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 served in the Prevention Program are under 36 months of age, are otherwise not eligible for the California Early Intervention Program pursuant to Title 14 (commencing with Section 95000) of the Government Code or services provided under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500)) and have genetic, medical, developmental, or environmental history that is predictive of a substantially greater risk for developmental disability than that for the general population, the presence of which is diagnosed by qualified clinicians. (WIC 4435)

The primary contact for the Prevention Program at Regional Center of Orange County is Paula Noden, Prevention Manager, at (714) 796-5385 or email pnoden@rcocdd.com.

PURPOSE

The purpose of the Prevention Program is to provide intake, assessment, case management and referrals to other agencies or resources that may be appropriate to aid or support child development.

ELIGIBILITY CRITERIA

Regional Center of Orange County will have a single point of entry intake procedure to determine eligibility. All children will be assessed for any regional center program within 45 days of the initial referral. Eligibility for early start services will be ruled out prior to consideration of eligibility for the Prevention Program. An infant or toddler is eligible for the Prevention Program when the regional center determines that an infant or toddler has:

1. 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 or 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 also eligible for the prevention program when the regional center determines that a toddler between the ages of 24-35 months 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.

**APPEAL FOR DENIAL OF ELIGIBILITY**

A process is available for parents who disagree with the Prevention Program eligibility determination. Eligibility is the only action or decision of the regional center that may be appealed within the Prevention Program. RCOC will provide a written notice of the denial of eligibility to the parent. The written notice will state the reason(s) for the denial. The written notice will provide a copy of the eligibility factors and will inform the parent of the appeal process. A parent may submit a written request to the regional center stating the reason for their disagreement with the eligibility decision and include any additional information that supports their position.

Regional Center of Orange County will convene a review panel consisting of at least three persons, including at least two regional center staff, including one clinician, and one external person selected by the regional center director. None of the regional center staff members on the panel can have directly participated in the original eligibility determination. The panel will review all available information and the regional center will issue a written decision within 30 days of receipt of the request. The regional center panel’s decision will be final.
**PREVENTION PROGRAM PLAN**

The Prevention Program is primarily a case management program. The Prevention Program is not part of the Lanterman Act or Early Intervention Services Act nor does the Lanterman Act or Early Intervention Services Act entitlement apply to children served under the Prevention Program.

Upon determining eligibility for the Prevention Program, a Regional Center of Orange County Prevention Program Service Coordinator is assigned. In collaboration with the child’s parent(s) and family, the service coordinator will prepare a written Prevention Program Plan (PPP). The written PPP will be developed and a copy given to the parent(s) within 60 days of the initial referral to the Prevention Program. At minimum, each family must be contacted within 90 days after the development of the initial PPP and every six months thereafter. RCOC uses a “specialized caseload” model for serving Prevention consumers. There are currently 12 Prevention Service Coordinators agency wide with mixed Prevention Program/Early Start caseloads at a ratio of 1:56.

The Prevention Program Service Coordinator will monitor each child’s development, provide guidance in early childhood development and assist each family to identify and navigate resources in the community. RCOC currently uses a variety of developmental screening tools for monitoring an infant or toddler’s development including: Denver II, DP 3, DAYC, and MCHAT. The service coordinator will access RCOC clinical expertise for support in assessing each child’s progress and the appropriate utilization of generic resources. 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 or Lanterman Act services.

**Process for Prioritizing Purchase of Direct Services**

Our first priority is to our Lanterman parents to learn how to parent their typically developing children. For those children whose parents have a developmental disability, RCOC will first identify early developmental programs that are available through generic resources. If none are available, we would then fund Infant Development Programs to provide in home services to meet the unique parenting needs of these families.

Helping parents help their children is a high priority. After generic, free options have been utilized, Group Parent Trainings may be provided to families to increase their skills and abilities to meet the developmental needs of their child when other training and educational opportunities are not available to the family. Trainings will be provided in a small group setting with identified curriculum and are time limited.
Transition from Prevention to Early Start

A child receiving Prevention services may be referred for assessment of eligibility for Early Start based on evidence obtained from periodic screening or a concern identified by the family, SC or other professional. If such a referral is deemed appropriate, the SC, as necessary may consult with their clinical specialists to determine the type of assessment that should be completed. A special interdisciplinary resource group convened for this purpose reviews the results of the assessments and makes a recommendation to transfer to Early Start or continue serving the consumer in the Prevention Program. Once an evaluation is completed with eligibility determined for Early Start Services, the case is recoded as status “1” in SANDIS. The SC who has been serving the child under Prevention contacts the family to arrange a time for the development of the Individual and Family Service Plan (IFSP).

Transfer of case to Another Regional Center

In the event that a child in the Prevention Program moves from RCOC’s service area to another service area, RCOC will make arrangements to transfer the case to the receiving regional center based on the residential address. The transfer information will include contact information and all available records including developmental evaluations, medical records and a copy of the Prevention Program Plan.

Data Requirements

RCOC maintains data on Prevention consumers using Virtual Chart and the Early Start Report. The minimum data tracked includes: Initial referral source, report reason and dates of review, prevention qualifying condition and status changes between Prevention to diagnosis and evaluation, prevention to early start eligibility, etc.

Family Support and Education

RCOC service coordination staff provides ongoing support and education to the family while recognizing and building natural supports, strengths, and available community resources and remaining sensitive to family’s cultural and language preferences.

RCOC has established a service agreement for Prevention family support services with the Comfort Connection Family Resource Center. Services to include Parent-to-Parent support, parent trainings, resource and referral information and family/professional collaboration activities and transition to public education assistance.
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. RCOC is exploring options with its Family Resource Agencies to provide trainings and support groups to Prevention families;

2. RCOC is exploring the idea of contracting with one or more of its infant development programs to provide “mommy and me”, “Hanen” and other group based parent training programs for Prevention children.

3. RCOC will increase its collaboration with Early Head Start Programs.

4. RCOC will coordinate with Local Education agencies to continue to refer appropriate children to the school’s Early Start programs.

5. RCOC will continue to meet with community collaborators e.g., CCS, Public Health, Help Me Grow, etc., on a regular basis.

6. RCOC is currently updating its Web site to allow parents immediate access to ASQ on line, links to information regarding typical development and age appropriate infant/toddler stimulation activities, parent support, etc.

7. RCOC RN staff will continue to attend Neonatal Intensive Care Unit (NICU) discharge meetings throughout the county on a weekly basis.
# Prevention Program Plan (PPP)

## Identifying Information

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Sex:</th>
<th>( ) Male</th>
<th>( ) Female</th>
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<tbody>
<tr>
<td>PP#</td>
<td>Date of Birth:</td>
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Primary language spoken in your home:

Home Address:

- City: 
- Zip: 
- Home Phone: 

Name(s) of:  
- ( ) Parent  
- ( ) Guardian  
- ( ) Foster Parent  
- ( ) Other (Specify)

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<td>#2 Work Phone:</td>
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<td>#1 Mobile/Message Phone:</td>
<td>#2 Mobile/Message Phone:</td>
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<tr>
<td>#1 E-Mail Address:</td>
<td>#2 E-Mail Address:</td>
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RCOC Prevention Program Service Coordinator

Phone and E-mail Address

## Eligibility Criteria

- Developmental Delay (33% - 49% delay in one domain for children 24 – 35 months old):
  - ( ) Adaptive/Self Help  
  - ( ) Communication  
  - ( ) Cognitive  
  - ( ) Physical  
  - ( ) Social/Emotional

- High Risk Condition: (List high risk conditions that dictate eligibility)

## Meeting and Review Dates

PPP is to be completed within 60 days of initial referral, 90 days after development of initial PPP and every six months thereafter

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<tr>
<th>Date:</th>
<th>SC Name:</th>
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<td>Initial Mtg.:</td>
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## FAMILY INFORMATION

### FAMILY RESOURCES:

- Date Reviewed: ___________  
- ( ) No changes  
- ( ) Changes: ____________________________

### FAMILY CONCERNS AND PRIORITIES:

- Date Reviewed: ___________  
- ( ) No changes  
- ( ) Changes: ____________________________

RCOC #695 PP – Adopted 9/09
**Child's Name:**

**CHILDS DEVELOPMENTAL STATUS**

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<tr>
<th>Age CA / AA</th>
<th>Initial Date</th>
<th>90 Days:</th>
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**Assessment Tool**

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**Cognitive**

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**Self-help/Adaptive**

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**Additional Information:**

**CHILD'S HEALTH STATUS**

- **Current Medical Condition/Diagnosis:**
  - □ No Changes
  - □ Change in Medical Condition/Diagnosis:

- **Physicians/Specialists:**
  - (Name, Address, Phone Number)
  - □ No Changes
  - □ Change in Physicians/Specialists:

- **Medications (Name, Dosage, Reason Prescribed):**
  - □ No Changes
  - □ Change in Medications:

- **Immunization Status:**
  - □ All immunizations current
  - □ Follow-up Needed:

- **Hearing Status:**
  - □ No Changes
  - □ Change in Condition/Diagnosis:

- **Vision Status:**
  - □ No Changes
  - □ Change in Condition/Diagnosis:

- **Receiving WIC**
  - Yes □ No □

**Infant and Family Direct Service Plan**

- **Case Management Activity**
  - Date Copy of PPP provided to Parent: _____________
  - Next Follow-Up Visit: _____________
  - Comments:
  - Case Management Follow-Up Related to Developmental Status:

- **Health/Medical Action Plan**

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RCOC #695 PP – Adopted 9/09
Child's Name:

Next Pediatric Visit: ___________         Next High Risk Follow-Up Clinic Visit: ____________
Health Plan Coverage for Medical Services/Name of Insurance: _________________________
Parent will request access to health insurance benefit to provide medically required service:
☐ Occupational Therapy  ☐ Physical Therapy  ☐ Speech Therapy  ☐ Audiological Evaluation

Follow-up: ☐ No Changes in Health Plan Coverage for Medical Services or Name of Insurance
☐ Changes:
Comments on accessing health benefits for medically necessary services:

☐ Community and Other Educational Resources
☐ Comfort Connection Family Resource Center – Phone #714-558-5400
☐ Parent Connection – Phone #714-558-5400
☐ Help Me Grow – Phone #866-476-9025
☐ Early Head Start Program - Phone #714-241-8920
☐ OCDE School Readiness Training and Technical Assistance – Phone #714-327-1078
☐ California Children’s Services – Phone #714-347-0300
☐ 211 – Information for Local Programs
☐ OC Health Department/Public Health Nurse
☐ Kid Builder Binder
☐ Mommy and Me Community Program
☐ Local Library Program
☐ Other: ______________________________
☐ Other: ______________________________
☐ Other: ______________________________

☐ No new referrals needed
Comments on parent participation and access to community programs and resources:

EXIT PLANNING
As Discussed by PPP Participants, Exit Planning will include referral to:

☐ None at this time, continue monitoring
☐ Evaluate for Early Start Program
☐ Initiate transition planning to local education agency to complete assessment and eligibility for Part B services by age 3
☐ Initiate transition planning to local community preschool/day care program by age 3.
☐ Evaluate for Lanterman Eligibility

PARENT CONSENT FOR PREVENTION PROGRAM SERVICES

I/we understand that my child no longer qualifies at this time for the Prevention Program.

I/we have had the opportunity to participate in the development of the Prevention Program Plan.

I/we have received information regarding family support (Comfort Connection Family Resource Center) and other resources available to our family.

I/we understand that, under the Prevention Program, the use of our private insurance is required.
I/we give our permission for this Prevention Program plan to be implemented.

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<th>Parent/Guardian/Foster Parent Signature</th>
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<th>Parent/Guardian/Foster Parent Signature</th>
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### PPP Participants

These individuals/agencies participated in the development of this PPP in person or by verbal or written report.

<table>
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<tr>
<th>Name/Title</th>
<th>Agency</th>
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### CONSENTIMIENTO DE LOS PADRES PARA LOS SERVICIOS DE PROGAMA DE PREVENCION

Yo/nosotros entendemos que actualmente mi niño/a no califica para el Programa de Prevencion.

Yo/nosotros hemos tenido la oportunidad de participar en el desarrollo del PPP.

Yo/nosotros hemos recibido información sobre apoyo familiar (Comfort Connection Centro de Recurso Familiar) y otros recursos disponibles para nuestra familia.

Yo entiendo/nosotros entendemos que, bajo el Programa de Prevencion, el uso de mi/nuestro seguro privado es requerido.

Yo/nosotros damos nuestro permiso para que este plan de PPP sea implementado.

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### Participantes del PPP

Estos individuos/agencias participaron en el desarrollo de este PPP personalmente o por mediación de un reporte.

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<th>Nombre/ Título</th>
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