



DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO

Children Services Division
Head Start/Early Head Start
MENTAL HEALTH SCOPE OF SERVICES
Program Year 2011-2012

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, and assist children in emotional, cognitive and social development, toward the overall goal of social competence. Mental Health 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, teacher/caregiver, teacher aid/caregiver assistant, social service worker, network coordinators, home visitors, and medical personnel to achieve the goals Early Head Start/Head Start set for the child.

GOAL

1. Identification of 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. 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.

OBJECTIVE

- a. In coordination with educational programming assist all children enrolled in the program in achieving emotional, cognitive and social competence.
- b. 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.
- c. 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.
- d. Provide for prevention, early identification and intervention of problems that may interfere with child and family social functioning/relationships.
- e. Develop a positive attitude toward mental health services.
- f. 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.
- g. Mobilize community resources to serve children and their families with problems that may prevent them from coping with their environment.
- h. **Support** parents, staff, caregivers and children in implementing the goals of the Individual Education Programs (IEP) and Individual Family Service Plans (IFSP).

PROVIDER RESPONSIBILITIES

Each delegate agency must contract with a mental health provider for a total of no more than **15** hours per classroom group^{1*}, per program year for Head Start. For Early Head Start, there will be no more than 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:

^{1*}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 policy 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. Recommendations on enhancing children's intellectual, emotional and social development in a home setting must be addressed. Parents will

Rev: 2011

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.

PARENT EDUCATION

Parent education sessions must address such issues – (1) atypical infant/toddler and child development, (2) social/emotional development in young children, and (3) parenting issues and child abuse/neglect and community violence. Additional workshops may be requested by parents and may include: parent/child interactions, disabling conditions in children, discipline, childhood fears, family dynamics, self esteem, interpersonal relationships, attachment, emotional intelligence,

GENERAL CLASSROOM/GROUP OBSERVATION AND CONSULTATION AND FEEDBACK

There will be at least two classroom/group observations or observations of caregiver and infant/toddler interactions in the home or center. 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. For 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. Three observations are recommended for infant/toddlers.

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, activities to be implemented as well as timetables for completion. Family activities must be included in the plans where necessary.

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, itinerant staff and parents.
- Discussing ways of supporting the staff and caregiver when itinerant 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 home 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.
- At staffing and for meeting with staff and parents.

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 2945. This consent is valid for 90 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 from the date of the general observation during which the child was identified as needing further observation. The individual observations cannot be conducted on the same day as the general/group observations
4. Following an individual observation, the 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.

STAFF DEVELOPMENT AND ASSISTANCE

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

- A workshop to be conducted within the first 60 days of the program year, addressing the use of the DFSS required developmental screening instruments, assessment of children, and interpretation of screening results. The emphasis should be on the appropriate identification and referral of special needs children.
- Training to address services as they relate to general mental health issues and specific needs of children. Thus, training is to 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 in the Individual with Disabilities Act (IDEA).
- Training with pertinent HS/EHS staff, caregivers and parents to identify and plan for the individual needs of those children identified as displaying atypical behavior and their families. Also, training will be used to assist staff in improving their capacity to do program planning. Upon completion of training with staff and caregivers, the consultant will complete an appropriate report which will be left with the appropriate program staff..

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.

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.

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.

Or,

- At a minimum, Masters 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,

- A Bachelors 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.

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.
- Catholic Charities- Site Administrator, Social Worker 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 1st** 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 AllKids 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 10th 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.