

CENTRAL VALLEY REGIONAL CENTER

# Prevention Program Plan

## Contact Persons:

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On July 29, 2009, the State of 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," effective October 1, 2009. This new regional center program is charged with providing, 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 95000) or services provided under the Lanterman Developmental Disabilities Services Act (Lanterman Act) (commencing with Welfare and Institution Code, Section 4500).

### I. Primary Contacts at Central Valley Regional Center

The primary contacts for this program at Central Valley Regional Center are Prevention Program Managers, Tammy Enns, M.A. and Rachel Camacho Hagans, MSW.

### II. Intake and Assessment

A single point of entry is used at CVRC for all infants and toddlers. Evaluation for the Early Start and Prevention Programs is conducted simultaneously. Evaluation includes a review of medical records, a face to face interview and completion of a developmental assessment in all five developmental domains, utilizing tools such as the Hawaii Early Learning Profile (HELP), or the Infant-Toddler Developmental Assessment (IDA). (See appendix A for Prevention Program eligibility criteria)

### III. Case Management Staffing Model

Case Management is the primary component of the Prevention Program. As such, CVRC Prevention Case Managers possess knowledge, skills and abilities to guide families in the early childhood development of their infant or toddler. Prevention Case Managers are highly trained to identify age-appropriate skills and abilities as well as emerging developmental delays. Through the developmental surveillance and assessment process, if a significant delay emerges, the case manager will promptly refer the infant or toddler for Early Start evaluation. If a significant delay is not found, continued monitoring of the infant-toddler's developmental progress will occur including referral to generic services as appropriate.

Prevention Case Managers will complete all tasks and responsibilities, including case record documentation, Prevention Program Plan (PPP) development, family support and education, service acquisition and developmental surveillance.

Prevention Case Managers provide education and assistance to parents to empower them to grow in their ability to identify issues with their child and to function as effective advocates for them. Parents are also provided with information about their child's development and activities to enhance developmental progress.

Prevention Case Managers build on the family's strengths, natural supports, and available community resources while remaining sensitive to the family's cultural preferences.

#### IV. Process for Prioritizing Purchase of Direct Services

The Prevention Program relies on generic and private resources to provide specialized treatment and intervention. Developmental assessment of the infant-toddler will be the main priority for expenditure of funds in this program. The Prevention Case Manager, in conjunction with the family, will periodically assess the child's development. Based on clinical findings and an individualized assessment of the child's needs, recommendations may be made for further, in depth, evaluation in a specific area, e.g. a gross motor delay may indicate a need for a physiatry or physical therapy evaluation.

#### V. Prevention Program Case Manager

Case management is the primary emphasis of the Prevention Program. Prevention Case Managers are expected to be highly competent in early childhood development, family dynamics, community resources, and family support.

CVRC is implementing an in-house certification process to insure that Prevention Program Case Managers meet these expectations. In order to become certified, a case manager must have at least 3 years experience as an Early Start Service Coordinator, have spent a minimum of 20 hours observing early childhood assessments, have received at least 4 hours training in each domain of the HELP, and must demonstrate competency in administering and interpreting the HELP to the Multi Disciplinary Team in charge of initial evaluations.

On-going training will be offered to each Prevention Program Case Manager as necessary to keep up skills and maintain awareness of changing requirements. Prevention Case Managers are responsible for ensuring complete case record documentation. (See Appendix B for details on required documentation.)

VI. Caseload Size and Mix

Designated Prevention caseloads are expected to average 50:1 with a mixture of urban and rural consumers, monolingual consumers, and consumers from a variety of family lifestyles. As the program develops, the demographics of the population will be analyzed to ensure coverage in all areas.

VII. Template for Individual Prevention Program Plan (PPP)

CVRC has developed a Prevention Program Plan (PPP) form to insure that all areas of requirement and importance are addressed. (See attachment.) Upon determination of eligibility for the Prevention Program, in collaboration with the child's parents and family, CVRC Prevention Case Managers will prepare a written PPP. The initial PPP will be developed within 60 days of the date of referral with follow up contact per Prevention Program Policies and Procedures.

VIII. Proposed Liaison Activities

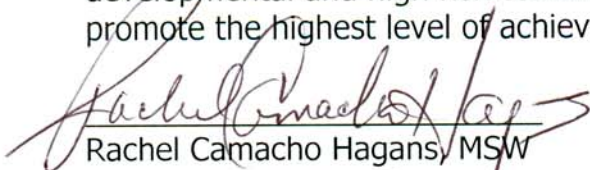
CVRC has a long history of maintaining strong collaborative relationships with community partners serving children age 0-3, e.g. LEA's, public health, child welfare, primary care physicians, local hospitals, Family Resource Centers, etc. CVRC will continue to work closely with these partner agencies, with an emphasis on those agencies that may wish to add or enhance services for this population.

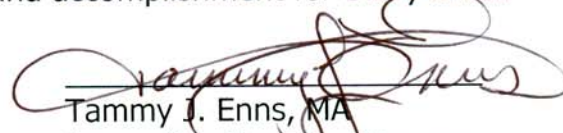
IX. Proposed Initiative to Develop, Enhance or Obtain Additional Services

CVRC will work with agencies, such as First 5, Family Resource Centers, and Early Head Start, to maximize access for Prevention eligible children. Collaborative efforts for children up to age 36 months are well established and will continue with the added Prevention focus.

X. Summary

The concept of the value of early identification and intervention has existed for years. The State of California began a major prevention initiative as far back as 1983. Regional Centers play a vital role in this prevention effort by assuring delivery of outreach and early intervention services for at risk infants/toddlers and their families. Central Valley Regional Center continues to promote aggressive identification of developmental and high risk concerns. Central Valley Regional Center's goal is to promote the highest level of achievement and accomplishment for every child.

  
Rachel Camacho Hagans, MSW  
Prevention Program Manager

  
Tammy J. Enns, MA  
Prevention Program Manager

## APPENDIX A

### Eligibility Criteria

The regional center shall 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, 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 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 a regional center must consider are communication, cognitive, social/emotional, self help/adaptive, and physical.

## APPENDIX B

### Documentation Requirements

Case managers are responsible for ensuring complete case record documentation including:

- a) Factors which support eligibility for the Prevention Program;
- b) Summary of findings and recommendations from the planning team;
- c) Periodic updates of the child's progress through periodic contact with the parents and family;
- d) Any required data collection forms;
- e) Maintaining the prevention program plan (PPP);
- f) Services received through generic services and Purchases of Services, and
- g) Transition data including eligibility for Early Start, Lanterman Act Services, and/or Local Education Agency (LEA) Services.

Central Valley Regional Center, Inc.

Prevention Program Plan (PPP)

Report Date: \_\_\_\_\_

Initial  Semi-annual  Annual ORIGINAL TO PARENT COPY TO CVRC

IDENTIFYING INFORMATION	
Child's Name: _____ Sex: ( ) Female ( ) Male	
UCI# _____	Date of Birth: _____ Primary Language spoken in your home: _____
Home Address: _____	
City: _____	Zip: _____ Home Phone: _____
Name(s) of: ( ) Parent ( ) Guardian ( ) Foster Parent ( ) Other (specify): _____	
#1 _____	#2 _____
#1 Work Phone: _____	#2 Work Phone: _____
#1 Cell/Message Phone: _____	#2 Cell/Message Phone: _____
#1 E-mail Address: _____	#2 E-Mail Address: _____
Prevention Program Case Manager: _____	Phone & 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: Specify \_\_\_\_\_
- Child of a parent with a Developmental Disability.

FREQUENCY OF VISITS

Recommended Frequency of Contact [circle one]: Monthly Quarterly Semi-annually

FAMILY INFORMATION

CHILD/FAMILY (Briefly state family composition, child description, others living in home, and parent-child relationship)

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FAMILY CONCERNS AND PRIORITIES \_\_\_\_\_

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**FAMILY INFORMATION Continued**

FAMILY RESOURCES AND SUPPORT (check all that apply)

<p><b>Financial Support</b>                  Parent (s)                  Employment: <input type="checkbox"/> Father      <input type="checkbox"/> Mother  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Public Assistance  <input type="checkbox"/> Cash Benefits  <input type="checkbox"/> Food Stamps  <input type="checkbox"/> Housing/Section 8  <input type="checkbox"/> Social Security Income (SSI)</p> <p><b>Family Support System</b>  <input type="checkbox"/> Immediate Family Members  <input type="checkbox"/> Extended Family Members  <input type="checkbox"/> Friends  <input type="checkbox"/> Mental Health Services  <input type="checkbox"/> Religious Organizations  <input type="checkbox"/> Other: _____</p>	<p><b>Child Care Support</b>  <input type="checkbox"/> Parents  <input type="checkbox"/> Relative  <input type="checkbox"/> Friend(s)  <input type="checkbox"/> Licensed Child Care  <input type="checkbox"/> Nurse(s)  <input type="checkbox"/> IHSS  <input type="checkbox"/> Other: _____</p> <p><b>Educational/Community Support</b>  <input type="checkbox"/> Parent Support Group(s)  <input type="checkbox"/> Parent Education Group(s)  <input type="checkbox"/> Family Resource Center  <input type="checkbox"/> Local Library  <input type="checkbox"/> Internet</p> <p><b>Mode of Transportation</b>  <input type="checkbox"/> Own car      <input type="checkbox"/> Bus  <input type="checkbox"/> Friend(s)      <input type="checkbox"/> Relative(s)  <input type="checkbox"/> Taxi      <input type="checkbox"/> Other: _____</p>	<p><b>Health Services</b>  <input type="checkbox"/> Private Health Insurance: If Yes,  <input type="checkbox"/> HMO   <input type="checkbox"/> PPO Name: _____</p> <p><input type="checkbox"/> Healthy Families</p> <p><input type="checkbox"/> Medi/Cal # _____  <input type="checkbox"/> Regular  <input type="checkbox"/> HMO  <input type="checkbox"/> SSI</p> <p><input type="checkbox"/> CCS # _____  <input type="checkbox"/> Medical  <input type="checkbox"/> MTU</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> Other: _____</p>
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**DEVELOPMENTAL STATUS**

Assessment date: \_\_\_\_\_ Tool used : \_\_\_\_\_ Assessor: \_\_\_\_\_

Chronological Age: \_\_\_\_\_ Adjusted Age: \_\_\_\_\_ (Up to 24 mos.)

Cognitive \_\_\_ mos \_\_\_\_\_

Communication

Expressive \_\_\_ mos \_\_\_\_\_

Receptive \_\_\_ mos \_\_\_\_\_

Physical

Gross \_\_\_ mos \_\_\_\_\_

Fine \_\_\_ mos \_\_\_\_\_

Social/Emotional \_\_\_ mos \_\_\_\_\_

Adaptive Self-Help \_\_\_ mos \_\_\_\_\_

Frequency of Monitoring/Screening: \_\_\_\_\_ Frequency of Assessment: \_\_\_\_\_ Next Assessment: \_\_\_\_\_

**HEALTH STATUS**

**Current Medical Conditions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CCS Eligible Condition**     Yes     No

Please list:

**High Risk Infant**

Follow-up:     Yes    Next Visit \_\_\_\_\_     No

Public Health     Yes    Nurse \_\_\_\_\_     No

Other: \_\_\_\_\_

Child Welfare:     Yes    Worker \_\_\_\_\_     No

**Physicians/Specialists** (name, address, phone, next visit):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications** (name, dosage, reason prescribed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vision:** \_\_\_\_\_

**Hearing:** \_\_\_\_\_

\_\_\_\_\_

**Medical Equipment**

Oxygen Tank                       Apnea Monitor

Nebulizer                               Feeding Pump

Suctioning Machine               Feeding Tube

Other: \_\_\_\_\_

\_\_\_\_\_

**Nutrition/Oral Health:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunization Status**

All immunizations current

Follow = up needed: \_\_\_\_\_

**Height:** \_\_\_\_\_    **Weight:** \_\_\_\_\_

## Central Valley Regional Center, Inc.

### ☐ CURRENT GENERIC AND COMMUNITY SERVICES

<input type="checkbox"/> Adult Education	<input type="checkbox"/> Early Head Start Program	<input type="checkbox"/> Legal Services	<input type="checkbox"/>
<input type="checkbox"/> CHDP	<input type="checkbox"/> Employment Development Dept	<input type="checkbox"/> Local Education Agency	<input type="checkbox"/>
<input type="checkbox"/> Charitable Organization	<input type="checkbox"/> Family Resource Center	<input type="checkbox"/> Local Library Program	<input type="checkbox"/>
<input type="checkbox"/> Child Care Resources	<input type="checkbox"/> First Five	<input type="checkbox"/> Mental Health	<input type="checkbox"/>
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Foster Parent Training	<input type="checkbox"/> Mommy & Me Program	<input type="checkbox"/>
<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Head Start Program	<input type="checkbox"/> Public Health/HRIT	<input type="checkbox"/>
<input type="checkbox"/> Developmental Activities	<input type="checkbox"/> IHSS	<input type="checkbox"/> Public Transportation	<input type="checkbox"/>
<input type="checkbox"/> EPSDT	<input type="checkbox"/> Internet <a href="http://www.zerotothree.org">www.zerotothree.org</a>	<input type="checkbox"/>	<input type="checkbox"/>

REFERRALS TO	PERSON RESPONSIBLE

### ADDITIONAL SERVICES

- \_\_\_\_\_
- \_\_\_\_\_

### PPP PARTICIPANTS

NAME/TITLE	AGENCY/PHONE	Present	Report
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

### PARENT CONSENT FOR PREVENTION PROGRAM SERVICES

\_\_\_\_\_  
Parent/Guardian/Legally Authorized Person      Date

DATE PPP MAILED TO PARENT: \_\_\_\_\_

