



Golden Gate Regional Center

Supporting Lives of Liberty
and Opportunity in San
Francisco, San Mateo and
Marin Counties, since 1966

- Regional Centers were established in California statewide in 1966 to serve persons with Developmental Disabilities and their families.
- Golden Gate Regional Center serves Marin County, San Francisco County and San Mateo County and was one of the first two Regional Centers in the State.
- Initially, Regional Centers served only people with "mental retardation". New legislation passed in 1974 expanded the population served by regional centers to include individuals who are substantially disabled by cerebral palsy, epilepsy or autism, as well as intellectual disability.
- There are now 21 Regional Centers serving every county in the State serving persons with developmental disabilities throughout their lifespan.

- The Early Start program is a State and Federal program established in 1993 providing Early Intervention Services to children birth to age 36 months.
- In California, as Regional Centers were already serving persons with developmental disabilities, it was decided to house the Early Start Program within the Regional Center.

- Individuals must be residents of either San Francisco, San Mateo, or Marin counties to receive services from GGRC.
- Eligibility for Regional Center is not based on income, legal status, or insurance.
- Regional Center services are voluntary so that a person or legal guardian must want our services and may choose to decline our services.

Bilingual Staff

- Golden Gate Regional Center employs bilingual Spanish, Tagalog and Chinese Speaking staff to work with families for whom English is not the primary language.
- As needed, arrangements are made to obtain translators for individuals who speak languages other than the above.

EARLY START

Birth To Age 36 Months



Steps

- Referral & Intake
- Eligibility Criteria
- Assessment for Eligibility
- Individual Family Service Plan
- Services
- Transition



Referral and Intake for Early Start

- A referral can be made by calling our toll free telephone number, fax, email or mail.
- An Intake Specialist will complete the intake screening.
- Referrals can be made by anyone who has a concern about a child's development. Parents are welcome to call in addition to providers.
- For providers we have a fax referral form or one can call our 888 number for referrals. It is important to be very specific about the concerns and the child's abilities.

- Upon receipt of a complete referral, the case is assigned a GGRC Social Worker who will contact the family to set up an assessment.
- An informational packet, including forms to be completed by the family prior to the initial home visit, will be sent with confirmation of initial meetings.
- Eligibility must be completed within 45 days of the receipt of the complete referral.

Early Start Eligibility Criteria

Infants and toddlers from birth to age 36 months may be eligible for early intervention services if through documented evaluation and assessment they meet one of the criteria listed:

Developmental Delay
Established Risk
High Risk

Developmental Delay

A developmental delay exists if there is a delay of **25% or more** between the infant's or toddler's current level of functioning and the expected level of developmental for his or her age in one or more of the following developmental areas:

1. **Cognitive**
2. **Physical:** including fine/gross motor, vision, hearing
3. **Communication**
4. **Social or emotional**
5. **Adaptive**

Established Risk For Developmental Disability

Infants and toddlers with established risk conditions, who are infants and toddlers with conditions of known etiology or conditions, including fetal alcohol syndrome, with established harmful developmental consequences. The conditions shall be diagnosed by qualified personnel recognized by, or part of, a multidisciplinary team, including the parents. The condition shall be certified as having a high probability of leading to developmental delay if the delay is not evident at the time of diagnosis.

Down Syndrome



HIGH RISK - two or more of the following

A.

- Prematurity of less than 32 weeks gestation and/or birth weight of less than 1500 grams
- Assisted ventilation of \geq 48 hrs during first 28 days
- Small for gestational age
- Asphyxia neonatorum - with 5 min. Apgar score 0-5
- Neonatal seizures or nonfebrile seizures
- Central nervous system lesion or abnormality
- Central nervous system infection
- Multiple congenital anomalies or genetic disorders
- Prenatal exposure to known teratogens
- Clinically significant failure to thrive
- Persistent hypotonia or hypertonia;
- Prenatal substance exposure, positive infant neonatal toxicology screen or symptomatic neonatal toxicity or withdrawal.
- Severe and persistent metabolic abnormality
- Biomedical insult including, but not limited to, injury, accident or illness which may seriously affect development outcome

Or

- B. □ Infant or toddler is a child of a person with developmental disability and requires intervention services

A Developmental Delay Shall Not Be Determined Based on:

1. Temporary physical disability
2. Cultural economic factors
3. The normal process of second language acquisition;
or
4. Manifestation or dialect and socio-linguistic variance

Assessment for Eligibility

- A GGRC Social Worker will determine the assessment team for the child based on the child developmental concerns. Teams may include GGRC Social Worker and Speech-Language Pathologist, GGRC Physician, GGRC Psychologist, GGRC Early Start Nurse, or other professionals as necessary.
- If a child is found to be eligible for Early Start services, an Individualized Family Service Plan (IFSP) will be developed.



Individualized Family Service Plan

- An Individualized Family Service Plan (IFSP) is developed with the family based on the child's and family's assessed strengths and needs, and identifies the family's concerns, priorities and resources.
- Outcomes address the developmental needs of the infant or toddler and family needs related to enhancing that development.
- Service planning will also occur to support the developmental outcomes .

- Services are provided in the natural environment whenever possible. *Natural environments* (§303.26) are defined as "settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of §303.126". Informally, we think of ERRAP: Everyday Routines, Relationships, Activities, and Places.
- Once a child is determined eligible for Early Start, the child's progress is reviewed by GGRC Social Worker every 6 months or as needed based on the child's birthday month to complete an Individualized Family Service Plan (IFSP) meeting.
- The IFSP meetings are held at the family home or the child's program to include the team of providers whenever possible.

- By law, Early Start services is from birth to age 36 months
- At each IFSP meeting, the progress of the child is reviewed. If a child has made significant progress and is at age level, the child may not require Early Intervention Services and may graduate early! This will be determined by the IFSP team that includes the parents.
- The parents are the key members of the ISFP team and their involvement in carry over of the techniques and interventions that are learned from early intervention service providers are essential for their child's progress and development.
- Parent/Caregiver participation in programming is mandatory.

Most Common Services

- Assistive technology
- Audiology
- Behavioral Therapy
- Family training, counseling, and home visits
- Health services
- Medical services for diagnostics/evaluation purposes only
- Nursing services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech and language services
- Transportation and related costs
- Vision services

How much do services cost?

- Evaluations are at no cost to the family.
- Regional Centers are “payors of last resort”.
- There may be a fee requirement for selected services through the Annual Family Program Fee Program (up to \$200 for a family or the Family Cost Participation Program based on family income).
- Also, parents are required to use their private insurance first for services such as Behavioral Health Treatment for Autism, Occupational Therapy, Speech Therapy, Feeding Therapy, and Physical Therapy. Also other generic resources may need to be explored (i.e. California Children Services).

Transition

- When the child is around the age of 2 years 6 months, the family is assisted in the transition process and exiting Early Start Services.
- The IFSP Team may have a Transition Meeting with the local school district between 2.6 years old and 90 days before the child's third birthday to address parent concerns regarding transition. Special education pre-school services are discussed for potentially eligible children who continues to have developmental delay (when Early Start services end).
- Transition Planning may include community resource and referral for preschool/child care through the local child care resource and referral agency, referral for preschool special education or Head Start, and addressing parent concerns regarding transition.

Transition (continued)

- The child may also be assessed for Regional Center ongoing services through Lanterman Act.
- In summary, a child at the age 3 will graduate from Early Start completely. The child may be eligible to receive special education services through school districts, and may be eligible for Regional Center services under the Lanterman Act.

Solely Low Incidence Conditions

- Contact the educational program in your county if you have a child with any of the following:
- Hearing impairments
- Vision impairments
- Severe orthopedic impairments
- Any combination thereof

Family Resource Centers

- In California, Early Start Family Resource Centers are part of the Early Start Program. Staffed by families of children with special needs, family resource centers offer parent-to-parent support and help parents, families, and children locate and use needed services. They offer support services and resources, including translated materials, which may include newsletters, resource libraries, websites, parent-to-parent groups, sibling support groups, 'warmlines', and information and referral for parents and professionals.

Advice/information is typically focused on:

- Special Needs & Disabilities
- Special Education (IEP)
- Transitions (preschool, adult life)
- Regional Center IFSP
- Community & Medical Services
- Bilingual Services

Find local Family Resource Center Call 916/962-0832 or consult website at www.frcnca.org.



LANTERMAN (ONGOING) SERVICES

FOR 3 YEARS OLD AND OVER



STEPS

- Referral & Intake
- Eligibility Criteria
- Assessment for Eligibility
- Person Centered Planning/Individual Program Plan
- Services



Referral & Intake for Ongoing Services

- A referral can be made by calling our toll free telephone number, fax, email or mail.
- An Intake Specialist will complete the intake screening. We will need to speak with the legal guardian or unconserved adult to proceed with the intake process.
- If the applicant is unable to initiate contact, then we may take the referral information from a 3rd party. In order to go forward, we will need verbal or signed release from the applicant indicating that s/he would like to pursue Regional Center services.
- An application and brochures will be sent to the applicant/family to complete prior to the home visit.

Eligibility Criteria for Lanterman Services

Who is eligible for
Regional Center services?

According to Lanterman Legislation, a person is eligible for Regional Center services if they have a disability which meets ALL of the following criteria:

1. The disability is due to:

- Intellectual disability - a developmental disability with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains. Individuals with intellectual disability have IQ scores of approximately two standard deviations or more below the population mean, typically IQ of 70 or less.
- Cerebral Palsy - a neurological disorder that appears in infancy or early childhood and permanently affects body movement and muscle coordination but does not worsen over time. It is caused by abnormalities in parts of the brain that control muscle movements.

- Epilepsy - is a neurological condition in which a person has repeated seizures over time. Seizures are episodes of abnormal brain activity that cause changes in behavior and/or consciousness.
- Autism - is a neurodevelopment disorder characterized by social impairments, communication difficulties, and presence of restricted, repetitive, and stereotyped patterns of behaviors.

OR

- Conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with intellectual disability. (This does not include conditions that are solely psychiatric, solely a learning disability, or solely physical in nature.)

2. The disability originates prior to the age 18.
3. The disability is likely to continue indefinitely.
4. The disability constitutes a “substantial disability” for the individual. “Substantial disability” means the existence of significant functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

Additionally, individuals at risk of having a child with a development disability may be eligible for referral for genetic diagnosis, counseling and other prevention services.



Provisional Eligibility

- Effective 7/16/2021 for children 3 and 4 years of age.
- The disability is not solely physical in nature and the child has significant functional limitations in at least two of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction

A child who is Provisionally eligible shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition of developmental disability to be eligible for ongoing regional center services at five years of age.

Assessment for Eligibility

- Upon receipt of a complete referral, where we have all pertinent information to move forward, the case is assigned to an Assessment Social Worker who will contact the family to set up an social assessment home visit within 15 business days.
- The social worker will work with the family to gather pertinent records which document the disability.

- The applicant will be assessed by a team of Regional Center staff consisting of a Physician, Psychologist and Assessment Social Worker.
- The team may conduct further medical and psychological evaluations if needed to determine eligibility. Persons who become eligible for Regional Center services are re-evaluated periodically as their needs change.
- Eligibility must be completed within 120 days.



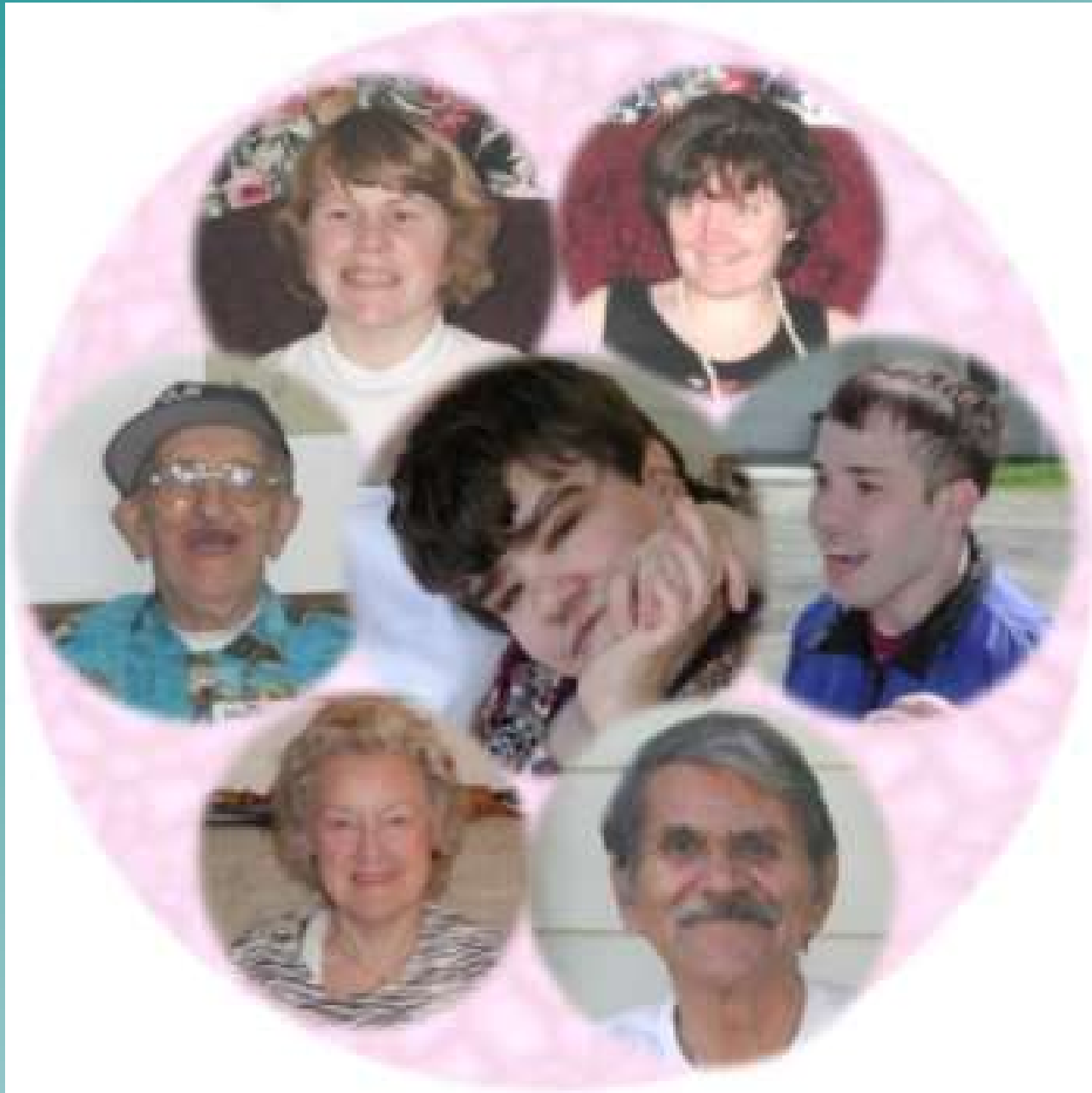
Person Centered Plan

- Person-Centered Planning (PCP) refers to the process a individual and his/her team uses to develop an Individual Program Plan (IPP).
- Person-Centered Planning means focusing on strengths, capabilities and needs in developing a plan that assists the individual to achieve an independent, productive and satisfying life.

Individual Program Plan

- The Individual Program Plan (IPP) documents long-term goals or outcomes for the individual's preferred future. It also outlines the steps and actions the individual and his/her family members will begin taking now in order to achieve desired outcomes in the future.
- These steps and actions are referred to as short-term objectives. Short-term objectives are usually time-limited and stated in terms that allow you to measure your progress in achieving them.
- The IPP should clarify the roles and responsibilities, the funding sources, and the services a consumer can expect from the Regional Center's community programs.

- The short-term objectives focus on five categories:
 1. Health & well-being
 2. Home situation
 3. Work/day program/school
 4. Transportation,
 5. Other- which can include respite, and other needs/services.
- A individual can invite people to the IPP meeting.
- The individual, GGRC Social Worker, and other teams members meet at least annually or more as requested or required.



Most Common Services

- Adaptive Equipment
- Adult Day Programs
- Advocacy
- Behavioral Intervention
- Case Management
- Client Parent Training
- Community Living Options
- Day Care
- Living Skills Training

Most Common Services Continued

- Respite
- Supportive Employment/Vocational Programs
- Supportive Living Services
- Transportation

- There may be a fee requirement for selected services through the Annual Family Program Fee Program or the Family Cost Participation Program.

Referral Contact Information

Telephone referrals
1-888-339-3305

Early Start fax referrals
1-888-339-3306

E-mail: intake@ggrc.org

Website: www.ggrc.org

GGRC OFFICES

- **Marin County**
4000 Civic Center Drive
Suite 310
San Rafael, CA 94903
Phone: (415) 446-3000
Fax: (415) 446-3001
- **San Francisco County**
1355 Market Street
Suite 220
San Francisco, CA 94103
Phone: (415) 546-9222
Fax: (415) 546-9203
- **San Mateo County**
3130 La Selva Street
Suite 202
San Mateo, CA 94403
Phone: (650) 574-9232
Fax: (650) 345-2361



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