

INTERAGENCY COORDINATING COUNCIL

HEALTH SYSTEMS COMMITTEE MINUTES

Recorded by Barbara Ferreira

Date: March 22, 2001

MEMBERS PRESENT: Jean Brunelli, Valerie Charlton, M.D., Arleen Downing, M.D., Mary Lu Hickman, M.D., Julie Kingsley, Dwight Lee, M.D., Mara McGrath, Peter Michael Miller, M.D., and Ivette Pena, M.D.

ANNOUNCEMENTS:

Jean Brunelli presented an article on Vision and Hearing Screening written by Bonnie Bear and Kay Lewis for the American Journal of School Nursing (attached).

Dr. Downing presented a video on the WelchAllyn Portable Sure Sight Vision Screening Machine that performs an automatic exam in five seconds.

The minutes of the previous meeting were reviewed and approved

The committee reviewed a model physician letter and process for obtaining and reviewing information regarding the Physician Eye Exam and Vision Assessment for documentation in the IFSP. It is expected that these materials could be used in providing technical assistance or training to regional centers, but will not be brought to the ICC as a formal Action Item.

The committee is proposing the following recommendation for Vision Screening:

INTENT:

1. CHDP vision screen or equivalent
2. Evaluation by or under authority/responsibility/supervision of primary care healthcare provider

MECHANISM:

1. CHDP Exam – results to DDS/CDE (training of primary healthcare provider regarding records needed).
2. If exam/record not available within 45 days, initial assessment by qualified professional (licensed healthcare provider or visually impaired credential)
 - a) Vision assessment by trained licensed healthcare provider/visually impaired credential per CDE guidelines
 - b) Vision assess by trained licensed healthcare provider per “DDS guidelines”
 - c) Vision assess by trained healthcare provider per CHDP provider
3. Results from 2 to primary healthcare provider for:
 - a) Follow-up of child exam if needed, and
 - b) Report back to regional center/SELPA
4. Data Collection and follow-up to evaluate screening process – evaluation by DDS/CDE combined monitoring team

5. If no primary care provider, child gets referral to primary care provider. This will be reviewed again at the May meeting before being presented as a formal recommendation as an action item.

The committee strongly supports having a special section on health related issues included in both basic and advanced service coordinator training.

The updated Guidelines for Families and Children with Special Health Care Needs, Health Care Connections was provided by Mara McGrath. It is produced by the Bay Area Family Health Links funded through the State Council on Developmental Disabilities. The committee recommended that copies be sent to all the regional centers, early start coordinators, and SELPAs. It was also suggested that the guidelines be a part of the Service Coordinator Training on health related issues.

The committee also discussed Mental Health Issues and how to get CHDP approval for addressing social and emotional problems. The priorities for the year were discussed as well as the health status issues on the IFSP. The purpose or function of the Health Systems Committee was questioned and determined to be that health issues are addressed in Early Start. The committee realizes that health issues are much improved and are being addressed. It is the intent of the committee that health status be addressed in the IFSP and that all service coordinators have training in health status assessment. The service coordinator should be of assistance in finding licensed health care professionals in completing the health status review if needed.

The committee would like to request a presentation from Ken Freedlander on how the monitoring of health status has been conducted in the last three or four monitoring visits and what the findings were.

The issue of assistive technology was tabled until the next meeting.

AGENCY REPORTS:

DDS – Mary Lu Hickman, M.D. provided information on the Northern California Autism Collaborative, which is a Wellness Grant involving seven regional centers, Children’s Hospital Oakland, and the MIND Institute. The initiative seeks to promote best practices in early identification, assessment diagnosis, and treatment planning for Austic Spectrum Disorders in children aged birth to five.

CDE – Janine Swanson reported on the regional field meetings.

DHS – Valerie Charlton, M.D. reported on the Childhood Asthma Initiative. Three locations have been awarded Asthma Services Grants of \$250,000 each for developing new approaches for Asthma treatment. They are: Council of Community Clinic in San Diego, the Asthma/Allergy Foundation of America, Southern Chapter in Los Angeles, and the Children’s Hospital, Oakland. The goal of this initiative is to increase community awareness, approaches, and recognition in very young children and then to apply the new approaches for treatment.

Dr. Charlton also reported that the Department has taken on a large initiative dealing with Overweight Childhood in California. In the under 36-month category, 10 to 17% are in the 90 percentile overweight. There are concerns regarding chronic disease in this category for diabetes and low birth rates.