



Child Health and Disability Prevention Program

Summer 2019 Newsletter

CHDP Updates

Care Coordination Form and Foster Care Form Reminders

As of 2017, CHDP uses the Care Coordination Form instead of the PM 160 to track follow up for children using our program (see Attachment A). This includes children who are referred to the dentist for a problem. Please fill out the form as completely as possible including patient eligibility info, the dental assessment section, and whether fluoride varnish was applied. Completed forms should be faxed to 209-953-3632 or mailed to San Joaquin County CHDP Program, PO Box 2009, Stockton, CA 95201.

A Care Coordination Form should be filled out and sent to the CHDP program for children who fulfill ALL the following criteria:

- They are being seen for a well-child exam
- Have fee-for-service Medi-Cal or using Gateway
- Found to have an issue requiring a follow up or referral
- Not in foster care



The form is not necessary for clinics that are Federally Qualified Health Centers (FQHCs). Do not fill out the form if the child has managed care.

For children in foster care there is a separate form (PHN-01, see Attachment B) that must be filled out for every visit and sent to the foster care nurses by the parent or healthcare provider. The forms can be faxed to 209-932-2638 or mailed to Foster Care Nursing, SJC Human Services Agency, PO Box 201056 Stockton, CA 95297.

For questions, please call or email Gwen Callaway, CHDP Health Educator, at 209-468-8918 or gcallaway@sjcphs.org.

Expanded Free Medi-Cal for Former Foster Youth

Youth who were in the foster care system can now extend their Medi-Cal coverage for free regardless of current income. To qualify a youth must:

- Have lived in foster care in ANY state on their 18th birthday
- Live in California now
- Be younger than 26 years old

For more information, call 1-800-300-1506 or 209-468-2025 for San Joaquin County. Also visit www.coveredca.com.

Summertime Tips

With summer in full swing a few well-thought out preparations can make sure it's a season of sun and fun for everyone. Share the following tips with families!

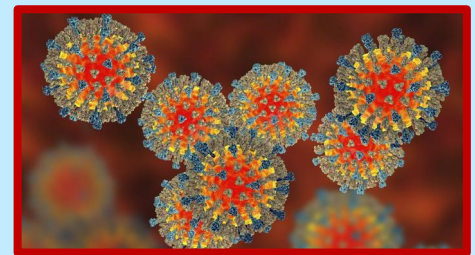
- Stock up on water to stay hydrated and sunscreen to avoid sunburns.
- Wear loose, lightweight, light-colored clothing.
- Make sure your home is well-insulated. Weather stripping around all doors and window sills help keep the cool air inside.
- Double-check your home's cooling system is working properly.
- Cover any windows that receive morning or afternoon sun with drapes, shades, awnings, or louvers. This can reduce heat that enters a home by up to 80%.
- Learn about the types of medical conditions that can result from extreme heat and the proper first aid measures that should be taken.
- Know those in you neighborhood who are older, young, sick or overweight. They are more likely to become victims of excessive heat and may need help.
- Find places in the community you can go to get cool.
- During extreme heat avoid high-energy activities.
- Never leave a child, adult, or pet alone in a vehicle on a warm day.

Visit <https://www.ready.gov/heat> for more heat safety information.



Current Measles Outbreak

The ongoing outbreak of measles, a disease declared eradicated in the U.S. in 2000, has health officials at all levels concerned. As of June 27th, there are 1,095 confirmed cases across the country (the most since 1992) and as of June 26th there are 55 confirmed cases in California. There are no cases in San Joaquin County. So far, cases can be traced to international travelers to the U.S. where the disease spread to unvaccinated pockets of the population. Measles can be spread through coughing and sneezing and is one of the most contagious of all infectious diseases. Particles can survive up to two hours in the air or on surfaces after an infected person has left the area. Those who have been infected can spread the disease four days before and four days after their rash appears.



Current MMR vaccine recommendations call for the first dose between 12 and 15 months of age and a second dose between 4 and 6 years old. Evidence of measles immunity must include at least one of the following:

- Written documentation of appropriate vaccination
- Lab confirmation of measles
- Lab evidence of immunity
- Birth before 1957

If there is a suspected case of measles in your office report it immediately to San Joaquin County Public Health Services by calling 209-468-3822.

Resources on measles can found on the CDC website here: <https://www.cdc.gov/measles/hcp/index.html>.

Kids Corner

New AAP Adolescent Sexual Health Webpage

The American Academy of Pediatrics (AAP) has redone their webpage on Adolescent Sexual Health. The page has links to various areas of care including the Pediatrician's Role, STI Screening Guidelines, and creating a Teen Friendly Practice. Resources for both clinicians and families are available throughout the site in order to encourage regular, preventative screenings for teens.



The new site can be found here: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/default.aspx>

Lead Week 2019 Save the Date

This year, Lead Week 2019 will be October 20-26. So mark your calendars and join the Childhood Lead Poisoning Prevention Program (CLPPP) in their annual campaign.

This year's theme will be "*Dust and dirt with lead can hurt. Keep kids away from lead where they play.*"

More information will be posted on <http://clppp.sicphs.org/> as Lead Week approaches.



Vaccine Counseling

As health professionals, we know that high vaccination rates keep our communities and especially our children safe from preventable infectious diseases. However, addressing parents that are hesitant or opposed to vaccinating their children can be difficult. To that end, the AAP has created a guide for addressing parental concerns about vaccines which can be accessed here: <https://pediatrics.aappublications.org/content/138/3/e20162146>.



The guide addresses common vaccine myths and how to counter them with current evidence and historical studies. It also thoroughly discusses the pros and cons of dismissing families who refuse to vaccinate from the practice. Consistently stressed is the importance of the relationship between providers and parents when it comes to clear, regular communication about the benefit of vaccines.

New Safe Sleep Materials

Safe Kids San Joaquin has put together new educational materials on Safe Sleep with the goal of reducing Sudden Infant Death Syndrome (SIDS) in our county! A new toolkit is available for home visitors and clinics containing flyers and pamphlets to educate families on the proper way to put their infant to sleep—for every sleep!

Families will learn about the ABC's of safe sleep and other tips to keep baby healthy.

The toolkit can be accessed here: http://www.sjcphs.org/healthed/health_education_community_resources.aspx#Injury

News and Resources

Two New Van Services for SJC

TRANSPORTATION THAT'S A WORK OF ART
RTD Van Go!

- Picks up and drops off within any one zone of San Joaquin County (see **Attachment C/D** for zone map)
- Transports up to groups of 4 for \$4 one way
- Wheelchair accessible
- 7 days a week — M-F 6am-6pm, Sat & Sun 6am-10pm
- Visit sjRTD.com/VanGo for more info



- Non-emergency medical transport
- Free transportation to medical appointments
- Call 209-644-2616 at least 48 hours in advance
- Fixed route and door-to-door service available
- Spanish spoken
- Visit elconcilio.org/transportation for more info

FamilyWORKs

This brand new program offered through the Human Services Agency (HSA) matches families with trained professionals who make personal home visits for two years.

The home visitor will:

- Help children get ready for school
- Connect parents with supportive group meetings and community resources based on their needs
- Help with searching and applying for a job

In order to be eligible a family must have an open CalWORKs case and a child in the home 0-3 years old. There is also a one-time \$500 stipend that the family may qualify for to help meet goals.

Contact Family Resource & Referral Center at 209-461-1958, El Concilio at 209-644-2676, or Mary Magdalene Community Services at 209-888-4519 for more information.



CHDP Vision Training

Date: Tuesday, July 16th 2019

Time: 9:00am - 12pm

Location: Conference Room, 2233 Grand Canal Blvd. Suite 214, Stockton, 95207

The registration deadline is Wednesday, July 10th. See **Attachment E** to register.

All staff who conduct hearing screenings for CHDP children are required to attend this training every 4 years. For questions, call or email Gwen Callaway at 209-468-8918 or gcallaway@sjcphs.org.

CHDP Team

CMS Medical Director	Maggie Park, MD
CMS Administrator	Renee Sunseri, BSN, RN, PHN
CHDP Deputy Director	Surbhi Jayant, MSN, RN, PHN
CHDP Public Health Educator	Gwen Callaway, MPH
CHDP Foster Care Coordination	Pam Lam, BSN, RN, PHN Jamie Crenshaw, BSN, RN, PHN Charlene Devera, BSN, RN, PHN Christine Merin, BSN, RN, PHN Annelie Steele, BSN, RN, PHN Russell Espiritu, Sr. Office Assistant
CHDP Outreach & Support	Xia Lo, CHOW

Child Health and Disability Prevention Program Care Coordination / Follow-up Form

Submit to the County CHDP Program within 5 business days of the examination - Fax: (209) 953-3632

Do not complete this form if child is in the foster care system. Health Care providers are required to submit a HCPCFC Foster Care Medical (Specialty)/Dental Contact Form for all types of appointments. For foster children - providers only complete page 2.

Patient Name (Last) (First) (Initial)			Language		Date of Service Month Day Year	
Birthdate Month Day Year	Age	Sex	Gender	Patient's County of Residence	Telephone # (Home or Cell) () ()	Alternate Phone # (Work or Other) () ()
Responsible Person (Name) (Street) (Apt/Space #) (City) (Zip)					Ethnic Code <input type="checkbox"/> 1. American Indian <input type="checkbox"/> 2. Asian <input type="checkbox"/> 3. Black <input type="checkbox"/> 4. Filipino <input type="checkbox"/> 5. Mex.Amer./Hispanic <input type="checkbox"/> 6. White <input type="checkbox"/> 7. Pacific Islander <input type="checkbox"/> 8. Other	
Patient Eligibility	County	Aid	Identification Number	Next CHDP Exam Date: (Month, Date, Year)		
Health Coverage: <input type="checkbox"/> Medi-Cal FFS <input type="checkbox"/> Gateway <input type="checkbox"/> Managed Care Plan						

A. Medical Assessment and Referral Section

<input type="checkbox"/> No Medical Problems Suspected		Significant Medical History or Special Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____	
Physical Exam	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	Comments:
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
Nutritional Assessment	Problem Suspected	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
Developmental Screening	<input type="checkbox"/> Speech Delay <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Cognitive <input type="checkbox"/> Fine Motor Delay <input type="checkbox"/> Gross Motor Delay <input type="checkbox"/> Other	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
Vision Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	
Hearing Screening	<input type="checkbox"/> Problem Suspected <input type="checkbox"/> Not screened – rescheduling <input type="checkbox"/> Other: _____	Referred To & Contact # Or <input type="checkbox"/> Return Visit Scheduled	

B. Dental Assessment and Referral Section

<input type="checkbox"/> Class I: No Visible Problems Mandated annual routine dental referral (beginning no later than age 1 and recommended every 6 months)	<input type="checkbox"/> Class II: Visible decay, small carious lesion or gingivitis Needs non-urgent dental care	<input type="checkbox"/> Class III: Urgent – pain, abscess, large carious lesions or extensive gingivitis Immediate treatment for urgent dental condition which can progress rapidly	<input type="checkbox"/> Class IV: Emergent – acute injury, oral infection or other pain Needs immediate dental treatment within 24 hours
Fluoride Varnish Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No, parent refused <input type="checkbox"/> No, teeth have not erupted <input type="checkbox"/> Other reason for not applying: _____			
<input type="checkbox"/> Dental home referral		Referred To and Contact Number: _____	

C. Referring Provider Information

Service Location: Office Name, Address, Telephone Number	Provider Office NPI Number
	Rendering Provider Name (Print Name)
	Provider Signature
	Date

San Joaquin County Human Services Agency



Foster Care Nursing
San Joaquin County, Human Services
PO Box 201056, Stockton, CA
95297-0106
Phone: (209)468-1408
fax: (209)932-2638

Please complete this form for every medical, dental and specialty visit (including CHDP examination).

SECTION A: TO BE COMPLETED BY THE CAREGIVERS

Child's Name: _____ (LAST) (FIRST) DOB: _____
 Social Worker/Probation Officer: _____ Phone Number: _____
 Caregiver: _____ Phone Number: _____

SECTION B: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

TYPE OF VISIT:

Date of Exam: _____

MEDICAL	DENTAL	SPECIALTY
<input type="checkbox"/> CHDP/Well Child Exam <input type="checkbox"/> Immunization Visit <input type="checkbox"/> Sick Visit/Urgent Care <input type="checkbox"/> Reproductive Health <input type="checkbox"/> Follow-up	<input type="checkbox"/> Exam and Prophylaxis <input type="checkbox"/> Treatment <input type="checkbox"/> Orthodontics <input type="checkbox"/> Follow-Up	<input type="checkbox"/> _____ Type (e.g. Optometry, Neurology, Cardiology, Audiology, Mental Health) <input type="checkbox"/> Initial Consultation <input type="checkbox"/> Follow-Up
		<input type="checkbox"/> JV220 (A or B) attached

TODAY'S FINDINGS: (Lab Tests, Screens)

Height _____ (____%) Weight _____ (____%) BMI _____ (____%) Head Circumference _____ (____%)

Hgb/Hct _____ Lead _____ Vision R: _____ L: _____ Hearing R: _____ L: _____

Other: _____

Any known allergies to medication/food/environment? N Y Please list: _____

ASSESSMENT/DIAGNOSIS:

IMMUNIZATIONS

Copy of IZ Records Attached?

Check () which immunizations have been given **TODAY**:

IPV 1 2 3 4

DTaP 1 2 3 4 5

Td

Tdap/Booster

Hib 1 2 3 4

MMR 1 2

Hep B 1 2 3

Hep A 1 2

VZV 1 2

PCV 1 2 3 4 5

PCV13

MCV4

HPV 1 2 3

Influenza 1 2

Rotavirus 1 2 3

Other: _____

MEDICATIONS/TREATMENTS:

(DOSAGE/FREQUENCY)

DEVELOPMENTAL SCREENING/ASSESSMENT: Age appropriate development Y N

Screening or Assessment Completed today? N Y (Please attach a copy)

Type: ASQ-3 ASQ-SE Other (Specify): _____

Physical Growth WNL Delayed _____

Developmentally delayed: Motor: Gross Fine Speech/Language Social/Emotional Cognitive

REFERRALS: (Examples: Mental Health, Dental, CCS, Speech and Hearing, IEP)

PPD/TB Test

Given Read (Date) _____

Neg. Pos.

FOLLOW UP APPOINTMENTS NEEDED? N Y Date/Time: _____

HEALTH PROVIDER INFORMATION: (Please print or Stamp)

SERVICE LOCATION: (Group Name, Provider's Address, Phone & Fax Number)

NPI or Group Number (if available)

Health Provider's Printed Name

Date of Exam

Health Provider's Signature

Foster care providers: mail completed form to: Foster Care Nursing, SJCHuman Services Agency,
 PO Box 201056, Stockton CA. 95297-0106 or fax to Foster Care Nursing (209)932-2638

TRANSPORTATION THAT'S A WORK OF ART

RTD Van Go!

On-demand service throughout San Joaquin County

Starting March 25, 2019

Go anywhere within the zones below!*

**Pick-up and drop-off must be within one zone.*

Weekend & Holiday Service Available

\$4 ONE-WAY TRIP

Rideshare Service will transport you and up to three friends for \$4.

Free Transfer to fixed-route bus service to continue longer trips.

Accessible & Safe vehicles can transport wheelchairs. Drivers are professionally trained, licensed, and prepared to help.

7 days a week

Monday – Friday:
6:00 a.m. – 6:00 p.m.

Saturday – Sunday:
6:00 a.m. – 10:00 p.m.



sjRTD.com/VanGo



Fare	One-Way Trip	Day Pass	Transfer to Fixed-Route
Regular	\$4	\$10	Free
Discount*	\$3	\$7	Free

All fares are valid for groups up to four people. Fares subject to change without notice.

*Discount Fare valid only for seniors (ages 60 and over), persons with disabilities, U.S. veterans, Medicare cardholders, and all other eligible passengers with a valid Discount Fare Card (DFC).

Use the **RTD Van Go!** app on your smartphone



or call **1 (800) FOR-RIDE**
(367-7433)

Pay with credit/debit through the RTD Van Go! app or pay cash to the driver.



sjRTD.com/VanGo





Child Health and Disability Prevention Program

Vision Screening Training Registration Form

July 16th, 2019

9am – 12pm

Conference Room

Children's Medical Services

2233 Grand Canal Blvd.,

Ste. 214, Stockton 95207

- o **Bring your office's vision charts.**
- o Fill out one form per participant—please write legibly.
- o The training will include instruction on vision screening background and techniques as well as requirements for screening CHDP children.
- o There will be a presentation and hands-on practice.
- o Any staff from a San Joaquin County CHDP provider office may attend.
- o Staff must be certified by CHDP every 4 years.

Registration Deadline: July 8th, 2019 (register early—seating is limited)

*****Participants MUST bring the vision charts used for screening in their offices*****

Name: _____ Phone: _____ Email: _____

Office: _____ City: _____ Zip: _____

Fax form to: (209) 953-3632

OR

Mail form to: P.O. Box 2009, Stockton, CA 95201-2009

For more information, contact Gwen Callaway, CHDP Health Educator, at 209-468-8918 or gcallaway@sjcphs.org