

**Please share this
Newsletter with
your CHDP
Staff.**

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Santa Barbara County CHDP Fall Newsletter

Welcome Irma Lopez, RN PHN Foster Care Nurse

I am very excited to be working in this new role as the public health nurse for the Health Care Program for Children in Foster Care (HCPCFC). I have worked in the Maternal, Child and Adolescent Health Program in Santa Barbara County for the past 7 years and feel that this past experience will assist me tremendously in the health care planning & coordination of foster care children. I am looking forward to working closely with social workers,

probation, medical providers and substitute care providers in a collaborative effort to meet the medical needs of this very vulnerable and high risk population. Please feel free to contact me if I can assist you in addressing the medical needs of our foster care children.



Irma Lopez, PHN
2125 S. Centerpointe Parkway
Santa Maria, CA 93455
Phone (805) 346-7333
Fax: (805) 346-7265
ilopez@sbcsocialserv.org.

Vision Screening Training

Plan now for staff Vision Screening training! CHDP requires clinic staff to complete a Vision Screening training every 4 years. Our next training will be in Santa Barbara on

November 18, 2014 and in Santa Maria on November 20, 2014 from 8:00 am to 12:30 pm.

For a registration form call or e-mail Carmen Unzueta at 681-4933.

carmen.unzueta@sbcphd.org



CHDP Required Dental Assessment

Check out this **Tooth Savers** free oral health gaming app that teaches children 3-6 yrs. about the importance of oral health. Available from the itunes app store and google play. [Itunes.apple.com/us/app/toothsavers-brushinggame/id734501468?ls=&mt=8](https://itunes.apple.com/us/app/toothsavers-brushinggame/id734501468?ls=&mt=8)



At every health assessment visit CHDP requires:

- ⇒ A complete dental assessment regardless of age of patient
- ⇒ Document on the PM 160 any suspected oral health problems or routine dental referral
- ⇒ Refer all children age one and over to a dentist, at least annually, and more frequently if problems are suspected
- ⇒ Provide oral health anticipatory guidance and encourage the establishment of a “Dental Home” for child/family

CHDP recommends:

- ⇒ Apply fluoride varnish to prevent, arrest or delay the onset of caries

For more information about fluoride varnish, staff training and support: Contact Mary Ellen Rehse, Oral Health Program Manager for the SBC Education Office, Health Linkages Program. mrehse@sbceo.org

Our local CHDP program has Tobacco Settlement funding to help cover the cost of oral health treatment for uninsured children that have been identified (to have dental problems) at the time of the CHDP Health Assessment. This requires that the medical examiner has properly documented dental findings on the PM 160. Following are examples of proper documentation:

No Problem Suspected



CHDP ASSESSMENT Indicate outcome for each screening procedure	NO PROBLEM SUSPECTED √A	REFUSED, CONTRA-INDICATED, NOT NEEDED √B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE Mo. Day Year	FEES	FOLLOW UP CODES 1. NO DX/RX INDICATED OR NOW UNDER CARE. 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. 3. DX MADE AND RX STARTED	FOLLOW UP CODES 4. DX PENDING/RETURN VISIT SCHEDULED. 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX. 6. REFERRAL REFUSED	
			NEW C	KNOWN D				REFERRED TO: TELEPHONE NUMBER:	REFERRED TO: TELEPHONE NUMBER:
01 HISTORY and PHYSICAL EXAM					01				
02 DENTAL ASSESSMENT/REFERRAL		<input checked="" type="checkbox"/>							
03 NUTRITIONAL ASSESSMENT									
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION									
05 DEVELOPMENTAL ASSESSMENT									
06 SNF I I EN OR EQUIVALENT					06				
07 AUDIOMETRIC					07				
08 HEMOGLOBIN OR HEMATOCRIT					08				
09 URINE DIPSTICK					09				
10 COMPLETE URINALYSIS					10				
12 TB MANTOUX					12				

ROUTINE REFERRAL(S) (√) DENTAL

FOSTER CHILD (√)

Problem Suspected



CHDP ASSESSMENT Indicate outcome for each screening procedure	NO PROBLEM SUSPECTED √A	REFUSED, CONTRA-INDICATED, NOT NEEDED √B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column		DATE OF SERVICE Mo. Day Year	FEES	FOLLOW UP CODES 1. NO DX/RX INDICATED OR NOW UNDER CARE. 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. 3. DX MADE AND RX STARTED	FOLLOW UP CODES 4. DX PENDING/RETURN VISIT SCHEDULED. 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX. 6. REFERRAL REFUSED	
			NEW C	KNOWN D				REFERRED TO: TELEPHONE NUMBER:	REFERRED TO: TELEPHONE NUMBER:
01 HISTORY and PHYSICAL EXAM					01				
02 DENTAL ASSESSMENT/REFERRAL				5					
03 NUTRITIONAL ASSESSMENT									
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION									
05 DEVELOPMENTAL ASSESSMENT									
06 SNF I I EN OR EQUIVALENT					06				
07 AUDIOMETRIC					07				
08 HEMOGLOBIN OR HEMATOCRIT					08				
09 URINE DIPSTICK					09				
10 COMPLETE URINALYSIS					10				
12 TB MANTOUX					12				

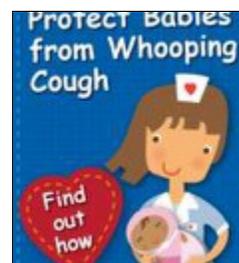
ROUTINE REFERRAL(S) (√) BLOOD LEAD DENTAL

PATIENT IS A FOSTER CHILD (√)

02 - Class II - gingivitis and tooth decay (5)

Pertussis Epidemic in California

According to Dr. Ron Chapman, Director of the California Department of Public Health (CDPH), the number of pertussis cases in the state has reached epidemic proportions. “Preventing severe disease and death in infants is our highest priority,” says Dr. Chapman. With two-thirds of pertussis hospitalizations occurring in children four months of age or younger, CDPH is urging vaccination of pregnant women with each pregnancy and infants as soon as possible.



Tdap vaccination for pregnant women is the best way to protect infants who are too young to be vaccinated. All pregnant women should be vaccinated with Tdap in the third trimester of each pregnancy, regardless of previous Tdap vaccination. Pertussis vaccination allows antibodies to be transferred from vaccinated mothers to their infants and will help protect them until they are old enough to be vaccinated. In addition, infants should be vaccinated as soon as possible. The first dose of pertussis vaccine can be given as early as 6 weeks of age. The primary DTaP vaccine series is essential for reduction of severe disease in young infants and should not be delayed.

Older children, pre-adolescents, and adults should also be vaccinated against pertussis according to current recommendations. It is particularly important that persons who will be around newborns also be vaccinated.

The symptoms of pertussis vary by age. For children, a typical case of pertussis starts with a cough and runny nose for one to two weeks. The cough then worsens and children may have rapid coughing spells that end with a “whooping” sound. Young infants may not have typical pertussis symptoms and may have no apparent cough. Parents may describe episodes in which the infant’s face turns red or purple. For adults, pertussis may simply be a cough that persists for several weeks.

As of August 8, 2014, 6,930 pertussis cases have been reported to the CDPH for a state rate of 18.1 per 100,000 population since January 2014. In Santa Barbara County, 54 cases have been reported with a case rate of 12.49. In contrast, the first six months of 2012, Santa Barbara County reported 4 cases. In 2013, Santa Barbara County reported two cases in the same time frame. CDPH Pertussis Summary Reports can be found at <http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReport.aspx>

Please continue to report suspected and confirmed pertussis cases to the Santa Barbara County Disease Control Program electronically via the CalEEDIE Provider Portal. For CalREDIE Provider Portal enrollment information, please visit our website at: www.sbcphd.org/dcp. (Source: California Department of Public Health Immunization Branch. Pertussis Summaries, 2014)



Infants too young to be immunized are most likely to be hospitalized or die from pertussis. Tragically, 3 infants have died in 2014.

Inform Us About Changes to Your Practice



Remember when making any changes in your practice, such as moving to a new location, forming a group practice, or adding another provider, you must notify both Medi-Cal and the CHDP Program of these changes. Failure to do so can result in delayed payments and the inability to access the CHDP Gateway process.

CHDP Honors: Providers of Excellence

CHDP has a dual mission of upholding standards of care for children in our county, and supporting providers in delivering that care. CHDP uses two methods to evaluate quality of care:

- √ Performance measures for three high volume providers as dictated by the State office.
- √ Triennial site reviews.

The results are used to identify areas of strength, and to plan for improvement in the challenging areas. Of the recent site reviews the following provider sites had exemplary results. Congratulations Santa Barbara County Public Health Department:

Carpinteria Health Care Center
Franklin Health Care Center
Lompoc Health Care Center



Carpinteria Health Care Center



Franklin Health Care Center



Lompoc Health Care Center

CHDP Farewell and Welcome

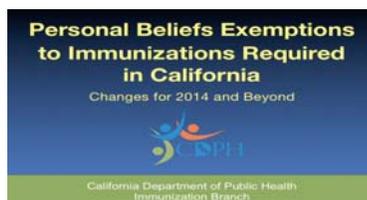


All of us at the CHDP local office wish a very fond farewell and happy retirement to **Dr. Gerard Brewer, MD** who was in practice from 1972-2014. Thank you for your many years of dedicated service to our children and community.

We welcome the **Family Medicine Center** in Santa Maria as a new CHDP provider site!

AB 2109-New Personal Beliefs Exemption

**Bill (AB) 2109
California law
that modifies
the process for
obtaining
exemptions to
student
immunization
based on
personal beliefs**



AB 2109 is the new Personal Beliefs Exemption which is now in use. It affects students entering child care, Kindergarten, 7th grade, and all out of state transfer students. Signing the back of the California School Immunization Record CSIR will no longer be valid for exemptions of these students noted.

AB 2109 requires a parent or guardian seeking a personal belief exemption for their child to obtain a Personal Beliefs Exemption to Required Immunizations (form CDPH 8262) signed by themselves and a licensed health care practitioner. This form states that the healthcare practitioner has informed the parent or guardian of the benefits and risks of the immunization, as well as the health risks of the diseases that a child could contract.

Health care providers have a new opportunity to educate parents about the value of vaccinations for their own children, as well as, the community. Community Immunity, also called Herd Immunity, is when the vaccinated community helps protect those who are unvaccinated against contagious diseases. Diseases cannot spread as easily when most people are immunized, and this protects those who are not immune, such as infants, pregnant women, and people with compromised immune systems due to disease or medical treatments.

Information about the Personal Belief Exemption law and the form are available on the Shots for School website: www.shotsforschool.org.

To view Santa Barbara County school's PBE rates visit:

Child Care PBE map:

https://mapsengine.google.com/map/edit?mid=z_wLn0fVQbl4.kuhwn-RdXG4M

Kindergarten PBE map:

https://mapsengine.google.com/map/edit?mid=z_wLn0fVQbl4.k8yo3LFZCj4

(Press control then click on the link to access these maps.)

Personal Belief
exemption form



Electronic-Cigarettes (E-Cigarettes) Nicotine Poisonings

Electronic cigarettes are battery-operated devices that allow the user to inhale a vaporized liquid nicotine solution and simulates the act of smoking. Since E-cigarettes do not contain tobacco, they are not regulated like tobacco products, including the advertisement and sale to minors.

Data from the National Youth Tobacco Survey shows marked increases in E-cigarette and conventional cigarette use between 2011-2012. E-cigarette exposure calls per month increased from one in September 2010 to 215 in February 2014 according to data from U.S. poison centers.

More than half (51.1%) of the calls to poison centers, due to e-cigarettes involved young children 5 years and under, and 42.0% of the poison calls involved people age 20 and older.

Poisoning from conventional cigarettes is generally due to ingestion, while poisoning related to E-cigarettes can occur by ingestion, inhalation or absorption through the skin or eyes of the liquid nicotine solution.

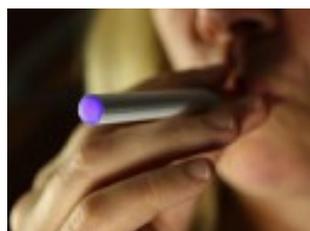
CDC Director, Tom Frieden, M.D., M.P.H. cautioned, "Use of these products is skyrocketing and these poisonings will continue. E-Cigarette liquids, as currently sold, are a threat to small children because they are not required to be child proof, and they come in candy and fruit flavors that are appealing to children."

Health care examiners and the public should be aware that E-Cigarettes have the potential to cause acute adverse health affects and represent an emerging public health concern. Please share the Poison control number (1-800-222-1222) with your patients . To order free poison control educational material, visit:

www.calpoison.org/hcp



E-Cigarettes are not chemical free. Traces of cadmium, benzene, formaldehyde and other harmful chemicals have been found in the vapor.



Provider Information Notice (PIN) No: 14-02



Information has been added to the Additional Assessments Components section of the CHDP Health Assessment Guideline (HAG) 508. The revised section includes the following items:

1. CHDP Program Pre-participation Physical Evaluation History Form (patient questionnaire)
2. CHDP Program Pre-Participation Physical Examination Form

The goal of the Pre-participation Physical Examination (PPE) is to assist with the maintenance of the health and safety of child and adolescent athletes in training and competition. The PPE assists with detection of conditions that may be life threatening or disabling; detection of conditions that may predispose an individual to injury; and meeting legal and administrative requirements of educational institutions.

Please use this updated information when providing routine PPE screening in your clinical practice. Click on the links below to download a copy of Provider Information Notice 14-02 and the forms, appendix A and B.

PINS: Available online at: <http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>
[Appendix A: Patient Questionnaire English Spanish](#) [Appendix B: Physical Examination Form](#)



Pending Replacement of the CHDP Claims Processing System

The California Department of Health Care Services (DHCS) administers the Medi-Cal program. CA-MMIS is a computer system used to process payments to health care providers who participate in the Medi-Cal fee-for-service program, including physicians, pharmacies, hospitals, and other providers.

According to DHCS, CA-MMIS needs to be replaced because it is over 30 years old, and it is not currently compliant with Medicaid Information Technology Architecture standards.

The CHDP program has pending plans to replace the claims processing system in the near future. **Providers are cautioned to carefully evaluate the purchase of new/additional software related to PM 160 claim submission as the proposed replacements may have a significant impact on the current CHDP data gathering and claims processing.**

This information is a heads up regarding pending changes to the CA-MMIS system. The current system will remain in place until the California Department of Health Care Services issues a formal notice regarding the CA-MMIS replacement project.



WIC is 40 years old!

<http://vimeo.com/album/2843566>

Click on this link for 5 one minute WIC videos
Celebrating 40 years of WIC



California's first WIC clinic opened in 1974, and in the 40 years since, WIC has been providing families with important nutrition services every year!

At WIC, moms learn from Registered Dietitians and WIC Nutrition Assistants what to eat while pregnant or breastfeeding, and what/how to feed their growing children.

Moms receive WIC checks that can be used at grocery stores to buy healthy foods that help provide the right foods for their family.

Breastfeeding may be natural and healthy for both mother and child, but it's not always easy to implement. WIC's breastfeeding support helps mothers by providing lactation consultants, peer counselors and education classes.

In addition to providing families with food, nutrition education, and breastfeeding support, WIC serves as a gateway to healthcare and connects families to the resources they need.

Local WIC Clinics



Lompoc WIC Program 301 North R Street
Santa Barbara WIC 315 Camino del Remedio
North Santa Maria WIC 203 E. Fesler
Betteravia WIC (Santa Maria) 2125 S. Centerpointe Parkway #302
*Franklin Neighborhood Center 1136 East Montecito Street
*Carpinteria WIC 5201 8th Street, Suite # 314
*Solvang WIC 545 Alisal Road
* Guadalupe WIC 4681 11 th Street
*Cuyama WIC 4711 Highway 165



*denotes satellite WIC site only open certain days of the month. Call for information.

The American Academy of Pediatrics and the Center for the Study of Social Policy: Make the Case for Collaboration

by Barbara DeGraaf, MSW



The American Academy of Pediatrics (AAP) and the Center for the Study of Social Policy (CSSP) are collaborating to identify areas where the Strengthening Families Framework™ and the health sector can work together to infuse the Five Protective Factors (defined below) into pediatric practices throughout the country. The publication entitled, *Primary Health Partners, Promoting Children's Health and Resiliency: A Strengthening Families Approach* (2013) provides pediatricians with concrete prevention and intervention resources.

The Five Protective Factors have been associated in research literature with lower rates of child abuse and neglect. Pediatricians are on the front line, working with parents and children every day--they are in a unique position to promote protective factors for children and families in their practices.

In June 2011, with the support of a grant from the United States Department of Justice, the AAP developed a prevention initiative to promote a medical home model for children exposed to violence in their lives. Recognizing that childhood trauma and other stressors can have a lifelong impact on brain development and physical and mental health, the *Medical Home for Children Exposed to Violence Project* arms pediatricians with tools and resources to assist the children and families they see every day.

Educating pediatricians about the Five Protective Factors is another easy way their practices can influence healthy and safe children, families, and communities. Parenting is a tough job. All parents experience frustration at some point, while other families may encounter more challenging issues like job loss, divorce, domestic violence or substance abuse. CSSP's publication provides examples of ways a pediatrician can promote Protective Factors for all the families they see:

- Help build **parental resilience** by asking parents about their mental health, including postpartum depression, and encourage the use of positive coping strategies, such as exercise, time off from parenting, and identifying people to provide needed support.
- Provide **knowledge of parenting and child development** which will allow parents to better understand their child's behavior and identify developmental issues that may arise. Resources such as AAP's Bright Futures website (<http://brightfutures.aap.org/>), as well as The Nemours Foundation's tip sheets for parents on how to support their child's health (<http://www.nemours.org/service/health.html>) can be helpful.
- Inform parents about the importance of positive **social connections** to help them understand that these relationships provide important stress relief and can offer opportunities to meet parents in a similar situation and learn from their experiences. The physician's office can be a place for parents to gather, informally or formally, if the physician is able to make such an arrangement. Resources include the California Family to Family Network, Parents Anonymous, and Family Voices of California.

- Maintain a list of **concrete supports in times of need**, such as food assistance, cash assistance, medical insurance, and other programs. The office can be prepared with information about referral and information systems such as 211 (<http://www.211.org/>) and the national Help Me Grow Initiative (<http://www.helpmeginational.org/pages/hmg-affiliate/state-affiliates.php>).
- Teach parents about building **healthy social and emotional competence** in their children. Explain the importance of attachment to social-emotional development. Have toys and books available in the waiting and examination rooms that encourage play and bonding. Provide referrals to specialists, if needed.

Trauma, Pediatricians and the Protective Factors

Children and families in the United State are exposed to violence at alarming rates. The *National Survey of Children Exposed to Violence* indicates that over 60% of children are exposed to violence each year. Nearly half experienced a physical assault, while 20% witnessed an assault in their family. Almost 40% of children surveyed were victimized two or more times, while 30% witnessed an assault in their community. Six percent were victims of sexual abuse. (Finkelhor et al, 2009).

The *Adverse Childhood Experiences (ACE)* study surveyed over 17,000 participants, confirming the prevalence of childhood abuse, neglect, and exposure to other traumatic stressors. Almost two-thirds of participants report the incidence of at least one ACE during their childhood, while 20% report three or more (CDC, 2013). The study illustrates that, as exposure to ACE increases, so does the person's risk for physical health problems, addiction, and mental health issues. This impact is lifelong, but can be ameliorated with early identification and intervention (Felitti et al, 1998).

A key goal of the *Medical Home for Children Exposed to Violence Project* is to alert pediatricians to these statistics, making the case for asking important questions of all children and families in their practice. The Project asks pediatricians to:

- Inquire about exposure to violence
- Consider the impact of toxic stress on a child when making a diagnosis
- Discuss the issue with parents to help build resilience in the family

In the best world, children and parents will have well-developed protective factors to help mitigate the effects of traumatic events. For those who do not, the child's medical home can offer critical resources to help families develop protective factors. AAP and CSSP lay out specific action steps that pediatricians can use to help at-risk families deal with these issues.

AAP and CSSP urge pediatricians to be prepared to help children and families that have experienced trauma by building relationships with local programs assisting families. Pediatricians should become aware of the trauma-informed counseling services in the community, as well as health and domestic violence services. They should educate families about trauma, its impact on children, and what parents can do to help. AAP and CSSP also recommend that all staff knows the protocols for making a referral to Child Protective Services.

The pediatrician should look for signs that the child has experienced trauma, including developmental regression, changes in behavior at home or at school, physical complaints (such as stomach aches or headaches) or bruising or injuries that cannot be explained or the explanation does not match the injury.

The AAP *Medical Home for Children Project* identifies a series of questions that the pediatrician can use to begin the conversation. These questions, along with additional guidance during the patient visit, can be viewed at www.aap.org/medhomecevy.

Finally, pediatricians are urged to follow-up with any child that has been exposed to trauma by making sure the child is safe and continuing to provide the family with appropriate support and education.

Pediatricians can encourage parents to seek help for themselves and their child.

While no one can erase trauma, a medical home armed with the Strengthening Families Framework™ can empower pediatricians to help children and families thrive.

Strategies thanks Cailin O'Conner of the CSSP for her review and input into this article.

Resources:

American Academy of Pediatrics & Center for the Study of Social Policy (2013). *Primary Health Partners, Promoting Children's Health and Resiliency: A Strengthening Families Approach*. http://www.cssp.org/reform/strengthening-families/messaging-at-the-intersection/Messaging-at-the-Intersections_Primary-Health.pdf

California Family to Family Network. <http://www.f2f.ca.gov/>

Centers for Disease Control and Prevention (2013). *Adverse Childhood Experiences Project*. <http://www.cdc.gov/ace/findings.htm>

Family Voices of California. <http://www.familyvoicesofca.org/>

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study*. <http://www.ncbi.nlm.nih.gov/pubmed/9635069?dopt=Abstract>

American Journal of Preventive Medicine. <http://www.cdc.gov/ace/outcomes.htm>

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (Oct 2009). *Children's Exposure to Violence: A Comprehensive National Survey*. *Pediatrics*. <http://www.unh.edu/ccrc/pdf/DOJ-NatSCEV-bulletin.pdf>

Parents Anonymous. <https://www.strengthening-families.org/cpec/Default.aspx>

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