OVERVIEW
Under the direction of the Department of Developmental Services (DDS), Inland Regional Center (IRC) has developed policies and procedures for implementation of a Prevention Program. This regional center Prevention Program is for ‘at-risk babies.’ The primary focus of this program will be to provide the following services for eligible children ages birth through 36 months:

- Intake services,
- Assessment,
- Case management, and
- Referral to generic agencies

Inland Regional Center implemented this Prevention Program on 10/1/2009. These children are at substantially greater risk for a developmental disability but they would not be eligible for services through the California Early Intervention Program Services Act or services provided under the Lanterman Developmental Disabilities Services Act after age 3 years.

The primary contacts for the Prevention Program at Inland Regional Center are the Chief of Medical Services and the Clinical Services Manager.

PRIORITIES
**Primary Purpose:** The purpose of the Prevention Program is to provide intake services, assessment, case management and referral to generic agencies for those children who are:

1. At high risk for developmental delay or disability, but have yet to manifest delays. These children exhibit various risk factors (see “Determination of Eligibility” section below) or,
2. Children ages 24 to 35 months of age and who have a developmental delay in one domain of 33% - 49%.

The regional center case manager will monitor the progress of these children. Should a child begin to exhibit developmental delays, the child will be referred for evaluation. The purpose of the evaluation will be an eligibility review for Early Start.

REQUIRED PREVENTION PROGRAM COMPONENTS FOR REGIONAL CENTERS
A. **Intake and Assessment:** IRC will continue with its current intake process which follows the Early Start (ES) regulations. This will ensure a single point of entry for all infants and toddlers. All referral information (via phone, mail, fax, email, discharge plan meeting, etc.) will be collected by 2 designated Early Start Consumer Service Technician IIIs (CST III). Referral information will include information obtained from parents and family members, medical records and assessments. Infants and toddlers may be evaluated at our Early Start Intake clinic or in their natural environment per parental choice. After the developmental assessments are completed, the results will be discussed with the
parent/guardian. The eligibility determination whether the child qualifies for the Early Start or Prevention Program will be made by a multidisciplinary team that may consist of the Chief of Medical Services, Clinical Services Manager, Early Start Intake Program Manager, Occupational Therapist, Physical Therapist and/or Speech Therapist and Infant Service Coordinator (ISC). (Attachment – Assessment). A Child and Family Social Assessment is done on all infants/toddlers whether they qualify for Early Start or the Prevention Program (Attachment – Child and Family Social Assessment).

B. Determination of Eligibility: IRC will serve all eligible infants and toddlers. An infant or toddler is eligible for the Prevention Program when:

1. The regional center 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, academia, 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 or less than 85 percent of the ideal weight for age and/or acute weight 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 also eligible for the prevention program when the regional center determines that a toddler between the ages of 24-35 months and has a developmental delay in one domain of 33 percent through 49 percent. The developmental domains IRC will be considering are communication, cognitive, social/emotional, self help/adaptive, and physical.

C. **Appeal for Denial of Eligibility:** Eligibility is the only action or decision of the Prevention Program which a parent may submit an appeal. The parent may also appeal Early Start eligibility. (The parent will be informed that the Early Start appeal will follow a different process). If a child is found ineligible for the Prevention Program, IRC will provide a written notice of the denial of eligibility to the parent or legal guardian. The notice will state the reason(s) for the denial. The written notice will also provide a copy of the eligibility factors and will inform the parent of the appeal process. Parents will be informed that they may submit a written request to IRC stating the reason for their disagreement and submitting any additional information that supports their position. Upon receipt of the appeal, a review panel will be convened to review the information and provide a written decision within 30 days of the receipt of the request. Members of the panel will include two IRC clinicians and an external member. None of the members on the panel will have participated in the original eligibility determination. The panel will review all available information and testing. The IRC panel decision will be final.

D. **Prevention Program Case Management:** Case managers are critical in the success of the Prevention Program. IRC’s case managers are called Infant Service Coordinators (ISCs) or Consumer Services Coordinators (CSCs). The minimum qualification for an ISC is: Bachelor of Science (BSN) in Nursing and possession of a certificate in public health nursing from an accredited school, or a masters degree in a related field from an accredited school. Prior experience in high-risk infant follow-up is desired. The minimum qualification for a CSC is: Bachelor of Art in social work, psychology, or a related field along with one year of experience in developmental disabilities or a related field, or field placement at IRC as part of an education program. Classes and training in early childhood education is very desirable.

It is important that children and families are effectively case managed during this critical period in the child’s life. Inland Regional Center holds a very high standard for the hiring of their ISC/CSC case manager. The Registered Nurses (RN) are required to obtain 30 hours of continuing education units per twenty four months for licensure renewal.
Most of our continuing education is held at IRC which benefits the ISCs that are not RNs. Besides being RNs, they are also Public Health Nurses (PHNs) which is an asset to the Prevention Program. These PHN’s are familiar with case management and accessing community generic resources. The case manager will also access the regional center’s clinical services. Because case management is the main feature of the Prevention Program, IRC feels that it is essential that case managers 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. At the present time, IRC plans to keep mixed caseloads meaning the ISC and CSC will carry Early Start and Prevention Program cases. The caseload ratios will be 1:55. IRC will ensure that its case management staff is knowledgeable in both Early Start and Prevention. These skills will encourage a fluid process between both programs.

IRC will maintain the same standard of contact for Early Start and Prevention infants and toddlers. Currently, all children receive a home visit from their ISC/CSC every six months to review progress, goals and services. Quarterly contacts may be either a home visit or a phone call. Standard documentation is required on all quarterlies and semi-annuals. IRC runs an internal audit report to ensure that these visits are made on schedule.

Once a child is determined eligible for the Prevention Plan, the ISC/CSC in partnership with the child’s parents and family will prepare a written Child and Family Social Assessment and a Prevention Program Plan (PPP) within 60 days of the initial referral to the Prevention Program. (See attachments).

The **Prevention Program Plan** (Attachment – Prevention Program Plan) will contain the following information at minimum:

1. Identifying information of infant/toddler – Name, date of birth, address
2. Date of the report
3. Date of the face to face contact
4. Initial Plan and Quarterly Follow-Up
5. Case management goals:
   a. Monitor developmental progress of the infant or toddler quarterly
   b. Guide the family in early childhood development
   c. Referral to generic agencies
   d. Assess appropriate utilization of generic resources
   e. Assess family changes
6. Developmental assessments done during this face to face contact
   a. Anticipatory guidance
   b. Denver II
   c. Reel 3
   d. Bayley 3
e. Michigan
f. Other

7. Developmental/Health/Medical Goals:
   a. Consumer will achieve age appropriate social-emotional development
   b. Consumer will achieve age appropriate adaptive/self help skills
   c. Consumer will achieve age appropriate fine motor skills
   d. Consumer will achieve age appropriate cognitive skills
   e. Consumer will achieve communication skills (receptive and expressive)
   f. Consumer will achieve age appropriate gross motor skills
   g. Consumer will demonstrate weight gain appropriate for growth as measured by standardized growth chart during the first 24 months of life, age adjusted
   h. Consumer will receive ongoing medical follow-up in the next 12 months as recommended by the American Academy of Pediatrics.
   i. Consumer will receive age appropriate specialist care as needed for health conditions.

8. Health/Medical Action Plan
   a. Next pediatric visit
   b. Next high-risk follow up clinical visit
   c. Next specialist visit
   d. Health plan coverage for medical services/name of insurance (Parent will request authorization from health insurance to provide medically required service
      i. Occupational therapy
      ii. Physical therapy
      iii. Speech therapy
      iv. Hearing test
   e. Referral to generic resources
      i. CCS medical
      ii. CCS therapy
      iii. CHDP
      iv. DCFS
      v. EFMP (military)
      vi. EPSDT
      vii. Head Start/Early Head Start
      viii. IHSS
      ix. SART
      x. SELPA/LEA
      xi. SSI
      xii. TANF
      xiii. WIC
      xiv. Other
E. Early Start Program Transfers: Since ISCs/CSCs do a face to face visit with our infant/toddlers every 3 – 6 months, they will be aware of any changes in the child’s condition. The ISC/CSC will be doing developmental assessments on each visit to document progress or decline in development. If it appears that the child may qualify for Early Start, the ISC/CSC makes a referral to our Early Start Intake with the accompanying developmental assessment documentation. If the child is found eligible for Early Start, they will keep their same ISC/CSC.

F. Case Transfer between Regional Centers: IRC will handle all PP transfers to other regional centers in a timely manner. The family will be informed which regional center they will be transferred to and contact information will be given to the family. The record will be transferred to the receiving regional center accordingly.

G. Data Tracking: IRC will follow data systems set up by DDS as needed for the Prevention Program. Outcome measures will be obtained at the exit of the program using comparable measures to monitor progress in development.

H. Purchase of Direct Services: As funding permits, IRC may purchase services for infants and toddlers served by the program. IRC will offer the following services:

   a. Group speech therapy services – Parents will be empowered to use techniques to encourage speech with their child.
   b. Group parent trainings – May be provided to families to increase their skills and abilities to meet the unique developmental needs of their child when other training and educational opportunities are not available to the family. Trainings subjects may also include infant care, prevention, etc. Trainings will be provided in a small group setting, have an identified curriculum, and a defined length.

IRC will ensure that generic services have first been pursued and determined to be unavailable or inappropriate.
I. **Family Resource Center:** IRC has negotiated directly with the ESFRN Early Start Family Resource Network regarding use of allocated funds to support and assist families in the Prevention Program. The ESFRN will be providing the following services:
   a. Developing a resource list / fact sheets of generic agencies/services
   b. Providing parent to parent support, resource information and referrals to prevention parents
   c. Providing access to support groups
   d. Assisting parents in education and supporting siblings
   e. Providing access to trainings
   f. Providing access to lending library and computer services
   g. Adult consumer parenting classes

J. **Proposed Liaison Activities with other Public and Private Agencies Offering Services to Prevention Program Children:**
   - Carolyn E. Wylie Center – Parenting Classes in partnership with the Early Start Family Resource Network
   - SART – Screening Assessment Referral and Treatment in 3 locations (based on Ira Chasnoff’s Children’s Triangle Model) – Can offer PT, OT, ST and bill Medi-Cal. If no funding available, they will acquire through other sources
     - Desert-Mountain SART
     - East Valley SART
     - West Valley SART
   - First 5 Riverside – Possible grant availability to Prevention Program children
   - First 5 San Bernardino – Possible grant availability to Prevention Program children
   - ESFRN Early Start Family Resource Network – Parenting classes
   - NICU Liaisons in 12 Hospitals – Education and collaboration; discussion about available resources
   - Pediatricians in Riverside and San Bernardino County – Initiate contact regarding ES and PP – Eligibility, criteria, referral process, services, generic resources, etc.
   - CCS California Children’s Service – Riverside and San Bernardino county
   - Local preschools
   - Headstart
CONFIDENTIAL CONSUMER INFORMATION
Inland Counties Regional Center, Inc.
See California Welfare & Institutions
Code, Section 4514

Name: __________________________________________
AKA: __________________________________________
UCI#: __________________________________________
DOB: __________________________________________

Date: ____________________________

PREVENTION PROGRAM PLAN

☐ Initial  ☐ Annual (PPP)

CASE MANAGEMENT GOALS:
1. Monitor the developmental progress of the infant or toddler quarterly or semi-annually.
2. Provide the family with information relating to early childhood development, health and nutrition, as needed.
3. Refer to specialists, as needed.
4. Refer to generic agencies, as appropriate.
5. Assess appropriate utilization of generic resources.
6. Assess family changes.

CHILD’S DEVELOPMENTAL AND HEALTH GOALS:
1. Child will achieve age appropriate social-emotional development.
2. Child will achieve age appropriate adaptive and self-help skills.
3. Child will achieve age appropriate fine motor skills.
4. Child will achieve age appropriate cognitive skills.
5. Child will achieve age appropriate communication skills (receptive and expressive).
6. Child will achieve age appropriate gross motor skills.
7. Child will demonstrate appropriate weight gain for growth (age adjusted) as measured by a standardized growth chart during the first 24 months of life.
8. Child will receive on-going medical follow-up in the next 12 months as recommended by the American Academy of Pediatrics.
9. Child will receive age appropriate specialist care as needed for health conditions.
10. Child’s care giver to follow through daily with developmental techniques provided by infant service coordinator.

REFERRALS MADE:

☐ No referrals needed at this time

Parents will request authorization from health insurance for:
[ ] OT  [ ] PT  [ ] ST  [ ]
Hearing  [ ] Vision  [ ] Other: ________________________________
[ ] Referral Letter to MD/Parent

Referral made to:
[ ] CCS Medical  [ ] SSI  [ ] Toys for Tots
[ ] CCS Therapy  [ ] TANF  [ ] Other: ________________________
[ ] CHDP  [ ] WIC  [ ] IRC OT/PT/ST
[ ] DCFS  [ ] Head Start  [ ] IRC Genetic Clinic
[ ] EFMP (Military)  [ ] Mommy & Me  [ ] IRC Psychologist
[ ] EPSDT  [ ] Daycare Center  [ ] IRC Neurologist
[ ] IHSS  [ ] Library  [ ] IRC Equipment Clinic
[ ] SART  [ ] Family Resource  [ ] IRC Nutritionist
[ ] SELPA/LEA  [ ] Network  [ ] IRC Dental Clinic

Infant Service Coordinator Signature  Parent Signature/Received Prevention Plan

ICRC 535 (12-01-10)