

North Los Angeles County Regional Center Prevention Plan

1. Primary Purpose and Focus

The purpose of the Prevention Program is to provide intake services, assessment, case management and referral to generic agencies for eligible children as defined in the DDS Prevention Program Policies and Procedures dated October 1, 2009. Through participation it is expected that there will be improved developmental outcomes for “at risk” infants through developmental monitoring, coordination of care, parent education and referrals to community resources. The primary contact person for the Prevention Program will be the Director of Consumer Services. The Early Start Supervisors can also be contacted for information.

Infants and toddlers who meet the following criteria will be eligible to participate:

- a. At high risk for developmental delay or disability (as defined in Section III, b of the DDS Prevention Policies and Procedures) but have yet to manifest delays, these children exhibit various risk factors, or,
- b. Children aged 24 through 35 months of age and who have a developmental delay in one domain of 33% - 49% (as defined in Section III(B)(3) of the DDS Prevention Policies and Procedures).

2. Intake and Assessment Process

NLACRC currently processes all referrals of infants and toddlers through the Intake Department. This process will also be used for those referrals that result in determination of eligibility for the Prevention Program. Service Coordinator Associates under the supervision of the Intake Supervisor will coordinate the initial intake and within five (5) days from the date of referral, forward the case to the Prevention Program case management staff for completion of the intake process. This may include obtaining NICU or pediatric medical records as well as coordinating developmental or other assessments as needed for determination of eligibility. Prevention/Early Start Supervisors will continue to participate in NICU Discharge meetings to ensure eligible “at risk” infants are referred.

Eligibility is determined by members of the multidisciplinary eligibility team that consists of Clinical Services Director/Pediatrician, Medical Services Supervisor (Developmental Pediatrician), Early Start/Prevention Supervisor, Intake Supervisor, Psychologist, and Service Coordinator Associate. The multidisciplinary team will determine eligibility based on a comprehensive review of information from at least two of the following three sources: 1) available pertinent medical records, 2) information provided by parent or guardian, 3) direct assessment of the child's development performed by a qualified professional such

as a child development specialist, nurse, physician, psychologist, occupational therapist, speech therapist, or physical therapist.

Eligibility will be documented on the eligibility determination form that includes factors that establish findings of eligibility as well as provide a clinical recommendation for follow up. Determination of eligibility will be completed in an expedient manner to ensure that the development of the PPP is completed within 60 days of the initial referral date.

NLACRC has developed a Prevention Program Fact Sheet that delineates the eligibility criteria as well as the appeal process for denial of eligibility. Upon determining that the child is not eligible for the Prevention Program, the Regional Center will provide a written notice of the denial of eligibility to the parent or legally responsible person. This notice will state the reason(s) for the denial and the appeal process. A copy of the Prevention Program Fact Sheet will be enclosed.

3. Prevention Program Case Management

At this time, four Prevention Case Managers have been hired. These individuals have extensive knowledge in early childhood education and parent training. Case Managers have or will be trained to administer developmental screenings and provide developmental monitoring. Additionally, training has occurred to ensure coordination and collaboration with community resources providing services, trained in key areas of parent education and anticipatory guidance as well as providing referrals to community support services. Prevention Case Managers recently participated in a regional training (November 2009) of the screening protocol, Ages and Stages Questionnaire (coordinated with three L.A. County Regional Centers). Case managers will have access to Clinical Staff including pediatricians, psychologists, behavior analysts and nurses as needed for consultation. Prevention case managers are supervised by the Early Start Supervisor.

During the initial transition and implementation of the Prevention Program, caseloads will be mixed. Case managers will continue to provide case management services for those Early Start consumers that are in transition (>30 months of age). As the Prevention numbers increase, the plan is to have solely Prevention caseloads. We do not anticipate having caseloads higher than 62 and may determine that the workload impact of the Prevention cases is such that a smaller caseload may be indicated.

Developmental Monitoring/ Screening

Upon determining eligibility for the Prevention Program, in collaboration with the child's parents and family, the NLACRC case manager will prepare a written Prevention Program Plan (PPP). As part of the PPP process, the frequency of

developmental monitoring/screening will be outlined. The frequency of monitoring will be based on the needs of the child and available resources in the community, while maintaining the best practice standards for developmental screening as set forth by the American Academy of Pediatrics (AAP).

Incoming eligible cases will be assigned to modules of monitoring based on the child's age at entry. A child under the age of 24 months, with no evidence of delay, will be assigned to the Module I schedule. Generally, at minimum, this will entail contact with developmental monitoring at 2-3 month intervals from ages 0-12 months, monitoring at 4 month intervals between 12-24 months of age and monitoring at 6 month intervals from 24 - 35 months of age. Children entering after 24 months, who demonstrate one area of delay (33-49%), will be assigned to Module II. In this module, contact with the family will occur at a minimum of 6 month intervals, with the case managers having an option to increase the frequency, if there are significant concerns regarding the child's developmental trajectory.

The developmental screening tools utilized will be standardized, age appropriate tools (e.g., Ages & Stages Questionnaire) that will serve to assist the case manager in monitoring progress in key developmental areas: cognitive, physical, communication, social emotional and adaptive. In addition, a screening tool targeting autism spectrum disorders (e.g., Pervasive Developmental Disorder Screening Test -II) will be administered at age-appropriate intervals.

4. Prevention Program Plan

The Prevention Program Plan (PPP) includes the required components as stated in the DDS Policies and Procedures. NLACRC will provide a copy of the written PPP to the parent within 60 days of the initial referral to the Prevention Program and monitoring will occur as described above. At minimum, contact will be no more than 90 days after development of the PPP and every six months, thereafter.

At each interval of contact with a family, the case manager will not only conduct developmental monitoring/screenings as outlined in the Case Management Section but will provide parent education regarding child development, as well as assist the parent with referrals to community resources.

A copy of the PPP template is attached.

5. Early Start Program Transfers and Transition/Exit Planning

If during a monitoring visit there is a concern for possible delays, a referral for a developmental evaluation for Early Start eligibility will be completed. Status code will be changed to Intake (Status 0) and Early Start intake process will be determine if child meets criteria for Early Start or remains eligible for Prevention.

This will be a family friendly process with no changes in the case manager unless eligibility for Early Start is determined.

Exit planning will consist of providing the family with all needed information regarding referral for school district services. The Los Angeles Unified School District has offered to take direct referrals from case managers and will follow-up with families to complete Part B eligibility and IEP process. Prevention families also have the option to come to NLACRC and meet with a school representative to begin the referral process for school district services at age three. LAUSD will have drop-in office hours once a week for prevention families. The Santa Clarita Valley SELPA has offered a similar process. The Antelope Valley SELPA will continue to receive the direct referral from the family.

6. Data Tracking

NLACRC uses SANDIS for tracking of timelines and completion of ESRs. In addition to noting the frequency of visits on the PPP, NLACRC has developed tracking forms for the “at risk” Module I, and “delay” Module II, Prevention consumers. These are attached for review and will be part of the case file.

5. Purchase of Direct Services and Liaison Activities

NLACRC will not purchase direct services for Prevention consumers. As noted above, Prevention case managers will be responsible for monitoring the developmental progress of Prevention consumers. Generic resources will be identified on all Prevention Program Plans as case managers meet with families. A request for proposals to conduct Group Parent Training in speech and language development has been developed and sent to vendors and other community providers with expertise in this area. These groups will be reimbursed via NLACRC contract with the selected providers.

Planning/training meetings have been conducted with various community resources to update these agencies regarding the new Prevention Program and to update liaison relationships. These agencies include:

Seven (7) local hospital Neonatal Intensive Care Units
American Academy of Pediatrics Chapter 2
Department of Children and Family Services (DCFS)
Olive View/UCLA Medical Center
California State University Northridge
NorthEast Valley Health Center
L.A. Care
Kaiser, Panorama City
FACEY
Child Care Resource Center
211

El Nido Family Centers
School Readiness Program
Infant Mental Health
Women Infant Care (WIC) program
Early Head Start Programs (CCRC, VOA, UCLA)

Additionally, a letter from the NLACRC Director of Clinical services was sent to community pediatricians and family practitioners regarding the program changes and emphasized continuation of referrals for all suspected cases.

6. Family Resource Centers

NLACRC is working with the Family Resource Center to develop the plan for activities and trainings that will be offered to Prevention families. These may include such topics as Caring for your Premature Baby, Parenting Skills, Parenting and Discipline. Additionally, the Family Resource Center will be developing a Resource Guide specific to the catchment area.