



Publication from Child Health and Disability Prevention Program—Santa Cruz County

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July 2016
CHDP Newsletter

Changes in Children’s Medical Services

CHDP Deputy Director Lee Fitzsimmons Retires

After 40 years of being an RN in hospital and public health settings, I am hanging up my stethoscope. It has been an incredible journey from helping babies come into the world, to holding a hand as someone exited, or helping a child get needed dental and medical care. Nursing has given me experiences and adventures that have touched my soul.

It has been an honor and a privilege working at the local and state levels impacting the health of the children of California the last 16 years in the Child Health and Disability Prevention Program as Care Coordinator and as Deputy Director. How can we forget the trials and tribulations of implementing the Gateway process in 2003, all those vision and hearing screening trainings, provider certifications, and the ongoing discussion of CHDP and the future? I was especially excited to be part of the implementation of SB75 and the enrolling of undocumented children in to the Medi-Cal program.

In these years I have met, been mentored by, and I hope, nurtured in return, many healthcare professionals who express compassion, dignity and professionalism in every aspect of their lives. Many remain friends to this day.

I will miss this profession, this calling, and the people with whom I served. I will be leaving with gifts of the heart given and received.

Thank you for all you do for the children and for being advocates for those who have the smallest voices.

Bright blessings, Lee

Best Wishes to Public Health Director Lisa Hernandez

Public Health Director Lisa Hernandez has joined the Santa Clara County Department of Public Health. Dr. Hernandez has served Santa Cruz County for the past four years, building a strong team of managers and enhancing the programs she oversaw. Santa Cruz will miss her leadership, and we wish her the best in her new position.

Welcome Dave Kramer-Urner, CMS Senior Health Services Manager

Dave Kramer-Urner is the new CMS Senior Health Services Manager replacing Chris Dybdhal. Dave is a physical therapist who has been the Supervising Therapist of the CCS Medical Therapy Program here in Santa Cruz since 2000. In addition to his experience in the MTP, Dave brings his passion for CMS’s mission: to provide a comprehensive system of health care for children through preventive screening, diagnostic, treatment, rehabilitation, and follow-up services. With Lee Fitzsimmons’ retirement, Dave will act as interim Deputy Director for the CHDP program.

Welcome Dr. Arnold (Arnie) Leff, Interim Health Officer and Medical Services Director

Dr. Arnold (Arnie) Leff will work with us again as our interim Health Officer and Medical Services Director. Dr. Leff, who is a Santa Cruz resident, has over 20 years of medical practice and leadership experience in family medicine/internal medicine with geriatrics, infectious diseases, HIV medicine, hospice and palliative care. He served as primary health provider and medical director for our County Jail from 2007 to 2012. In addition, he has over 10 years of county public health officer experience in Contra Costa County and Cincinnati, Ohio. Dr. Leff served as the Interim Public Health Officer for Santa Cruz County in 1985.



New Benefits Identification Card Design

As California's largest health insurer, Medi-Cal provides coverage to more than 14 million people including childless adults, families, seniors and children. In commemoration of Medi-Cal's 50th anniversary, the Benefits Identification Card (BIC) is being redesigned. This new design, featuring the California poppy, will be provided to newly eligible recipients and recipients requesting replacement cards. There are no plans to provide the new card to the entire Medi-Cal population.



Both BIC designs should be accepted by providers. Providers must continue to verify eligibility. Possession of a Medi-Cal BIC does not guarantee eligibility. Providers may refer to the *Eligibility: Recipient Identification* section of the Part 1 provider manual for more details. Providers are encouraged to visit the Medi-Cal website regularly for further updates.

2016 Update to CHDP Gateway Income Eligibility Guidelines

Effective January 1, 2016, through December 31, 2016, providers are to use the following income guidelines when determining patient eligibility for pre-enrollment in Medi-Cal through the Child Health and Disability Prevention (CHDP) Gateway program. Providers should discard all previous CHDP income eligibility charts.

Income Eligibility Guidelines 266 Percent of the 2016 Federal Poverty Guidelines Effective January 1, 2016, through December 31, 2016 (For determinations of CHDP Gateway aid codes 8W and 8X only)

Number of Persons in the Household	Monthly Income	Annual Income
1	\$2,634	\$31,601
2	\$3,552	\$42,614
3	\$4,469	\$53,626
4	\$5,387	\$64,638
5	\$6,305	\$75,651
6	\$7,222	\$86,663
7	\$8,142	\$97,702
8	\$9,064	\$108,768
9	\$9,987	\$119,833
10	\$10,909	\$130,899
For households of more than 10 persons, for each additional person, add:	\$923	\$11,066

Now that **ALL** income- eligible children (**regardless of immigration status**) can qualify for Medi-Cal, we want to make sure that we are continuing to ask families if their children are insured. Please continue to refer families to CAA's to get assistance with applying for health coverage. Updated Benefits Flyer attached! (**Please note: East Cliff Family Health Center is now available to assist with Enrollment Applications.**)

CAA RESOURCES:

ALL IN For Health focuses on connecting families to care. They have many flyers on their website! (Flyers can be customize with your logo and contact information.) To access flyers go to [Spring 2016 toolkit materials](#) .

For more information about **ALL IN For Health**, [click here](#)

For further information please refer to **First 5 Santa Cruz County's website** www.first5scc.org



Do you have QUESTIONS about affordable health care? Do you need help applying or renewing for a county or state health insurance program? Certified Enrollment Counselors can ANSWER your questions, offer FREE application assistance, and let you know about health care options in our county

CALL AN APPLICATION ASSISTOR DIRECTLY FROM THE LIST BELOW

Following agency provides Enrollment Assistance to families with children ages 0 to 5 and their family

First 5 Santa Cruz County
 4450 Capitola Road, Suite 106 Capitola, CA 95010
 (831) 465-2209 or (831) 334-3395
 *Can help DACA or undocumented children ages 6 -18
 * Can help pregnant women

Following agencies provide Enrollment Assistance to CHILDREN and ADULTS

North County Locations:

<p>East Cliff Family Health Center 21507 East Cliff Drive Santa Cruz, CA 95062 831-427-3500 ext.168</p>	<p>Santa Cruz Women's Health Center 250 Locust St Santa Cruz, CA 95060 (831) 427-3500 ext. 153</p>	<p>Live Oak Community Resources 1740 17th Avenue Santa Cruz CA 95062 (831) 476-7284</p>
<p>Mountain Community Resources 6134 Highway 9 Felton, CA 95018 (831) 335-6600</p>	<p>Nueva Vista Community Resources 711 E Cliff Drive Santa Cruz CA 95060 (831) 423-5747</p>	<p>Beach Flats (SPLG) 302 Riverside Drive Santa Cruz, CA 95060 (831) 763-3431</p>

South County Locations:

<p>La Manzana Community Resources 521 Main Street, Suite Y Watsonville, CA 95076 (831) 724-2997</p>	<p>East Beach Street (SPLG) 204 E. Beach Street Watsonville, CA 95076 (831) 763-3431</p>	<p>Clinica del Valle del Pajaro (SPLG) 45 Nielson Street Watsonville, CA 95076 (831) 763-3431</p>
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If your child attends a school that's part of PAJARO VALLEY UNIFIED SCHOOL DISTRICT, you can obtain Enrollment Assistance at the following sites

Pajaro Valley Unified School District: Healthy Start

<p>Children's Resource Center 440-A Arthur Road (831) 761-6125</p>	<p>Pajaro Family Resource Center 250 Salinas Road (831) 761-6633</p>	<p>Pajaro Valley High School 500 Harkins Slough Road (831) 728-7892</p>
<p>Rolling Hills Resource Center 130 Herman Ave, <i>Room #11</i> (831) 728-6341 x4811</p>	<p>Starlight Elementary School 225 Hammer Drive Room #31 (831) 728-6979 x5631</p>	<p>Teen Resource Center 250 E. Beach Street, <i>Room D-7</i> (831) 761-6131</p>



Newborn Enrollment Project Closing the Health Coverage Gap for Medi-Cal Newborns

Santa Cruz County has prioritized health coverage for all children. Recent years have seen a gratifying increase in the percentage of children insured, however gaps in health coverage still remain, leaving some children at risk. One common occurring gap occurs when the newborn leaves the hospital and coverage under mother's Medi-Cal (MC) runs out. The Newborn Enrollment Project aims to close this gap. Newborn Enrollment Coordinators are on sight at local Prenatal Units (**Dominican, Sutter, and Watsonville Hospitals**) 5 days per week to help enroll eligible infants into Medi-Cal.

The Newborn Enrollment Coordinator (NEC) assists with:

- Enrolling eligible infants in Medi-Cal by assisting Medi-Cal covered mothers in completing and submitting the brief Newborn Referral Form. This form automatically prompts full-scope Medi-Cal coverage for the infant for one year.
- Adding the newborn to family's existing CalFRESH case.
- Connecting the newborn to a Primary Care Physician.
- Helping new moms make their baby's first well baby appointment.

How can you as a CAA help?

- Advise pregnant MC eligible moms that a NEC will visit them at hospital to add their newborn to their MC case. If mom delivers on weekend, she will get a call from the NEC to fill out paperwork over phone.
- If mom plans to deliver at Sutter, advise mom that she must sign consent at admitting, in order to be able to be seen by NEC.
- **Before you assist a newborn in applying for MC**, please have family call the NEC working at hospital child was born at. NEC will be able to verify if newborns MC application is in process. If newborn was not seen at hospital, NEC will be able to complete MC paperwork over phone. Contact information for NEC's below:

Alicia Zenteno tel: 831-334-9810 or email: azenteno@first5scc.org
For Newborn Enrollments at Dominican Hospital and Sutter Maternity and Surgery Center

Xochitl Ybarra tel: 831-334-3395 or email: xybarra@First5scc.org
For Newborn Enrollments at Watsonville Community Hospital

Alicia Fernandez tel: 465-2209 or email: afernandez@first5scc.org
Health Outreach and Enrollment Supervisor

www.first5scc.org

**** All moms seen by NEC will leave hospital with a First 5 Kit for New Parents. MC moms will also get below card**

A Medi-Cal application for this newborn was submitted in the hospital. It is not necessary to enroll this newborn in CHDP Gateway.

For questions call First 5 Santa Cruz County

(831) 334-9810 for births at Sutter Maternity or Dominican Hospital

(831) 334-3395 for births at Watsonville Hospital

Newborn has coverage under mom's Medi-Cal during his/her month of birth and 30 days after.

Baby's First Appointment

For: _____

With: _____

Date: _____ Time: _____

Address: _____

Phone #: _____



Addressing Health Disparities in Early Childhood

The first years of a child's life are some of the most important in terms of cognitive, social, and physical development. Early experiences occurring when a child's brain and behavior are being shaped affect a child's ability to learn, to get along with others, and to develop an overall state of well-being. Unfortunately, not all children have the same positive experiences or opportunities, which can lead to disparities. Social, economic, and environmental factors have been closely linked to health disparities. Addressing these disparities is especially challenging in young children because the systems that provide for their care and education are poorly integrated.



Research shows that many disparities in overall health and well-being are rooted in early childhood. For example, those who lived in poverty as young children are more likely to experience poor physical and mental health, complete fewer years of school, and have lower earning potential as adults. It's important to recognize that inequities occur not just in the prevention and care of physical health, but mental health as well. Of the 20% of children in the United States who have a mental health problem, only 20% are receiving mental health services.



Poor health resulting from disparities costs the United States billions of dollars annually. Our understanding of the lasting value of early experiences continues to grow. Interventions that support healthy development in early childhood reduce disparities, have lifelong positive impacts and are prudent investments. We must work together to move toward a solution.

This session of the CDC's Public Health Grand Rounds discusses how together we can address the epidemic of health disparities by intervening in early childhood through increased collaborations, public health partnerships, and early intervention. This March 15, 2016 webinar is available for CEU's at <http://www2a.cdc.gov/TCEOnline/> using course number WD2346 and PHGR course code **PHGR10**.



Important Changes

CHDP Periodicity Schedules & Health Assessment Guidelines

>> READ & REPLACE Revisions of Multiple Section <<

Child Health and Disability Prevention (CHDP) providers refer to periodicity schedules to determine intervals between health and dental assessments for children and youth.

Periodicity Schedules: July 1, 2016 and After

Two new periodicity schedules outlining Bright Futures service intervals were attached to the article titled [CHDP Notice: Additional Bright Futures Benefits Reimbursable Beginning July](#), which posted in June. The new periodicity schedules are effective for dates of service on or after July 1, 2016. (PIN) [16-03](#)

Periodicity Schedules: Before July 1, 2016

CHDP services are reimbursable for a year from the date of service. Therefore, providers may need to refer to the pre-Bright Futures periodicity schedules (below) when submitting claims for dates of service prior to July 1, 2016:

- ⇒ Table 21.1 [CHDP Periodicity Schedule for Health Assessment Requirements by Age Group](#)
- ⇒ Table 21.2 [CHDP Periodicity Schedule for Dental Referral by Age](#)
- ⇒ **Oral Health: Read HAGs #18 and #20** (PIN) [16-02](#)

The service intervals on the above schedules have not changed. A statement has been added that the periodicity schedule is effective for dates of service prior to July 1, 2016.

Note:

- An old version of the dental referral periodicity schedule with a September 2007 date in the lower left hand corner should be disregarded. Updating of the schedule seems to have been overlooked when a 2011 version was subsequently posted on the Department of Health Care Services (DHCS) website. Copies of the dental referral schedule dated September 2007 should be discarded and replaced with the version attached to this article.
- Providers who maintain hard copy CHDP provider manuals are reminded to replace the older versions of the health assessment and dental periodicity schedules in the Appendix. **[REPLACE Multiple Section Revisions](#)**

Free Online Course on Child Abuse Prevention, Recognition and Reporting



A CHILD'S BRUISE ... AN ACCIDENT
OR SOMETHING MORE?

*Do You Know What, When
& How to Report?*

Take this **complimentary
online course** and:

- Learn essential signs that should be reported
- Earn continuing education credits
- Share with your colleagues.

 Institute for Medical Quality

Pre-register for this free course at:
<http://www.imq.org/education/caprcc.aspx>

The Institute for Medical Quality (IMQ) is offering a course on Child Abuse Prevention, Recognition, and Report. This 75-minute course, created by the Child Abuse Prevention Center in Sacramento, is designed for physicians, nurses, and other health care professionals who are mandated by law to report suspected child abuse and neglect, but who may not be as familiar with the signs and symptoms or may not know what, when, and to whom to properly report findings. Upon completion of the course, learners will receive continuing education credits commensurate with their degree.

The course is offered free of charge, through a grant to IMQ from the California Governor's Office of Emergency Services (Cal OES) and is available exclusively to licensed California physicians, nurses and other health care professionals. Under the terms of the grant, a [preregistration](#) is required. After registering an email is sent with the link to the full registration and access to the course.

If you have questions about the course, please contact Leslie Anne Iacopi, MBA Manager, Medical Staff Survey Program and Professionalism Program at liacopi@imq.org.

(Medical Board of California Newsletter, Spring 2016)



The California Immunization Registry (CAIR) is in the process of being updated to a **bigger, better and faster** immunization information system, called CAIR2. All existing immunization data from the regional registries in California are being combined into one system, so you will be able to access immunization information from across the state in the future.

If you are a CAIR participant, please visit the [CAIR2 webpage](#) to find out
When your region will launch to CAIR2
What training you may need to take to use CAIR2
The many benefits of using CAIR2

Continue to visit the [CAIR2 webpage](#) for the latest updates! If you know of any CAIR users who have not received this email, urge them to update their email addresses at the links below to receive important communications throughout the CAIR2 transition.

[Data exchange sites](#)



[CAIR Account Update Page](#)

Did you know...

The local Health Departments have nurses assigned to Social Services and Juvenile Probation Departments to assure continuity of care for children and youth in court-ordered out of home placement. Some of their activities include:

- Assisting with connecting to care and other resources
- Promoting timely preventive health and dental exams
- Creating a summary of preventive and specialty care needs, called the Health and Education Passport (HEP)

One of the important documents for data entry into the HEP is the CHDP PM 160. All the PM 160s are received in the main CHDP office and sorted. To ensure that the PM 160 forms for foster children are distributed to the foster care nurses, please mark the box on the PM 160 to denote a foster child.

The image shows a CHDP PM 160 form. A blue box highlights the 'FOLLOW UP CODES' section, specifically the 'FOSTER CARE' checkbox. An arrow points from a text box to this checkbox.

Check this box to indicate child is in foster care.

County Foster Care Nurse Contacts:

Monterey County		
Sally Bagley	831-755-8410	Social Services
Stephanie Gailo	831-796-3578	Social Services
Jenny Stuhlmler	831-755-3925	Juvenile Probation
Santa Cruz County		
Deborah Wright	831-763-8645	Social Services/Juvenile Probation
Merced County		
Ellisa Naumann, PHN	209-385-3000	Human Services Agency
Joy Martinez, LVN	209-385-3000	Human Services Agency

Written by Anne Reeves. CHDP Deputy Director, Monterey

Immunization Action Coalition & School Admission



IAC posts updated Spanish-language translations of "Top Ten Reasons to Protect Your Child by Vaccinating" and "Human Papillomavirus (HPV): A parent's guide to preteen and teen HPV vaccination"

IAC has posted updated Spanish-language translations of the following two handouts for parents:

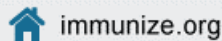
[Top Ten Reasons to Protect Your Child by Vaccinating](#)
[Human Papillomavirus \(HPV\): A parent's guide to preteen and teen HPV vaccination](#)

These translations now match the English-language versions.

Related Link All available [Spanish-language translations of IAC handouts](#)

CDC and NPHIC release "11 Things You Can Do During National Immunization Awareness Month"

National Immunization Awareness Month (NIAM) takes place annually in August. NIAM is sponsored by the National Public Health Information Coalition (NPHIC). CDC and NPHIC recently released [11 Things You Can Do During National Immunization Awareness Month](#). There are additional print and digital resources available on the [NIAM website](#).



EDUCATION AND TRAINING

2016 CDC webinar series on "The Pink Book"

CDC 15-part webinar series provides a chapter-by-chapter overview of the 13th edition of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (also known as "The Pink Book"). This live series of one-hour webinars started June 1. Recordings of sessions are available online after each webinar. All live sessions begin at 12:00 p.m. (ET). Continuing education credit is available for each webinar.

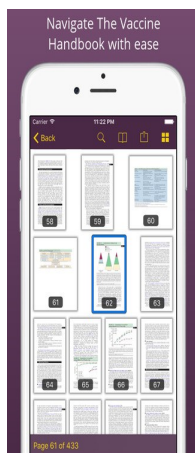
Registration and more information is available [on CDC's Pink Book Webinar Series web page](#).

Download *Epidemiology and Prevention of Vaccine-Preventable Diseases*

All the sections of "The Pink Book" (i.e., chapters, appendices) are available for download at no charge at www.cdc.gov/vaccines/pubs/pinkbook/index.html

The Vaccine Handbook App, based on Dr. Gary Marshall's

"The Purple Book," now available for free download



The Vaccine Handbook: A Practical Guide for Clinicians (also known as "The Purple Book"), by Gary S. Marshall, MD, is now available in the context of an app for iOS devices. [The Vaccine Handbook App](#) contains the 5th edition of the book, updated with the latest immunization schedules and recommendations. The app enhances the utility of an already valuable print resource by including functions like keyword search, internal links, bookmarking, quick access to schedules and tables, hyperlinks to external sources, and the ability for I-time updates. A resources section provides ready access to authoritative immunization-related websites. Best of all—thanks to support from Sanofi Pasteur—there is no cost to download and use the app, although registration is required.

Click on the image to visit the relevant App Store page to download this resource.



2016-2017
School Year

&

Head Lice
Prevention

Image: Two lice viewed under an electron microscope. Note the claws used to grasp onto individual hairs. Credit: CDC

Prevention & Control

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp. Adult head lice are roughly 2–3 mm long. Head lice infest the head and neck and attach their eggs to the base of the hair shaft. Lice move by crawling; they cannot hop or fly. Head lice infestation, or pediculosis, is spread most commonly by close person-to-person contact. Dogs, cats, and other pets do not play a role in the transmission of human lice. Both over-the-counter and prescription medications are available for treatment of head lice infestations.

The following are steps that can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
- To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

For further local information contact Santa Cruz County Public Health Department, Communicable Disease Unit at 831-454-4114, Fax: 831-454-5049.

[Disease Reporting Information](#) [Click here to send email](#)



(Source: [CDC—Parasites, Lice, Head Lice](#))

Santa Cruz County Communicable Disease Unit

Escherichia coli (E.coli) 0157 with Hemolytic Uremic Syndrome (HUS)

A cluster of E.coli 0157 with HUS potentially associated with a daycare in south Santa Cruz County has been reported to the Santa Cruz County Communicable Disease Unit. Two cases were both under the age of 5 years and are currently hospitalized for HUS. Onset of illness began at the end of June. There was delay in diagnosis. Symptoms of E.coli include diarrhea (often bloody), abdominal cramps and may be complicated by HUS as in these two cases. [Read More...](#)

[Provider Health Alert](#)

Signs of a Broken Oral Health System Abound



Lack of access to dental care leads to expensive emergency room care
Association of Health Care Journalists

U.S. Surgeon General "...there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a *silent epidemic* of dental and oral diseases is effecting some population groups."

- American Dental Association**
- \$1.6 billion spent on dental visits to Emergency Departments (2012)
 - \$749 per visit

An estimated 51 million school hours are lost each year due to oral disease—[CDC, Division of Oral Health](#) [Children's Oral Health](#)

California State of the State

California's children: 9.3 million children. 13% of all children in the U.S reside in California. Over half of all CA children are enrolled in Medical (not including new SB 75 legislation). For oral health research/data work, [Children Now](#) released this info graphic in Dec 2013. The data in the info graphic highlighted how at the time 4 counties in California had no Denti-Cal providers; and 26 counties had no periodontitis.



Everyone
Deserves a
Healthy
Smile!



Photo: Oral Health Access Santa Cruz County

The Silent Epidemic Throughout California—Dental Disease Prevalence, Consequences and

“When doctors say something people really pay attention”

(Source and Adaptation: The Little Hoover Commission)

During its study the Little Hoover Commission heard story after story of conditions little known in the larger and more prosperous society of California: little children by the thousands with mouths full of rotting, ruined teeth, parents who don't understand basic preventative care and whole counties with no dentists who accept Denti-Cal. Witnesses, experts and dental practitioners collectively described a silent epidemic of dental decay enveloping California, a public health problem on the scale of diabetes and obesity – and worsening. Dental disease is surprisingly prevalent in the U.S. and California, and is considered the most common childhood illness in the nation, according to September 24, 2015, testimony provided by the California Dental Association (CDA). Dental disease is easily treatable when children have access to dental care. Without dental care, dental disease is more prevalent than asthma and obesity combined, can lead to other medical conditions such as ear and sinus infections, altered speech, and can lead to impaired growth. Dental disease affects school attendance, difficulty in learning and performance as well as lowered self-esteem. California children with dental pain due to problem teeth miss 874,000 school days annually, costing school districts \$29 million in attendance fees. Children who report having recent tooth pain are four times more likely to have a low grade-point average, which can negatively impact their lifetime learning potential. In children, California State Dental Director Jayanth Kumar, DDS, testified that oral diseases are the “largest unmet health care need” for children and “the burden of oral diseases constitutes a major challenge because of the economic and social costs it imposes on society.”

In January 2015, in what's considered a first-of-its-kind pilot project in Amador County, with a small start-up grant from Sutter Medical Group, the county established a program to train pediatricians to do simple dental exams, apply fluoride treatment and bill Medi-Cal for reimbursement for \$18 to \$30 as part of routine well-child exams. **Recommendations published by the American Academy of Pediatrics in September 2015 advised pediatricians to add fluoride varnish, this small preventative task, to their list of tasks during well-child visits from the age of six months to age five. In California, a state where pediatricians have sometimes considered oral exams and fluoride varnish application too time-consuming and not their responsibility, are increasingly likely to begin doing so.**

Sutter Amador Pediatrics' Dr. David J. Stone and supervising nurse Mindy Epperson, collectively told the Commission in November 2015 that pediatricians did more than 1,000 fluoride varnish treatments in the first eight months of the program and serve as an example to other counties. “We did not step on the toes of dentists in Amador County,” Ms. Epperson told the Commission. **“We never tell people we are their dental home. We are not. We are part of prevention.”**

Advocates for children's dental care told Commission staff they hope more pediatricians and primary care doctors begin to perform oral health screenings and fluoride varnish applications – because parents with Medi-Cal coverage are far more likely to take their children to the doctor than to the dentist. **Medical doctors also are generally seen as strong authority figures during well-child visits,** Ms. Machado told the Commission.

“When doctors say something people really pay attention.”



Smiles for Life
A national oral health curriculum



For the complete report go to:
[The Little Hoover Commission April 2016 Report](#)



Dientes' Study Highlights Oral Health Access Crisis in Santa Cruz

Oral Health Access Steering Committee Convenes to Take Action

Dientes Community Dental Care commissioned the first-ever oral health needs assessment for Santa Cruz County to determine gaps in oral health. The resulting study, [Increasing Access to Dental Services for Children and Adults on the Central Coast](#), has outlined an urgent need that requires community action. In response, Dientes has joined forces with other healthcare providers, policy makers, and community advocates to create the Oral Health Access Santa Cruz County steering committee.

The need is massive. Of the 80,000 Santa Cruz County residents expected to enroll in Medi-Cal this year, only 25,000 were able to visit a dentist. The needs assessment revealed that, although dental coverage is required to be made available for children under all health care plans, 30.8% of children in Santa Cruz under the age of 11 have never visited a dentist and almost one-quarter of all pre-K children in Santa Cruz County have untreated dental decay. These statistics must be addressed in order to improve the quality of life for Santa Cruz County residents.

Identifying actionable, measurable recommendations to combat one of the county's major hidden health epidemics is the Oral Health Access steering committee's main goal.

In order to provide comprehensive leadership, Oral Health Access Santa Cruz County is chaired by **Dientes' Dental** Director Dr. Sepi Walthard and Santa Cruz County Supervisor Zach Friend.

Supervisor Friend is enthusiastic about the work and the impact that it will have on Santa Cruz County, "Never before has a collation been pulled together to work on the oral health issues in our community. Through collaboration and education, we have the ability to create real change, especially for children."

"As a dental provider, I am faced daily with the tremendous need for dental care and education in the underserved populations of Santa Cruz County. I am so excited by the work that the Oral Health Access steering committee will be doing because safety net clinics like Dientes cannot face this serious issue alone," states Dr. Walthard. "We need community leaders to come together and for everyone to do their part in order to effectively address the problems of lack of access to oral health and education in Santa Cruz County."

Comments and ideas from the public are welcome and can be shared at: <http://oralhealthsc.org/contact/>

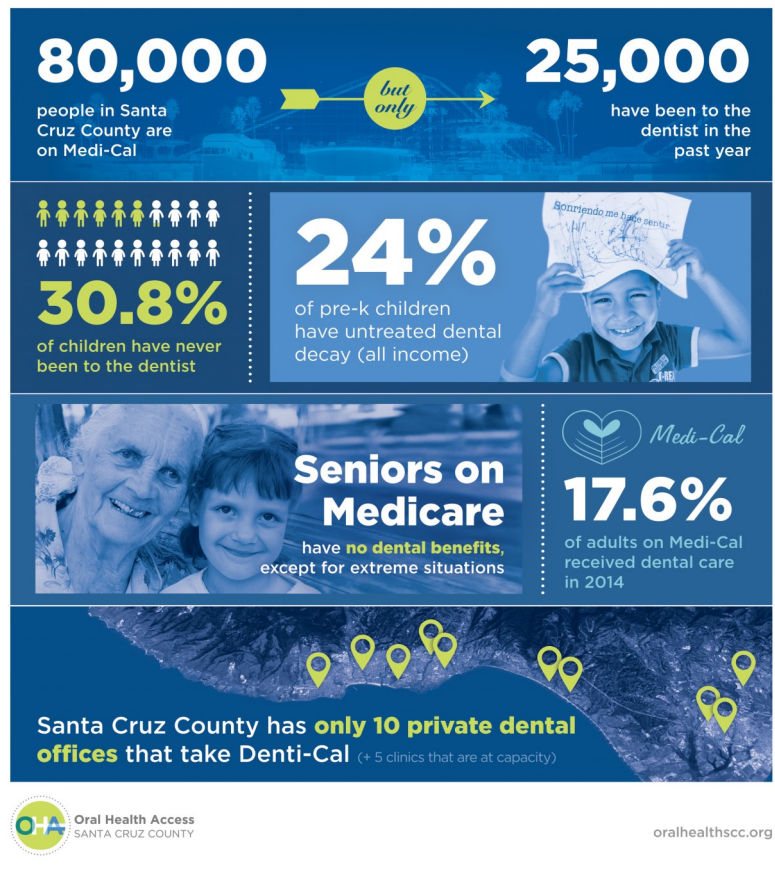
The recommendations from the Oral Health Access Santa Cruz County steering committee will be shared with the community in late Fall 2016 at the Oral Health Summit.

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Oral Health Access Santa Cruz County's mission is to improve the oral health of Santa Cruz County by uniting stakeholders and advocating sound, measurable strategies that increase access to care and education. The 17-member steering committee represents a wide array of local health industry experts, community leaders, and education advocates. Facilitation of the committee is shared in partnership between Salud Para La Gente and Dientes Community Dental Care.

The State of Oral Health in Santa Cruz County




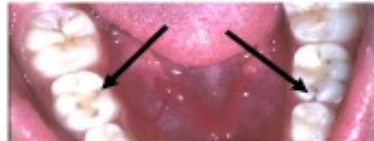






It may look like everyone has access to dental care, but you have to look deeper



CHDP PM160 Resource See: HAG #18

DENTAL CLASSIFICATIONS

The American Dental Association's "Classification of Treatment Needs" is a tool for referring children for dental services. If a problem is detected or suspected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in "Problem Suspected" columns C or D. In "Comments/Problems" section, describe the condition and classify using Class II, III, or IV. Enter dentist's name/phone number in "Referred To" box.

<p>CLASS I: NO VISIBLE DENTAL PROBLEM</p> <p>No problem visualized. If child has not seen a dentist in the last 6 -12 months, check box "Routine Referral-Dental".</p> <p>Annual referrals recommended beginning at one (1) year of age and mandatory beginning at three (3) years of age.</p>		
<p>CLASS II: MILD DENTAL PROBLEMS</p> <p>Small carious lesions (including decalcifications) and/or gingivitis. The patient is asymptomatic. Condition is not urgent, yet requires a dental referral. Write "02-Class II" and describe in the "Comment/Problems" section of PM160.</p>	 <p>Beginning Decay-white decalcification</p>  <p>Small Carious Lesion</p>	 <p>Mild Gingivitis</p>
<p>CLASS III: SEVERE DENTAL PROBLEMS</p> <p>Large carious lesions, abscess, extensive gingivitis, or history of pain. Need for dental care is urgent – conditions can progress rapidly to an emergency. Write "02-Class III" and describe in "Comments/Problems" section of PM160. (If abscess suspected see dentist without delay.)</p> <p>For a <u>severe</u> (medically handicapping) malocclusion or craniofacial anomaly child should be referred to a dentist. Write "02-Class III" and describe condition in "Comments/Problems" section of PM160".</p>	 <p>Large Carious Lesions</p>	 <p>Abscess</p>
<p>CLASS IV: EMERGENCY DENTAL TREATMENT REQUIRED</p> <p>Acute injury, oral infection, or other painful condition. An immediate dental referral is indicated. Write "02-Class IV Emergency" and describe in "Comments/Problems" section of PM160.</p>	 <p>Acute Injuries</p> 	 <p>Oral Infection/Cellulitis</p>

State of California—Health and Human Services Agency

Department of Health Services

DATE April 18, 2007 MMCD All Plan Letter 07008

TO ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT TOPICAL FLOURIDE VARNISH

Effective for dates of service on or after June 1, 2006, HCPCS code D1206 (topical application of fluoride [prophylaxis not included], child) is a Medi-Cal benefit for children younger than 6 years of age, up to three times in a 12-month period.

Training for medical staff, including billing procedures, can easily be arranged at provider offices free of charge by contacting the Santa Cruz County CHDP program PHN Care Coordinator, Patti Duca—831-763-8101, Patricia.Duca@santacruzcounty.us.

BACKGROUND Fluoride varnish is a newer form of topical fluoride that is more effective in preventing tooth decay than other forms of topical fluoride, and more practical and safer to use with young children. Fluoride varnish, used in accordance with the manufacturer's instructions, is safe for babies and young children, and the application is fast and easily performed. Fluoride varnish can be swabbed directly onto the teeth in less than 3 minutes and sets within one minute of contact with saliva. The application requires no special dental equipment and can be applied with minimal training by physicians, nurses and supervised medical assistants.

The early application of fluoride varnish protects the primary teeth, and ideally should be performed as soon as possible after the teeth first erupt. Providers may purchase fluoride varnish in tubes containing sufficient product for multiple applications, however, many providers find it easier and more convenient to use prepackaged single use (unit dose) tubes, which come with small disposable applicator brush.

Early childhood caries (ECC) is defined as tooth decay found in the primary dentition of a child younger than 6 years of age. ECC is an infectious process caused by acid producing bacteria, primarily Streptococcus mutans and Lactobacilli species.

Dental caries is the most common chronic medical problem in children. **It is five times more prevalent than asthma and seven times more common than hay fever.** ECC affects more than 50 percent of children by kindergarten. A recent California survey found that 28 percent of children in kindergarten through 3rd grade had untreated tooth decay.

ADDITIONAL INFORMATION Fluoride varnish is an available service for Members under 6 years of age and may be offered at an office visit of their Primary Care Physician (PCP).

**** Approximate cost of fluoride varnish is 0.77/unit. Approximate insurance reimbursement rates are Medi-Cal \$18, CCAH \$27 and for most other insurance companies \$20-\$30.**

For further information please go to:

<http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2007MMCDAPL07008.pdf>



Obesity and Introduction of Solid Foods

The **Centers for Disease Control and Prevention** has published a study examining the link between the age of first solid foods and later child obesity. The study used data on infant feeding practices compared to rates of obesity in children 6 years later, and also explored the potential impact of breast versus formula feeding. Timing of introduction of solid foods was not associated with child obesity at six years, nor was there any interaction between breastfeeding duration and early introduction of solids or obesity shown in this study. www.calwic.org

The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies is an update of the 2005 **The CDC Guide to Breastfeeding Interventions**. It provides state and local community members information to choose the breastfeeding intervention strategy that best meets their needs.

Support for breastfeeding is needed in many different arenas including hospitals and birth centers, worksites, and communities. This Guide builds upon the research evidence demonstrating effective intervention strategies and offers relevant information for each including program examples and resources.

You can [download the entire guide \[PDF-1Mb\]\(http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF\)](http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF), or select individual chapters.

"The Santa Cruz County Breastfeeding Coalition (BFC) is committed to optimizing the health of mothers and babies by encouraging breastfeeding friendly attitudes, policies, and images in the community, recognizing the impact of birthing practices on breastfeeding, and promoting breastfeeding education and supportive practices among women and their families, health professionals and the community."

Goals and Objectives

[Meetings](#)

[Local Breastfeeding Advice](#)

[Educational Materials](#)

Web Resources

[Breastfeeding Mothers/Families](#)

[Advocacy/Policy](#)

[Health Care Professionals](#)

[Workplace](#)

Contact Info

Santa Cruz County Breastfeeding Coalition

Kimlin McDaniel-Keith, PHN MS
(831) 454-4331



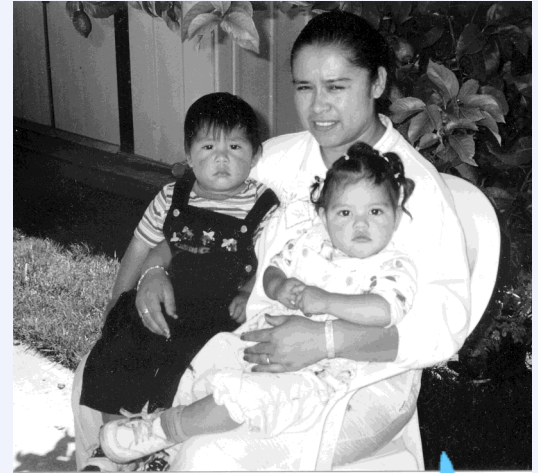
- ✕ 5 — fruits and veggies
- ✕ 2 — hours or less of recreational screen time
- ✕ 1 — hour of physical activity
- ✕ 0 — sugary drinks, more water and low-fat milk
- ✕ Plus — sleep well and begin with breastfeeding



5210+

How does Migrant Head Start help farmworkers' children?

- ◇ Home visits
- ◇ Support in crisis
- ◇ Homemade meals
- ◇ Excellent childcare
- ◇ Safe homes & yards
- ◇ Parent workshops on health
- ◇ Trained, affectionate providers



Recruiting farmworker families now: 831-466-5850

How can Physicians help Migrant Head Start?

Our children are required to have a complete physical.

This includes:

- ◇ TB Assessment
- ◇ Lead Results (if over 1)
- ◇ HGB/HCT (if over 1)
- ◇ Vision Screening (if over 3)
- ◇ Hearing Screening (if over 3)



Please help us to meet our Federal guidelines by responding to our requests for documentation.

**Thank you, Central California Migrant/Seasonal Head Start
Santa Cruz County Office of Education, www.santacruzcoe.org**



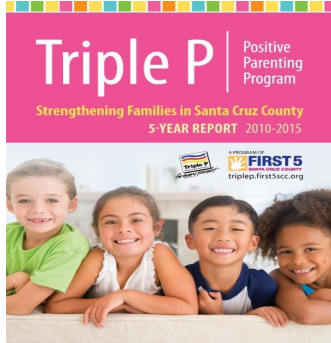
Triple P – Positive Parenting Program

A PROGRAM OF FIRST 5 SANTA CRUZ COUNTY

The Triple P - Positive Parenting Program provides tips and tools to raise happy, healthy, capable children. Triple P is available to families in Santa Cruz County with children from birth - 16 years old, including children with special needs. Small changes can make a big difference!

Triple P is Making a Positive Difference in Santa Cruz County

First 5 Santa Cruz County is proud to share its 5-year report on how Triple P has helped thousands of children and families. After reading the report, Dr. Matt Sanders (founder of Triple P), stated, "What's being done in Santa Cruz County is the best," he said. "It's a leading example for the rest of the world where Triple P is being implemented." Read the report at <http://tinyurl.com/TriplePSCC-5YearReport>



We were honored to host a number of events for community agencies and leaders while Dr. Sanders visited Santa Cruz County May 26-27, and we're inspired by his global vision for improving parenting and family relationships. Check out [Triple P Santa Cruz County's Facebook page](#) to see pictures and links to press coverage of Matt's visit and First 5's report.



Scientifically proven, Triple P is made available locally by First 5 Santa Cruz County, the Santa Cruz County Health Services Agency (Mental Health Services Act) and the Santa Cruz County Human Services Department. For more information on Triple P classes and one-on-one sessions for parents, visit <http://triplep.first5scc.org>, www.facebook.com/triplepscc or contact First 5 Santa Cruz County at (831) 465-2217 or triplep@first5scc.org.

pdcr Positive Discipline Community Resources

Transforming Lives Through Respectful Relationships!

Our Commitment

We offer instructional classes, support groups, training resources, and restorative programs for families, schools and community service providers. Using research-based methods and experiential practice, PDCR teaches social and emotional awareness skills that promote initiative, responsibility, resilience capability, and environments that are positive and safe to learn in.



Children do better when they feel better

Classes and Workshops

PDCR organizes a variety of programs with our partners to support families, school staff, administrators, childcare professionals, youth advocates, and social workers. Activities are listed by classes, trainings, and special events in calendar order. For individual coaching and facilitator mentorship, please call 831-239-5543. For material resources, please call 831-464-3877.



- [Classes – for parents and people seeking to learn more about PD](#)
- [Positive Discipline Programs Summer flyer 2016](#) here for posting n your fridge
- [Trainings – for people who are interested in becoming PD facilitators](#)
- [Special Event – Sign up for our newsletter for notices!](#)

www.pdcrcantacruz.org/

CHDP Provider Information Notices (PIN) 2016

(PIN) 16-01 Meningococcal B Vaccines CPT Codes 90620 (BEXSERO®) and 90621 (TRUMENBA®): New CHDP Program Vaccines for Children and Youth (VFC) Benefits: New Vaccine Procedure Codes for VFC Vaccine Administration and for Non VFC Vaccine Administration

(PIN) 16-02 CHDP Health Assessment Guidelines Revision - Multiple Sections

(PIN) 16-03 The CHDP Program Adopts the American Academy of Pediatrics (AAP), Bright Futures Guidelines for Preventive Pediatric Health Care

If you are missing any of the notices, go to the CHDP website at <http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

CHDP TEAM

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Children's Medical Services Program Manager — Dave Kramer-Urner, 831-763-8292, Dave.Kramer-Urner@santacruzcounty.us

CHDP Care Coordinator — Patti Duca, RN, BSN, PHN, 831-763-8101, Patricia.Duca@santacruzcounty.us

CHDP Foster Care & Probation Nurse — Deborah Wright, RN, PHN, 831-763-8645, Deborah.Wright@santacruzcounty.us

CHDP Clerical Support — Alaciel Jauregui, 831-763-8415, Alaciel.Jauregui@santacruzcounty.us

Medi-Cal Subscription Service (MCSS)



Medi-Cal NewsFlash: Fiscal Year Two-Week Checkwrite Hold for Specific Provider Payments

The article titled "[Fiscal Year Two-Week Checkwrite Hold for Specific Provider Payments](#)" was posted to the *NewsFlash* area of the Medi-Cal website on June 6, 2016.



CalFresh: Better Food for Better Living

CalFresh, California's name for food stamps, or the Supplemental Nutrition Assistance Program (SNAP), can add to many WIC families' food budgets and help them put healthy and nutritious food on the table, while also stimulating our economy and supporting communities! Check out our [CalFresh information and toolkit](#), and refer your families!

HEALTH OBSERVANCES for 2016

July

Cord Blood Awareness Month
Juvenile Arthritis Awareness Month
National Cleft & Craniofacial Awareness & Prevention Month

August

Children's Eye Health and Safety Month
National Breastfeeding Month
National Immunization Awareness Month

September

Childhood Cancer Awareness Month
Fruit and Veggies—More Matters Month
Infant Mortality Awareness Month
National Childhood Obesity Awareness Month
National Food Safety Education Month
National Pediculosis Prevention Month/Head Lice Prevention Month
Newborn Screening Awareness Month

October

Domestic Violence Awareness Month
Eye Injury Prevention Month
National Breast Cancer Awareness Month
National Bullying Prevention Month
National Dental Hygiene Month
National Down Syndrome Awareness Month
Sudden Infant Death Syndrome (SIDS) Awareness Month

For more [Health Observances](#)

CHDP e-news is not intended to take the place of the CHDP Provider Manual, Provider Information Notices (PINs), or any other official correspondence from the California Department of Health Care Services. If you feel you have received this e-news in error or would like to be removed from the mailing list please contact Patti Duca at 831-763-88101; Patricia.Duca@santacruzcounty.us.