



CITY OF CHICAGO  
DEPARTMENT OF FAMILY AND SUPPORT SERVICES

**Children Services Division**  
**Head Start/Early Head Start**  
**MENTAL HEALTH SCOPE OF SERVICES**  
**Program Year 2017-2018**

Mental Health Services in the Chicago Head Start (HS)/Early Head Start (EHS) program are an integral part of the Early Childhood Development and Health Services programs that provide direct support to children, parents and staff. Head Start mental health service is designed to assist children in their emotional, cognitive and social development, toward an overall goal of social competence and school readiness.

Services are rendered by consultants with academic and professional training and expertise in child psychology, special education, and clinical social work. The mental health professional is required to function as a member of a team which includes parents, teachers/caregivers, teacher aids/caregiver assistants, social service workers, network coordinators, home visitors, and medical personnel to achieve the goals that are set for children in Early Head Start/Head Start program.

GOAL

1. Identification and early intervention in problems that may interfere with the emotional, cognitive, and social growth and development of children.
2. Assist parents and staff and caregivers 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.
3. Provide assistance and intervention to families in crisis.
4. Provide assistance and intervention to staff in crisis.
5. Support delegate agencies, caregivers and families in implementing the Head Start/Chicago Public Schools (CPS) Agreement and in accessing the Early Intervention System by familiarizing them with the Local Interagency Councils (LIC) and Child and Family Connections (CFC) programs.
6. Assist Early Head Start/ Head Start children in developing age appropriate skills for social competency and school readiness.

## OBJECTIVE

- a. In coordination with educational programming assist all children enrolled in the program in achieving emotional, cognitive and social competence.
- b. Support children in achieving positive outcomes in social/emotional development and school readiness goals.
- c. Provide children with disabilities and their families with the mental health supportive services to ensure that the children and families achieve the full benefits of participation in HS/EHS program.
- d. Provide staff/caregivers and parents with an understanding of child growth and development, and an appreciation of individual as well as cultural/ethnic differences, and the need for a supportive environment.
- e. Provide for prevention, early identification and intervention of problems that may interfere with child and family social functioning/relationships.
- f. Develop a positive attitude toward mental health services.
- g. Provide services in the parent's native language by qualified personnel that reflect the cultural and linguistic diversity of parents and staff within the community.
- h. Mobilize community resources to serve children and their families with problems that may prevent them from coping with their environment.
- i. **Support** parents, staff, caregivers and children in implementing the goals of the Individual Education Programs (IEP) and Individual Family Service Plans (IFSP).
- j. Support parents in assisting their children in becoming ready to learn.

## PROVIDER RESPONSIBILITIES

Each delegate agency must contract with a mental health provider for a minimum of **15-19** hours per classroom group<sup>1\*</sup>, per program year for Head Start. For Early Head Start, there will be a minimum of 15 hours per year for every five children enrolled in the program. These hours will be allocated by Delegate Agencies to all program options where the services are most needed. The provider is responsible for overall provision of Mental Health Services which includes the following:

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<sup>1\*</sup>Classroom groups mean the following: half-day classroom A.M. and P.M. sessions represent two classroom groups, one full day classroom session represents one classroom group, a socialization group for home based represents a classroom group, and a group of children in a family child care home represents a classroom group.

- Initial Planning Session
- Parent Orientation
- Parent Education
- General Classroom Observation and Consultation/Feedback
- Advise Staff and Caregivers on Children With IEP's and IFSP's
- Individual Observations and Review of Records
- Staff/Caregiver Development Meetings and Trainings
- Individual Parent Consultations
- Crisis Intervention Counseling Sessions
- Observation of Infant/toddler/Caregiver Interactions
- Coping with Violence in the Community Workshops
- Child Abuse/Neglect Workshops
- Ante and Post natal Depression Assessments for Pregnant mothers

In addition, the Mental Health Provider may serve as a member of the review team for children with suspected ***emotional/behavioral disorders*** that are referred for further evaluation to the Early Intervention (EHS) or the CPS System (HS).

## **PLANNING**

A planning session is to occur between the mental health provider and the delegate agency center staff/network coordinators/home visitors and caregivers, prior to the rendering of services. The purpose of this introductory session is to establish the relationship between the consultant from the provider agency and the delegate staff and to discuss the mental health services as it relates to the needs of the HS/EHS program, children and families. This planning session must also include both educational/developmental activities for the entire program year and outline the referral process for children suspected/identified as special social/emotional needs. In addition, the process for working with children with challenging behaviors must be included in the session. The planning session is to occur no later than 60 days of the start of the program year, and should include at least two parent representatives from the parent committee.

The Mental Health Activity Record (DFSS 2569A) is to be completed during the planning session showing the dates indicated, and the identified content for the following activities:

## **PARENT ORIENTATION**

An orientation session must be conducted by the end of October to orient and assist parents in achieving the objectives of HS/EHS Performance Standards mandating mental health services. The orientation session must include a discussion on emotional wellness, mental health services and disabilities. In addition, it must include the referral process for individual services for children and their families and consultation related to interpersonal problems as well as the availability of resources in the community. Parents will also be provided information about developmental screenings and EI and CPS referral processes and accessing community resources. Topics for future workshops should be recommended by parents. Parents should be encouraged to select workshop topics on emotional wellness.

The Parent Mental Health Activity Record (DFSS 2569B) is completed during the planning session and is signed by the appropriate delegate agency staff, the consultant and two parent representatives. The signed Parent Activity Record must be posted on the parent bulletin board. Where a majority of the parents speak a foreign language, the provider must conduct the session in the parent's language. Thus, translation services will not be acceptable and will not be reimbursed. Simultaneous translations when workshops are conducted in English are permitted.

#### 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 of 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

#### **GENERAL CLASSROOM/GROUP OBSERVATION AND CONSULTATION AND FEEDBACK**

Provide general classroom observations for infants and toddlers and preschoolers as needed. After each observation, there must be consultations and discussions with the teacher, network coordinator, home visitor and caregiver to review the results, discuss concerns, 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 best meet the developmental needs of the child.

The reports on the classroom observation should include but not limited to the following information:

- Center/family child care home or classroom/group culture and atmosphere: dynamics and interactions between caregiver and infant/toddler and their families and when possible, it is recommended that parent/child interactions be included in the observations; interactions between the teacher and children, children with each other and in the group, and adults with each other.
- Practical suggestions and strategies for managing the classroom/group, FCCH, or home. These suggestions and strategies must address how to build on the strengths of children and their families as well support children who may appear anxious, display aggression are withdrawn or may present with sensory concerns. In addition, the report must address how to foster appropriate interactions between children and adult caregivers and provide an overall assessment of the observation.
- If the consultant suspects possible child abuse or neglect, 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. Children in need of further individual observation may be identified at this time.

## **SOCIAL/EMOTIONAL (BEHAVIOR) IFSP/ IEP CONSULTATION**

For children with *emotional/behavior disorder* that have an IFSP or IEP, the Mental Health Provider must **support** the classroom staff, home visitor, caregivers and parents in order to ensure that the children's social-emotional needs are being met. This support may include but is not limited:

- Reviewing the plan with the teacher or caregiver, support staff and parents.
- Discussing ways of supporting the staff and caregiver when support staff is not on site.
- Adapting the environment when necessary to accommodate children's needs.
- Supporting children and families with the CPS and Early Intervention System (CFC) when concerns are suspected or identified.

## **INDIVIDUAL OBSERVATION**

An individual observation consists of the mental health consultant observing a child in the classroom or other group setting. For infants/toddlers, these observations will take place either at the center or the home of the caregiver. These are to be conducted on children who have not been diagnosed/referred as disabled but who display behavior that may indicate special needs or concerns. An individual observation can be initiated by, but not limited to the following:

- At the request of the center staff or network coordinator
- At the request of parent/guardian
- At the request of the consultant based on the general classroom observation, review of records

and discussion with center staff.

In the case of infant/toddler, observation of the parent/child interaction is important. Every effort must be made to observe the child in the most natural setting such as in the child's home, the family child care home or the center when the parent is present.

**The following procedures apply to individual observations:**

1. The HS/EHS program must obtain a signed release from the parent or guardian prior to conducting any individual child observation. Parent/guardian must be consulted and give consent before a child is referred for an individual observation. Use Parent Consent for Individual Observation form DFSS 2954. This consent is valid for 60 days.
2. The Mental Health Consultant is to review the child's records prior to observing the child.
3. An Individual observation must be conducted within two (2) weeks of either the date of the general observation in which a child was identified of needing further observation and/or from the request of the parent and/or center staff. The individual observations cannot be conducted on the same day as the general/group observations
4. Following an individual observation, a Mental Health consultation must occur with parent/guardian and staff, home visitor or network coordinator and caregiver(s) to discuss the results of the observations.
5. If a Mental Health Consultant recommends a child for further services, the center staff, home visitor or network coordinator must follow-up and ensure recommendations/ and/referrals have been completed. Parent/guardian input must be obtained for the planning process.
6. All Mental Health Consultants must complete a written summary of the observations and recommendations for children individually observed (on appropriate forms CYS 1115). A copy of the individual observation report should be included in the child's mental health record. In order to protect the rights to privacy as well as to preserve confidentiality, the provider and the center/home may refer to the child either by using a code or the child's initial.

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

- Presenting problems, child's behavior and overall assessment from that specific observation.
- At the end of the individual observation, include recommendations with reference to those responsible for implementing any referral and/or recommendations.

**PARENT CONSULTATION**

There is to be opportunity for parents to obtain individual assistance throughout the program year. While an opportunity should be provided for parents to discuss individual problems regarding the child or family, the emphasis must be placed on referral, such as, connecting up family and child to the provider agency for short/long term services. It should be noted that crisis intervention services are carried out on a very limited basis.

### **CRISIS INTERVENTION COUNSELING**

A family in crisis will be referred to the mental health provider after Head Start/Early Head Start staff have determined that the family requires professional psychological support and intervention. Crisis Intervention will consist of no more than three sessions. An assessment will take place during the first session. Intervention and goal setting will take place with the family over the next two sessions. If further assistance is needed, a referral to community-based, long term assistance must be made.

On-site mental health consultation will also be available to staff who may experiencing crisis be such as: emotional challenges, issues of loss, domestic or community violence, mental health issues, trauma, etc.

### **ANTE AND POST PARTUM ASSESSMENTS FOR PREGNANT MOTHERS**

An assessment of pregnant mothers to determine whether she should be referred for medical evaluation is required. An appropriately validated and reliable tool such as the “Edinburgh Postnatal Depression Scale” must be used to conduct the assessment. The Mental Health Consultant may assist in the process of assessment and referral.

### **GENERAL REQUIREMENTS FOR MENTAL HEALTH CONSULTANTS**

Providers are required to submit resumes, diplomas, and certifications for approval to the HS/EHS agency for those individuals identified to render services under the mental health contract. Scan and upload the signed copy of the Cooperative Agreement along with resume and credentials to the DFSS Electronic File Cabinet.

DFSS will provide orientation/training to new providers.

### **SPECIFIC REQUIREMENTS FOR MENTAL HEALTH CONSULTANT**

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

Or,

- Under the supervision of a Ph.D., LCSW, or, LCPC Master’s Degree in Social Work, Psychology, Early Childhood Special Education, or a degree in the Behavioral Sciences such as, including Guidance Counseling as relevant to the discipline of Psychology.
- 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 A Bachelor’s Degree or higher in Social Work, Psychology, Early Childhood Special Education, or a degree under Behavioral Sciences such as, including Guidance Counseling as relevant to the discipline of Psychology.
- Demonstrated experience of 2 years working with infant/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.

#### **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.

#### **REPORT REQUIREMENTS**

##### Billings

Delegate agencies are responsible for all payments to the mental health providers. All bills must therefore be submitted to the delegate agency. There are three (3) reports required for billing and documentation to be completed on site for each site/home visit where mental health education/training services are rendered.

Mental Health billing and service forms:

**DFSS 1115 Report on Mental Health Services-** for each service or activity rendered at a site, a separate DFSS 1115 must be completed.

**DFSS 1388 Supportive Services Verification form-** One DFSS 1388 is required for each site visit The DFSS

1388 is to reflect the total number of hours a consultant spent for the site visit and have the properly authorized signature (see below Authorization of Signatures).

**DFSS 2569 A & B- Mental Health Activity Record-** (See page 3)

**General Report Information**

Providers are required to submit billing reports for the preceding month specifying the name of HS/EHS program, specific service by category of services and appropriately checked, number of hours of service, such as, beginning/ending time rendered at each center and appropriate signatures on both the DFSS 1388 and provider's voucher.

It is the responsibility of the consultant to notify the HS/EHS delegate agency immediately if a situation occurs, where the authorized staff signature is not obtainable. Similarly, the Agency will not honor unsigned (blank) verification forms for reimbursement even though a service was rendered.

**Meetings**

Meetings with providers should occur at least quarterly at the HS/EHS delegate agency. The purpose of the meeting is to provide the necessary feedback on service, issues and concerns.

**Authorization of Services**

DFSS hereby authorizes the following HS/EHS personnel to review, approve and sign for the number of hours of service and the in-kind of services rendered, using DFSS- 1388 Supportive Services Verification form. The authorized signer will verify services only upon receipt of completed report(s).

- Single Delegate Agency- Site Director, Social Worker or Teacher.
- Multi-Site Agency - Site Director, Social Worker, Health/Disabilities or Teacher.
- Chicago Public Schools- Teacher, Principal or HS/EHS Cluster Facilitator
- Early Head Start/Family Child Care Homes - Program Director, Network Coordinator
- Home Based/Home Visiting Programs - Social Worker, Home Visitor

Persons signing verification form other than those designated will not be honored by the delegate agency. The provider will not be reimbursed for those services rendered due to failure in obtaining the appropriate signature.

**Cancellation of Appointments**

If a planned activity is to be canceled, a maximum of one week notice of the cancellation is requested, but at a minimum, 48 hours prior to the scheduled activity is to be given by the person canceling the session to the site. This applies both to the provider and HS/EHS program.

### **Services Rendered**

- Each mental health service rendered must have an individual mental health activity report form (DFSS-1115) completed.
- Every classroom/group/home observation must be followed by a conference with the teacher/caregiver and if possible the teacher aide. **Classroom center or home observations may not be approved for reimbursement after April 1<sup>st</sup>** for programs operating on a nine-month schedule.
- The provider agrees to render those special services identified under Scope of Services throughout the contract period.
- In order to protect the best interest of the child and family, it is recommended that the provider agency select a code to identify the client.
- The consultant is not permitted to remove records from the program for any purpose. Additionally, the provider agency agrees to honor the confidentiality policies of the HS/EHS program as it relates to staff and client information.
- Payment under this contract will be made at the hourly rate agreed upon for those activities identified under the Scope of Services as billable items. These categories include those services listed above.
- Providers will be reimbursed at the final negotiated hourly rate(s) for direct services only. Direct services are defined as the in-person contacts and related services to these in-person contacts as discussed above. The mental health provider will not be reimbursed for involvement in activities unrelated to this program.
- Case management is a one time-negotiated fee that is billable when services begin for the referred child. However, it is recognized that additional activities need to occur to effectively and efficiently operate the program. This includes such activities as time spent writing reports, administrative time, transportation, clerical services and overall planning and organization. Such activities are not billable items under this contract and therefore, will not be reimbursed as a separate cost under the program. Costs related to these activities are included in a one time case management fee.

As a condition of accepting a contract, the Mental Health provider agency must seek reimbursement for any insurance billable service from other sources such as All Kids and the IL Dept. of Public Health, or private insurance carriers, prior to billing the delegate agencies. HS/EHS dollars are to be considered as the dollars of last resort.

Documented evidence of maximum utilization of other sources for reimbursement for services rendered to HS/EHS children under the Mental Health services will be a contract performance indicator.

Providers will be required to submit by the 10<sup>th</sup> of each month, the reports for the preceding month, i.e., centers for which services have been provided, the number of hours of services provided at each center and other necessary documentation. The Chicago Department of Family and Support Services will specify the kinds of documentation to be maintained and/or provided and reserves the right to request additional information during the program year.

The monthly claims for payment, by contracted providers will be directed to the pertinent HS/EHS Agency.