

**Department of Family and Support 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.
- 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.

**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 to the CPS, 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.

## C. ACTIVITY SCHEDULING

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 October 15, 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:

- Parent orientation (to occur by October 31)
- Parent education workshops
- Classroom/group observations
- Observations of infant and toddler/home provider interactions
- Staff development workshops, (a staff development workshop on ongoing screening and assessments is to occur by October 31).

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. PARENT ACTIVITY

Parent activity will include, but not be limited to the following:

An orientation session will be conducted by the end of October to orient and assist parents in achieving the objectives of the Mental Health Scope of Services. The orientation session may be divided into a two-part session so as to better explain services available under this component. The orientation session must include: clarification on the meaning of mental health and disabilities, the referrals process for individual services to children, advice on how to secure assistance to meet individual family needs, the availability of resources in the community, and how to further enhance children's intellectual, emotional and social development at home.

Also, workshop topics for parent education sessions are to be decided upon with input from parents. It is recommended that parents' education sessions address such issues as infant/toddler and preschool development, disabling conditions in children, discipline, importance of positive self image, interpersonal relationships and identified parenting issues and child abuse/neglect.

The Parent Activity Records (DFSS 2569B) is then to be completed and posted on the parent bulletin board. Where a majority of the parents speak a foreign language, the mental health provider in charge of the sessions must conduct or arrange for the session in that language. Thus, translation services will not be acceptable and will not be reimbursed. In addition, the site disallows translations while simultaneously conducting the workshop in English.

Workshop sessions must cover issues on child abuse/neglect and selected child development topics.

There is to be opportunity for parents to obtain individual assistance throughout the program year. This assistance may include short term crisis counseling sessions for up to two sessions. While an opportunity should be provided for parents to discuss individual problems regarding the child or the family, the emphasis must be placed on referral, such as, linking up the family and child to the mental health provider agency for long term services independent of reimbursement or to a community-based agency so that a continual relationship may be established.

#### E. STAFF DEVELOPMENT AND ASSISTANCE

Staff development and assistance will include, but not be limited to the following:

1. A workshop to be conducted by October 31 addressing the use of developmental screening instruments, ongoing assessment of children, and interpretation of screening results. The emphasis should be on the appropriate identification and referral of special needs children.
2. Training is to address mental health issues and specific developmental needs of children. In addition, training will address mental health considerations that pertain to the needs of the program, including working with infants/toddlers and their families, information that helps staff members recognize and identify normal early childhood development, as well as atypical behavior in children, and developing an understanding of the various disabling conditions identified by Federal legislation related to disabilities.

3. Training and consultation with pertinent HS/EHS staff, home providers and parents to identify and plan for the individual needs of those children within a group setting, including those children identified as displaying atypical behavior and their families. Also, training will be used to assist staff in improving their capacity to provide developmentally appropriate program planning for all children. Upon completion of training with staff and home providers, the consultant will complete an appropriate report which will be left at the site.

#### F. GENERAL OBSERVATION AND CONSULTATION

There will be at least two classroom observations or three observations of home provider and infant/toddler interactions in the home or center. 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.

All HS/EHS programs' observations should take place as follows: one in the first sixty (60) days of the new program year beginning in September and another observation no later than February. For infants/toddlers, since growth and development take place more rapidly during these early years, it is recommended that there be three observations.

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 observed, then the consultant is mandated to report the suspected abuse/neglect to the IDCFS hotline (1800-25-ABUSE).
- Recommendations and/or suggestions made to the teacher or home provider

citing specific developmentally appropriate activities to be implemented with the children by classroom staff, home providers and family members.

#### 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 on different dates, but within two (2) weeks from the date of the general observation.
4. Following the second 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, 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 second 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.

#### 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.

Or,

- Under the supervision of a Ph.D. level professional, a Masters 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. 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.

### **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

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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: \_\_\_\_\_

Date \_\_\_\_\_