Valley Mountain Regional Center Prevention Plan

The Prevention Program at Valley Mountain Regional Center (VMRC) is intended for infants and toddlers from birth through 35 months of age who meet criteria for the program in one of three ways (please see details below under eligibility).

The goals of the Prevention Program are to provide developmental monitoring to these children, family education and training, and referrals to generic resources as needed. The intent is that the education and training will assist each family in improving their child’s developmental profile. It is intended that the Prevention Program closely follow the development of each child, so that should developmental levels not progress as expected, the child can be assessed for eligibility for Early Start or other Regional Center services.

VMRC will contract with the local Family Resource Network. Family Resource Network (FRN) will provide support, information, resources and referrals for families whose children are eligible for Valley Mountain Regional Center’s Prevention Program. FRN services will include:

- One-to-one parent support
- Group parent support/training
- Updating the Building Bridges workshop to include information on the Prevention Plan
- Information on disabilities or other issues of interest to parents
- Access to FRN’s library
- Compile information on local resources
- Refer families to local resources
- Update FRN’s website to include information on the Prevention Program and related community resources.

The primary contact for the Prevention Program at VMRC is the Health Administrator of Early Start and Nursing.

Eligibility
Children are eligible for the Prevention Program at VMRC if:

A. Despite not exhibiting a delay at the present time, there is a substantial risk for a developmental delay or disability due to having a combination of two or more of the following risk factors.

1. Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
2. Assisted ventilation for 48 hours or longer during the first 28 days of life.
3. Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
4. Asphyxia Neonatorum associated with a five minute Apgar score of 0 to 5.
5. Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
6. Neonatal seizures or nonfebrile seizures during the first three years of life.
7. Central nervous system lesion or abnormality.
8. Central nervous system infection.
9. Biomedical insult including, but not limited to injury, accident or illness which may seriously or permanently affect developmental outcome.
10. Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
11. Prenatal exposure to known teratogens.
12. Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
13. 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.
14. Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

B. A toddler between the ages of 24-35 months has a 33%-49% delay in one of the domains of development that include communication, cognitive abilities, social/emotional, self help/adaptive abilities or physical development and could benefit from the services of intake, assessment, service coordination and referral to generic services.

C. A multidisciplinary team has determined that the parent of an infant or toddler is a person with a developmental disability, which establishes an automatic determination that the child is therefore at high risk for a developmental disability.

**Intake and Assessment Process**

Referrals of children less than 36 months of age to VMRC will be taken through a single process. There is designated staff to take referrals for Early Start/Prevention in each office. Children will be assessed for eligibility using information obtained from parents and family members, medical records, clinical observation and assessments, including developmental assessments provided by qualified professionals. Each child will be assessed for eligibility for Early Start first. If the child does not qualify for Early Start or Lanterman Services, then an assessment for Prevention will occur. The eligibility determination is completed by a multidisciplinary team that consists of an Intake Coordinator (who serves as the interim Service Coordinator), infant teacher, possibly an Occupational Therapist, Physical Therapist, Speech Therapist and Nurse. The composition of the team varies, depending on the office and child’s need. For children whose eligibility is unclear, VMRC clinical team will be consulted and a determination of eligibility can be made on clinical opinion. VMRC will document the factors that contribute to a determination of eligibility for each individual accepted into the Prevention Program as well as a summary of findings and recommendations from the multidisciplinary eligibility team.
Appeal for Denial of Eligibility
If a child is found ineligible for the Prevention Program, VMRC will provide a written notice of the denial of eligibility to the parent or legally responsible person. The 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.

Parents can appeal the determination of eligibility for the Prevention Program by submitting a written request to VMRC stating the reason for their disagreement with the determination and submitting any additional pertinent information they feel supports their position. A review panel will be convened consisting of at least three persons, including at least two VMRC staff, including one clinician, and one external person selected by the Regional Center director. None of the VMRC staff members on the panel will 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 request. The decision of the panel in this matter will be considered final and no further steps in the appeal are available.

Case management staffing model
VMRC will have Service Coordinators who are currently carrying Early Start consumers also carry the Prevention consumers. VMRC will have a goal to have these mixed Prevention Program/Early Start caseloads at a ratio of 1:62. Clinical direction for the Service Coordinators will be provided by VMRC Early Start/Prevention Program Managers, VMRC clinical staff, including the medical director, nurse manager and psychologist. VMRC may also contract with an occupational therapist, physical therapist, psychologist and speech therapist to provide consultation on individual children and training to staff on developmental topics. Other personnel will provide generic resource development and training as needed.

Service Coordinator Knowledge, Skills and Abilities
Service Coordinators will have abilities with regard to child development and knowledge of generic programs available to eligible children in the VMRC service area, in addition to meeting the (job description) criteria for Service Coordinator. Child development capabilities will include use of developmental screening tools (such as the ELAP or other similar instruments), skills to recognize developmental indicators that further assessment is needed, and knowledge sufficient to provide developmental education and guidance to families.

Prevention Program Plan
When a child is declared eligible for the Prevention Program, the Service Coordinator will complete the Prevention Program Plan (PPP) in concert with the parents and any other family members, friends of the family or community members who will assist with the child’s development or provide needed information. VMRC or other clinicians may
attend the planning meeting as well. The plan will incorporate any abilities or strengths of
the family, the child, their immediate environment and community.

As required by DDS, a copy of the Prevention Program Plan will be sent to the parent or
legally responsible person within 60 days of the initial referral for services. The Plan will
contain:

1. Factors supporting eligibility for the Prevention Program,
2. Date of PPP development,
3. Service Coordinator’s name,
4. Frequency of contact that will be made (At minimum, each family will be
   contacted within 90 days after development of the PPP and every six months,
   thereafter);
5. Identification of resources for referral,
6. Type and frequency of monitoring and screening to occur,
7. Type and frequency of assessment,
8. Referrals to be made to community resources or intervention services as
   appropriate, and
9. Additional services the child will receive.
   (Please see attached template)

The Service Coordinator will update the PPP at least semi-annually, or as needed when
revisions to the plan are requested by the parents or recommended by clinical staff of the
Regional Center or generic agencies.

**Prevention Coordination**
The Service Coordinator will provide periodic telephone calls and/or home visits to
assess the child’s developmental progress and to determine whether further evaluation is
needed; will obtain those evaluations, will provide information on promoting
development, and will follow up on referrals to generic agencies. The Service
Coordinator will also assist the family in obtaining services from generic agencies, and in
providing recommendations for the provision of services as necessary.

The Prevention Program will involve supporting the family to obtain necessary education
to:

1. Understand their child’s current development, promote a supportive
developmental environment, and recognize red flags or other indicators that
   further developmental assessment is needed;
2. Discover community resources that assist children and their families, including
general opportunities open to all children;
3. Develop effective family advocacy strategies.

**Purchase of Direct Services**
Direct services shall not be purchased through the Prevention Program unless generic
services have first been pursued and determined to be unavailable or inappropriate. The
highest priority for purchase of services will be reserved for developmental assessments
to determine eligibility for Early Start and for translator services to be able to serve non-
English speaking families. Decisions regarding purchase of direct services will be made by a multi-disciplinary team, including the Service Coordinator, clinical team members and administrative staff.

**Proposed liaison activities with other public and private agencies offering services to Prevention Program children**

Relevant generic services in the VMRC service area with which VMRC intends to collaborate for the Prevention Program include the following:

1. Local agencies of the Early Head Start Program
2. *First 5* programs in all five counties VMRC serves
3. Local Neonatal Intensive Care Unit (NICU) Follow-Up Clinics in San Joaquin and Stanislaus counties.
4. Local infant mental health agencies, such as Leaps and Bounds in Modesto.
5. Scottish Rite Temple Speech Clinic in Stockton.
6. Infant Child Enrichment Services (ICES) and Family Resource Connection in our Amador, Calaveras and Tuolumne counties.
7. Family Resource Centers in Stanislaus counties.
9. County Public Health Nurses and California Children’s Services (CCS) in all five counties.
10. Local school districts (LEA) in all five counties to assess children as needed who are exiting Prevention at 36 months.
11. Discharge planning rounds at local hospital NICU in San Joaquin and Stanislaus counties.

VMRC has a history of working with the agencies described above, and is familiar with the types and quality of service provided. In addition, VMRC will seek to form new relationships with organizations related to early childhood development.

**Program Transfers**

VMRC’s Service Coordinators 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.

**Transfers to other Regional Centers**

VMRC’s normal inter-regional Center transfer procedures will be followed. It is the intent of VMRC to make the transfer as smooth as possible and to work with the family to give them information they will need for the transfer. No money will be transferred from VMRC to cover the costs of providing the Prevention Program at the new Center.

**Updates**

This Regional Center Prevention Plan will be updated annually as required by the Department of Developmental Services.
Valley Mountain Regional Center
Prevention Program Plan (PPP)

Meeting Date:  
☐ Initial PPP  ☐ 90- day Meeting  ☐ Follow-up Visit  ☐ Phone Contact

**Identifying Information**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>______________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Gender:</td>
<td>☐ M  ☐ F  P.C. Phone: ______________________________________________________________________________</td>
</tr>
<tr>
<td>Street Address:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Primary language spoken in the home:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>Names of:</td>
<td>☐ Parent  ☐ Guardian  ☐ Foster Parent  ☐ Other (Specify): ______________________________________________________________________________</td>
</tr>
<tr>
<td>#1 Name:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#1 Work Phone</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#1 Cell/Message Phone:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#1 E-Mail Address:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#2 Name:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#2 Work Phone:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#2 Cell/Message Phone:</td>
<td>______________________________________________________________________________</td>
</tr>
<tr>
<td>#2 E-Mail Address:</td>
<td>______________________________________________________________________________</td>
</tr>
</tbody>
</table>

**Eligibility Criteria**

______________________________ is eligible for the Prevention Program because he/she:

1. Has a combination of two or more of the following risk factors:

- ☐ Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
- ☐ Assisted ventilation of 48 hours of longer during the first 28 days of life.
- ☐ Small for gestational age: below the third percentile of the National Center for Health Statistics growth charts.
- ☐ Asphyxia Neonatorum associated with a five minute APGAR of 0 to 5.
- ☐ Severe or persistent metabolic abnormality.
- ☐ Neonatal seizures or non-febrile seizures during the first three years of life.
- ☐ Central nervous system lesion or abnormality.
- ☐ Biomedical insult which may seriously or permanently affect developmental outcome.
- ☐ Multiple congenital anomalies or genetic disorders which may affect developmental outcome.
- ☐ Prenatal exposure to known teratogens.
- ☐ Prenatal substance exposure, positive neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- ☐ Clinically significant failure to thrive.
- ☐ Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.
- ☐ Central nervous system infection.

2. The parent of ____________________________ is a person with a developmental disability.

3. ____________________________ is between the ages of 24-35 months and has a developmental delay in one Domain of 33 percent through 49 percent.

Domains: ☐ Adaptive/Self-Help  ☐ Cognitive  ☐ Communication  ☐ Physical  ☐ Social or emotional
## Child’s Developmental Status

<table>
<thead>
<tr>
<th>Frequency of Monitoring/Screening:</th>
<th>Frequency of Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monitoring/Assessment Completed on:**

**Tools used:**

- [ ] ASQ
- [ ] Bayley
- [ ] BGDI-2(Battelle)
- [ ] Developmental Checklist
- [ ] HELP
- [ ] Informed Clinical Opinion
- [ ] Mullen
- [ ] Parent Interview
- [ ] Peabody
- [ ] PLS-4
- [ ] REEL
- [ ] Rossetti
- [ ] Other: __________________________

<table>
<thead>
<tr>
<th>Child’s Chronological Age:</th>
<th>Child’s Adjusted Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Adaptive/Self-Help months**

- [ ] Child’s development appears to be on schedule.
- [ ] Child’s development appears to be mildly delayed; provide activities and monitor.
- [ ] Child’s development appears to be moderately to significantly delayed; further assessment may be needed.

**Cognitive months**

- [ ] Child’s development appears to be on schedule.
- [ ] Child’s development appears to be mildly delayed; provide activities and monitor.
- [ ] Child’s development appears to be moderately to significantly delayed; further assessment may be needed.

**Communication months**

- [ ] Child’s development appears to be on schedule.
- [ ] Child’s development appears to be mildly delayed; provide activities and monitor.
- [ ] Child’s development appears to be moderately to significantly delayed; further assessment may be needed.

**Physical-Gross & Fine Motor months**

- [ ] Child’s development appears to be on schedule.
- [ ] Child’s development appears to be mildly delayed; provide activities and monitor.
- [ ] Child’s development appears to be moderately to significantly delayed; further assessment may be needed.

**Social/Emotional months**

- [ ] Child’s development appears to be on schedule.
- [ ] Child’s development appears to be mildly delayed; provide activities and monitor.
- [ ] Child’s development appears to be moderately to significantly delayed; further assessment may be needed.
Child’s Health Status

Height (if known): ____________________  Weight (if known): ____________________

Current Medical Condition/Diagnosis: ____________________________________________

☐ No Change  ☐ Change in Medical Condition/Diagnosis: ____________________________

Physicians and Specialists (Name, address, phone): ________________________________

☐ No Change  ☐ Change in Physicians and Specialists:

Medications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dosage</th>
<th>Reason Prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ No Change  ☐ Change in Medications: ____________________________________________

Specialized Equipment or Procedures: ____________________________________________

☐ No Change  ☐ Change in Specialized Equipment or Procedures: _____________________

Immunization Status:  ☐ All immunizations current  ☐ Follow-up needed: ______________

Next Pediatric visit: ____________________________  Next HRI Follow-Up visit: __________

Changes: _____________________________________________________________

Comments on accessing health benefits for medically necessary services:

Family Information

Family Concerns:

Current Family Resources:

☐ CCS: ____________________________  ☐ Private Insurance: __________________

☐ Childcare/Preschool: ______________  ☐ Public Health: __________________

☐ Early Head Start: ________________  ☐ SSI: __________________________

☐ Healthy Families: _________________  ☐ Social Services: __________________

☐ Medi-Cal: ________________________  ☐ WIC: __________________________

☐ Natural Supports (i.e. family, community supports, friends): _________________

☐ Other: __________________________  ☐ Other: __________________________
Action Plan

- Shared developmental information and activities with family.
- Informational Literature: 

**Community and other Educational Resources and Referrals**

**Comments:**

- None at this time, continue monitoring.

<table>
<thead>
<tr>
<th>Resource/Referral</th>
<th>Contact Information</th>
<th>Who will follow up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ California Children’s Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Day Care Information + Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Early Head Start Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Family Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ First 5 Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Healthy Families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ High Risk Infant Follow-up Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Internet Websites (<a href="http://www.zerotothree.org)">www.zerotothree.org)</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Local Library Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mommy and Me Community Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Parenting Classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Private Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Public Health Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ School District Program Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ WIC Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Plan Updates:**
As Discussed by PPP Participants, Exit Planning may include referral(s) to:

- Early Start Program Eligibility
  - Parent Accepted
  - Parent Declined

- School District Eligibility by age 3
  - Parent Accepted
  - Parent Declined

- Lanterman Eligibility (Developmental Disability)
  - Parent Accepted
  - Parent Declined

- Community preschools/day care programs by age 3
  - Parent Accepted
  - Parent Declined

- No referrals needed at this time.

Exit Prior to Age 3:

- Parent Withdrawal
- Moved out of county to ________________
- Other: ________________

PPP Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date copy of PPP provided to family: ______________________

Next Follow-Up visit: ______________________