

THE GROWING YEARS

Riverside County's Child Health and Disability Prevention Program



CHANGE OF PROVIDER INFORMATION

To maintain CHDP program enrollment, providers must submit changes of information to the local CHDP program within 30 days of the change. These changes include:

- * Change of address
- * Addition of sites of service
- * Use of temporary location or mobile van unit
- * Changes in NPI or Federal Tax Identification Number
- * Addition or deletion of rendering providers
- * Change from an independent to an intermittent/satellite clinic

Providers whose status changes from an individual provider to a group, from a group to a clinic, or from a clinic to a Federally Qualified Health Center (FQHC), etc., must notify CHDP after securing the new status.

WHAT'S IN THIS MONTH'S ISSUE:

- * ACEs Provider Engagement Webinar Series
- * ACEs Provider Networks of Care Webinar Series
- * Baby Food Safety
- * DHCS COVID-19 Vaccine FAQs
- * Help Me Grow Inland Empire
- * Grow Our Own Lactation Consultant Prep Course
- * CHDP bulletin

ACEs Aware Initiative

Provider Engagement Webinar Series

Riverside University Health System (RUHS) is pleased to partner with the Office of the California Surgeon General and Department of Health Care Services to address the impact of adversity experienced during critical and sensitive periods of development which is the root cause to some of the most harmful, persistent, and expensive health challenges facing our state and nation.

ACEs Aware is an initiative to offer Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.



RUHS is hosting the below provider engagement webinars as additional support to your practice.



Save the date!

May 2021 Webinars

May 2021 Webinars

- **May 4, 2021 | Time TBD**
Implicit Bias presented by Diversity Uplifts
- **May 11, 2021 | 12:15 PM to 1:15 PM**
Connections to Local Resources (Connect IE) presented by Jamie Ferracioli, Inland Empire Health Information Organization | Co-hosted with Riverside County Medical Association
- **May 14, 2021 | 7:30 AM to 8:30 AM**
De-escalation, Grounding and Safety Planning presented by Gabriella Grant, California Center of Excellence on Trauma-Informed Care

Click [HERE](#) to register!



ACEs Aware Initiative

Networks of Care Webinar Series

Riverside University Health System (RUHS) is pleased to partner with the Office of the California Surgeon General and Department of Health Care Services to address the impact of adversity experienced during critical and sensitive periods of development which is the root cause to some of the most harmful, persistent, and expensive health challenges facing our state and nation.

ACEs Aware is an initiative to offer Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs.



RUHS is hosting the below networks of care webinars as additional support to community partners.



Save the date!
May/June 2021 Webinars

May 2021 Webinars

- **May 13, 2021 | 10 AM to 11:20 AM**

Know the Signs presented by RUHS-Behavioral Health

- **May 18, 2021 | Time TBD**

Organizational Change presented by presented by Gabriella Grant, California Center of Excellence on Trauma-Informed Care Information Organization

June 2021 Webinars

- **June 9, 2021 | 7 AM to 9 AM**

Building Resiliency and Understanding Trauma presented by RUHS-Behavioral Health

- **June 17, 2021 | Time TBD**

Implicit Bias presented by Diversity Uplifts

- **June 22, 2021 | 12 PM to 1:20 PM**

Know the Signs presented by RUHS-Behavioral Health

[Click HERE to register!](#)

Baby Food Safety

[The U.S. House of Representatives report](#) titled, "Baby Foods Are Tainted with Dangerous Levels of Arsenic, Lead, Cadmium, and Mercury" states that baby foods and baby juices can contain lead and other toxic heavy metals. Toxic heavy metals including lead are in the environment. Heavy metals can get into food, including crops, through air, water, and soil. Heavy metals cannot be completely avoided with organic farming methods. Heavy metals can also get into food through processing. Because fruits, vegetables, grains, and spices can contain toxic metals, these metals can also be found in both packaged and homemade food. Because lead exposure is cumulative, it is important to reduce lead exposure from all sources.

Why is this important?

- There is no known safe level of lead in the body, especially for children.
- Lead can make it hard for children to learn, pay attention, and behave.

What can I do?

You don't have to stop feeding your infant prepared baby food but do:

- Feed your child [healthy meals and snacks](#) and not too much of one thing.
- Limit foods with higher toxic metals and make safer choices.

Foods with higher toxic metals	Safer choices
Foods containing rice or rice flour, like <ul style="list-style-type: none">• Cereal, puffs, and rice rusks (rice-based foods can contain arsenic)• Teething biscuits (can contain lead, arsenic, and cadmium)	Switch to rice-free foods, like oatmeal , quinoa, multi-grain cereal , polenta, farro. To help with teething pain, try frozen banana slices, cold peeled cucumber , or a clean cold wet washcloth or spoon (watch for choking).
Vegetables that grow underground, like carrots and sweet potatoes (these are a good source of nutrients but can contain lead and cadmium).	Mix it up! Give your child these occasionally, plus other fruits and vegetables during the week. Serve foods from every color of the rainbow.
Juice , especially apple, pear, and grape (can contain lead and arsenic).	Water and milk ^[1] are safer drink options. You can also choose whole or pureed fruit.

The American Academy of Pediatrics recommends breastmilk or formula for the first year of life.

- To prevent lead poisoning, in addition to feeding your child healthy foods, [take simple steps to avoid the most common sources of lead exposure](#). Wash hands often, especially before eating. Use lead-safe dishware and cold water for drinking, cooking, and baby formula.
- **If you think your child may have been exposed to lead, ask your child's doctor about a blood lead test.**

Where can I get more information?

- [FDA's response to questions following the U.S. House of Representatives report](#) with links to additional information
- [Healthy Babies Bright Futures](#)
- [Healthy Children.Org](#)

The Childhood Lead Poisoning Prevention Branch is developing educational resources for families and health care providers in response to the U.S. House of Representatives report. This page will be updated as additional information and resources become available.

DHCS COVID-19 Vaccine Administration Provider FAQs

March 29, 2021

With the federal approval of COVID-19 vaccines, the Department of Health Care Services (DHCS) is seeking federal approval to help support delivery of the vaccine to all Medi-Cal beneficiaries. The vaccine will be provided at no cost to all Californians.

DHCS will follow [California's COVID-19 vaccination plan](#), which was approved by the California Department of Public Health (CDPH). It calls for implementation in several phases: Pre-vaccine; limited doses available; larger number of doses available; and sufficient supply of doses available for the entire population. For further information on the state's vaccination planning efforts please visit <https://covid19.ca.gov/vaccines/>.

California is leveraging its existing immunization framework and emergency response infrastructure to coordinate efforts among state, local, and territorial authorities to administer the vaccine. Throughout this effort, DHCS will share appropriate information with you and our providers, health plan partners, counties, other key stakeholders, and beneficiaries.

Consistent with the approach being taken by Medicare through Medicare Advantage Plans, DHCS will carve out the COVID-19 vaccine from Medi-Cal managed care health plans and will reimburse providers under the Fee-for-Service (FFS) delivery system for both medical and pharmacy claims. This approach will ease program administration, eliminate challenges with out-of-network provider reimbursements, and keep vaccine administration fee rates consistent for providers regardless of delivery system.

Medi-Cal proposes to reimburse the associated COVID-19 vaccine administration fee at the allowable Medicare rate for all claims (medical, outpatient, and pharmacy), based on the number of required doses. As the federal government will pay for the initial vaccines, there is no Medi-Cal provider reimbursement for the COVID-19 vaccine itself. Providers will bill for administration of the COVID-19 vaccine on medical, outpatient, or pharmacy claims, based on current policy. The Medicare administration rate DHCS is seeking differs from the current Medi-Cal pharmacy administration fee today. DHCS is also seeking [federal approval](#) to cover the cost of the vaccine administration for Medi-Cal beneficiaries who are in restricted scope coverage, the COVID-19 Uninsured population and enrollees of the Family Planning, Access, Care, and Treatment (Family PACT) program.

Additionally, DHCS is seeking [federal approval](#) to pay Federally Qualified Health Centers, Rural Health Centers, and Tribal 638 clinics for the vaccine administration fee outside of their current Prospective Payment System or All Inclusive Rate.

DHCS submitted all federal waiver requests on December 18, 2020 to the federal Centers for Medicare and Medicaid Services (CMS) and has issued [initial policy guidance](#) on COVID-19 vaccine administration and our reimbursement policy. Policy and reimbursement guidance will be updated upon additional CMS guidance and/or approvals of requested waivers.

To address provider inquiries regarding the plan, these Frequently Asked Questions (FAQs) have been developed.

For further information on the state's vaccination planning efforts please visit <https://covid19.ca.gov/vaccines/>.

1. Who can healthcare providers give the vaccinations to?
2. What individuals are covered by Medi-Cal to get the vaccine?
3. Who will be covering the vaccine immunization cost?
4. Where can individuals get the vaccine?
5. When can individuals get the vaccine?
6. Is the vaccine safe?
7. What does Emergency Use Authorization mean for a vaccine?
8. How will safety be tracked once a COVID-19 vaccine is made available to the public?
9. How will it work if healthcare providers are not contracted/credentialed with DHCS?
10. What about Federally Qualified Health Centers (FQHCs), Rural Health Clinics, (RHCs) and Tribal Clinics?
11. Will the vaccine administration fee be covered for all patients on Medi-Cal?
12. Will immunization coverage apply to restricted scope group?
13. What billing codes should be used?
14. How will vaccine information be disseminated?
15. What is the best way to ensure that patients return for their second shot?
16. Where can healthcare providers enroll to become a vaccinator?
17. What information should be given to patients upon vaccination?
18. Where do I find general California guidance on COVID-19?
19. Where do I find clinical information on the vaccines currently authorized in the United States?
20. Should I bill for administration of the vaccine with both doses together, or separately for a 2-dose vaccine series?
21. Will I be reimbursed for the administration of a single dose of a two-dose vaccine series (initial or final) if the Medi-Cal beneficiary I am administering to receives the other dose elsewhere?
22. When billing for the administration of the COVID-19 vaccine for a Managed Care Plan enrollee, what ID should I list on the claim?
23. How do I verify a beneficiary's Medi-Cal eligibility if they do not have their BIC card or an SSN?
24. What if a beneficiary's BIC is lost or stolen?

1. Who can healthcare providers give the vaccinations to?

- A. All providers must vaccinate individuals regardless of existing health coverage or the type of coverage. Providers are prohibited from balance billing or otherwise charging vaccine recipients.

2. What individuals are covered by Medi-Cal to get the vaccine?

- A. All full-scope Medi-Cal beneficiaries are covered and will receive the vaccine at no cost. DHCS is seeking federal approval to cover the cost of administering the vaccine to people enrolled in restricted-scope Medi-Cal; the COVID-19 Uninsured Group Program; and the Family Planning, Access, Care, and Treatment (FPACT) program.

3. Who will be covering the vaccine immunization cost?

- A. The initial supply of COVID-19 immunizations will be federally purchased, meaning DHCS will not provide Medi-Cal reimbursement for the vaccine itself. Please refer to the question below for information on the vaccine administration fee.

4. Where can individuals get the vaccine?

- A. Pharmacies, retail clinics, providers (including those enrolled in managed care plans), and any other sites of care receiving and administering COVID-19 vaccinations. Due to supply constraints, the vaccine will initially be rolled out in phases that include certain defined populations.

Additional information can be found on the CDPH website:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/COVID-19Vaccine.aspx>

The “My Turn” website tells Californians if they qualify to get the COVID vaccine and can be used to schedule appointments. Users submit information about their age and COVID-related risk factors and can sign up to be notified over text or email when it’s their turn to get vaccinated and then schedule appointments. Appointment scheduling is currently available in select counties and a statewide roll-out is planned.

Additional information can be found at: <https://myturn.ca.gov/>

5. When can individuals get the vaccine?

- A. California’s plan for administering the vaccine is split into phases. Moving forward, there will be a single statewide standard and movement through the tiers. The state will continue through 65+, health care workers, and prioritize emergency services, food and agriculture workers, teachers and school staff. Beginning March 15, healthcare providers may use their clinical judgement to vaccinate individuals aged 16-64 who are deemed to be at the very highest risk to get very sick from COVID-19 because they have certain medical conditions or disabilities. Beginning April 1, individuals aged 50+ will be eligible to make an appointment, and individuals aged 16+ will be eligible to make an appointment to be vaccinated starting on April 15. More details on the phases, including who is covered in each one, and on the vaccination roll-out in general are available on the vaccination section of the California for All COVID-19 website: <https://covid19.ca.gov/vaccines/>.

The “My Turn” website tells Californians if they qualify to get the COVID vaccine and schedule appointments. Users submit information about their age and COVID-related risk factors and can sign up to be notified over text or email when it’s their turn to get vaccinated and then schedule appointments. Appointment scheduling is currently available in select counties only and a statewide roll-out is planned.

6. Is the vaccine safe?

- A. COVID-19 vaccines were tested in large clinical trials to make sure they meet safety standards. Many people were recruited to participate in these trials to see how the vaccines offer protection to people of different ages, races, and ethnicities, as well as those with different medical conditions.

The Food and Drug Administration (FDA) has reviewed the vaccines for their safety and effectiveness before granting Emergency Use Authorization (EUA) for their use. The U.S. Centers for Disease Control (CDC) and its Advisory Committee for Immunizations (ACIP) has also reviewed the safety information of the approved vaccines.

In addition, California formed a [Scientific Safety Review Work Group](#) to independently review the safety and efficacy of the vaccines. Based on all these reviews, the vaccine is considered safe for use in Californians. Please refer to the [CDPH COVID 19 Questions and Answers](#) page for additional details.

FDA and CDC will continue to monitor the safety of COVID-19 vaccines to make sure even very rare side effects are identified. Health care providers are required to report certain adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

CDC is also implementing a new smartphone-based tool called v-safe to check in on people's health after they receive a COVID-19 vaccine. When you receive your vaccine, you should also receive a v-safe information sheet telling you how to enroll in v-safe. If you enroll, you will receive regular text messages directing you to surveys where you can report any problems or adverse reactions you have after receiving a COVID-19 vaccine.

Additional information can be found here: <https://covid19.ca.gov/vaccines/>

7. What does Emergency Use Authorization mean for a vaccine?

- A. In certain types of emergencies, such as with the current public health emergency, the FDA can issue an emergency use authorization, or EUA, to provide more timely access to critical medical products that may help during the emergency when there are no adequate, approved, and available alternative options.

Under the EUA authority, the FDA evaluates requests for authorization very quickly using the evidence that is available, carefully balancing the risks and benefits of the product as we know them, in addition to evaluating other criteria. EUAs are in effect until the emergency declaration ends but can be revised or revoked as needs change during the emergency, or as products meet the criteria to become approved, cleared, or licensed by the FDA.

Additional information can be found here: <https://covid19.ca.gov/vaccines/> and [CDPH COVID-19: Information for Laboratories](#)

8. How will safety be tracked?

- A. After a vaccine is approved for use via Emergency Use Authorization (EUA), scientists and health professionals will continue to carefully monitor its use. The [Vaccine Safety Datalink](#) in the United States, which monitors many immunizations in California, is designed to report a safety problem in near real time so the public can be informed quickly of possible risks. Health care providers are required to report certain adverse events following vaccination to the [Vaccine Adverse Event Reporting System \(VAERS\)](#).

When you receive your vaccine, you will also receive an information sheet telling you how to enroll in a program called [v-safe](#) that allows you to report problems or adverse reactions you have after receiving a COVID-19 vaccine to the Centers for Disease Control (CDC). Additionally, the Food and Drug Administration (FDA) and CDC will continue to carefully monitor the safety of

COVID-19 vaccines to make sure that even very rare side effects are identified as early as possible. These are some of the ways that will help detect previously undetected issues related to the vaccines as early as possible.

9. How will it work if healthcare providers are not contracted/credentialed with DHCS?

- A. The vaccine provider must be enrolled in Medi-Cal for purposes of obtaining reimbursement from DHCS for the vaccine administration fee. Medi-Cal providers who administer the vaccine to Medi-Cal beneficiaries will be reimbursed at the Medicare rate for the administration fee.

Additional information can be found here: <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>

10. What about Federally Qualified Health Centers (FQHCs), Rural Health Clinics, (RHCs) and Tribal Clinics?

- A. DHCS will pay the applicable Prospective Payment System (PPS)/All Inclusive Rate (AIR) if the vaccination is administered during an in-person visit that meets the requirements of a billable office visit in the clinic setting. If the vaccine administration does not meet all of the requirements of a billable visit (i.e. only vaccine administration), DHCS is seeking federal approval for the FQHC, RHC, and Tribal Clinic to bill Medi-Cal FFS for administering the COVID vaccine and be reimbursed the applicable dosage rate as noted above.

11. Will the vaccine administration fee be covered for all patients on Medi-Cal?

- A. Yes. The vaccine administration fee will be covered for all Medi-Cal beneficiaries who have full-scope Medi-Cal. DHCS is seeking [federal approval](#) to cover the administration fee for Medi-Cal beneficiaries with restricted scope coverage, the COVID-19 Uninsured population and enrollees Family Planning, Access, Care, and Treatment (FPACT) program. Those who are dually eligible for both Medicare and Medi-Cal will generally be covered by Medicare.

Payment for the COVID-19 vaccine administration fee will be through the Medi-Cal Fee-for-Service delivery system for all covered populations, including those in Medi-Cal managed care plans.

Medi-Cal proposes to reimburse the associated COVID-19 vaccine administration fee at the allowable Medicare rate for all claims, medical and pharmacy, based on the number of required doses.

For vaccines administered on dates of service prior to and including March 14, 2021, Medi-Cal will reimburse the associated COVID-19 vaccine administration fee at the previously published maximum allowable reimbursement rate for providers based on the number of required doses: The maximum allowable rate for a single-dose vaccine is \$28.39; the maximum for a double-dose vaccine is \$16.94 for the initial dose and \$28.39 for the final dose (\$45.33 total).

For vaccines administered on or after March 15, 2021, Medi-Cal will set the maximum allowable reimbursement of the associated COVID-19 vaccine administration fee at \$40.00 per dose, regardless of vaccine manufacturer.

12. Will immunization coverage apply to restricted scope group?

- A. Yes. All vaccination providers must provide the vaccine regardless of coverage. DHCS is working on obtaining [federal approval](#) for immunization coverage for Medi-Cal beneficiaries in restricted scope coverage, individuals in the COVID-19 Uninsured program and individuals enrolled in the FFACT program.

13. What billing codes should be used?

- A. DHCS will be using the American Medical Association Current Procedural Terminology or CPT® codes for reporting of immunizations for COVID-19. These CPT® codes are unique for each COVID-19 vaccine.

Vaccine Name	Vaccine Code/Description	CPT® Vaccine Administration Code
Pfizer-BioNTech	91300	0001A (1st dose) 0002A (2nd dose)
Moderna	91301	0011A (1st dose) 0012A (2nd dose)
Oxford–AstraZeneca	91302	0021A (1st dose) 0022A (2nd dose)
Janssen	91303	0031A (Single Dose)

Additional information can be found here: <https://www.ama-assn.org/find-covid-19-vaccine-codes>

14. How will vaccine information be disseminated?

- A. DHCS will communicate updated immunization information to providers, stakeholders, health plans, county partners, and the community through strategies, such as:
- Developing written guidance for health plans, including All Plan Letters, as it relates to immunization distribution and reimbursement rates
 - Provider notices/bulletins on the [Medi-Cal website](#)

General information can be found here: covid19.ca.gov

15. What is the best way to ensure that patients return for their second shot?

- A. Providers are encouraged to explain the health benefits and outcomes associated with second shot administration. Before the patient leaves the office after their first dose, ensure they schedule an appointment for their second dose.

16. Where can healthcare providers enroll to become a vaccinator?

- A. Pharmacies, retail clinics, providers, and any other sites of care must sign an agreement with the U.S. government to receive no- cost free supplies of the COVID-19 vaccine(s).

Under the agreement, all providers must vaccinate individuals regardless of existing health coverage or the type of coverage. Providers are prohibited from balance billing or otherwise charging vaccine recipients.

Providers interested in becoming part of the vaccine network may email CovidVaccineNetwork@BlueShieldca.com.

Once you have a signed contract with Blue Shield (the Third Party Administrator), a provider must enroll in Mycavax. Please visit <https://mycavax.cdph.ca.gov> to start the enrollment process to become a COVID 19 vaccine provider.

17. What information should be given to patients upon vaccination?

- A. Before receiving the vaccine, patients must be provided with an Emergency Use Authorization fact sheet about the vaccine. After receiving the vaccine, patients must receive a vaccination card that identifies the brand of vaccine administered and the date their second vaccination (if applicable) is due.

For more information providers can email COVIDCallCenter@cdph.ca.gov or call (833) 502-1245, Monday through Friday, from 9 a.m. to 5 p.m.

18. Where do I find general California guidance on COVID-19?

- A. There are two California websites that offer general guidance on COVID-19. These are the California Coronavirus Response website and the California Department of Public Health website. Check both websites frequently, as resources are regularly updated and added. Below are the web addresses of each.
- The California Coronavirus Response website is: covid19.ca.gov.
 - The California Department of Public Health website is: cdph.ca.gov/COVID19
 - The Centers for Disease Control website is: <https://www.cdc.gov/vaccines/covid-19/hcp/faq.html>

19. Where do I find clinical information on the vaccines currently authorized in the United States?

- A. Additional clinical information can be found at :<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

20. Should I bill for administration of the vaccine with both doses together, or separately for a 2-dose vaccine series?

- A. Dose administrations may be billed separately, or together on the same claim, whichever fits the provider's billing preferences and practices.

21. Will I be reimbursed for the administration of a single dose of a two-dose vaccine series (initial or final) if the Medi-Cal beneficiary I am administering to receives the other dose elsewhere?

- A. There is no requirement for the same provider to administer both doses. Each dose is separately reimbursable. However, the manufacturer of the doses administered to a Medi-Cal beneficiary

must remain consistent between the first and second dose, regardless of the administering provider.

22. When billing for the administration of the COVID-19 vaccine for a Managed Care Plan enrollee, what ID should I list on the claim?

- A. Because claims for the administration of the COVID-19 vaccine(s) are submitted to Medi-Cal fee-for-service fiscal intermediary for processing, providers must use the ID listed on a patient's Beneficiary Identification Card (BIC). A Managed Care Plan ID is not recognized in the Medi-Cal fee-for-service system, so providers who bill using this ID may experience denials.

23. How do I verify a beneficiary's Medi-Cal eligibility if they do not have their BIC card?

- A. The patient should contact the county welfare office for BIC replacement. The county welfare office can also provide the beneficiary with their BIC, over the phone, to facilitate the immediate rendering of services, if needed.

24. What if a beneficiary's BIC is lost or stolen?

- A. The patient should contact their county welfare office for BIC replacement.

Additional Resources:

<https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

<https://www.cdc.gov/vaccines/covid-19/index.html>

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/COVID-19Vaccine.aspx>

https://files.medi-cal.ca.gov/pubsdoco/COVID19_response.aspx

<https://eziz.org/assets/docs/COVID19/CalVax-ProviderLogin.pdf>

<https://www.cdc.gov/vaccines/covid-19/hcp/faq.html>

<https://eziz.org/assets/other/IMM-1295.pdf>



Supporting Screening and Early Intervention

When developmental delays are identified and addressed early, it can have a life-changing impact for children and families—yet in California, **70% of children with delays are not identified or supported until kindergarten.**¹

Help Me Grow Inland Empire offers physicians help navigating the early intervention process and finding local resources.

Help Me Grow supports two critical screenings to identify delays and risk factors for delays:

Ages and Stages Questionnaire-3 (ASQ-3)

Developmental screening that evaluates a child's learning, movement, communication, and socio-emotional skills.

Social Determinants of Health

Risk screening that assesses a family's housing, food, transportation, utility, and safety needs. Research shows that *poverty, abuse, neglect, and homelessness all contribute to children's early development and are risk factors for developmental delays.*

Fast Facts

28.1% of children under the age of 6 in California are at moderate or high risk for developmental, behavioral, or social delays.²

40% of parents with children age 5 and younger report having concerns about their child's physical, behavioral, or social development.³

California **ranks 30th** in the country for its rate of developmental screenings for infants & toddlers. Only **28.5%** of the children in California receive timely developmental screenings.⁴

In Riverside and San Bernardino Counties, there are nearly **370,000** children ages 0-5. **16%** of children in Riverside County and **23%** of children in San Bernardino County live in poverty.⁵

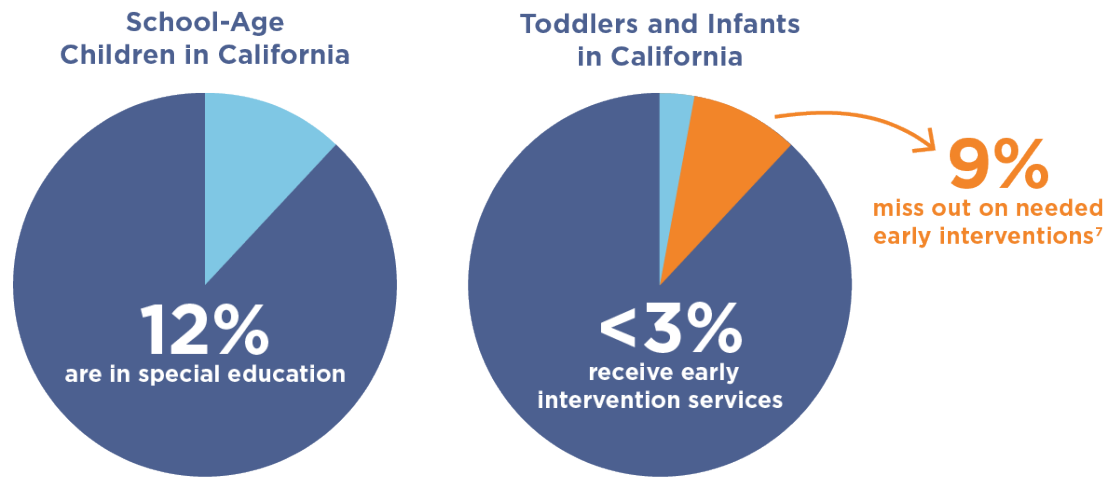
Riverside **ranks 35th** and San Bernardino **ranks 47th** out of California's 58 counties for health factors such as physical environment, social and economic factors, health behaviors, and clinical care.⁶

1. Helpmegrowca.org 2. Gettingdowntofacts.com 3. Kidsdata.org 4. Ibid
5. Ibid 6. Countyhealthrankings.org 7. Gettingdowntofacts.com



Screening and Early Intervention Makes a Difference

In California, thousands of children are not receiving needed interventions during their critical first five years, despite the availability of developmental screening tools and early intervention services.



The American Academy of Pediatrics recommends that pediatricians conduct developmental screenings at 9 months, 18 months, and 24/30 months, or whenever there is a concern.

“Screening and making referrals to developmental services are critical in caring for the whole child. Help Me Grow provides the tools to support physicians throughout this process.”

- Marti Baum, MD, Pediatrician & Help Me Grow Physician Champion

A National Movement, A Local Effort

Help Me Grow is a national network of **29 state affiliates** across the country working to increase developmental screenings and connections to early intervention services. In California, 75% of counties operate local Help Me Grow systems.

Help Me Grow Inland Empire is the first regional Help Me Grow initiative in the state. Help Me Grow works across Riverside and San Bernardino Counties to connect health, behavioral health, early care and education, and community-based services.

Help Me Grow Inland Empire is made possible by a joint investment from First 5 San Bernardino and First 5 Riverside, in partnership with Loma Linda University Children’s Health.

How Help Me Grow Inland Empire Can Support You

If developmental concerns are identified during a routine screening, or a family has expressed concerns about their child’s development, Help Me Grow can help!

1. If any delays or risk factors for delays are noted, contact Help Me Grow Inland Empire.

1-888-HMGIE-16 (1-888-464-4316)
or info@HelpMeGrowIE.org

Our case managers will help ensure the family gets connected to needed resources and services.

2. If the screening results indicate a delay, also contact the Inland Regional Center.

Riverside County

Ages 0-3: (909) 890-4763
Ages 3-5: (951) 826-2648

San Bernardino County

Ages 0-3: (909) 890-4711
Ages 3-5: (909) 890-3148



Help Me Grow Access Center:
1-888-HMGIE-16 (1-888-464-4316)

www.HelpMeGrowIE.org
f t i @HelpMeGrowIE

Course fulfills the 95 hours of Lactation Specific Education and 5 hours of communication skills required to sit for the IBCLC exam.



Grow Our Own is approved by the Lactation Education Accreditation and Approval Committee.



Virtual classes April - November 2021
Every other Wednesday
8:30 a.m. - 4:30 p.m. PST (1 hour lunch break)
Course fee: \$1,650

Register at CA WIC Association:
[Grow Our Own Lactation Consultant Prep Course \(regfox.com\)](#)

Email RivGOO@RUHealth.org and visit www.rivhero.com/Breastfeeding for more details.

Provider approval by the California Board of Registered Nursing (pending), CEP 13623 for 90.0 contact hours.



This institution is an equal opportunity employer.

CHDP 2021 SCHEDULE OF EVENTS

All workshops and trainings will be conducted virtually via Zoom

RSVP link will be sent three weeks prior to event

July

7/8/2021 (Thu) **Overview Workshop** 8:30 am - 2:30 pm

August

8/17/2021 (Tue) **Fluoride Varnish** 1:00 pm - 4:00 pm

September

9/01/2021 (Wed) **Overview Workshop** 8:30 am - 2:30 pm

October

10/06/2021 (Wed) **Fluoride Varnish** 1:00 pm - 4:00 pm

November

11/03/2021 (Wed) **Overview Workshop** 8:30 am - 2:30 pm

REGISTRATION IS REQUIRED

Registration information will be sent via email 2 - 3 weeks prior to the class. For special accommodations or more information call the CHDP office at (951)358-5481 or email CHDPRiverside@ruhealth.org

CHILD HEALTH PROGRAMS STAFF

Child Health & Disability Prevention Program

Patty Palomino, PHN - CHDP Charge Nurse

Emily Hafrian, PHN

Laura Calderon - Health Services Assistant

Child Health Programs

Desiree Contreras, Health Education Assistant - CHDP/CLPPP

Jose Izquierdo, Health Service Assistant - CLPPP

Childhood Lead Poisoning Prevention Program

Noella Tataw, PHN - CLPPP Charge Nurse

Stephanie Nerida, PHN

Crystal Meals - Health Services Assistant

Office Support

Lilia Landazuri - Office Assistant

Diane Montanez - Office Assistant

Set-4-School

Lynne Craig, Program Coordinator II

Editors: Desiree Contreras, HEA II, Child Health Programs; Patty palomino, CHDP Charge nurse; Noella Tataw, CLPPP Charge Nurse
Angela Acosta, Branch Secretary I, CMS, CCS.

Contributors: Robert Ibrahim, MPH, MOTR/L, Program Chief, CMS; Christopher Dale, MD, CCS; Patty Palomino, PHN, CHDP; Emily Hafrian, PHN, CHDP; Noella Tataw, PHN, CLPPP; Stephanie Nerida, PHN; Desiree Contreras, HEA II, CHDP/CLPPP; Mary Brothers, HEA II, Nutrition and Health Promotion Branch, WIC; Lynne Craig, Program Coordinator II, Set-4-School; Ryan Natividad, MPP, Program Coordinator II, Epidemiology.

All CHDP programs can be reached by calling 1-800-346-6520