



*Prevention Resource
and Referral Services
PRRS*

Introducing PRRS Services

Early Start Family Resource Centers (ESFRC) are here to assist families in identifying and meeting their child's unique strengths and needs. One of the services that we offer is Prevention Resource & Referral Services (PRRS).

WHAT IS PRRS?

- PRRS is a no-cost service to families with children birth to three (3) years of age that provides expanded access to information, resources and referrals for parents and caregivers who have a child that may be at-risk for special needs services.
- With your consent, we will work together to identify resources and strategies to promote your child's development and share the joys and challenges of raising a child.
- The PRRS team at your local **ESFRC** will discuss with you your interests and concerns about your child and put together resources and information based upon our conversations. We can provide you with information, resources and referrals based on your questions and concerns, and include other topics of interest.
- Your PRRS team will share community resources and activities for your family. Community resources and activities can enrich your child's development and provide you with peer parent support. This is an excellent way to stay connected and involve yourself and your child in community services and supports.
- Your PRRS team will stay in touch with you to follow your child's progress and provide you with information on child development to help you expand your knowledge and understanding.
- In the event there are changes, other questions or concerns, please contact you local **ESFRC**. New information, ideas and additional resources will be provided. If you have concerns and feel a new assessment may be necessary, we can assist you in re-referral to the local **Regional Center**.

WHO IS ELIGIBLE FOR PRRS?

An infant or toddler under 36 months of age with a combination of two or more of the following factors:

- 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 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;
- Persistent hypotonia or hypertonia, beyond that otherwise associated with a known diagnostic condition.

A parent of the infant or toddler is a person with a developmental disability.

A toddler between the ages of 24 through 35 months with a developmental delay of 33 percent through 49 percent in one of the following domains:

- communication,
- cognitive,
- social/emotional,
- self help/adaptive,
- physical.

A child 0-36 months who may be at risk for autism:

(e.g. sibling has autism, exhibits 2 or more red flags as indicated on

<http://firstsigns.org/concerns/flags> or Appendix B from Autistic Spectrum Disorders – Best Practice Guidelines for Screening, Diagnosis and Assessment, 2003.)

HOW DO PRRS REFERRALS HAPPEN?

- Most often a family's referral for PRRS services will come to the local **ESFRC** from the local **Regional Center** after the **Regional Center** has worked with the family to assess their eligibility for other services.
- All children with developmental concerns including developmental delay, established risk and at-risk for developmental delay are to be referred to the local **Regional Center** to determine Early Start eligibility prior to a referral to PRRS services.
- If the child is found not eligible for Early Start, the local **Regional Center** will determine whether a referral to the local **ESFRC** Prevention Resource and Referral Services (PPRS) is appropriate. With parental consent, the local **Regional Center** will refer the child to PRRS identifying those risk factors that make them eligible for PRRS.
- If the parent does not consent to a referral to the local **Regional Center**, the child may receive PRRS services if the child has risk factors identified by a physician or clinical professional. The PRRS team will continue to work with the parent(s) and the local **Regional Center** to promote understanding and establish a connection with the local **Regional Center** at a later date.

REFERRAL PROCEDURE GUIDELINES

- **Regional Centers** are the single point of referral for evaluation for all infants and toddlers.
- **Regional Centers**, physicians and/or qualified clinicians determine whether or not a child is "at-risk" and eligible for services.
- Qualified clinicians do not necessarily determine whether or not a child is eligible for PRRS. The determination is made by the local **Regional Center**, in collaboration with the local **ESFRC**.