

ADDENDUM 1

Durham Public Schools Request for Statement of Proposal (RFQ)

RFQ # 179-2223-625-CLMH-PROVIDERS

Date: 4/24/2023

ADDENDUM 1 – Questions and Answers

Q1. Do you have any data that can be shared regarding current # of co-located providers and in how many schools? Additionally, how many schools do you anticipate for our agency? Do you all anticipate at least 1 full day at each school? Do you know what schools?

A1. Currently, we have 6 main co-located agencies, some that have been with us since 2017. Every school (54 schools) within DPS has an assigned co-located provider. Most providers have at least 8 to 9 schools assigned to them. This may change depending on how many additional providers etc. we get for this year but anticipate at least 8 to 9 schools at max. At this time, we do not know what schools will be assigned to any new providers. Most CLMH therapists do have at least 1 full day at every school but is often more depending on the number of referrals.

Q2. Any parameters around pro bono services? Is the use of Interns allowed?

A2. Within DPS, we provide funding to each of our CLMH providers via their contract to be able to see students who are uninsured or underinsured at a specific reimbursement rate. We do this so that any student that would like services can be seen, even if they don't have insurance. Agencies submit an invoice at the end of every month that documents what students were seen that month who were uninsured/underinsured and the amount that is reimbursed. In addition to this funding, our providers make a commitment to see at least 10% or 1 out of every 10 referrals of student's pro bono if needed. So, let's say an agency received 100 referrals, up to 10 of those can/should be pro bono if there is that need. Interns have not been allowed to deliver any type of direct therapy services. However, they can assist with case management, parent engagement, and intakes with supervision.

Q3. What percentage of your students/parents are Spanish speaking?

A3. Durham county has a significant Spanish speaking population. Majority of the students engaging in services do speak English themselves. So, interpretation services would only be needed for the intake with their family. There are some cases where both

the student and their family primarily speak Spanish. DPS recognizes that this is a growing need and are looking at ways to financially support the agencies with interpretation services for next year. Our CLMH agencies either have bi-lingual staff and/or telephonic interpretation services that are utilized to still engage this population in services.

Q4. Is telehealth allowed? For instance, to engage parents and/or during school breaks?

A4. Yes, telehealth can be allowed during breaks etc. as needed for CLMH services. Outside of breaks, since returning from COVID, we would like all school-based therapy sessions to be administered in person if possible. The initial CCA/intake can be facilitated with the parent via telehealth if they are having issues coming to the school to complete the intake. Additionally, most if not all contact with the parent outside the initial assessment is done via phone or telehealth. Any other services that your agency offers outside of school-based therapy, for example IIH, can be administered however your agency best sees fit.

Q5. What are the expectations around students accessing Medication Management services?

A5. Medication management services is a conversation we give the CLMH providers the autonomy to address, very similar to how it would look in a traditional outpatient capacity. Medication management services can look like either an internal referral within your agency for that type of service or assisting the family with being connected to medication mgt provider if needed or recommended. Also, it could be collaborating with a student's PCP if they are currently prescribing the medications etc.

Q6. There is a goal listed regarding consultation. What are the expectations of consultation?

A6. Consultation would look like the CLMH therapist engaging in CFT meetings as requested for students on their caseload. For example, this could be a student who is experiencing extremely challenging behaviors or mental health concerns in school. The school may call a meeting to discuss the student and ask the CLMH therapist to participate. Naturally with respect to HIPAA etc.

Q7.

A7.

Q8.

A8.

Q9.

A9.

Q10.

A10.