

# **Ventura County EARLY START PROGRAM**

## **Outreach Presentation**

**HOW TO MAKE A REFERRAL FOR EARLY  
INTERVENTION SERVICES**

**...AND THEN WHAT?**

**YOUR FIRST CALL SHOULD BE TO:**

Ventura County Early Start  
Intake Representative

**TRI-COUNTIES REGIONAL CENTER**

at (805) 485-3177, ext. 0

or

1-800-664-3177

**Ventura County Early Start Program**

**Ventura County SELPA  
777 Aileen Street  
Camarillo, CA 93010**

**Fran Arner-Costello, Director**

**805-482-2353 • 805-482-2409 fax • farnerco@vcoe.org**

# Early Start Program in Ventura County

**Lead agency:** Tri-Counties Regional Center

**Collaborating lead agency** (*for solely low incidence*):  
Ventura County SELPA

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Mandated affiliated Ventura County agencies:

- Behavioral Health Department
- Public Health Department
- Human Services Agencies
- Drug and Alcohol Programs

# LEGAL REASONS

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- Individuals with Disabilities Education Act (IDEA)  
Part "C"  
(34 Code of Federal Regulations)
- California Early Intervention Services Act  
(CA Govt. Code – Title 17)

# Legally Mandated Referral Sources From 30CFR 303.321

(3) As used in paragraph (d)(1) of this section,  
*Primary referral sources* includes—

- (i) Hospitals, including prenatal and postnatal care facilities;
- (ii) Physicians;
- (iii) Parents;
- (iv) Day care programs;
- (v) Local educational agencies;
- (vi) Public health facilities;
- (vii) Other social service agencies; and
- (viii) Other health care providers

- Referrals must be made within two working days of identifying the child.

# Early Start **ELIGIBILITY**

Children Birth to 36 Months



# ELIGIBILITY CRITERIA

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- (1) Infants and toddlers with a developmental delay in one or more of the following five areas: cognitive; physical and motor, including vision and hearing; communication; social or emotional and adaptive. Such as:
  - ❖ Expressive language delay
  - ❖ Spina Bifida
  - ❖ Cerebral Palsy
  
- (2) Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions with established harmful developmental consequences. Such as:
  - ❖ Down Syndrome
  - ❖ Cornelia de Lange
  - ❖ Fetal Alcohol Syndrome (FAS)
  
- (3) Infant and toddlers who are at risk of having substantial developmental disability due to a combination of biomedical risk factors.\* Such as:
  - ❖ Premies with complications
  - ❖ Neonatal seizures / hypoglycemia
  - ❖ Cerebral Palsy

\* See back of packet for description of "High Risk".

## EARLY START REFERRAL FORM

### *Primary Referral Source*

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Infant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

My signature below indicates that the brochure, "**COULD YOUR BABY BENEFIT FROM EARLY INTERVENTION SERVICES?**" was given to me and explained to me by the person whose name is above.

### *(Check one):*

- I will call for a referral right away.
- I would like the person above to make the referral call for me. My signature authorizes the person to provide information about my child to Ventura County Early Start.
- I do not wish to make a referral now, but I understand I may call at any time.

Signed: \_\_\_\_\_

(Parents)

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

***Primary Referral Source retains this portion.***

## YOUR RECORD

Name of person who gave you this brochure: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Decision made by me:

- Call for a referral right away.
- The person above will call for me.
- I do not wish to make a referral right now but I understand I may call at any time.

Whether or not you would like a referral, if you would like to talk with another parent of a child with special needs, call ***Rainbow Family Resource Center at 1-800-332-3679 or (805) 485-9643.***

If you have questions or concerns about services offered to your child and your family, you have the right to appeal. Call 805-485-3177, ext. 0, or write:

Interagency Coordinating Council  
c/o Ventura County SELPA  
5189 Verdugo Way  
Camarillo, CA 93012

*This program mandated by:  
Individuals with Disabilities Education Act (IDEA) – PL –  
105-17.*

*VCES 10/97*

# Rainbow Connection Family Resource Center

## **What is Rainbow Connection?**

Rainbow Connection is a family resource center that serves children and adults with developmental disabilities and other special needs, their families, the professionals who work with them, and their communities. Rainbow staff are all family members of children or adults with special needs.

Services may include:

### **Families helping families**

- Parent to Parent Matches  
Matching parents with similar concerns and interests
- Support Groups  
For families with children with special needs

### **Socializing**

- Moms and Dads Night Out  
A social time for Moms and Dads
- Parties for adults and youth
- Social activities for consumers, families, teens, and children
- Sib Club  
For siblings of children with developmental disabilities
- Teddy Bear Brigade  
Social activities for children 2-11 years old with special needs

**SINGLE POINT OF CONTACT  
FOR ALL VENTURA COUNTY**

(805) 485-3177  
ext. 0

or

1-(800) 664-3177

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# What happens after referral?

1. Family assigned Service Coordinator as contact person.
2. Home visit.
3. Assessment.
4. Eligibility determined.
5. (If eligible) Individualized Family Service Plan (IFSP) meeting held within 45 days.
6. Services begin as soon as possible.

# ASSESSMENT

Assessment will be conducted as follows:

- Review of pertinent health and medical records including hearing and vision - additional medical assessment may be requested if needed.
- An evaluation of levels of functioning in:
  - ◊ Self-Help
  - ◊ Motor
  - ◊ Cognitive
  - ◊ Social
  - ◊ Communication
- An assessment of unique needs of child, including identification of services.
- (At the direction of the family) an assessment of the family's resources, priorities, and concerns related to enhancing the development of the child.

**REMEMBER:**

It is **not** the responsibility of the referring party to determine eligibility.

## TYPES OF SERVICES WHICH MAY BE PROVIDED:

### *Child Services*

- Developmental Intervention
- Hearing and Vision Services
- Speech and Language Development
- Occupational and Physical Therapy
- Behavioral Consultation and Services
- Oral Motor Development
- Group Services
- Home-based Services
- Center-based Services

### *Family Services*

- Parental Support and Counseling
- Respite Care (*temporary relief for parents or caregivers whose infants have special needs*)
- Assistance with Referrals, Transportation, and Other Social Services
- Assistance with Entry into Appropriate Educational Programs at age 3



# How is the early start program funded?

- ◆ Federal funding to schools and Regional Center
- ◆ Family income is not a factor
- ◆ Families that have insurance may use it but it is not a requirement
- ◆ Legally, all potentially eligible children should be referred
- ◆ There are no charges to the family.



# FAMILY CENTERED SERVICES

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Raising a child with special needs is like dancing . . . . . It can be both exhausting and exhilarating. The families should choose the music and the dance and the professionals should teach them the steps they don't know.

# HIGH RISK FOR DEVELOPMENTAL DISABILITY

High risk for a developmental disability exists when a multidisciplinary team determines that an infant or toddler has a combination of two or more of the following factors that requires early intervention services based on evaluation and assessment.

- Prematurity of less than 32 weeks gestation and/or low birth weight of less than 1500 grams.
- Assisted ventilation for 48 hours or longer during the first 28 days of life.
- Small for gestational age: below the third percentile on the National Center for Health Statistics growth charts.
- Asphyxia neonatorum associated with a five minute Apgar score of 0 to 5.
- Severe and persistent metabolic abnormality, including but not limited to hypoglycemia, acidemia, and hyperbilirubinemia in excess of the usual exchange transfusion level.
- Neonatal seizures or nonfebrile seizures during the first three years of life.
- Central nervous system lesion or abnormality.
- Central nervous system infection.
- Biomedical insult including, but not limited to, injury, accident or illness 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 infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- 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% 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.
- Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

High risk for a developmental disability also exists when a multidisciplinary team determines that the parent of the infant or toddler is a person with a developmental disability and the infant or toddler requires early intervention services based on evaluation and assessment as specified in Section 52082 and Section 52084.