



CHDP HIGHLIGHTS

Ventura County Public Health
Child Health and Disability Prevention Program

November 2019 | Quarterly Newsletter

Upcoming Training



November 20, 2019

Child & Youth Safety In-Service

Register online at: <https://bit.ly/2VGPsYX>

Our CHDP website has MOVED!

Check out our new website at

www.vchca.org/chdp

where you can learn about our programs!



Find additional resources about the following:

- Child Health & Disability Prevention (CHDP)
- Childhood Oral Health Program
- Childhood Lead Poisoning Prevention Program (CLPPP)
- Health Care Program for Children in Foster Care (HCPCFC)
- Breastfeeding Resources
- Developmental Screening

We value your feedback!



Scan above or search: <http://bit.ly/CHDPfeedback>

Page Table of Contents

Page	Table of Contents
1	Overview
2	Autism Screening: 2 before 2!
3	Revised Standard of Care Guidelines on Childhood Lead Exposure; CDPH Warns Consumers Not to Eat La Zagala Brand Fruit Pulp Tamarin Flavor Candy
4	Improve Patient Attendance for Timely Preventive Care Visits
5	New CCS Guidelines for Epidiolex Authorization; Introducing the California WIC Card!
6	Guidelines for Screen Time

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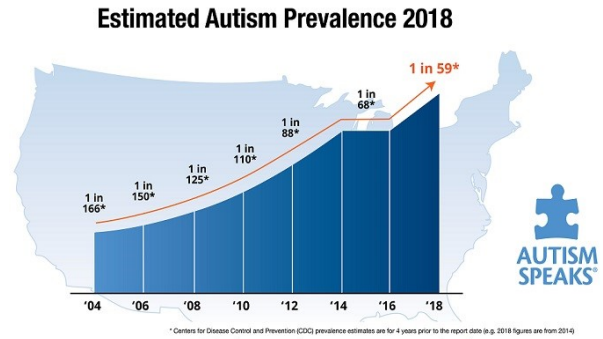


Autism Screening: 2 before 2!

(Part 2 of a 4-Part Screening Series)

By Help Me Grow Ventura County

According to the Centers for Disease Control and Prevention, about **1 in 59** children have been identified with an autism spectrum disorder.¹ By age **2**, a reliable diagnosis of autism can be made.² Despite this, the average age of diagnosis in the United States is about 4 years, with children in minority groups diagnosed later and less frequently.¹ We know that children who are diagnosed early and receive evidence-based early interventions have better long-term outcomes. Autism-specific screening helps by getting children on the path to early identification and treatment opportunities.



Screening for Autism: A Roadmap for Early Identification of Autism Spectrum Disorders

The American Academy of Pediatrics (AAP) recommends an autism-specific screening at 18- and 24-months using a standardized, validated tool. This is *in addition* to a general developmental screening at ages 9-, 18-, and 30-months.³ In studies comparing different tools (autism-specific versus general screeners), it has been found that autism-specific tools greatly enhanced the ability to accurately detect autism symptoms that led to a diagnosis as well as detect them in children at a younger age.⁴

The Modified Checklist for Autism in Toddlers, Revised, with Follow-Up™ (M-CHAT-R/F)

The most frequently used autism-specific screening tool, the M-CHAT-R/F, is available for [free download](https://mchatscreen.com/) (<https://mchatscreen.com/>). This questionnaire is validated for children ages **16-30 months**. The M-CHAT-R/F is a 2-stage screener. In Stage 1, parents answer 20 yes/no questions. Stage 2 is a set of structured follow-up questions asked by the professional. Stage 2 is only completed if a child has a positive score that falls within a certain range (“medium risk” as defined by the authors). This second stage of the screening tool was developed to reduce the false positive rate of the original tool and improve the tool’s sensitivity.

For more information or technical assistance (including referral resources), contact CHDP at (805) 981-5291 or CHDPadministration@ventura.org.

Additional Resources:

- [AAP- Autism Initiatives](http://bit.ly/AAP_AutismInitiatives) (http://bit.ly/AAP_AutismInitiatives)
- [Autism Speaks](https://www.autismspeaks.org/) (<https://www.autismspeaks.org/>)
- [Bright Futures/ AAP Periodicity Schedule](https://bit.ly/2BGNwGQ) (<https://bit.ly/2BGNwGQ>)
- [CDC- Learn the Signs, Act Early- ASD](http://bit.ly/CDC_LTSAE_ASD) (http://bit.ly/CDC_LTSAE_ASD)
- [CHDP Health Assessment Guideline #10](https://bit.ly/2JkY5nm) (<https://bit.ly/2JkY5nm>)
- [Help Me Grow Ventura County](http://www.helpmegrowvc.org) (www.helpmegrowvc.org)
- [Screening Technical Assistance Resource \(STAR\) Center](https://bit.ly/AAPSTARCenter) (<https://bit.ly/AAPSTARCenter>)

Snapshot of the M-CHAT-R/F
No. of Questions: 20 (yes/no)
Ages: 16-30 months
Sensitivity = 85%
Specificity = 99% (with follow-up)
Parent Completion Time: < 5 minutes
Follow-Up Questions: 5-10 minutes
Scoring Time: 5-10 minutes
Languages: English, Spanish, and more

References:

1. Baio J, Wiggins L, Christensen DL, et al. *Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2014*. MMWR Surveill Summ 2018;67(No. SS-6):1–23.
2. Lord C, Risi S, DiLavore PS, Shulman C, Thurm A, Pickles A. *Autism from 2 to 9 years of age*. Arch Gen Psychiatry. 2006 Jun;63(6):694-701.
3. American Academy of Pediatrics (2017). *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition.
4. Wiggins, L., Piazza, V., Robins, D. *Comparison of a Broad-Based Screen versus Disorder-Specific Screen in Detecting Young Children with an Autism Spectrum Disorder*. Autism. 2014 Feb; 18(2): 76-84.

Revised Standard of Care Guidelines on Childhood Lead Exposure for California Health Care Providers

The California Department of Public Health (CDPH), Childhood Lead Poisoning Prevention Branch (CLPPB) has revised the handout titled [Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers](https://bit.ly/2NnoEcN) (<https://bit.ly/2NnoEcN>). The accompanying Potential Sources of Lead: Educating Families to Prevent Childhood Lead Exposure has also been revised.

WHAT WAS CHANGED

Effective January 1, 2019, California Health and Safety Code, Sections 105285 - 105286, was amended to require health care providers to inform all parents and guardians, about:

1. The risks and effects of childhood lead exposure.
2. The requirement that children enrolled in Medi-Cal receive blood lead screening tests at both 12 and 24 months, and if not clearly tested at both 12 and 24 months, to have a "catch-up" test between the ages of 24 months to 6 years.
3. The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead screening tests at both 12 and 24 months, and if not clearly tested at both 12 and 24 months, to have a "catch-up" test between ages 24 months to age 6 years.

This handout includes a revised and expanded list of potential sources of lead exposure, as a resource for providers to consult when conducting risk assessments. The sources have been updated to include the following potential lead exposure risks cited in California Health and Safety Code, Section 105285:

- Living or spending time near a major roadway or freeway.
- Living near a former or current lead or steel smelter, mine, or an industrial facility that historically emitted or currently emits lead.

Other potential sources of lead exposure, beyond those stated in the amended code, have been updated, as well. If you have questions about the Standard of Care Guidelines, please contact the Ventura County Childhood Lead Poisoning Prevention Program at (805) 981-5921.



The image shows two handouts from the Ventura County Childhood Lead Poisoning Prevention Program. The left handout is titled "Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers" and includes sections for "No Level of Lead is Safe to Expose to the Kids", "California Screen and Report to the Provider", and "Potential Sources of Lead". The right handout is titled "Potential Sources of Lead: Educating Families to Prevent Childhood Lead Exposure" and lists various sources of lead exposure such as "Lead-based paint", "Lead-based solder", "Lead-based solder in plumbing", "Lead-based solder in electrical wiring", "Lead-based solder in jewelry", "Lead-based solder in toys", "Lead-based solder in children's products", "Lead-based solder in children's toys", "Lead-based solder in children's clothing", "Lead-based solder in children's shoes", "Lead-based solder in children's furniture", "Lead-based solder in children's bedding", "Lead-based solder in children's books", "Lead-based solder in children's magazines", "Lead-based solder in children's newspapers", "Lead-based solder in children's newspapers", "Lead-based solder in children's newspapers", "Lead-based solder in children's newspapers".

(CLPPB, 2019)

CDPH Warns Consumers Not to Eat La Zagala Brand Fruit Pulp Tamarin Flavor Candy

The California Department of Public Health (CDPH) has issued a health alert for La Zagala brand fruit pulp tamarin candy due to possible lead contamination. For additional information, please see the [California Food Recall Information Sheet](https://bit.ly/2BM2hbA) (<https://bit.ly/2BM2hbA>).



(CDPH, 2019)

Pregnant women and parents of children who may have eaten this candy should consult their health care provider to determine if medical testing is needed. Consumers who find this candy for sale should call the CDPH Complaint Hotline at (800) 495-3232. Please also call the Ventura County Childhood Lead Poisoning Prevention Program (CLPPP) at (805) 981-5291, to help us be proactive at removing these health hazards from our community. For more information about lead poisoning, visit the [Ventura County CLPPP website](http://www.vchca.org/childhood-lead-poisoning-prevention-program) (www.vchca.org/childhood-lead-poisoning-prevention-program).

Improve Patient Attendance for Timely Preventive Care Visits

By Gold Coast Health Plan

Ensuring timely well-child visits is a priority for Gold Coast Health Plan (GCHP). As part of GCHP's participation in the state Department of Health Care Services' (DHCS) annual Managed Care Accountability Set (MCAS) performance measures, the Plan offers resources to help providers increase the number of members receiving well-child visits.

While assessing physical, emotional and social development is important at every stage of life, it is especially so for a growing child. In addition to challenges with navigating through the medical system, parents / guardians may face barriers when getting their child to the doctor, such as transportation or work scheduling issues. These determinants can often prevent children from completing their recommended well-child visits. In an effort to reduce barriers, providers and office staff should approach parents / guardians to ask about possible obstacles and implement interventions to assist with completing their child's exam.

The following evidence-based best practices are intended to guide interventions so parents / guardians and health care providers can carry-out these important preventive care visits.

Best Practices for Completing Well-Child Exams

- Accommodate group well-child visits for families with multiple children.
- Allow for well-child visits in your open scheduling strategy.
- Actively pursue missed appointments with preferred outreach methods.
- Extend office hours during the week and weekends.
- Track well-child visits on medical charts to ensure patients are up-to-date on preventive care requirements.
- Schedule well-child visits when the patient comes in for a sick visit.
- Ask parents / guardians how they would like to receive reminders for appointments (i.e. phone call, text or mail).
- Send out annual birthday mailings or offer incentives.
- Use an EMR system for outreach to parents / guardians of children who are due for preventive services, as well as to schedule exams in advance.
- Know your community-based support organizations for outside referrals (e.g. behavioral health).
- Provide educational take-home materials about well-child exams and discuss their importance with parents / guardians at every opportunity.
- Make sure parents / guardians are aware that well-child visits are free of cost under the Child Health and Disability Prevention (CHDP) and Medi-Cal programs.
- Let Medi-Cal patients know about free transportation services offered through Ventura Transit System (VTS).

It is also important to keep office staff up-to-date on the recommended [Bright Futures Periodicity Schedule \(https://bit.ly/2BGNwGQ\)](https://bit.ly/2BGNwGQ). This should guide the scheduling of preventive care visits for patients 0 – 21 years of age. The periodicity schedule can be printed and used as a quick reference.

To learn more about specific child or adolescent performance measures and view resources, visit www.GoldCoastHealthPlan.org.



**Gold Coast
Health Plan**SM
A Public Entity

New California Children Services (CCS) Guidelines for Epidiolex Authorization



Epidiolex, a purified formulation of cannabidiol, is a medication used to treat seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome. LGS and Dravet syndrome are treatment-resistant epilepsy syndromes that begin in early childhood and persist into adulthood. Epidiolex was approved by the Food and Drug Administration on June 25, 2018 as a first in class cannabidiol therapy to treat these syndromes. Epidiolex is an oral solution and does not have the psychoactive properties associated with tetrahydrocannabinol, the other principal component of marijuana.

Effective September 30, 2019, the CCS and Genetically Handicapped Persons Program (GHPP) will authorize Epidiolex per CCS numbered letter [02-0919](http://www.dhcs.ca.gov/services/ccs/Documents/CCS.NL.02-0919.Epidiolex.pdf) (www.dhcs.ca.gov/services/ccs/Documents/CCS.NL.02-0919.Epidiolex.pdf) when the appropriate criteria are met. A summary of criteria is as follows:

- Client is under the care of an epileptologist as a CCS/GHPP approved Epilepsy Special Care Center or a CCS-paneled neurologist with expertise in the treatment of epilepsy.
- Client is 2 years or older.
- Client has a documented diagnosis of:
 - LGS, diagnosed by a CCS-paneled neurologist with expertise in epilepsy; or
 - Dravet syndrome, previously known as severe myoclonic epilepsy of infancy, diagnosed by a CCS-paneled neurologist with expertise in epilepsy; or
 - Other intractable epilepsy syndrome and client has been prescribed Epidiolex by an epileptologist or CCS paneled neurologist with extensive expertise in epilepsy, has not responded to 2 or more anti-epileptic drugs, and has had a reduction in frequency or duration of seizure activity following Epidiolex or CBD oil that was previously prescribed.

Epidiolex requests meeting the criteria above shall be authorized for 12 months or until program end-date. For more information, please contact Ventura County CCS at (805) 981-5281.

Introducing the California WIC Card!

The California WIC Card is coming to Ventura County WIC in January, 2020! The WIC Card will replace the current paper food checks and will provide an easier way to issue food benefits to our participants, as well as improve the shopping experience for WIC families and grocery stores.

In the coming months, Ventura County WIC will be informing our WIC participants about this change with posters at WIC sites, phone messages and flyers.

You can help by mentioning the WIC Card to clients if the topic of WIC Program benefits comes up. You can refer clients to WIC by providing our WIC Call Center number: 1(800) 781-4449 X3 or (805) 981-5251.

For more information about WIC, contact:

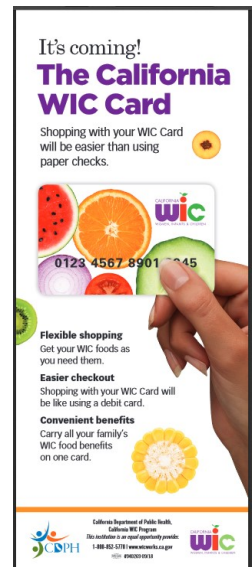
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Guidelines for Screen Time

Growing up in the digital age presents new challenges for parents. One of those challenges is screen time. With more readily available mediums for screen time, children now have more access than ever before. Concerns are growing as more research is showing potential adverse effects on physical and mental health. Too much or poor quality screen time has been correlated with lower physical activity, obesity, poorer sleep, delays in learning and social skills, and behavior problems. Too much screen time simply does not leave enough time for unstructured play, study, talk or sleep.

The American Academy of Pediatrics (AAP) recommendations are outlined below.

- For children under 18 months, avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming, and watch it with their children to help them understand what they're seeing.
- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- For children ages 6 and older, place consistent limits on the time spent using media, and the types of media. Make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.
- Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.
- Have ongoing communication about online citizenship and safety, including treating others with respect online and offline.

The AAP also has a [Family Media Plan Interactive Tool](https://www.healthychildren.org/English/media/Pages/default.aspx#home) (<https://www.healthychildren.org/English/media/Pages/default.aspx#home>). Share this customizable tool with your clients to help families set age appropriate goals and limitations for screen use. It also helps foster good online behaviors such as establishing online safety rules, being good digital citizens, and establishing good sleep and exercise habits.



(Komogorov, 2016)