



**COUNTY OF SAN BERNARDINO
PRESCHOOL SERVICES DEPARTMENT
POLICY**

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SUBJECT:
PSD PREVENTION AND EARLY INTERVENTION SERVICE
DELIVERY SYSTEM

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GENERAL REFERRALS

PURPOSE

To identify the needs of children and families, initiate referrals, track referral status, and work collaboratively within Preschool Services Department (PSD) and with community based service providers to ensure delivery of preventive and early intervention services.

To ensure that, through collaboration between families, PSD staff, and Content Area Specialists, all children's health and developmental concerns are identified.

To ensure children and families are linked to an ongoing source of continuous, accessible care to meet their basic health and wellness needs.

POLICY

Generalists, Home Visitors, and teaching staff at Preschool Services Department (PSD) will submit referrals for any resource support, health, and developmental concerns identified for children and families during the intake process and after enrollment.

REFERENCE

1304.40(b)(1)(i) – 1304.40 (b)(1)(iii), 1304.40 (b)(2), 1305.2, 1308.4, 1308.6

PROCEDURE

1. Generalists, Home Visitors, and teaching staff will generate a referral in the COPA database for child based on intake and screening documents such as the following:
 - Child's Physical
 - Child's Medical History Profile/Early Health History Form (front and back)
 - Family Services Assessment
 - Nutrition Questionnaire
 - Parent Interest Survey
 - ASQ
 - ASQ/SE
 - Health Screenings
 - Speech Screenings
 - Classroom Observations
 - Discussions with parents
 - Speech/Language or Developmental Parent Questionnaire
 - Food Allergy Statement
 - Religious/Ethnic/Cultural Related Food Restriction Form
 - Communication Profile
 - IEP
 - IFSP
 - Categorical Diagnosis
 - Asthma Questionnaire

2. Referrals may be submitted prior to or during enrollment based on data collected from intake and screening documents such as those listed above, staff observations and family concerns.

3. Generalists, Home Visitors, and teaching staff will generate a referral in the COPA database within 72 hours after a need is identified.
4. Upon receipt of the referral in the COPA database, the appropriate Content Area Specialist will review the identified needs on the referral and a confirmation of receipt will be provided to staff via email or notation in the case notes within 72 hours.
5. Within 72 hours of submitting a referral in COPA, supporting documents based on the content area must be submitted to the Admin Clerical Unit to the attention of the appropriate Content Area Specialist.
6. If a Content Area Specialist receives a referral that includes information relevant to another Content Area Specialist, copies of the relevant documents will be shared with the appropriate Content Area Specialist and/or given to the Admin Clerical Unit to open a file.
7. Admin Clerical Unit will create a file containing a COPA referral print-out and all supporting documentation received from referring party.
8. Content Area Specialists will secure the completed file in a locking file cabinet.
9. Content Area Specialists are responsible for ensuring that updates are documented in the "Case Notes" section of the COPA Referral.
10. If there are no updates in the COPA Referral Case Notes by the Content Area Specialist within 10 business days, the appropriate Content Area Specialist should be contacted by the referring party via email or phone.
11. Referrals that require a written service delivery plan are developed by a team which includes the Content Area Specialists, teaching staff, Generalists, parent(s), primary caregiver(s), and other paraprofessionals. Copies of the service plan will be placed in the child's folder on site. The service plans are implemented and monitored (including follow-up) in COPA database.
12. Content Area Specialist will collaborate with teaching staff, Generalists, home visitors, parent(s), primary caregiver(s) and external agencies as needed.
13. Referrals, which do not require the participation of the Interdisciplinary Team, are processed by the individual Content Area Specialist.
14. Referrals that require multiple Content Area Specialists will be reviewed at Interdisciplinary Team. **For details on the Interdisciplinary Team function, please refer to the Interdisciplinary Team Policy and Procedure.*
15. Site Supervisors will review all referrals on a monthly basis at Service Delivery Team meetings. Service Delivery Team follow up must be conducted with the appropriate Content Area Specialist. **For details on the Service Delivery Teams function, please refer to the Service Delivery Teams Policy and Procedure.*

INTERDISCIPLINARY TEAM

PURPOSE

To bring together Content Area Specialists and MFT/PEI Clinicians (a group of individuals with diverse training and backgrounds) and work jointly to address concerns and special needs of children that are too complex to be solved by one discipline or many disciplines in sequence.

POLICY

To conduct weekly case management of children with complex needs and provide support across all pertinent Content Areas.

REFERENCE

1308.18(a), 1308.18(b), 1308.20(a), 1304.24(2)

PROCEDURE

1. Interdisciplinary Team (IDT) will meet weekly to discuss children who have multiple content area referrals, significant needs or more severe disabilities.
2. IDT Team members are responsible for bringing cases to the team as they are identified.
3. IDT Team members will communicate additionally, as needed, by email and phone.
4. The Interdisciplinary Team will assign an MFT/PEI Clinician to children and/or families with significant social-emotional needs. Files will be transferred over to MFT/PEI Clinician care at Interdisciplinary team meetings. * *For details on the MFT/PEI Clinician role, please refer to the Marriage Family Therapy/Prevention Early Intervention (MFT/PEI) Group Policy and Procedure.*
5. The appropriate Content Area Specialist will present new cases, review on-going cases and provide diagnostic information related to the specific Content Area.

SERVICE DELIVERY TEAMS

PURPOSE

To review existing and potential referrals, share updates and identify follow up action items. The Service Delivery Team meeting serves as a forum to validate the effectiveness of the services provided, refine approaches to service delivery as needed and maintain an informed team approach to support each child and family.

POLICY

To conduct Service Delivery Team meetings on a monthly basis at each site during which a review of existing and potential referrals takes place and appropriate services are provided.

REFERENCE

1304.21(c)(vii)(2)

PROCEDURE

The core team members will include the Site Supervisor, appropriate teaching staff and appropriate support staff.

1. All children with open or potential referrals to any Content Area Specialist will be discussed each month at the Monthly Service Delivery Team meetings.
2. Site Supervisors will facilitate Service Delivery Team meetings and invite appropriate support staff to ascertain the effectiveness of services.
3. Site Supervisors will generate the "Overall Referral Tracking Report (459)" from the COPA database.
 - a. The Overall Referral Tracking Report will be used to identify and discuss child referrals at the Service Delivery Team meeting.
 - b. Referring staff will access and review COPA referral notes to see detailed updates of the referral and follow up with Content Area Specialists as needed.
4. Generalist will generate the "Family Referral Report (1008)" from the COPA database.
 - a. The Family Referral Report will be used to identify and discuss family referrals and follow-up at the Service Delivery Team meeting.
5. Site Supervisors will collaborate with Program Supervisors, Generalists, Content Area Specialists, and/or parents to develop and implement support strategies for children in the classroom that have active referrals at the site.
6. Content Area Specialists will be responsible for sharing relevant information and updates from Service Delivery Team meetings at the Interdisciplinary Team meeting.
7. All updates must be documented in the Case Notes of the corresponding COPA Referral.

DISABILITIES

PURPOSE

To screen, identify and assist children that may require further assessment for special education.

POLICY

Generalist or teacher, depending on enrollment status, will submit referrals to the Disabilities Unit for children that may qualify for special education services.

REFERENCE

1308.4(f), 1308.6(a), 1304.20(b)

PROCEDURE

Referrals must be submitted to the Disabilities Unit for all children that are suspected to have a need for special education or related services. The Disabilities Unit is responsible for reviewing, tracking and processing referrals to LEAs and Part C agencies.

Referrals to the Disabilities Unit are generated based on:

Head Start

- Observation(s) reveals a suspected disability
- Intake documents (i.e. MHP, physical, etc.)
- Screening results indicate a suspected disability
- Parent concerns
- Current IEP

Early Head Start

- Early Health History indicates a need for a referral
- ASQ 3/Michigan indicates a need for a referral
- Parent concerns
- Current IFSP

From Generalist before child is enrolled:

1. Supporting documents that are required for a speech/language/developmental delay referral (including children entering the program with an existing IEP/IFSP)
 - a. Head Start
 - Permission for Release of Information
 - Speech/Language or Developmental Parent Questionnaire
 - Medical History Profile
 - Referral Half Sheet
 - b. Early Head Start
 - Early Head Start Permission for Release of Information
 - Ages and Stages Questionnaires
 - Early Head Start Health History Form
 - Referral Half Sheet

From Teacher after child is enrolled:

1. Supporting documents that are required for a speech/language/developmental delay referral
 - a. Head Start:
 - Permission for Release of Information
 - Permission to Refer for Individual Assessment
 - Speech/Language or Developmental Parent Questionnaire
 - Acuscreen (for concerns with developmental delays)
 - Communication Profile
 - b. Early Head Start
 - Early Head Start Permission for Release of Information
 - Early Head Start Referral for Assessment
 - Communications Concerns (Birth – Three)
 - Developmental Programming for Infants and Young Children (Michigan) Results
 - Ages & Stages Questionnaires
 - Early Head Start Health History Form
 - Medical Statement (when appropriate)
2. Developmental screenings and referrals must be completed within 45 days of enrollment. All referrals must be submitted in the COPA database. Supporting documents must be submitted within 72 hours of the referral being made in the COPA database.

If concerns arise after the first 45 days of enrollment, then the child should be rescreened at that time and the teacher must complete the same referral process.
3. When a child is enrolled and had been referred to the Disabilities Unit by the Generalist prior to enrollment, the teacher is responsible for submitting the remaining supporting documents listed above and updating the COPA notes in the existing COPA referral. The teacher must also provide updates to the Site Supervisor during the monthly Service Delivery Team meeting.
4. Disabilities Unit should be advised of any scheduled IEP meetings and who will be attending.

The Disabilities Unit will:

1. Track referrals to LEAs and Part C agencies on a monthly basis.
 - a. Once a month, the Disabilities Unit will email Site Supervisors the referral tracking log for their site.
 - b. Site Supervisors will reply with the latest disposition (i.e. “DNQ,” “Dropped,” “Appointment”) within 3 business days.
2. Review and certify children with current IEP/IFSPs.
 - a. A Certified List will be distributed monthly to Program Supervisors and Site Supervisors.

EDUCATION

PURPOSE

To observe children referred for behavioral concerns, identify possible behavioral triggers in the environment and/or in relation to adult-child interactions and provide strategies to teaching staff to equip them with the tools to effectively scaffold children's social/emotional development. It is also the purpose of the Education Unit to identify children who display atypical behaviors and make recommendations for further assistance and forward referrals to the appropriate Content Area Specialist(s).

POLICY

To identify possible behavioral concerns in children and provide strategies and techniques to teaching staff, parents and children to develop the social and emotional skills of children served.

REFERENCE

1304.21(a)(1)(iv), 1304.21(a)(3)(i)(A),(B),(C),(D),(E), 1304.21(a)(3)(iii), 1304.21(a)(5)(iii), 1304.21(b)(1)(ii), 1304.21(b)(2)(i), 1304.21(c)(1)(iv),(vi)

PROCEDURE

Appropriate parties will submit referrals based on criteria stated in the *General Referrals Policy and Procedure* and will follow those same guidelines in regards to the process of how to submit those referrals.

Referrals to the Education Unit are generated based on the following:

- Child has a diagnosis from any outside agency (SART, physician, etc.)
- Child who is sent home and behavior is deemed to be a safety concern per Behavior Management Policy and Procedures
- Child has difficulty self-regulating
- Child lacks appropriate social and emotional interactions
- Child exhibits social/emotion delay
- Listed concerns on physical
- Parent reported concerns to teaching staff regarding child and/or self
- Teacher and/or Site Supervisor have concerns regarding child and/or child's family
- Child exhibits indication of separation anxiety
- Child exhibits or parent reports trauma or loss indicators
- Child is withdrawn
- Child has difficulty staying on task
- Child exhibits behavior that is harmful to self or others
- Child exhibits behavior that is destructive to property
- Child has difficulty adjusting to classroom routine

The following source documents can be used for identifying concerns:

- Teacher observations
- Behavioral Functional Assessment
- Desired Results Assessment
- Child History Profile

- Medical History Profile
- Acuscreen
- Communication Profile
- Service Delivery Team Meeting information
- ASQ 3/Michigan
- High ASQ SE
- Early Head Start Health History Form

The following are supporting documents used for an education referral:

- Behavioral Functional Assessment
- Acuscreen (if applicable)
- Communication Profile (if applicable)
- Copy of any additional documents stated previously that identify behavioral concerns

When a referral is received by the Education Unit, the Teacher III Supervisor will document receipt of referral in COPA.

Teacher III's have 10 days to respond to a referral by connecting with teaching staff and scheduling a child observation. During the observation, the Teacher III will observe for environmental and adult-child interaction triggers. Upon completion of an observation, the Teacher III will develop strategies to improve child's social and emotional skills and/or strategies for improving environment or adult-child interactions. Teacher III will meet with the teaching staff of the referred child to discuss strategies.

A copy of signed strategies sheet will be placed in child's file and a copy is submitted to administration as well.

The Teacher III will determine the need to forward the referral to Mental Health or other appropriate Content Area Specialist(s) by utilizing the observation, information provided by teaching staff or parent, and information contained in child's file. Referrals that are deemed necessary for further review and assistance will be submitted at weekly Interdisciplinary Team meetings using the "Interdisciplinary Team Meeting Referral Form." Continued support from Education will be provided as needed and will be in collaboration with other Content Area Specialist(s).

HEALTH

PURPOSE

To quickly identify any health concerns which may require a Health Plan is in place for the safety of the child and the staff.

POLICY

Generalist and Teachers will submit a referral to the Health Education Specialist

REFERENCE

1304.20

PROCEDURE

A health referral should be generated for an infant/toddler/child when the health, ability to learn, and/or activities for daily living of the infant toddler are negatively impacted.

When parent states a health concern on the MHP/Early Health History Form for the following conditions:

- Asthma (which includes medications)
- Seizures of any kind
- Anaphylactic shock
- Bee allergies
- Diabetes
- Immune System Disease
- Sickle Cell Disease
- High Lead
- Cancer
- Heart Conditions
- Any health related concern that impedes the child's participation in daily activities of living and/or ability to learn

1. Supporting documents that are required for a health referral:

- Release of information with the doctors complete address and phone number
- Specialist information
- Copy of the physical
- Speech/Language or Developmental Parent Questionnaire
- Any specialist reports
- Early Head Start Health History Form

2. The following source documents can be used for identifying health concerns:

- Medical History Profile
- Physical
- Emergency Card (if any health information is noted)
- Reports from Content Area Specialist
- Early Head Start Health History Form

3. What constitutes a 911 referral for Health:

- Broken bones
- Unknown allergic reaction to bee sting
- Uncontrolled bleeding
- Illness that a child did not have when first enrolled
- When a child may be in danger if he/she is in the program

MENTAL HEALTH

PURPOSE

To provide support to children with challenging behavior(s) in classroom and home base settings.

POLICY

Generalists, Home Visitors, and teaching staff at Preschool Services Department (PSD) will submit referrals for any resource support, mental health, and behavioral concerns identified for children to initiate the mental health referral process.

REFERENCE

1304.2424(a) (1) (i-vi), 1304.24(a)(2), 1304.24(a) (3)(i-iv)

PROCEDURE

The following protocol will be implemented for each Mental Health referral.

All social-emotional related referrals will require collaboration between Education and Behavioral Specialists.

- Behavior related referrals submitted by teaching staff after children are enrolled will start with Education Specialist. Based on Teacher III's recommendations, referral then may be turned over to Behavioral Specialists for review and follow up.
- Referrals submitted as the result of a high ASQ are forwarded directly to Mental Health.

1. What constitutes a Head Start referral for Mental Health?

- Child has a diagnosis from any outside agency (SART, physician, etc.)
- Child who is sent home and behavior is deemed a safety concern per Behavior Management Policy and Procedures
- Child has difficulty self-regulating
- Child lacks appropriate social and emotional interactions
- Child exhibits social/emotion delay
- High ASQ SE
- High ASQ 3
- Listed concerns on physical
- Parent reported concerns to teaching staff/Generalist regarding child and/or self
- Teacher and/or Site Supervisor have concerns regarding child and/or child's family
- Child exhibits indication of separation anxiety
- Child exhibits or parent reports trauma or loss indicators
- Child is withdrawn
- Child has difficulty staying on task
- Child exhibits behavior that is harmful to self or others
- Child exhibits behavior that is destructive to property
- Child has difficulty adjusting to classroom routine

Generalists should submit referral after completing application process with parent within 24 hours in COPA when the following situations exist:

- ASQ/SE score is above cut off
 - 3 year olds: 59
 - 4 year olds: 70
 - Parent reports concerns
2. What constitutes an Early Head Start referral for Mental Health?
- Child has a diagnosis from any outside agency (SART, physician, etc.)
 - Child who is sent home and behavior is deemed a safety concern per policy and procedures for Behavior Management
 - Difficulty self-regulating
 - Inappropriate social interactions
 - Infant/Toddler scores below the gray area in 2 areas of development in ASQ3
 - High ASQ SE
 - Listed concerns
 - MHP
 - Physical
 - IFSP
 - Parent reported concerns to teaching staff/Generalist
 - Separation anxiety

Generalist should submit referral after completing application process with parent within 24 hours in COPA when the following situations exist:

- ASQ SE score is above cut off
- Parent reports concerns

Teacher should submit a referral in COPA for Early Head Start children when the child is:

- Having difficulty adjusting to classroom routine
- Child is a danger to self or others

A referral should be initiated to Mental Health Specialist in COPA database within 24 hours after identifying a concern. The Mental Health Specialist will need to receive the following supporting documents within 72 hours of the referral being initiated in the COPA database:

Supporting documents for a Head Start Mental Health referral:

- ASQ SE
- MHP
- Physical
- Release of information
- Function of assessment
- Any documents provided by parent
 - Psychological assessments
 - Provider names (SART, Para Los Ninos, etc.)

Supporting documents for an Early Head Start Mental Health referral:

- ASQ SE
- MHP
- Physical

- Release of information
 - Functional assessment
 - Any documents provided by parent
 - Psychological assessments
 - Provider name i.e. SART
3. The following source documents can be used for identifying mental health concerns for Head Start and Early Head Start children:
- Teacher classroom observations reveal suspected mental health issue
 - Screening that indicates a suspected mental health issue
 - Medical History Profile
 - Communication profile
 - ASQ SE
 - ASQ 3
 - Acuscreen
 - Psychological assessment
 - Desired Results Developmental Profile

A 911 referral for Behavioral Specialist may be generated when the child is in danger to self or others.

- Child who is sent home when behavior is deemed a safety concern per Behavior Management Policy and Procedures.
 - Aggressive behavior
 - Throwing objects
 - Hitting self or others
 - Child makes threats about harming self or others

Mental Health Specialist will refer these cases to MFT/PEI Intern Group.

INCREDIBLE YEARS PARENT TRAINING – PREVENTION EARLY INTERVENTION (PEI)

PURPOSE

To promote parent and child competencies and strengthen families through parent training. To provide direct service to children and training for parents and early childhood educators on topics which will help address bereavement and loss, assist with dealing effectively with challenging behaviors and recognize mental health concerns.

POLICY

To offer an intervention for behavior management that promotes collaboration between teachers and parents.

REFERENCE

1304.24 (a), 1304.24 (a)(3)(i-iv), 1304.40(b)(2), 1308.4, 1308.6

PROCEDURE

Parent, teacher and child training series that supports nurturing environments and relationships at school and home. Incredible Years promotes child competencies.

- Incredible Years Series offered to targeted population
 - All parents with children 3- 4 years old with children that display variety of conduct problems including highly aggressive behaviors such as: hitting, kicking, destructive acts, negative and defiant attitudes, whining, yelling, noncompliance and interrupting
 - Parents at risk for abuse or neglect: Incredible Years is suitable for parents who are at risk for abuse and neglect because of their own childhood abuse or because of minimal social and economic support
 - Foster and adoptive parents: Frequently these parents are caring for children who have behavior problems—Incredible Years focuses on building a strong positive relationship or bond between the parent and caregiver

This provides a greater chance of increasing consistency of approaches across settings (from home to school and the possibility of sustained effects by:

1. Promote child competencies:
 - Increase children's social and emotional language
 - Increase children's problem solving skills and effective anger management strategies
 - Decrease children's negative attributions and increase empathy skills
 - Decrease children's aggressive behaviors and related conduct problems such as noncompliance, peer bullying, and rejection, stealing and lying
 - Increase children's on tasks school behaviors, and academic competence
2. Promotes parent competencies and strengthen families:
 - Increase parents positive relationships and bonding with their children through child directed play and special time together
 - Increase parent's understanding of temperament, normal developmental landmarks and encourage developmentally appropriate expectations

- Increase parent's positive communication skill, such as the use of coaching skills, praise and positive feedback to children
- Improve parent's problem solving skills and anger management
- Increase family support network and parent involvement with schools
- Improve parent's understanding of how to set up predictable routines, promote children's responsible behaviors and successfully monitor their children's behavior

Parent Training Format

1. Group leader/Welcome/Greetings
2. Sign in sheets
3. Allocated time frame (1 to 2 hours) pending the needs of families
4. Ground rules established
5. Introductions
6. Programs goal and topic discussed
7. Role play/practices
8. Review home activity
9. Parent evaluations
10. Brainstorming/child play
11. Vignettes
12. Closing remarks

INCREDIBLE YEARS TEACHER TRAINING – PREVENTION EARLY INTERVENTION (PEI)

PURPOSE

To provide direct service to children and training for parents and early childhood educators on topics which will help address bereavement and loss, assist with dealing effectively with challenging behaviors and recognize mental health concerns. The purpose of the Education/Teacher Training portion of Preschool Service Department's PEI is to educate teachers on promoting children's social and emotional competence.

POLICY

To provide teachers with on-going training on theories and strategies which will improve children's social and emotional competence. Trainings provided to Preschool Services teaching staff will be based on the 'Incredible Years' social and emotional curriculum. Topics covered will include; building positive relationships with children, proactive teaching, praise and attention, classroom management, problem solving, and intervention techniques for decreasing inappropriate behaviors.

REFERENCE

1304.21(a)(3)(i)(C), 1304.21(a)(3)(i)(D), 1304.21(a)(3)(ii), 1304.21(c)(1)(iv), 1304.21(c)(1)(vi), 1304.24(a)(3)(i), 1304.24(a)(3)(ii)

PROCEDURE

This section covers Education and Mental Health. Specifically, Performance Standards; 1304.21(a)(3)(i)(C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations for behavior. 1304.21(a)(3)(i)(D) Encourage respect for the feelings and rights of others. 1304.21(a)(3)(ii) Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner. 1304.21(c)(1)(iv) Ensures that the program environment helps children develop emotional security and facilitate social relationships. 1304.21(c)(1)(vi) Provides each child with opportunities for success to help develop feelings of competence and self-esteem. 1304.24(a)(3)(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children. 1304.24(a)(3)(ii) Promote children's mental wellness by providing group and individual staff education of mental health issues.

Preschool Services Department will provide educational trainings to teaching staff on the social emotional competence of children. Staff trainings will cover several topics that are relevant to social/emotional development and the prevention and early intervention of challenging behaviors in the classroom. Trainings provided may be in the form of pre-service, in-service, cluster trainings, or individual site or teacher trainings. Training may also be presented through modeling and/or coaching.

By utilizing the 'Incredible Years' social and emotional curriculum the following training topics have been developed and may be used to provide training to teaching staff:

- Positive Teacher-Child Interactions
- Building Positive Relationships/Bonding/and Problem Solving
- Preventing Problems/Becoming a Proactive Teacher
- Decreasing Inappropriate Behaviors/Intervention Ideas

Persons responsible for scheduling trainings: Scheduling of teaching staff trainings will be a collaborative effort between the Clerical Unit Supervisor, Management, and Teacher III's.

New teaching staff: Upon hire, new teaching staff attends a New Employee Orientation. As a part of that orientation, new teaching staff will receive training on the 'Incredible Years' curriculum. The topics listed above will be included.

On-going training: Current employees will receive on-going training through a variety of methods. Each year teachers receive updated information and trainings during pre-service and in-service days. Strategies and techniques from the 'Incredible Years' curriculum will be presented to teaching staff at this time. Training incorporating the 'Incredible Years' curriculum ideas will also be presented to staff in the form of cluster and individual site trainings as needed. In addition, individual teacher trainings will be arranged to enhance their understanding of how to implement appropriate techniques for guiding positive social/emotional development and guiding misbehavior when determined necessary. Mentoring, coaching and role modeling 'Incredible Years' techniques are also forms of training that may be presented to teaching staff throughout the school year whenever deemed possible.

Teacher Survey: In order to evaluate implementation and effectiveness of the adopted social/emotional curricula, teaching staff will complete a survey designed to include their input and opinion regarding several aspects of the process. The survey will be completed anonymously by teaching staff at the end of each academic year.

Record keeping and tracking: In order to maintain records and keep track of training that is provided in-house to teaching staff, the following procedures will be followed:

1. The person presenting the training will be responsible for providing and collecting sign in sheets, agendas, handouts, and evaluations.
2. The in-house presenter will ensure that the Clerical Unit Supervisor receives all above mentioned materials.
3. The clerical unit will then be responsible for inputting training information into COPA and then file the packets in the proper training binders.

MARRIAGE FAMILY THERAPIST / PREVENTION EARLY INTERVENTION (MFT/PEI) GROUP

PURPOSE

To provide one on one support to children, parents and teachers/PSD staff in the classroom by providing strategies and techniques that directly complement the Incredible Years curriculum. To address and support children/families and staff on social-emotional issues, family/staff concerns and needs based on their initial referral.

POLICY

To make referrals as appropriate to the MFT/PEI Group. Referrals may be submitted by any of the following: Generalists, Home Visitors, and teaching staff at Preschool Services Department (PSD) and Content Area Specialists (Speech, Special Education, Education, Nutrition, Health, Behavior). Referrals generated as a result of developmental difficulties or challenging behavior identified during enrollment and during/after the initial intake process should be referred to MFT/PEI Group.

REFERENCE

1304.24(a)(1)(ivi), 1304.24(a)(2), 1304.24(a)(3)(i-iv)

PROCEDURE

The referral process is the first part of the initial step in linking those with social/emotional behavioral concerns with services. The referral process is extremely critical in that it provides documentation of the needs or concerns.

Criteria for MFT/PEI Group

1. Files will be transferred over to MFT/PEI Group care at weekly Interdisciplinary Team meetings

MFT/PEI Group General Responsibility

1. Design, support and implement strategies and interventions addressing developmental and behavioral concerns in class and in the home for an individual child and family or for groups of children.
2. Help support and strengthen relationships in the home and in the school sites through psycho-education, therapy counseling and interventions.
3. Encourage and support parent to actively participate in immediate and on-going mental health intervention for themselves and their children.

On-Going Care - MFT/PEI Group will perform the following:

1. The MFT/PEI Clinician will make a minimum of once a week contact or follow-up with the teacher and parent(s).
2. Contacts are defined as: home visits, site visits, class observations, and staff meetings
3. MFT/PEI Clinician will develop an Individual Child/Family Plan (ICFP) by third contact with family.
4. ICFP will be acknowledged and understood by signatures from the following: Site

Supervisor/teacher, parent and MFT/PEI Clinician. A signature indicates full acknowledgement.

5. MFT/PEI Clinician will provide the Site Supervisor with a copy of the ICFP to be placed in the child's file at the school site. A second copy will be given to the parent. The original copy will be submitted to the Program Manager at weekly IDT meetings.
6. MFT/PEI Clinician will communicate with Behavioral Specialist by email or phone when the following occurs:
 - a. Critical incidents
 - b. Re-entry meetings
 - c. Family crises
 - d. Schedule modification
7. MFT/PEI Clinician will provide weekly updates at IDT meetings. Weekly updates will include ongoing visitation notes, case recommendations and referrals.
8. Intern recommendations, terminating care, or closing cases will be put in writing and sent to Mental Health Specialist for review.

Site/Home Base Visitor Contact

1. Home base cases: MFT/PEI Clinician will attempt to make an initial contact with home base visitor prior to meeting with child/family.
2. Center base cases: MFT/PEI Clinician will sign-in at site and inform appropriate site staff of their presence and purpose for visit.
3. MFT/PEI Clinician will make every effort to communicate follow up services with appropriate teaching staff.

Case Closure

Reason for closure will be indicated on weekly update and caseload spreadsheet (available at weekly IDT meetings). Parent and teacher will be informed of case closure through a final signed ICFP.

TRAUMA LOSS AND COMPASSION SUPPORT FOR CHILDREN (TLC) - PREVENTION EARLY INTERVENTION (PEI)

PURPOSE

To provide supports to young children coping with trauma and loss

POLICY

To work collaboratively with parents and teaching staff by:

1. Soliciting parental information, observation, and concerns about their child's mental health. Design and implement program practices responsive to the identified behavioral and mental health concern of an individual child or group of children.
2. Discussing how to strengthen nurturing, supportive environments and relationship in the home and at the program.
3. Supporting parent's participation in any needed mental health interventions.

REFERENCE

1304.2424(a) (1) (i-vi), 1304.24(a)(2), 1304.24(a) (3)(i-iv)

PROCEDURE:

How to Refer for Social Emotional Concerns for TLC

The referral process is the first part of the initial step in linking those with Social/Emotional Behavioral concerns with services. The referral process is extremely critical in that it provides documentation of the needs or concerns. By correctly utilizing the referral process, we can ensure that our children, families and staff are provided with Behavior Health services in a timely efficient manner that accurately meets their needs.

Criteria for selecting Trauma, Loss, and Compassion (TLC) children:

- Grief/very sad, nervous, with withdraw, crying, non-communicative
- Loss in the family/parent out of the home (military), divorce or separation
- Loss of significant person by death
- Family issues—incarceration, depression, anger, use of drugs/other substance apparent alienation/rejected of or by parents

Before Enrollment/After Enrollment

If application package indicates concerns with ASQ-SE or the child's Social Emotional Development, you are going to make a referral prior to enrollment with the following information attached to a Confidential Referral from COPA.

- Medical History Profile
- Permission for Release of Information
- ASQ with Scoring Sheet
- Any other relevant documents

Referral should be documented on DIF/COPA and teacher will be given Health file along with ASQ referral on or before 1st day of school.

A meeting will be scheduled by Mental Health Specialist with the parent and child prior to enrollment to identify the child/family needs. If a need occurs the Mental Health Specialist will complete the following with the parent:

- Referral Form/Family Contact Information
- Informed Consent Form Signed
- Parent Complete BASC
- Teacher Complete BASC
- BASC Observation Form Completed
- Child Assigned to Group
- Parent Support Group provided

THE CHILD SUPPORT GROUP: Will be held for 10 consecutive weeks at child's school. The child will be taken out of their classrooms for 90 minutes structured support group once a week in which the child will be invited to share feeling, thoughts and stories. Participation will always be optional and no child will ever be pressured to talk or complete an activity.

THE PARENT SUPPORT GROUP: Will be held 60 minute for parents and/or caretakers of the children participating in the TLC group. It is an optional group that will occur for the 10 weeks that a child participates in TLC group. Parents presence in the group is not required for your child to participate in TLC group .The group will be held at child's school designated time.

PROVIDERS: Dr. Kiti Freier Randell and Dr. Kiti Freier Randell assigned therapist are pediatric psychologists with an extensive background in working with preschool-age children. They will be organizing and providing these groups. Clinician facilitates group therapy with a group of no more than 8 children. Will provide strategies, activities, and therapy for parent/child. Clinician has to provide feedback and strategies for classroom setting to the teaching staff/Site Supervisor. PSD staff will assist clinician in therapy sessions and help per clinician's direction.

- Clinician will introduce self to Site Supervisor, teaching staff, parents
- Clinician or Generalists will sign the child out of the classroom, once session is over the clinician or Generalist will sign child back into classroom
- The clinician or Generalist must transition to and from therapy sessions on the transition rope children
- Generalist will assist child to and from the bathroom
- Generalist will help child to self-regulate during therapy session
- Site Supervisor will send a copy of sign in sheet to mental health weekly
- Site Supervisor will send a copy of topics and sign in sheets to Supervisor Office Assistant weekly to be place in the PEI binder for tracking purposes

Mental Health Specialist completes, the intake, contact information, concerns, consents forms.

Mental Health Specialist will develop TLC schedules two weeks before classes are scheduled to start. Schedules will be duplicated and distributed by Mental Health Clerk administratively one week prior to classes starting.

Site Supervisor/Clerk will transport children to TLC groups and from TLC groups and provide bathroom breaks services for children during TLC sessions. Sign in sheets with children's names, roster of children in the sessions and provide a copy to Mental Health weekly.

PSYCHOLOGICAL ASSESSMENT: Will provide an initial assessment of the child in order to understand the child better before they begin the group. The same assessment will be completed at the end of the group

CONFIDENTIALLY: Confidentiality helps create a safe environment for children to share their feelings, thoughts, and stories. PSD will honor a child's confidentiality. All information disclosed within these sessions is strictly confidential and may not be revealed to anyone outside TLC staff without written permission from the parent.

Confidentiality will also be asked of parents' and/or caregivers who participate in the parent support group. This will help develop an atmosphere of trust. Importantly, confidentiality will be broken if a safety issues arise. The only exceptions to confidentiality are when disclosure is required or permitted by law .Situation required or permitted by law typically involved substantial risk of physical harm to oneself or to others, or suspected abuse of children or the elderly.

FEE/ PAYMENT OBLIGATIONS: The TLC support Group is a free service provided to your children by San Bernardino County Preschool Services. There is no cost to the families participating.

NUTRITION:

PURPOSE

To screen and identify nutrition related health problems for enrolled children so that appropriate services will be provided based on each child's needs.

POLICY

To have Generalists/Home visitors gather information from Nutrition Survey, Medical History Profile, and child's physical and refer all nutrition related concerns to Nutritionist.

REFERENCE

1304.23(a)(1), (2)

PROCEDURE:

At Enrollment staff refers all children with food allergies or religious food preference to Nutritionist for immediate accommodation. Staff should provide supporting documentation within 72 hours.

At 30 Days of enrollment staff refers all children with low Hgb / Hct to Nutritionist.

At 45 Days of enrollment staff refer all children overweight > 95% or underweight <5% as well as all feeding problems to Nutritionist.

What constitutes a Head Start referral for Nutrition?

All Children (Birth - 5 years)

- Metabolic Disorders (Diabetes, Inborn Errors of Metabolism e.g. PKU)
- Medical Diagnosis (Celiac Disease, Reflux disorder, Kidney disease)
- Food / Formula Allergies / Intolerances
- Religious/ Cultural food preference
- Iron deficiency anemia: Low Hgb 10.9 gm/dl / Hct 32.9% and below
- Obesity (≥ 95 % BMI for Age 2-20 years or Weight For Length 0-36 month)
- Underweight / Failure to Thrive (≤ 5 % BMI for Age 2-20 years or Weight For Length 0-36 month)
- Formula Intake < 20 ounces per day (as only source of nourishment)
- Severe Constipation or Diarrhea
- G-Tube Status
- Feeding, Chewing, Swallowing problems
- Consumption of non- food items (clay, dirt, crayons, paint chips)

Infancy (Birth to 12 months)

- Improper Introduction of Formula or Baby Food
- Breastfeeding < 8 times per day (as only source of nourishment)
- Bottle Feeding w/ Cereal or Juice / Sweet Drinks
- Sleeping w/ Bottle
- Bottle Propping Practices

Toddlerhood (1 to 2 years)

- Improper Use of Beverages or Foods
- Continued Bottle Feeding or Use of Sippy Cup
- Poor Feeding Practices
- Special Texture Modification Requests
- High-Sugar, High-Fat Snack Food Intake

Documents that are needed for a Nutritional referral:

Food allergies and chronic diseases for HS/EHS: (Emergency Referrals)

- Medical statement signed by MD
- Parent interview for food allergy questionnaire
- Medical release of information
- Nutrition survey/Physical

Religious/Cultural food preference for HS/EHS (Emergency Referrals)

- Religious/cultural food preference form completed and signed by parent
- Nutrition survey

The following source documents can be used identifying Nutritional concerns:

- Early Head Start Nutrition Survey(0-23 Month) / Child Nutrition survey(2-5YRS)
- Physical/ Early health history
- Medical history profile
- Medical statement for Food Allergies signed by MD
- Staff observations

What constitutes a 911 referral for Nutrition?

- Food allergies and chronic diseases
- Religious/cultural food preferences
- Texture modification of food