



**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