Richard W. Matens, Chief Health Officer

We as clinic staff have an obligation to guarantee that our patients are always provided with the best medical, dental and behavioral health care possible. Therefore, we implement initiatives throughout SYTHC to ensure this obligation is met. Providing the best care possible to our community requires us to consistently review, assess and improve our service delivery methodology. Furthermore, Quality Improvement is not a “One and Done” activity, especially in terms of the delivery of health and human services. Continuous Quality Improvement (or CQI) is a practice we embody as a clinic.

As a AAAHC-accredited clinic, SYTHC is mandated to complete Quality Improvement activities to demonstrate its commitment to standards of care. Every three (3) years, we submit documentation of these activities to the site visit team for their consideration.

CQI is not only a requirement for our accreditation process through AAAHC; it is one of the five (5) Core Values the Chumash Enterprise instills for its Team Members. Consequently, as the clinic incorporates itself more fully into the Enterprise, it is my commitment for SYTHC to be a role model regarding this Core Value for the broader organization.

The first Quality Improvement initiative we have identified for the clinic is the process by which we make, document and follow-up on our referrals to specialty providers. Given the fact that taking care of the whole person requires us to connect those individuals with providers who can best meet their needs, we must improve our ability to ensure that these referrals are successful and documented appropriately. We have drafted a new process, and over the next 90 days, will be testing it out. If we find that it needs to further improved, we will do that as well. I will keep you up-to-date on the progress of this and other initiatives that we implement.

Finally, if you should have any ideas on how we can improve our service delivery, I welcome your input. At SYTHC, we are here FOR you, and we want to hear FROM you.
What is Herd Immunity against Covid-19?

Herd immunity has several different meanings; it has been used to describe a particular threshold of immune persons in a population that eradicates a disease. The term has also been used to describe the protection of those who are unable to receive vaccines. Herd immunity can also be used to describe the chance that an individual community can experience an epidemic. In general, the strength of herd immunity is measured by the number of susceptible people in a community, the effectiveness of one’s immunity on combating and preventing the spread of a specific disease, the rate of invasiveness of a particular disease, and the exposure a community has to a disease. (Fine, Eames, & Heymann, 2011).

The way we determine if we have reached herd immunity is by using the herd immunity threshold (HIT) calculation. Written in an equation HIT is, \( P_c = 1 - 1/R_0 \), where \( P_c \) is the minimum threshold of immune people in the population needed to reach herd immunity and \( R_0 \) is the infectability of the disease (how many people an infected person is expected to infect) (Rodpothong, 2012). Utilizing this equation, we can estimate the minimum threshold required to achieve herd immunity against different diseases.

Two of the most infectious diseases, measles and pertussis, have a high \( R_0 \) of 12-18 which sets their herd immunity threshold at a very high 92% to 95%. Influenza has one the lowest \( R_0 \) values at 1.5 to 1.8 which sets its herd immunity threshold at 33% to 44%. This means to reach herd immunity to protect ourselves from a pandemic/epidemic we need...
high vaccination rates for measles and pertussis but only need a relatively low rate for influenza (Biggerstaff, Cauchemez, Reed, Gambhir, & Finelli, 2014).

The original COVID-19 strain has a calculated $R_0$ of 2.7 which would require about 65% of the population to have immunity to reach herd immunity. The current Delta variant has a high calculated $R_0$ of 6 and would require at least 83% of the population have immunity to reach herd immunity (Haseltine, 2021).

<table>
<thead>
<tr>
<th>Disease</th>
<th>Transmission</th>
<th>$R_0$</th>
<th>HIT</th>
<th>Vaccine Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Airborne</td>
<td>12–18</td>
<td>92–95%</td>
<td>95-98%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Airborne droplet</td>
<td>12–17</td>
<td>92–94%</td>
<td>80-85%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Saliva</td>
<td>7</td>
<td>86%</td>
<td>80-85%</td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td>90-95%</td>
</tr>
<tr>
<td>Smallpox</td>
<td>Airborne droplet</td>
<td>7</td>
<td>86%</td>
<td>90-99%</td>
</tr>
<tr>
<td>COVID-19 (Delta Variant)</td>
<td></td>
<td>6</td>
<td>83%</td>
<td>60-90%</td>
</tr>
<tr>
<td>Polio</td>
<td>Fecal-oral route</td>
<td>5</td>
<td>80%</td>
<td>90-99%</td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td>4</td>
<td>75%</td>
<td>88%</td>
</tr>
<tr>
<td>COVID-19 (original strain)</td>
<td>Airborne droplet</td>
<td>2.7</td>
<td>65%</td>
<td>95%</td>
</tr>
<tr>
<td>Influenza (Influenza pandemics)</td>
<td>Airborne droplet</td>
<td>1.5–1.8</td>
<td>33–44%</td>
<td>50-80%</td>
</tr>
</tbody>
</table>

As of 7/26/2021 Santa Barbara County has 51.9% of the population vaccinated. The United States is currently 49.8% fully vaccinated (Santa Barbara County Public Health, 2021). An estimated 10-30% of the population has had COVID-19 (Centers for Disease Control and Prevention, 2021). If we assume that none of the previously infected have been vaccinated we would crudely have around 60-80% of the population currently immune to COVID-19. With our knowledge of waning immunity and vaccine effectiveness this would put us at an estimated 50-75% herd immunity. This was very close to the 65% needed to achieve herd immunity with the original strain. We saw this with the vast decrease in COVID-19 cases from March to June, 2021. We are now having another surge because the Delta variant has moved us further away from the herd immunity threshold of 83%.

To reach herd immunity in the United States an estimated 30-90 million more people will either need to get infected with COVID-19 or become vaccinated.

It is just as important now to become vaccinated and encourage your friends and family to become vaccinated against COVID-19. Please call and set up your vaccination appointment today. The vaccine is free and there is not requirement of insurance or proof of citizenship.
Baby Teeth Are Important!  

A baby’s “primary” teeth are already present in their jaws at birth and normally begin to appear between the age of 6-12 months old. Most children will have a full set of 20 primary teeth by the time they are 3 years old. We recommend scheduling your child’s first dental examination, once their first tooth appears or by their 1st birthday (whichever occurs first)!

The diagram below provides a reference for when to expect the primary teeth to appear (erupt), and when we expect them to fall out (shed). For example, the upper incisors normally appear between 8-12 months of age, and fall out around the ages of 6-7 years.

Baby teeth are very important to your child’s health and development, including the ability to chew, speak and smile. Primary teeth hold space in the jaws for permanent teeth that are developing under the gums. If a baby tooth is lost too early, permanent teeth can drift into the empty space and result in crowding of the adult teeth, which can only be correct by orthodontics (braces).

Here are some basic tips to help care for a child’s baby teeth:

- Begin cleaning a baby’s mouth during the first few days after birth. Gently wipe the gums with a clean/moist gauze pad or washcloth, especially after feedings.
- For children younger than 3 years old, adults should start brushing their child’s teeth as soon as they appear in the mouth. Use a soft bristle toothbrush with children’s fluoride toothpaste. A “smear” of toothpaste, or the size of a grain of rice, is all that is needed.
- For children ages 3-6, use a soft bristle toothbrush and a pea-sized amount of children’s fluoride toothpaste (slightly more than a smear). Have children in this age group spit the toothpaste/saliva contents into a sink, during and after brushing. It is best to AVOID rinsing out their mouths with water after brushing.
- Adults should help children brush their teeth until they are around the age of 7 years old. Children do not have the dexterity in their fingers to be able to brush their teeth thoroughly until they have reached this approximate age.
- Brushing should occur twice a day (morning and at bedtime), for a recommended two minutes each time.

Call the SYTHC Dental Department to schedule your child’s dental exam and do not hesitate to contact us with any further questions you may have!
Considering Therapy? Krista Armenta-Belen, DBH

When you think about starting something new what’s the first thing that pops into your head? Are you excited? Nervous? Both? Maybe neither. What comes up for you when you think about the idea of starting a course of therapy?

It’s very common for people who begin new types of treatment, including behavioral health, to feel a bit nervous about their first appointment. I regularly hear things like, “I was worried about bringing everything up to a stranger.” “I don’t want to cry.” “I almost didn’t come inside.” “It was so hard just to make the appointment.” “I don’t know if this is even going to help.” “I’m worried I might get in trouble if I say something wrong.” “I’m embarrassed about _____, it’s hard to talk about it.” All this (and more) is very common - it means you are human. Feeling nervous about new things is a protective mechanism we have relied upon since the beginning of time to keep us safe. This “high alert” experience in new situations serves a purpose- it keeps us prepared in case we determine we aren’t safe and need to seek safety. The quicker we can do that, the more certain we are to stay alive. This doesn’t just work for physical safety; emotional safety is important too. Coming into an initial behavioral health appointment with some of these feelings is simply human and we are grateful each time someone takes that leap with us at the clinic. One thing we can do at SYTHC that may soften those feelings is let you know a bit more about what to expect, from the person you might meet to the activities that are carried out in that first session.

Our behavioral health team currently boasts four full-time clinicians who provide outpatient talk therapy services in person, via telephone, and virtually using a two-way video platform called OTTO.

An initial appointment, sometimes called an evaluation, covers the following:

- **CONSENT**: We discuss informed consent including what you can expect for treatment. Attaining verbal /written consent confirms your interest and ability to engaging in therapy services. Consent also includes a review of confidentiality and how maintaining confidentiality and privacy within our department is upheld as well as how legal limitations may come into play.

- **EVALUATION**: We, together, complete an initial psychological evaluation which includes questions related to a variety of areas within your life. These questions help us assess current challenges, needs, strengths, and goals for treatment and begin to help us develop a plan for our work together.

- **FOLLOW-UP**: At the close of the initial session we discuss options and recommendations for future appointments. If you feel like continuing, we are happy to schedule follow-up appointments. If you don’t, that is ok too. Research shows the single most important component of therapy is the patient- provider relationship, so it is important to engage with a provider you feel comfortable with. The therapeutic relationship may take time to develop, as trust takes time. We hope those who desire such can find a space in behavioral health that provides the opportunity for us to work together towards the shared goal of wellness.
The Santa Ynez Tribal Health Clinic operates a Purchased Referred Care (PRC) program that assists in covering costs for approved specialty care (Medical, Dental and Behavioral Health) services that are not offered at our main clinic location.

To be eligible, the patient:

- Must be a SYBMI Chumash Enrolled Tribal Member or Lineal Tribal Descendant; or a woman pregnant with an eligible member/descendent child;
- Must be a current patient in Medical, Behavioral Health or Dental (within the past 12 months) at the Santa Ynez Tribal Health Clinic;
- Must reside in the Tribe’s Purchase Referred Care Delivery Area designated within Santa Barbara County;
- Must provide 2 proofs of residency, which will be updated annually;
- Must apply for any identified alternate resource and provide proof of income;
- The PRC program is the payer of last resort. To ensure sufficient funding for all patients, we utilize the patients insurance and network at all times.
- Must have a current referral from a SYTHC provider for the services needed.

Levels of Care:

To identify the system for reviewing and approving services that may be paid by the PRC Program, the SYTHC Health Board will establish a general grouping of types of health care services into “Levels of Care”.

- Level 1: Emergency/Acutely Urgent Care Services
- Level 2: Preventative Care Services
- Level 3: Primary Secondary Care Services
- Level 4: Chronic Tertiary and Extended Care Services
- Level 5: Excluded Services (Cosmetic & Experimental Treatments)

Tips:

When checking into appointments at a specialist’s office, please make sure they have your private insurance information and your issued SYTHC card. This will ensure they bill your private insurance first and then SYTHC timely. Before SYTHC can pay the provider, we must wait for your private insurance to pay. This sometimes takes months so please be patient and contact us with any questions. Please see the Eligibility Specialist for your SYTHC card.

If you receive a bill directly, please forward it immediately to the clinic as we likely did not receive it. Bills over 12 months from the date of service will not be covered.
**Lobby Closed**

Due to the rise in COVID cases, we have decided to close our lobby to protect our staff and patients. The lobby will remain closed until further notice. When you arrive for your visits, please call the main line (805) 688-7070 to check in for your appointment. Our receptionists will screen you over the phone and ask you to wait in your car until your provider is ready for you.

**COVID Screening**

It is vital to our staff that you are truthful, to the best of your ability, when you are screened for your visit. This will help ensure our clinical staff’s safety by wearing proper PPE if you should be experiencing any symptoms or have been exposed to anyone recently. Below is the screening questionnaire.

1. Have you or a family member traveled domestically or internationally in the past two weeks?
2. Have you been exposed to anyone who has tested positive for COVID-19 in the past two weeks?
3. Have you experienced any of the following symptoms in the past two weeks?
   - Chills
   - Cough
   - Fever
   - Gastrointestinal symptoms
   - Muscle pain
   - New loss of taste or smell
   - Shortness of breath
   - Sore throat

**COVID Vaccine**

It is not too late to get your COVID vaccine. Unfortunately, COVID is not going away, so please protect yourself and your loved ones. The Clinic always has inventory of Moderna and are happy to schedule you an appointment. If you are interested in getting vaccinated, please call the main Clinic line to schedule your appointment today.

**Youth Vaccine**

One of the Health Board’s main priorities is the youth. As an initiative to protect our youth, the Clinic collaborated with Santa Barbara Public Health and hosted a Pfizer Covid Vaccine Clinic for adolescence 12-17 years old. It was a huge success with 52 participants getting vaccinated. The Health Board would like to host another event to get as many adolescents vaccinated before the school year begins. Once the date is confirmed, this information will be shared with the community.
Hope is in our Blood

Youth Council Meeting

August 12th | Kitiyepumu' Park
4-5PM | $25 Gift Card for Attending

Native Youth Ages 12-24
Email jmccool@sythc.org
DM @ahoyouthcouncil
Please Join Us!

Our 3rd Annual Youth Gathering for Mental Health Awareness is almost here! Save the date and join us for a 3-day conference with workshops including leadership, wellness, and resiliency.

The conference is for Native youth 12-24 and their peers. NO REGISTRATION FEE to attend.

When: September 17-19
Where: Santa Ynez Chumash Reservation

Email Mackenzie at m.greeley@sythc.org for more information to join as a facilitator or participant!

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