



DURHAM PUBLIC SCHOOLS BOARD OF EDUCATION

Request for Qualification & Request for Proposal

For Co-Located School Based Mental Health Services

**RFQ:179-2324-235\_TR\_CLMH\_PROG**

March 4th, 2024

Post Office Box 30002

Durham, North Carolina 27702

## **DURHAM PUBLIC SCHOOLS REQUEST FOR QUALIFICATION**

### **Background Information**

Durham Public Schools (“DPS”) invites qualified agencies having sufficient experience to submit a Request for Qualification in order to be eligible to submit a proposal for providing school-based mental health services within the school district. DPS will provide a counseling-friendly space (confidential, non-stigmatizing, etc.) within each selected school.

Co-located mental health professionals/services within the school setting has gained national recognition as a model for an accessible and cost-effective way to address student mental health needs, in particular students who otherwise do not have meaningful access to such services. Numerous research studies on school-based mental health point to measurable gains in academic achievement, declines in suspension and grade retention, and reductions in typical childhood mental illness such as depression and behaviors associated with conduct disorder and attention deficit/hyperactivity disorder when students have regular access to mental health services as needed. Co-located mental health professionals also serve a role in helping school districts to create a culture within the school of competence, growth and inclusion for all students.

### **FIRST SECTION – REQUEST FOR QUALIFICATION (RFO)**

The first section should address the requested information below. The corresponding responses should begin with the number below for the requested information. Agencies should be appropriately licensed, local providers who are endorsed by Alliance Behavioral HealthCare.

#### **The service provider must meet the following minimum qualifications:**

1. must be in “Good Standing” With DHHS as defined in 10ANCAC 22P.0402 and with Alliance Behavioral Health Management Organization-LME/MCO as outlined in current Endorsement Policy, #LME 102.
2. The organization must be an In-Network provider with Alliance Health, as well as all major private insurance providers.
3. Have an existing collaborative relationship with Durham System of Care/Alliance BHC.
4. Be committed as an organization to the concepts of recovery and resiliency.
5. Be experienced in providing outpatient therapeutic services to individuals with the dual diagnosis of behavioral health/intellectual disabilities.
6. Be experienced in providing outpatient therapeutic services to individuals with a dual diagnosis of substance abuse and mental illness.
7. Ability to accept a variety of private insurances and have credentialed staff to meet those requirements.
8. Ability to provide mental health services to language minorities, including Spanish-speaking students and families.
9. Have procedures for on-call, after-hour services or 24-hour access to support for students and families during the school year and during student holidays/vacations and summer breaks.

10. Provide staff with all required and appropriate licensure and training to provide mental and behavioral health services to students.
11. Office accessibility in Durham County and near bus line

### **Scope of Services**

Mental and behavioral health services provided to DPS students in school should be based on the following principles and guidelines:

- Services will be provided and supervised by a local (Durham County) mental health provider agency.
- Family engagement and active family involvement is critical at the initiation and throughout the treatment process. Services will only be provided to students following the receipt of parental consent. Providers/agencies agree to follow the process proscribed by DPS regarding referral for services and to work with DPS to develop appropriate consent forms and information materials about services offered.
- Services should be proactive and positive, building on the strengths of the student and families.
- Service providers should show willingness to build strong alliances collaborating with Building Administrators, Student Services and Support staff, teachers and a Multi-Tiered System of Support Team.
- Services must follow the mandate to be least intrusive, least restrictive and responsive to the individual needs of the child within the school setting.
- All employees of the agency/provider shall agree to follow all DPS rules, regulations, procedures and Board policies when providing services to DPS students on school property.
- Services should endorse the Durham System of Care principles of being child centered and family focused.
- Providers/agencies will be responsible for billing, paperwork, necessary signatures to begin services, and for release of information.
- Providers/agencies will also see all referred students who have no source of payment and preferably have a contract with Alliance BHC to access IPRS (Integrated Payment & Reporting System) funding. Providers should be able to accept Medicaid/NC Healthchoice insurance and also be part of private insurance panels.  
**No interested student or family member will be denied service for inability to pay.**
- Services should be provided during regular school hours and after school hours on the school's campus to accommodate parents' schedules.

### **SECOND SECTION – REQUEST FOR PROPOSAL (RFP)**

This RFP is looking for highly qualified providers/agencies to provide the following mental and behavioral health services to DPS students for the purpose to expand its school-based mental health during the 2024 - 2025 school year in Durham Public Schools.

- Comprehensive Clinical Assessments
- Individual therapy
- Group therapy
- Family therapy
- Medication Management
- On-site Training and Consultation

### **Goals for the Co-Located School Based Mental Health Services**

- To provide mental health programs that address early intervention and prevention services for DPS students and families in need.
- To increase the accessibility of mental health services for DPS students and families in need of these services in a non-stigmatizing environment.
- To provide consultation for teachers and other school staff regarding mental health and related issues.

### **Description of Selection Process**

Successful providers/agencies must have the capacity to establish in-school access to clinical outpatient treatment services and be capable of providing mental health services at varying levels of intensity, based on the individualized needs of the students and which are able to adjust as rapidly as the changing needs of the students.

Successful agencies/providers will be expected to enter into a Program and Facility Use Agreement with DPS outlining the terms and conditions under which DPS will allow the provider/agency to access DPS property to provide services to DPS students.

School based mental health services will be available for **all** students, regardless of ability to pay. **All financial obligations related to the provision of mental and behavioral health services will be the responsibility of the provider.**

### **Proposal review**

DPS reserves the right to reject any and all responses to this RFP and issue a new RFP. Responses shall be limited to the requested information and should not include any information or a proposal about other services other than school based mental health outpatient clinical services as requested in this RFP. Durham Public Schools reserves the right to reject a proposal at any time during the process.

Providers/agencies submitting a proposal under this RFP should be prepared to participate in an interview process and to provide a presentation to a committee of DPS staff and administrators.

### **Directions:**

1. Be sure your agency meets all the minimum qualifications prior to completing your response.
2. Respond to each question as completely as possible.
3. Respond to the questions in the sequence that they appear in the RFP.

4. There is no page limit to responses.
5. All pages must be sequentially numbered.
6. All responses must be typed using Times New Roman font, 11 pt.

Additional supporting or requested documentation should be attached as Appendices.

**1. Identifying Information: Please include the following:**

- Agency name
- Official mailing address
- Agency telephone number
- Agency email address
- Agency webpage
- Name of contact
- Age level you are currently serving

**2. Personnel:**

List all clinical staff and supervisors (by name, if known, and position) that will be involved in the delivery of services. For those individuals that have been identified to provide counseling/therapy, please include a brief curriculum vita, which indicates the length of employment with the applicant's agency and type of licensure (LCMHC, LCSW). Job descriptions should be included for all positions that will be associated with the implementation of therapeutic services. All staff that may have direct contact with DPS campuses must undergo background check/clearance (as approved by DPS human resource department) and checks under the North Carolina Sex Offender and Public Protection Registration Program, the North Carolina Sexually Violent Predator Registration Program, and the National Sex Offender Registry as required under N.C.G.S. 115C-332.1 at the provider's expense, prior to providing services on DPS campuses. Direct care providers will be required to participate in additional training provided by DPS Human Resource Department and Student, Family and Community Services.

Provide a detailed description on how clinical supervision of School-Based Mental Health clinician will be provided.

**3. Range of Services (Continuum of Services):**

**Introduction of Service:** providers should describe proposed range of services (e.g. assessment, individual/group therapy, family outreach, in-home services, crisis/emergency care during and after school hours, follow up, aftercare/discharge, provision for care during student holidays/vacations and summer break, etc.). Also describe the types of therapies that will be provided, including specific interventions and modalities. Providers should also include evidence-based treatment modalities that are currently being used by the agency and data that supports positive outcomes.

- A. Describe your agency's commitment to the concepts of recovery and resiliency. Explain how you intend to ensure ongoing program focus on the concepts of recovery and resiliency as they apply to children and adolescents.
- B. Please clearly indicate how the proposed programs will accommodate students with varying intellectual abilities (e.g. moderate/mild intellectual disability to academically gifted) or special communication needs (e.g. deaf, hard of hearing, blind).
- C. Clearly indicate how the proposed programs will accommodate language minorities.
- D. Describe the ability and experience of the staff to successfully work with students who may be undiagnosed/diagnosed with severe trauma, substance abuse/use, struggling with tobacco cessation, poverty, attention deficit hyperactivity disorder and/or have a history of oppositional defiant and/or aggressive behaviors.
- E. Include any unique approaches and/or treatment methodology that would be used to ensure continued treatment of difficult to serve youth.
- F. Describe the agency's commitment to obtaining relevant required training of outpatient clinic treatment staff and for ensuring that future staff development and training opportunities will also be made available.
- G. Describe your program capacity regarding number of consumers that could be served. Describe referral connections/process your agency has established for children who need a higher level of care.
- H. Describe how your agency expects to conduct the intake and assessment process. Describe what assessment instruments will be utilized during this process and how long for a completed assessment.
- I. How will the agency ensure that the member, family, and other agencies, if relevant, will be included in the development of the treatment plan and ongoing treatment planning process?
- J. What will be the agency's discharge planning process? How will the agency ensure that discharge recommendations are understood and what assistance will be given to families to access necessary services upon discharge?
- K. Explain how the agency will ensure ongoing internal monitoring and quality assurance within the outpatient clinic programs and services.
- L. List the insurance companies you are able to bill and describe how you plan to handle clients who do not have insurance.

#### **4. Facilities:**

Describe the facilities and resources that your agency currently has available in Durham County that may be utilized for the continuation of services (office location, day treatment facilities, etc.). Explain how your agency will provide 24-hour access to support for students and families to include crisis/emergency services.

#### **5. Program Evaluation and Client Satisfaction:**

Describe how you will evaluate the service and provide program evaluation updates on a monthly basis including type of services rendered, frequency, duration, etc. to Durham Public Schools designated personnel. Describe how you will assess your agency's impact and success within Durham Public Schools. Also describe how you plan to use the North Carolina Treatment Outcomes and Program Performance System (NC TOPPS). If there have been any complaints or lawsuits filed against your agency or any of your providers or clinicians, please disclose a summary of the basis of the complaint(s) and the outcome. Include a detailed summary of all claims filed, pending, or concluded by or against the provider in any judicial or administrative forum in the last ten years and include, at a minimum:

- The date each such claim was filed;
- The judicial or administrative forum in which each such claim was filed;
- The names of any adverse parties;
- The file number or docket number of each such claim;
- Whether each such claim was initiated by or against the respondent;
- The nature and substance of each such claim, as well as any counter-claims filed in the action; and
- A description of the resolution of each such claim.

#### **6. Capacity and Additional Information:**

Please provide copies of audited financial statements for the past three (3) accounting years as well as evidence of general liability, workers compensation, and medical malpractice insurance. Also, please describe your administrative supports to manage the services (e.g. bookkeeping, accounting, insurance billing, management of confidential medical records, and other clerical supports). In addition, feel free to provide any other information the organization would like to offer, such as **letters of recommendation or references**, to support the proposal and which may provide insight into the ability of the agency to provide the necessary professional services required.

#### **7. Scoring:**

Scoring will be based on the following:

<b>Personnel Capacity</b> <ul style="list-style-type: none"> <li>• Experience/Track Record</li> <li>• Staffing and Supervision model can support SBMH</li> </ul>	20 points	
<b>Description of Service model and approach</b> <ul style="list-style-type: none"> <li>• Range of Services (Continuum of Care)</li> </ul>	20 points	
<b>Facilities functions</b> <ul style="list-style-type: none"> <li>• Agency Location and proximity to bus line within Durham County</li> <li>• Feasibility</li> </ul>	20 points	
<b>Program Evaluation Capacity</b> <ul style="list-style-type: none"> <li>• Program Evaluation capacity</li> <li>• Client Satisfaction</li> <li>• Endorsement of System of Care Principles</li> <li>• SOC involvement within Durham County</li> </ul>	20 points	
<b>Financial Performance</b> <ul style="list-style-type: none"> <li>• Capacity to serve both Medicaid and private insurance students</li> <li>• Organization/Agency financial stability</li> </ul>	20 points	Total 100 points

- 8.** Providers should be ready to present a 20-minute overview of agency information and capacity for Co-Located services in DPS select schools to DPS-RFP committee members.



Use as COVER SHEET when submitting your RFQ:

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or printed name)

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**OFFICE USE ONLY**

PROPOSAL RECEIVED ON THIS DATE: \_\_\_\_\_

(DURHAM PUBLIC SCHOOLS)

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

The DURHAM PUBLIC SCHOOLS Board of Education reserves the right to reject any or all proposals for any or no reason, and to waive informalities.  
*It is the School District's policy not to discriminate on the basis of race, color, ethnic origin, sex, disability or age in its educational programs, activities or employment policies.*

**Time Schedule for Awarding the Contract**

Request for Qualification/Request for Proposal packages will be made available online by **March 4, 2024** at [www.dpsnc.net](http://www.dpsnc.net); Resources Tab; Bidding and RFP's and the Interactive Purchasing System (IPS).

The Request for Qualification/Request for Proposal is due by **June 2, 2024**. Proposals signed by authorized officials should be sent to the attention of Tanita Nicholson, Durham Public Schools Purchasing Officer, 511 Cleveland Street, Durham, NC 27701.

**Proposal number must appear on outer envelope to be considered for this request:**  
**RFQ#: 179-2324-235-TR-CLMH-PROV**

EVENT	RESPONSIBILITY	DATE & TIME
Issue RFQ/RFP to DPS & IPS Websites	DPS	March 4, 2024
Submit Questions by 2:00pm	Vendor	April 1, 2024
Questions & Answers Posted to DPS & IPS Websites by 5:00pm	DPS	April 8, 2024
Submit RFQ/RFP	Vendor	April 22, 2024 @ 12NOON
Bid Opening	DPS	April 22, 2024 @ 2:00P.M.

**Interested providers should submit the complete application by Monday, April 22, 2024 before 2:00 p.m.** Proposals will not be accepted after 2:00 p.m. on this date. The Request for Qualification/Request for Proposal should specifically be addressed to:

Durham Public Schools  
ATTN: Tanita Nicholson  
Purchasing Office, Room 132  
511 Cleveland Street  
Durham, NC 27701

**All questions must be submitted via email no later than 2:00 pm Monday, April 1, 2024 to [Dist.purchasing@dpsnc.net](mailto:Dist.purchasing@dpsnc.net)**  
**Applications (1 original and 2 copies, and an electronic copy (FLASSH DRIVE) Due: Monday, April 22, 2024 @ 12NOON**