

PREVENTION PROGRAM PLAN PROPOSAL
NORTH BAY REGIONAL CENTER
November, 2009

INTRODUCTION

On 10/01/09, California directed the Department of Developmental Services (DDS) to establish... “a prevention program for at risk babies” and to “establish policies and procedures for implementation of the prevention program by regional centers. This new regional center program is charged to provide, for eligible children ages birth through 35 months, the following services: intake services, assessment, case management, and referral to generic agencies.

Children eligible for this program will receive these services through the regional centers. These are children who are at substantially greater high risk for a developmental disability but who would otherwise be ineligible for services through the California Early Intervention Program Services Act pursuant to Title 14 (commencing with Government Code, Section 9500) or services provided under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (commencing with Welfare and Institutions Code, Section 4500).

ELIGIBILITY CRITERIA

All infants or toddlers potentially eligible for any regional center program will enter through a single point of entry at North Bay Regional Center (NBRC), the Early Start and Prevention Warm Line Coordinator, to determine eligibility for services. Upon receiving a new referral, an Early Intervention Specialist (EIS) will complete the intake assessment and arrange for appropriate developmental evaluations. All infants and toddlers found eligible for either program will continue to be case managed by the EIS who had been assigned to do the initial intake. Each EIS, then, will be expected to work with a blend of intake, Early Start, Prevention and Lanterman ACT infants and toddlers. It is anticipated that 10% of each EIS’s caseload will be comprised of Prevention cases. NBRC currently uses a variety of assessment and evaluation tools for determination of eligibility including: MSEL; DP3; Vineland; Ages and Stages.

The regional center shall serve all eligible infants and toddlers. An infant or toddler may be determined eligible for the Prevention Program in the following ways:

1. NBRC determines that an infant or toddler has a combination of two or more of the following factors:
 - a. Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
 - b. Assisted ventilation for 48 hours or longer during the first 28 days of life.
 - c. Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
 - d. Asphyxia Neonatorum associated with a five minute Apgar score of 0 to 5.
 - e. Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
 - f. Neonatal seizures or nonfebrile seizures during the first three years of life.
 - g. Central nervous system lesion or abnormality.
 - h. Central nervous system infection.

- i. Biomedical insult including, but not limited to injury, accident or illness which may seriously or permanently affect developmental outcome.
 - j. Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
 - k. Prenatal exposure to known teratogens.
 - l. Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
 - m. Clinically significant failure to thrive, including, but not limited to weight persistently below the third percentile for age on standard growth charts of less than 85 percent of the ideal weight for age and/or acute loss or failure to gain weight with the loss of two or more major percentiles on the growth curve.
 - n. Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.
2. High risk for a developmental disability also exists when the regional center determines that the parent of the infant or toddler is a person with a developmental disability.
 3. A toddler is eligible for the prevention program when the regional center determines that a toddler is between the ages of 24-35 months and has a developmental delay in one domain of 33 percent through 49 percent. The developmental domains a regional center must consider are communication, cognitive, social/emotional, self-help/adaptive, and physical.

PREVENTION PROGRAM PLAN

Upon determining eligibility for the Prevention Program, and in collaboration with the child's parents, the EIS shall prepare a written Prevention Program Plan (PPP), a template of which is attached. The written PPP will be developed and a copy given to the parent within 60 days of the initial referral to the Prevention Program.

The EIS will help facilitate the development of the PPP and have the knowledge, skills, and abilities to guide families in the early childhood development of their infant or toddler, identify and navigate generic services, and monitor the developmental progress of the infant or toddler. The EIS will access regional center clinical expertise for support and guidance concerning assessing child progress and the appropriate utilization of generic resources. NBRC will partner with parents and families to ensure parents remain an integral part of the Prevention Program planning process for each child. NBRC requirements for the EIS position are attached.

At a minimum, each family must be contacted within 90 days after the development of the PPP and every six months, thereafter. Any consideration of purchasing services using POS monies will follow NBRC's Program Assessment and Review Team Procedure (see attached). It is anticipated that through this process, service options will then be prioritized within allocation allotment.

NBRC's EIS will monitor the progress of the child. Should a child begin to exhibit more significant developmental delays, the child will be referred for further evaluation. The purpose of the evaluation will be to determine eligibility for Early Start or Lanterman Act services.

COMMUNITY AND PROGRAM DEVELOPMENT ACTIVITIES

The following liaison activities with other public and private agencies offering services to; and proposed initiatives to develop, enhance or obtain additional services for Prevention Program children include the following:

1. NBRC is exploring options with its Family Resource Agencies to provide trainings and support groups to Prevention families;
2. NBRC has been coordinating with one of its local Early Childhood Mental Health collaboratives and with First Five funding to provide some direct service on a selective basis to Prevention children;
3. NBRC is exploring the idea of contracting with one or more of its infant development programs to provide the monitoring, periodic assessments, intervention and/or parent training for Prevention children;
4. NBRC will increase its collaboration with Early Head Start Programs;
5. NBRC will coordinate with Local Education agencies to continue to refer appropriate children to the school's Early Start programs;
6. NBRC will continue to meet with community collaborators (CCS, Public Health, Infant Program vendors, SELPA Part C, Kaiser, Head Start, 4 C's, California Parenting Institute, LEA's, Matrix and Becoming Independent Family Resource and Advocacy Center) on a monthly basis.