.	<i>Source: Pediatrics 2000;105:645-646.</i>
Development	American Academy of Pediatrics: <i>Policy Statement - Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening (2006)</i>	Developmental surveillance at every well-child care visit. Standardized screening tests at 9-, 18-, and 30-month visits (but if a 30 month visit is difficult, screen at 24-month visit).	Surveillance includes: elicit/attend to parent concerns about child's development; document/ maintain a developmental history; make accurate observations of child; identify risk and protective factors; maintain accurate record & document process and findings. Concerns raised during surveillance should be addressed with standardized screening tests. <i>Source: Pediatrics 2006;118:405-420.</i>
Development	Insurance coverage for child health supervision services for children age 0-5 years. ( <i>Mandated by law</i> )	Insurance coverage for child health supervision services for children age 0-5 years includes 12 visits at approximately the following intervals: birth; 2, 4, 6, 9, 12, 15, 18 months; 2, 3, 4, 5 years. Services include developmental assessment and anticipatory guidance.	<i>Sources:</i> <i>HRS §431:10A-115.5 for all health insurance policies.</i> <i>HRS §431:10A-206.5 for accident and health or sickness insurance policies</i> <i>HRS §432:1-602.5 for individual &amp; group hospital and medical service corporation contracts which provide coverage for children of the insured/subscriber.</i>
Development Behavior/SE	Screening requirement for comprehensive primary care services for uninsured children, provided by community health centers. ( <i>DOH contract requirement</i> )	Children age 5 years and under, in conformance to established community standards of care and practice which include EPSDT.	PE should include developmental screening (physical and social-emotional) of all children age 5 years and under with PEDS and/or ASQ-Hawaii version and ASQ-SE. <i>Source: DOH/Family Health Services Division, RFP #HTH 595-07-03(2006).</i>

Area	Guidelines & Requirements	Age for Screening	Comments
Hearing	Joint Committee on Infant Hearing: <i>Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs</i>	All newborns should have hearing screening before age 1 month.	All infants who do not pass the newborn screen/rescreen should begin audiologic and medical evaluation before age 3 months. All infants with permanent hearing loss should begin early intervention services before age 6 months. All infants who pass newborn hearing screening but have risk factors for other auditory disorders and/or speech and language delay should receive ongoing audiologic and medical surveillance. <i>Source: Pediatrics 2000;106:798-816.</i>
Hearing	American Academy of Pediatrics: <i>Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening</i>	All older children should be screened for risk factors involving hearing problems.	Every child found to have 1 or more high-risk indicators should be followed and periodically screened for late-onset congenital or acquired hearing loss. Report outlines risk indicators for hearing loss, provides guidance for when and how to assess hearing loss, and addresses hearing referral resources for children of all ages. <i>Source: Pediatrics 2003;111:436-440.</i>
Hearing	American Speech-Language-Hearing Association: <i>Hearing Screening.</i>	(a) Newborns before they leave the hospital or maternity center. If at risk, monitor every 6 months until age 3 years. (b) Infants and toddlers (7 months-2 years) - screen as needed, requested, mandated, or when at risk. (c) Preschoolers (ages 3-5 years). (d) School-age children (5-18 years) - screen on first entry into school, every year from kindergarten through 3 <sup>rd</sup> grade, in 7 <sup>th</sup> grade, in 11 <sup>th</sup> grade, upon entrance into special education, upon grade repetition, upon entering a new school system without evidence of having passed a previous hearing screen.	(a) Newborn hearing screening - certified audiologists should be designated as the manager of screening program. (b) Infants and toddlers - certified audiologists are the professionals who have the knowledge, skill, and expertise to screen for hearing impairment in this age group. (c) Preschoolers - screening should be limited to certified/licensed audiologists & speech-language pathologists, and support personnel under supervision of a certified audiologist. (d) School-age - screeners should be limited to certified/licensed audiologists & speech-language pathologists, and support personnel under supervision of a certified audiologist. <i>Source: <a href="http://www.asha.org/public/hearing/testing">http://www.asha.org/public/hearing/testing</a></i>

Area	Guidelines & Requirements	Age for Screening	Comments
Vision	American Academy of Pediatrics, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology: <i>Policy Statement – Eye Examination in Infants, Children, and Young Adults by Pediatricians</i>	Newborn period and then at all subsequent routine health supervision visit.	Specifies appropriate screens/procedures. <i>Source: Pediatrics 2003;111:902-907.</i>
Vision	American Academy of Ophthalmology: <i>When should you see an Eye M.D. and How Often Should I Have My Children’s Eyes Screened?</i>	Screening at ages: -Newborn to 3 months. -6 months to 1 year. -3 years (approximately). -5 years(approximately). For age 3-19: every 1-2 years during regular check-up examinations.	<i>Sources:</i> <a href="http://www.aaopt.org/public/eyehealthtopics.cfm">http://www.aaopt.org/public/eyehealthtopics.cfm</a> <a href="http://www.medem.com/medlb/article_detail_lb.cfm?article_ID=ZZZJEATCPQC&amp;sub_cat=2015">http://www.medem.com/medlb/article_detail_lb.cfm?article_ID=ZZZJEATCPQC&amp;sub_cat=2015</a>
Vision	American Optometric Association: <i>Optometric Clinical Practice Guideline – Pediatric Eye and Vision Examination</i>	Examination at age 6 months, age 3 years, before first grade, every 2 years thereafter.	<i>Source:</i> <a href="http://www.aoa.org/documents/CPG-2.pdf">http://www.aoa.org/documents/CPG-2.pdf</a>
Vision	American Public Health Association (APHA) – Policy Statement: “Improving Early Childhood Eyecare”	Examinations performed at approximately age 6 months, 2 years, and 4 years	Encourages a regular comprehensive eye examination schedule, as opposed to just screening, based on the onset of strabismus and amblyopia. <i>Source: APHA, Policy Statement 2001, 01/01/2001,</i> <a href="http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&amp;id=240">http://www.apha.org/legislative/policy/policysearch/index.cfm?fuseaction=view&amp;id=240</a>
Vision	U.S. Preventive Services Task Force (USPSTF): <i>Screening for Visual Impairment in Children Younger than Age 5 Years</i>	Screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.	USPSTF found fair evidence that screening tests have reasonable accuracy in identifying strabismus, amblyopia, and refractive error in children with these conditions; that more intensive screening compared with usual screening leads to improved visual acuity; and that treatment of strabismus and amblyopia can improve visual acuity and reduce long-term amblyopia. <i>Source:</i> <a href="http://www.ahrq.gov/clinic/uspstf/uspstfusch.htm">http://www.ahrq.gov/clinic/uspstf/uspstfusch.htm</a>

Area	Guidelines & Requirements	Age for Screening	Comments
	<i>Birthing facilities &amp; physicians caring for newborns</i>		
Related to development	Newborn metabolic screening for 31 disorders <i>(mandated by law)</i>	Newborn	HRS §321-291: The person in charge of each institution caring for newborn infants and the responsible physician attending the birth of a newborn or the person assisting the birth of a child not attended by a physician, shall ensure that every infant in the person's care be tested for phenylketonuria, hypothyroidism, and any other disease that may be specified by the DOH.
Hearing	Newborn hearing screening <i>(mandated by law)</i>	Newborn	HRS §321-362.5: (a) All newborn infants shall be screened for hearing impairment. (b) Person in charge of each birthing facility and the responsible physician attending the birth of a newborn or person assisting the birth of a child not attended by a physician shall ensure that the infant is screened for hearing impairment.
	<i>Community programs/agencies</i>		
Development Behavior/SE	Screening requirement for Healthy Start programs <i>(DOH contract requirement)</i>	Age 0-5 years	Comprehensive home visiting/family support services for families with infants and children at risk for child maltreatment include "Monitor development of the child utilizing screening instruments specified and determined by the MCH Branch." <i>Source: DOH/MCH Branch, RFP #HTH 550-3 (2004).</i>

Area	Guidelines & Requirements	Age for Screening	Comments
Development Behavior/SE	Screening requirement for parenting education and support programs <i>(DOH contract requirement)</i>	Under age 6 years	Requests for Proposals state: All children will be screened using the ASQ-Hawaii version and ASQ-SE. Referral/linkage services with other providers will be made as needed. Parents will be supported and encouraged to seek services when referral is indicated. ASQ screening results will be provided, explained to parents, and sent to the child’s health care provider, with parental consent. <i>Source: DOH/MCH Branch (2006) RFPs #HTH 550-12 to 16 on Parenting Education and Support to parents raising children exposed to violence (age 0-6 years); through respite services (age 0-5 years in high-stress, high-risk environments); to parents through parent-child mobile outreach services (homeless or without support networks); through trained volunteers (age 0-3 years in community-based parent groups); through Parent Line and Homereach (age 0-6 years in home parent education).</i>
	<b><i>School</i></b>		
Hearing Vision	Physical examination, including hearing and vision, required for school entry	School entry	HAR §11-157-6.1: Each student must present a record of physical examination by a practitioner before the student first attends school. The examination should occur within 12 months before the date of the first school attendance.  The DOE “School Health Record” includes hearing/vision examination.

Area	Guidelines & Requirements	Age for Screening	Comments
Hearing Vision	DOH/Systematic Hearing and Vision Program <i>(abolished)</i>	–	<p>The former DOH Hearing and Vision Program provided hearing screening for grades Preschool, K, 1, 2, &amp; special education; screening for far vision acuity for grades 4, 5, 6, 7, 10, &amp; special education; color blind test at grade 2; &amp; cover/light at preschool. Program began in 1978, but was abolished in 1995 due to budget cuts and a request to abolish programs that were not critical public health functions and could be handled by the private health care system. Since 1995, there has been universal newborn hearing screening, increased funding to community health centers to serve uninsured, &amp; expanded State Child Health Insurance Program.</p> <p>HRS §321-101: A systematic hearing/vision program is established in the DOH to detect and identify hearing/vision deficiencies in school children; and recommend to parents/guardians the need for appropriate evaluation of children who have hearing/vision deficiencies, and follow-up and track completed evaluation and treatment.</p>
<b><i>Early childhood education and care</i></b>			
Development Behavior/SE Hearing Vision	Head Start and Early Head Start requirements for screening	Within 45 days of child's entry, program must perform/obtain screening to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. Program must implement ongoing procedures to identify any new or recurring developmental or emotional/behavioral concerns.	<p><i>Source: Code of Federal Regulations 45CFR1304.20 - Part 1304_Program Performance Standards for the Operation Of Head Start Programs By Grantee And Delegate Agencies. Sec. 1304.20 Child health and developmental services.</i></p>

Area	Guidelines & Requirements	Age for Screening	Comments
Development	National Association for the Education of Young Children (NAEYC): <i>Early Childhood Program Standards and Accreditation Criteria</i>	Within 3 months of program entry	<p>Standard 4.C.01:            “All children receive developmental screening that includes</p> <ul style="list-style-type: none"> <li>• the timely screening of all children within three months of program entry;</li> <li>• screening instruments that meet professional standards for standardization, reliability, and validity;</li> <li>• screening instruments that have normative scores available on a population relevant for the child being screened;</li> <li>• screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor, and social-emotional development;</li> <li>• a plan for evaluating the effectiveness of the screening program; and</li> <li>• using the results to make referrals to appropriate professionals, when needed, and ensuring that the referrals are followed up.”</li> </ul> <p><i>Source:</i>  <a href="http://www.naeyc.org/academy/web_ready/NAEYCAccreditationCriteria.asp">http://www.naeyc.org/academy/web_ready/NAEYCAccreditationCriteria.asp</a></p>
Development Behavior/SE	Early childhood education and care requirement ( <i>proposed</i> )	Prior to entry to early childhood education and care programs (pre-kindergarten).	<p>“Early Childhood Pre-K Health Record Supplement” form includes developmental screening, behavioral issues/social emotional concerns, and follow-up/ recommendations. Form is proposed to be used in conjunction with the DOE School Health Record. Form was drafted by the Healthy Child Care Hawaii Project, in conjunction with the Department of Human Services.</p>

**APPENDIX D**  
**Screening Procedures/Tools Used by Providers**

**Screening procedures/tools used by physicians (2001)**

The Healthy Child Care Hawaii Project conducted a physician survey in May 2001. Responses were obtained from 144 providers of primary care for children age 3-4 years, on screening methods used for developmental, hearing, and vision screening. Results are shown in the following tables:

<b>Developmental Screening Method</b>	<b>% Providers</b>
Questions to parents about development	91%
Clinical observation/exam	90%
Denver, DIAL, or ICMQ	71%
Other (ASQ, CLAM, PEDS, W.M. Block MD developmental scale, Checklist)	5%
None	0%

<b>Hearing Screening Method</b>	<b>% Providers</b>
Questions to parents about hearing	85%
Clinical observation/exam	89%
Audiometer	67%
Other (audioscope, TMG, tympanogram, Hear kit, outside referral, preschool-based, questions about speech and language)	5%
None	0%

<b>Vision Screening Method</b>	<b>% Providers</b>
Questions to parents about vision	82%
Clinical observation/exam	85%
Pictures, Lea symbols, Tumbling E, or HOTV	73%
Other ("E" chart, Snellen chart, Titmus, pictures starting at age 4 years)	6%
None	0%

*Data source:*

Healthy Child Care Hawaii Project. *A Survey of Physicians on Child Care Health Consultation and Screening of Young Children, May 2001.* (Project is a collaboration of the Department of Health/Children with Special Health Needs Branch and the University of Hawaii/John A. Burns School of Medicine/Department of Pediatrics.)



## Screening and Assessment Tools Used in Hawaii

Program	Tool																			
	Achenbach CBCL	ASQ	ASQ-SE	Battelle	Brigance	Carey Temperament Scale	Connor's Rating Scale	Creative Curriculum	Denver II	DIAL-3	Early Screening Inventory ESI-R	Early Screening Profile (ESP)	HELP	HOME	NCAST Teaching Scale	Ounce Scale	PEDS	PPVT	WSS	
<i>Tool type*</i>	SE	D	SE	D	D	SE	SE	O	D	D	D	D	O	O	D	D	D	O	D	
Head Start - Oahu, Hawaii, Maui** <i>(tools vary by program)</i>				X	X		X	X			X									
Various early childhood education and care programs** <i>(tools vary by program)</i>	X	X	X		X	X				X	X	X	X			X		X	X	
Pediatricians									X								X			
Pediatric Outpatient Clinic at Kapiolani Medical Center (UH/School of Medicine/ Department of Pediatrics)									X											
Community health centers (primary care services)***		X	X														X			
Healthy Start programs***		X	X											X	X					
Parenting education & support programs***		X	X																	
DOH/Preschool Developmental Screening Program	X	X										X								
DOH/Public Health Nursing Branch	X	X	X										X							

- \* Tool type: D=developmental, SE=socio-emotional/behavioral, O=other  
 \*\* Tool uses may include identify children's needs, plan curriculum, adapt teaching practices, etc.  
 \*\*\* Services contracted by Department of Health  
 ASQ Ages and Stages Questionnaire  
 ASQ-SE Ages and Stages Questionnaire – Social-Emotional  
 Battelle Battelle Developmental Inventory Screening Test  
 Brigance Brigance Diagnostic Inventory of Early Development

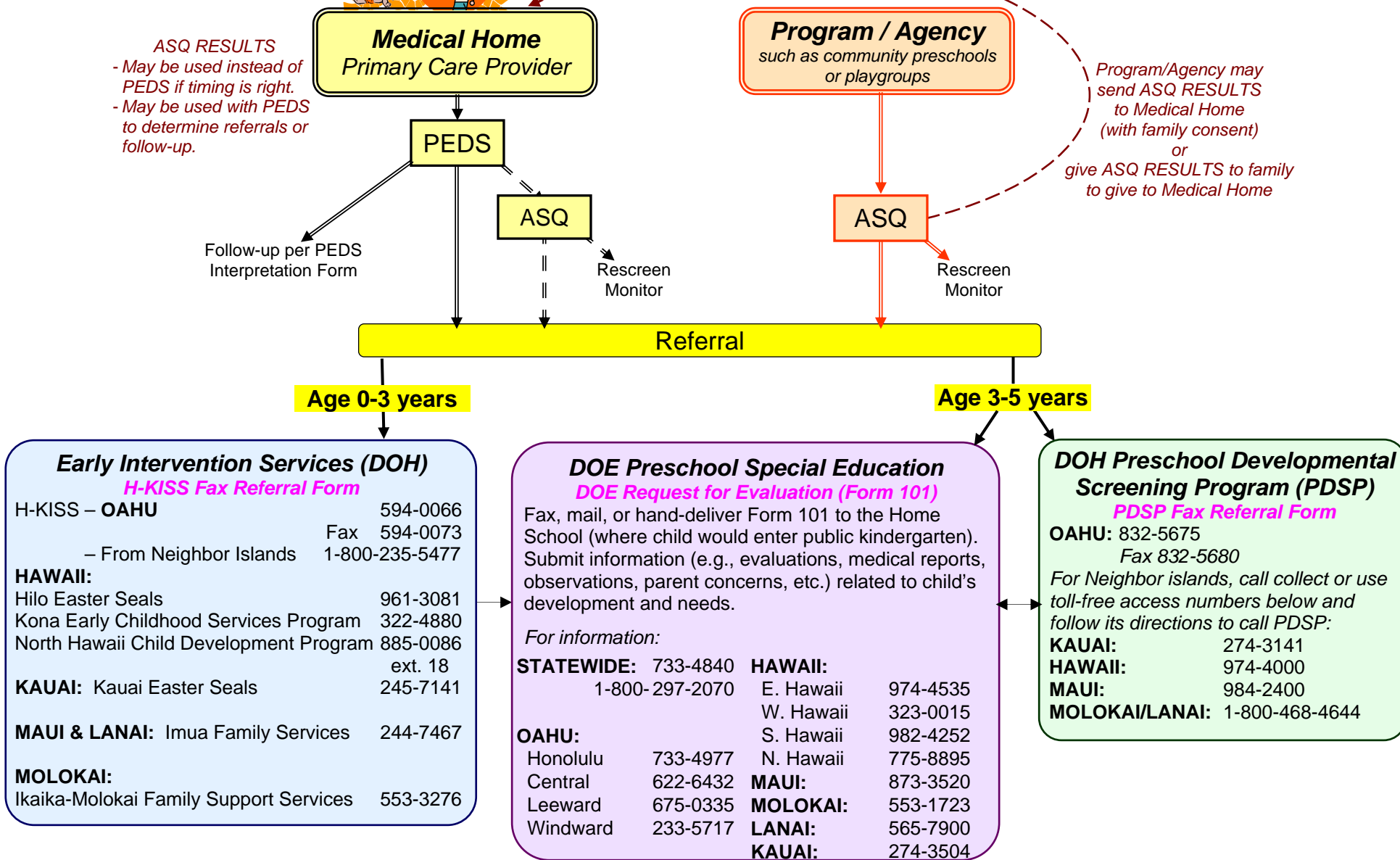
- CBCL Child Behavioral Checklist  
 DIAL Developmental Indicators for the Assessment of Learning, 3<sup>rd</sup> ed.  
 HELP Hawaii Early Learning Profile  
 HOME Home Observation for Measurement of the Environment  
 NCAST Nursing Child Assessment Satellite Training  
 PPVT Peabody Picture Vocabulary Test  
 WSS Minnesota Work Sampling System Kindergarten Entry Development Checklist

**Appendix E**  
**Resources for Follow-Up of Screening Concerns**

	Development	Behavioral/ Social-Emotional	Hearing	Vision
<p><b>DOH/Early Intervention Section (+ Public Health Nursing)</b>            For children age 0-3 years with developmental delays.            Early intervention services include:</p> <ul style="list-style-type: none"> <li>▪ Assistive technology</li> <li>▪ Audiology</li> <li>▪ Care coordination</li> <li>▪ Family support/education</li> <li>▪ Health services</li> <li>▪ Nursing services</li> <li>▪ Nutrition services</li> <li>▪ Occupational therapy</li> <li>▪ Parent-to-parent support</li> <li>▪ Physical therapy</li> <li>▪ Psychological services</li> <li>▪ Speech/language therapy</li> <li>▪ Social work services</li> <li>▪ Special instruction</li> <li>▪ Transportation to EI services</li> <li>▪ Vision services</li> </ul>	✓	✓	✓	✓
<p><b>DOH/Healthy Start</b>            For children age 0-3 years at environmental risk.*            Services include providing parents with parenting skills; knowledge of child development, child health, and problem-solving techniques; and linkage with resources such as health and mental health services, early childhood education, family literacy, employment, and social services.  <i>*Examples of environmental risk factors include poverty; low birth weight of infant; parent age less than 16 years; a physical, developmental, emotional, or psychiatric disability in a primary caregiver; substance abuse by a primary caregiver; incarceration of a primary caregiver; risk for child abuse and neglect.)</i></p>		✓ at risk		
<p><b>DOH/Preschool Developmental Screening Program (PDSP)</b>            For children age 3-5 years with developmental/behavioral concerns.            PDSP provides screening for children who would otherwise not have screening, facilitates follow-up, and provides consultation regarding developmental/behavioral concerns and intervention strategies.</p>	✓	✓		

	<b>Development</b>	<b>Behavioral/ Social-Emotional</b>	<b>Hearing</b>	<b>Vision</b>
<p><b>Department of Education</b> – special education for eligible children age 3-20 years who meet eligibility criteria for:</p> <ul style="list-style-type: none"> <li>▪ Autism</li> <li>▪ Deaf-blindness</li> <li>▪ Deafness</li> <li>▪ Developmental delay</li> <li>▪ Emotional disturbance</li> <li>▪ Hearing impairment</li> <li>▪ Mental retardation</li> <li>▪ Multiple disability</li> <li>▪ Orthopedic impairment</li> <li>▪ Other health impairment</li> <li>▪ Specific learning disability</li> <li>▪ Speech-language impairment</li> <li>▪ Traumatic brain injury</li> <li>▪ Visual impairment, including blindness</li> </ul>	✓	✓	✓	✓
<p><b>DOH/Child and Adolescent Mental Health Division</b></p> <p>Behavioral health services for:</p> <ul style="list-style-type: none"> <li>▪ Medicaid-eligible children/youth (age 3-20) needing support for emotional and behavioral development services.</li> <li>▪ Youth with an educational disability in need of intensive mental health services to benefit from public education.</li> <li>▪ Youth with emotional and/or behavioral changes presenting at juvenile justice.</li> </ul>		✓		
<p><b>DOH/Children with Special Health Needs Program</b></p> <p>For children with vision/hearing concerns. May assist with coordination and payment for hearing and vision services for eligible children. Financial assistance may include the Hawaii Lions Foundation Uninsured-Underinsured Fund for Hearing and Vision Services for school-aged children.</p>			✓	✓
<p><b>Pediatric specialists</b></p> <p>May include developmental/behavioral specialist, neurologist, otolaryngologist (ENT), ophthalmologist, audiologist, etc.</p>	✓	✓	✓	✓

**Appendix F**  
**A Medical Home Guide**  
**For ASQ and PEDS Referrals & Follow-up for Children 0-5 Years**



## *Appendix G*

### **Documentation of Screening and Follow-Up**

#### **School Health Record**

The Department of Education (DOE) “School Health Record” must be completed for school entry. This record includes hearing/vision examination (reported as “Normal”, “Abnormal”, “Corrected”, or “Receiving Care”).

Per the Hawaii Revised Statutes (HRS) §302A-1159: “No child shall be admitted to any school for the first time in the State unless the child presents to the appropriate school official a report from a licensed physician or advanced practice registered nurse of the results of a physical examination performed within a year of the date of entry into school. . . .”

Per the Hawaii Administrative Rules (HAR) “§11-157-6.1:

“(a) Each student shall present a record of his or her physical examination by a practitioner. . . before the student first attends school. The examination shall occur within 12 months before the date of the first school attendance. . . .

(b) Results of the examination shall be reported to the school on a form or in a format approved by the department. The report of physical examination shall be signed by the practitioner performing the examination.

(c) The report of the physical examination shall be kept with the student’s health record.”

#### **Early Childhood Pre-K Health Record Supplement (*proposed*)**

“Early Childhood Pre-K Health Record Supplement” form includes developmental screening, behavioral issues/social emotional concerns, and followup/recommendations, and is to be used in conjunction with the DOE School Health Record. The form was developed by the Healthy Child Care Hawaii Project, in conjunction with the Department of Human Services, with input from community providers. The next phase in its development is a “trial” use in several early education and care programs. A consideration is a future requirement for completion of this form prior to entry to early childhood education & care programs.

#### **Letter to share results of developmental screening by community programs 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. The letter includes results (within normal limits, borderline, below average) for communication, gross motor, fine motor, problem-solving, and personal/social-emotional. This was developed by a committee which included representatives from DOH (MCHB, CSHNB), UH Department of Pediatrics, and Family Voices. Next steps include implementation of this form in early childhood education and care programs.

### **Standardization and implementation of the EPSDT forms (*proposed*)**

DHS/Med-QUEST Division is proposing an "ABC EPSDT Project" with the following goals:

- Implement standardized EPSDT forms for pediatric providers across all QUEST health plans and Medicaid FFS within six months of the grant award.
- Implement a system which will convert data from the hard copy EPSDT forms into an electronic database for data analysis within 12 months of the implementation of the standardized EPSDT forms.
- Provide an electronic format of the EPSDT forms to the provider community in a non-proprietary Open Source format within 24 months of the grant award.
- Perform quality monitoring and remediation based upon data gathered on the EPSDT forms.
- Evaluate the standardization and implementation of the EPSDT forms.

## *Appendix H*

### **Barriers to Screening**

#### **Barriers to screening reported by physicians in Hawaii**

The Healthy Child Care Hawaii Project conducted a physician survey in May 2001, with responses from 144 providers of primary care for children age 3-4 years, on barriers in their practice to using standard screening tests for children age 3-4 years. Results show:

<b>Barriers to using standard screening tests for children age 3-4 years</b>	<b>Development</b>	<b>Hearing</b>	<b>Vision</b>
Difficulty getting child to test	32%	60%	61%
Lack of staff time	27%	21%	18%
Reimbursement	20%	21%	21%
Lack of staff trained to screen	16%	11%	11%
No screening tool or equipment in office	9%	11%	10%
None	19%	15%	14%

*Data source:* Healthy Child Care Hawaii Project. *A Survey of Physicians on Child Care Health Consultation and Screening of Young Children, May 2001.*

#### **American Academy of Pediatrics data on barriers to providing developmental assessments and psychosocial screenings during pediatric health supervision**

A national random sample of AAP members was used for the mailed survey. Responses were obtained from 794 pediatricians who provide health supervision to children ages 0-35 months. Results are shown in the following table:

	<b>Developmental assessment</b>	<b>Psychosocial screening</b>
Confidence in ability to advise parents	80%	40%
Perceived adequacy of training	65%	33%
General time sufficiency	36%	16%
Inability to bill/be reimbursed separately for assessments and well child care	56%	59%
Inadequate reimbursement	55%	59%
Lack of non-physician staff to do assessment	51%	-
Lack available providers for diagnosis/treatment	34%	48%
Lack of training	28%	50%
Unfamiliarity with instruments for office	24%	54%
Lack of referral options	19%	46%

*Data source:* Hochstein M, Sareen H, Olson L, O'Connor K, Inkelas M, Halfon N. *A Comparison of Barriers to the Provision of Developmental Assessments and Psychosocial Screenings During Pediatric Health Supervision (Abstract)*. Presented at the Pediatric Academic Societies annual meeting, May 2001.

*Appendix I*  
**Training Related to Screening and Follow-up**

**Developmental Screening using PEDS, ASQ, and ASQ-SE**

- The DOH/Maternal and Child Health Branch is providing training on the ASQ and ASQ-SE screening tools to health care providers, including community health centers.
- The Hilopa‘a Project is providing educational workshops for physicians and their office staff (including community health centers across the state on Parents’ Evaluation of Developmental Status (PEDS) developmental screening tool and on best practices, protocols and standards for the integrated referral process. The Hilopa‘a Project – Integrated Services for Children & Youth with Special Health Care Needs is a collaborative project of the DOH/CSHNB, Family Voices of Hawaii, AAP-Hawaii Chapter, and UH Dept. of Pediatrics.