Department of Children and Youth Services
Children Services Division
Head Start/Early Head Start

COOPERATIVE AGREEMENT FOR MENTAL HEALTH SERVICES

This agreement dated _____ by and between

_____
(Name of Head Start/Early Head Start Program)

_____
(Address of Head Start/Early Head Start Program)

and _____ _____
(Name of Mental Health Provider) (Address of Mental Health Provider)

hereinafter called Head Start/Early Head Start provider agree to the following:

I. **PURPOSE:**

- The prevention, identification and early intervention of problems that interfere with the child's emotional, cognitive, and social growth and development.
- Assistance to parents and staff/home provider in developing positive attitudes toward mental health services and in acquiring the necessary skills and knowledge to understand and to deal more effectively with common development and behavior problems seen in children.
- The provision of assistance and intervention to families in crisis.
- The provision of assistance and intervention to staff in crisis.
- Support to delegate agencies, home providers and families in accessing services that address mental health issues.
- Render all necessary services as described under the Mental Health Scope of Services.
- Assistance to Early Head Start/ Head Start children and families in developing age appropriate skills for social competency and school readiness.

II. MENTAL HEALTH PROVIDER RESPONSIBILITIES:

A. To coordinate training from other community resources for presentation at the center for parents and staff.

B. To advise in the use of other community resources and referrals. When applicable, the mental health provider will assist with referral for

children/families. The mental health provider is encouraged to make the referrals, when appropriate, to its agency, or to a locally based agency. Therefore, it is expected that mental health providers are familiar with the resources available for the area being served. Agency or consultant must be Medicaid certified and/or able to bill private insurance before completing an intake for further services.

C. INITIAL PLANNING

A planning session is to occur between the mental health provider and center staff/network coordinator and infant/toddler home providers, prior to the rendering of any services. The purpose of this session is to allow for introduction of both the consultant and the agency; to discuss the mental health services as it relates to the needs of the center/home, to include both educational activities for the entire program year and the referral process for children suspected/identified as special needs. The planning session is to occur no later than 60 days from beginning of program year and should include at least two parent representatives.

The Mental Health Activity Record (DFSS 2568A) is to be completed during the planning session showing dates indicated for the following activities:

- X Parent orientation (to occur by October 31)
- X Parent education workshops
- X Classroom observations
- X Observations of infant and toddler/home provider interactions
- X Staff development workshops

Parent education workshop topics will be left blank until the parent orientation occurs. It is recommended that the mental health provider leave materials to be distributed to parents so that parents can start to determine workshop topics prior to the parent orientation. Other services are to be scheduled as needed by the site, such as individual observations, parent consultations and staff development workshops. If a planned activity is to be canceled, a maximum of one week notice of the cancellation is requested. At a minimum, notification should be given 48 hours prior to the scheduled activity is to be given by the person canceling the session to the delegate agency. This applies both to the mental health provider and HS/EHS delegate agency.

D. STAFF DEVELOPMENT AND PARENT TRAINING

The mental health consultant provides education and information to staff and parents on the following topics and others, as determined by the agency and community need. This education and information may be delivered in a variety methods, i.e., discussion groups, meetings, workshops, informational materials/newsletters, trainings and others, based on the resources and needs of

the organization and target audiences.

- The purpose of the screening process and results
- Understanding changes in developmental stages, typical and atypical development
- Child observation
- Appropriate developmental guidance
- Aggression/other externalizing behaviors and withdrawal/other internalizing behaviors
- The meaning of mental wellness
- Coping with stress
- Limit setting, discipline, and family dynamics
- Language and literacy development'
- Dealing with violence in the home and in the community
- Early detection, identification, and follow-up of special needs in young children
- Recognizing disabilities in young children
- Problem solving, friendship skill, emotional management, coping with anger
- Stages of learning, teaching, and embedding opportunities for skill development

E STAFF WELLNESS

The program makes every effort to address staff's mental health and stress management needs and support the overall well-being of staff and caregivers (so they can ultimately attend to children's needs.)

F. GENERAL OBSERVATION AND CONSULTATION

Provide general classroom observations for infants and toddlers and preschoolers as needed. After each observation, there must be consultations and/or discussions with the teacher, network coordinator and home provider to review the results, discuss concerns, identify teacher/home provider and children's strengths, and develop plans for the rest of the year. In the case of infants and toddlers, a similar process will be used, including the discussion of how to best meet the developmental needs of the child.

The reports on the general observations should include the following information:

- Classroom or center/family child care home culture and atmosphere: dynamics and interactions between teachers and preschool children, children with each other and adults with each other; dynamics and interactions between home provider and infant/toddler and their families,

when possible.

- Practical suggestions for managing the classroom, center or home, ways to support the strengths of children and their families, how to cope with the anxious, aggressive or withdrawn child, how to foster appropriate interactions between children and adult home providers and an overall appraisal of the observation.

- Indication of possible child abuse or neglect when suspected/ observed, then the consultant is mandated to report the suspected abuse/neglect to the IDCFS hotline (1800-25-ABUSE).

- Consultants are required to assist in formulating a plan of action based on the recommendations and/or suggestions made to teachers, home visitors and caregivers. The plan must be specific to address individual as well as classroom/group needs, classroom strategies for managing behavior and supporting social-emotional development, activities to be implemented as well as timetables for completion. Family activities must be included in the plans where necessary. Children in need of further individual observation may be identified at this time.

G. INDIVIDUAL OBSERVATION

1. The HS/EHS program must obtain a signed release from the parent or guardian prior to conducting any observation. Use Consent form DFSS 2954.

2. The consultant is to review the child's records prior to observing the child.

3. The individual observations must be conducted within two (2) weeks from the date of the general observation but not on the same day as the general observation.

4. Following the individual observation, consultation is to occur with parent/guardian and staff or network coordinator and home provider to discuss the results of the observations and to ensure that the parent/guardian has input into any individualized planning that may occur.

5. Where a child is observed and individualized special services are recommended (with the input of the parent/guardian) the center staff or network coordinator will handle the referral services needed.

6. Finally, the consultant completes a written summary of pertinent findings and recommendations/plans for those children individually observed. A copy of the individual observation report should be included in the child's record. In order to protect the rights to privacy as well as to preserve

confidentiality, the provider and the site may refer to the child either by using a code or the child's initial.

The report on the individual observation should include but not be limited to the following information:

- Presenting problem, child's behavior and overall assessment for that specific observation.

- At the end of the observation, include recommendations with reference to those responsible for implementing any referral and/or other recommendations.

H. INDIVIDUAL EDUCATION PLAN (IEP)/INDIVIDUAL FAMILY SERVICE PLAN (IFSP) CONSULTATION

For children with an IEP or IFSP who are provided with services at the HS/EHS program for behavioral issues, the mental health provider will assist and advise the classroom staff, home providers and parents in order to ensure that the child's needs are being met. This support may include but is not limited to reviewing the plan with the teacher or home provider, staff and parents, discussions of ways of supporting the staff and home provider, adapting the environment when necessary to accommodate the child, supporting the child and family with the linkages with Chicago Public Schools (CPS) and Early Intervention System, the Child and Family Connections (CFC).

I. CONFIDENTIALITY

In order to protect the best interest of the child and family, it is recommended that the mental health provider select a code to identify the child or family.

The mental health provider is not permitted to remove records from the site for any purpose. Additionally, the mental health provider agrees to be bound by and honor the confidentiality policies of the HS/EHS program regarding personally identifiable client information, which the mental health provider has access to or generate as a result of this contract.

J. STAFF COMPOSITION

In an effort to facilitate the delivery of services under the Mental Health Scope of Services, the mental health provider should maintain a team of qualified professionals. It is the responsibility of contracted mental health providers to maintain adequate staff and supervisory responsibility to ensure the expedient delivery of services as applicable.

K. SPECIFIC REQUIREMENTS FOR MENTAL HEALTH CONSULTANT

- A Ph.D. in Psychology, Early Childhood Special Education, and the Behavioral Sciences such as Human Development, or Guidance Counseling.
- Licensed Clinical Social Worker (LCSW), or Licensed Clinical Professional Counselor (LCPC).

Or,

- Under the supervision of a Ph.D., LCSW, or, LCPC level professional, a Master's Degree in, Psychology, Early Childhood Special Education, or a degree in the Behavioral Sciences such as, Human Development, or Guidance Counseling.

- Demonstrated experience of 1 year working with infant/toddlers and preschool children (one of which is in a mental health setting) and families.

Or,

- Under the supervision of a Ph.D., LCSW, or, LCPC level professional, a Bachelors Degree or higher in Social Work, Psychology, Nursing, Early Childhood Special Education, or a degree in Behavioral Sciences such as, Human Development, or Guidance Counseling.

- Demonstrated experience of two years working with infants and toddlers and preschool children (one of which is in a mental health setting) and families.

- Good communication skills, (oral and written) and experiences in conducting group workshops.

- Certified, registered and Illinois State licensed as applicable.

L LIABILITY INSURANCE REQUIREMENTS

- The mental health consultant is required to have carry professional liability insurance specific to licensure and profession.

- Mental Health Consultants who are employees of a delegate agency are covered under agency liability insurance.

- Liability limitations of 1,000,000/1,000,000 are acceptable.

- Proof insurance should be made available on file.

III. Mental Health Services

- Overtime services will not be reimbursed

- Each mental health service rendered must have an individual Mental Health Activity Report Form (DFSS - 1115) completed, i.e., the program report submitted with the billing. For programs operating on a nine month schedule, classroom observations will not be reimbursed after April 1.

- Every classroom/home observation must be followed by a conference with the teacher. This conference is to include discussion with both the teacher and aide if appropriate.

- The provider agrees to render those services identified under the Scope of Services throughout the contract period.

- In order to protect the best interest of the child and family, it is recommended that the mental health provider select a code to identify the child or family.

- The mental health provider is not permitted to remove records from the program for any purpose. Additionally, the mental health provider agrees to be bound by and honor the confidentiality policies of the HS/EHS program regarding personally identifiable child/family information to which the mental health provider has access, or generates as a result of this contract.

IV. REPORT REQUIREMENTS

1. The Department requires the use of two (2) reports: the DFSS 1115, Report on Mental Health Services and DFSS 1388, Supportive Services Verification.
2. One copy of each of the DFSS 1115 and 1388 should be submitted to the HS/EHS program with your monthly billing by at least the 10th working day of each month for all services provided during the previous month.

3. Another copy of the forms (DFSS 1388 and DFSS 1115) would be retained for your records.

4. Two (2) copies of these mental health reports remain at the HS/EHS programs. A copy is generally placed in the program's mental health folder and another may be filed by the programs for delegate agencies.

5. A separate mental health summary report (DFSS 1115) is to be completed for each service provided, including parent consultation, and submitted to the HS/EHS program at the conclusion of completed task(s).

6. Mental health providers are required to submit billing reports (DFSS 1388) for the preceding month, specifying the name of the HS/EHS site, service provided, number of hours of service, that is, the beginning and ending time at each program, and appropriate delegate agency signature.

V. **HS/EHS RESPONSIBILITIES**

The site will reimburse the mental health provider agency

_____

for mental health services at the rate of _____ per hour.

The HS/EHS delegate agency shall supply the mental health provider with the appropriate mental health forms for their use.

This agreement begins on _____ and shall remain in effect, except for annual changes in the fee schedule, revisions in the HS/EHS performance standards, city and/or state licensing standards and/or DFSS requirements. Either party may terminate this agreement by giving 30 days' notice.

_____	_____
Mental Health Provider	HS/EHS Director
_____	_____
DATE	DATE

Reviewed by: _____

Date_____

Revised (DFSS: 12/2017)