



Publication from Child Health and Disability Prevention Program
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CDPH Addresses Safety Considerations Following Cannabis Legalization for Adults

On their new "[Let's Talk Cannabis](#)" website, the California Department of Public Health (CDPH) shares its commitment to providing the facts needed to make safe and informed choices following the passage of the Adult Use of Marijuana Act (AUMA).

CDPH shares science-based information on how cannabis affects our bodies, minds, and health through Fact Sheets which address the following concerns:

- What's Legal for Adult-Use
- Adult-Use Penalties
- Responsible Use
- Pregnant and Breastfeeding Women
- Youth
- Parents and Mentors
- Health Care Providers (OB-GYN and Pediatricians)
- Medicinal Use Cannabis Fact Sheet
- Medicinal Use Cannabis Penalties Fact Sheet

The [Health Care Providers Fact Sheet](#) states the following:

Research shows that cannabis (marijuana, weed, pot, etc.) use during pregnancy or breastfeeding can have negative health impacts on developing fetuses and infants. There are also harmful impacts on the health and well-being of youth when cannabis is consumed during adolescence.

CDPH goes on to share recommendations from professional organizations serving pregnant women, their infants, and children, as well as key data and information from scientific research on the health risks associated with cannabis use.

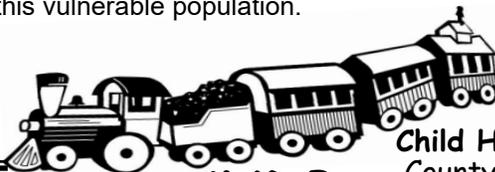
CHDP Welcomes New HCPCFC Nurse Susan Irby

A vital component of the CHDP office is the Health Care Program for Children in Foster Care (HCPCFC) which provides Public Health Nurse expertise in meeting the medical, dental, mental, and developmental needs of children and youth in foster care.

Foster children typically have higher rates of serious health, emotional, behavioral, and developmental problems compared with other children from the same socio-economic background. The HCPCFC PHN is a key team member in a multi-disciplinary setting who works collaboratively with case workers, health care providers, and substitute care providers to coordinate comprehensive health care services for foster children (<http://www.dhcs.ca.gov/services/hcpcfc/Pages/default.aspx>).

CHDP is quite happy to introduce the new HCPCFC Public Health Nurse: Susan Irby, MSN, PHN. Susan has been a nurse since 1985 and a Santa Cruz resident since 1993. She comes to this position with many years' experience and education spanning Acute and Outpatient Maternal Child, Surgical, and Healthcare Administration.

Susan states she hopes to be a wealth of support, advocacy, and a healthcare resource for this vulnerable population.



CHDP

Child Health and Disability Prevention Program
 County of Santa Cruz - Health Services Agency

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CHDP Newsletter

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CHDP Assessments and Bright Futures

CHDP has implemented the *AAP Bright Futures* periodicity schedule for preventive health assessments, effective July 1, 2016 ([CHDP Provider Information Notice 16-03](#)).

Periodic Well-Child Health Assessment (History and Physical)	Age at Screening
INFANCY	3-5 day
	By 1 mo
	2 mo
	4 mo
	6 mo
	9 mo
EARLY CHILDHOOD	12 mo
	15 mo
	18 mo
	24 mo
	30 mo
	3 yr
MIDDLE CHILDHOOD & ADOLESCENCE	Annually until age 21

While the CHDP exams now follow the periodicity — timing — of *Bright Futures*, the *CHDP Health Assessment Guidelines (HAGs)* still apply (<http://www.dhcs.ca.gov/services/chdp/Pages/HAG.aspx>).

All CHDP Providers must continue to follow CHDP HAGs and should be aware of when they differ from *Bright Futures* guidelines.

For example, the below are from the CHDP HAGs and may differ from Bright Futures.

Hearing	Screen for hearing of children age three to 21 years at each health assessment visit using a pure tone air conduction audiometer with intensity levels not exceeding 25 decibels.
Anemia	Universal screening for anemia is recommended at approximately 12 months of age. Additionally, California WIC requires anemia screening with determination of hemoglobin concentration at 12 months, 24 months, 3 years, and 4 years for all WIC participants.
Lead	From the time the child begins to crawl until 72 months of age provide oral or written anticipatory guidance to a parent or guardian of the child. Order blood lead levels at both 12 and 24 months or at any time up to age 72 months if not done at the specified ages. Order a blood lead level at any time a change in circumstances has put the child at risk

PM-160 Transition & Replacement Forms

On July 1, 2017, Fee-for-Service (FFS) CHDP providers were required to discontinue use of the PM 160 form for claiming purposes.**

As specified in Health and Safety (H & S) Code 124040 (a) (4) local CHDP programs and Providers are responsible for “referral for diagnosis or treatment when needed” and for the “methods for assuring referral is carried out.” All children served by CHDP who are eligible for Medi-Cal **must** be provided “assistance with scheduling appointments for services and with transportation” (H & S Code 124040 (a) (10)).

To ensure a referral is carried out, CHDP providers must continue to report **non-Alliance** children/youth needing health assessment follow-up to the local CHDP program. Additionally, the CHDP office will follow up on **all** children/youth requiring dental follow-up.

To facilitate follow-up, the attached *CHDP Care Coordination/Follow-Up Form* replaces the referral for follow-up to the local CHDP office for those children/youth previously reported on the PM 160 with a Follow-Up Code of 4, 5 or 6.

**** FQHC's, RHC's, & IHS's will continue to submit Info-Only PM-160s with the X12N 837I/UB-04 outpatient claim until further notice.**

CASA Shares Findings from CalYOUTH Regarding Transitional Age Youth

The California Court Appointed Special Advocate (CASA) website, <http://www.californiacasa.org>, shares the below article regarding the California Youth Transitions to Adulthood Study (CalYOUTH).

The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended Title IV-E to extend the age of Title IV-E eligibility from 18 to 21 for foster care youth. California enacted the California Fostering Connections to Success Act in 2010 and began extending care on January 1, 2012. With the largest state foster care population in the U.S., it is arguably the most important early adopter of the new policy. Following early implementation studies, the California Youth Transitions to Adulthood Study (CalYOUTH) was initiated in 2012.

CalYOUTH is an evaluation of the impact of the California Fostering Connections to Success Act on outcomes during the transition to adulthood for foster youth. CalYOUTH includes collection and analysis of information from three sources: 1) transition-age youth; 2) child welfare workers, and; 3) government program data.

There are several reports available on the California CASA website here: <http://www.californiacasa.org/tools-resources/volunteer-resources/transitional-age-youth>.

Oral Health and CHDP Dental Referrals

A dental screening/oral assessment is **required** at every CHDP/EPST (Early and Periodic Screening, Diagnosis and Treatment) health assessment regardless of age. As of July 1, 2016, the CHDP periodicity schedule for dentist referrals was updated as below ([CHDP Provider Information Notice 16-03](#)).

Age (Years)	Routine Dental Referral	Suspected Dental Problem
1* – 20	Refer every 6 months (Children with special needs may require more frequent referrals)	Refer at any age if a problem is suspected or detected

* CHDP Providers are required by California Health and Safety Code Section 124040 (6)(D) to routinely refer children directly to a dentist beginning at age one.

Furthermore, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) both support families seeking a dental home for their child beginning when the first tooth appears. Our local oral health advocates, [Oral Health Access Santa Cruz County](#), support the **First Tooth First Birthday** campaign which urges "[parents to bring their child to the dentist when the first tooth pops up or by their first birthday.](#)"

Another important practice to help advance oral health is the application of fluoride varnish. Fluoride varnish has been shown to be very effective in preventing tooth decay and can be applied during routine, well-child exams.

Our local CHDP office can serve as a resource to:

- Locate dentists who accept Denti-Cal
- Access care for routine exams or treatment such as wisdom tooth extractions
- Train CHDP primary care providers to apply fluoride varnish

Call the CHDP office at (831) 763-8100.

New Training March 2018!!!

Mark your calendars now for March 27, when two new classes will be offered:

- Anthropometric Measurements/BMI Percentile
- Oral Health/ Fluoride Varnish Application

Keep an eye open for the registration link which will be sent via email.

Class size will be limited!

Remember:

- CHDP training in anthropometric measurements and BMI percentile must be used by all staff performing these measurements, when training is offered
- New staff must be trained within 3 months of hire

Selected CHDP Provider Information Notices (PINs)

- (PIN) 17-03 CHDP Health Assessment Guidelines, Additional Revisions
- (PIN) 17-02 Revision of The Food Screening Form "What Does Your Child Eat? Birth To 8 Years" And "What Do You Eat? Ages 8-19 Years"

For a complete view of CHDP Program Letters and Provider Information Notices, go to the CHDP website at <http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

Medi-Cal Subscription Service (MCSS)



The Medi-Cal Subscription Service (MCSS) is a **free** service that keeps you up-to-date on the latest Medi-Cal news. Subscribers receive subject-specific emails for urgent announcements and other updates shortly after they post to the Medi-Cal website.

Subscribing is simple and free: <http://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.asp>

High-Risk Toddlers Missing Lead Tests

The [Environmental Working Group \(EWG\)](#) reports that each year between 2012 and 2016, almost 3/4 of California toddlers enrolled in Medi-Cal were not tested for lead in their blood. Lead is a highly potent neurotoxin that can cause permanent brain damage in children.

State regulations mandate that all children enrolled in Medi-Cal or other public assistance programs should be tested for lead at 12 months of age and again at 24 months.

The data show that in each of the fiscal years 2012 to 2016, about 529,000 toddlers enrolled in the program did not receive required lead tests. That means that during this time period, an average of only 28 percent of children in the program were tested.

This new calculation is especially alarming because Medi-Cal children are seven times more likely to be lead-poisoned than children from higher-income families.

Lead poisoning can threaten children of any socio-economic status, but those from lower-income families are more likely to live in older housing with lead paint or face other sources of exposure.

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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 Alaciel Jauregui at 831-763-8415; Alaciel.Jauregui@santacruzcounty.us.