2022-2023

Request for Proposals

For

School-Based Mental Health Providers
The School-Based Mental Health (SBMH) program has been operating in Charlotte-Mecklenburg Schools (CMS) for more than 25 years. CMS (also referred to as the “District”) partners with select community-based mental health provider agencies to provide outpatient mental health services to students on campus during the instructional day. The SBMH agencies are identified through a rigorous selection process. Potential partners must meet preliminary program standards and if selected, must demonstrate high quality service to continue serving as a provider. Please review the CMS Vision for School-Based Mental Health Services (attached to the end of this document) to learn more and to determine whether the SBMH program aligns with your organization’s vision and capacity.

**Contact Information and Inquiries**
All communication regarding the SBMH program and your mental health agency, and all questions related to the SBMH RFP process should be directed to the CMS Mental Health Manager, Carrie Sargent carrie.sargent@cms.k12.nc.us.

**Submission and Receipt of Information Packets**
All RFP packets should be submitted to carrie.sargent@cms.k12.nc.us by 11:59 p.m. on 10/21/22; any submissions sent after the specified date will be excluded from consideration. The e-mail subject line for packet submissions should be “SBMH RFP Submission.” An e-mail receipt will be sent when a packet is received.

**Selection Process:**
CMS convenes a group of community leaders from various child-serving agencies in Mecklenburg County to participate in the agency selection process. Representatives from this group will score submitted proposals using a standardized rubric and the 3-5 agencies with the highest scores will be invited to participate in a panel interview with representatives from the group. Upon conclusion of the proposal review and panel interviews, 1-2 agencies will be selected to serve as SBMH partner agencies.

<table>
<thead>
<tr>
<th>Schedule of RFP Activities</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Proposals is released</td>
<td>9/26/22</td>
</tr>
<tr>
<td>Deadline for submission of RFP packet</td>
<td>10/21/22</td>
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<tr>
<td>SBMH Review Committee scores submitted proposals and selects finalists</td>
<td>By 11/14/22</td>
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<tr>
<td>Selected agencies are invited to panel interviews</td>
<td>By 11/18/22</td>
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<tr>
<td>Finalist panel interviews are conducted</td>
<td>Between 11/28-12/15/22</td>
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<tr>
<td>Identified SBMH agencies are invited to become an SBMH partner</td>
<td>By 12/21/22</td>
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**General Instructions for Packet Submission:**
- The packet is limited to a maximum of 10 typed pages with 10-12-point font and 1.5 spacing; the 10-page maximum excludes a title page, table of contents, and appendices/exhibits.
- The document should be submitted in the form of a single PDF.
- The proposal should include information for all required items and any optional exhibits/appendices. Please include section headers for each required item (i.e., Item 1: Agency History).
- Page numbering of the packet should be consecutive, beginning with page one and continuing through the complete document.
Required Items

Directions: The agency should include information about each of the below items in their proposal. Failure to include an item in the proposal will affect the agency’s score.

Item 1: Agency History
Provide a brief description about the history of the organization, including when the agency was founded and the agency’s experience working with school-aged children and working within public school settings.

Item 2: Agency Culture & Practices
Describe the agency’s culture and philosophy including management structure, management practices and hiring practices. Also, describe the proposed management structure, hiring practices, and supervision for the school-based mental health program and therapists if the agency were to be selected as an SBMH partner.

Item 3: Agency Services
Provide a detailed description of the services that the agency currently provides. SBMH services are individual outpatient therapy, but the agency should discuss additional services that they could provide to the families of school-based clients. Discuss any non-billable services that the agency would provide at school sites. Describe how the agency will address client needs when outpatient therapy is insufficient or inappropriate.

Item 4: Agency Capacity
Provide information on the current number of staff employed at the agency, specify the number of full-time, part-time, and contract level employees. Provide a detailed analysis of your agency’s current capacity to serve CMS schools including the number of full-time equivalent therapists that the agency could provide immediately for the SBMH program. Additionally, report the number of full-time therapists that the agency could provide during the following school year (i.e., 23-24) and explain how the organization would prepare for the necessary staffing, supervision, and management changes that would need to occur when expanding to additional schools.

Item 5: Insurance Billing and Pro Bono Services
Describe the agency’s ability to bill Medicaid and private insurance agencies (all SBMH agencies must be in good standing with the local LME. Alliance Health). Provide any available evidence of agency commitment to serving uninsured and underinsured clientele. Describe how the agency will comply with the CMS SBMH agreement that for every 20 funded intakes, the agency will provide one pro-bono (free) slot; this means that for every 20 funded intakes, the agency will provide free services to one student (one pro bono slot equals an intake + a maximum of 16 outpatient sessions).

Item 6: Diverse Populations
Explain how the agency plans to serve students who range in age from 5 - adulthood and who come from diverse backgrounds. Explain how the agency will work with families from diverse backgrounds and will meet the language needs of families who are unable to fluently communicate in English. Additionally, address ways the agency will ensure that therapists who work across a variety of schools are successful in a variety of school settings and climates. Identify strategies the agency and therapists will use to engage with the school staff and parents to promote positive, collaborative working relationships.
Item 7: Quality Control
Describe the specific training the agency provides to clinicians, and how the agency plans to address ongoing support needs for school-based therapists. Describe how school-based therapists will be supervised and supported by agency management. In addition, describe productivity requirements, average caseload expectations, and current pay structure for school-based therapists.

Item 8: School-Based Service Delivery
When starting with the SBMH program, agencies are typically assigned to approximately 5 schools. Most schools begin with a small caseload of roughly 5-8 students. In some schools the caseload may only increase by a small amount and in other schools the caseload may grow up to 25-30 students over the course of the year, this means that some schools have a therapist on campus 1-2 days per week and some schools have a therapist on campus 5 days a week. Describe how your agency will manage the uncertainties of the SBMH start-up phase and how your agency will manage when established caseloads fluctuate over the course of the year (i.e., the first quarter of the school year is slower than the rest of the year).

Item 9: Referral Processing
CMS school-based staff submit referrals to the agency using an established process. Describe your agency procedures for ensuring consistent and timely processing of referrals including:

- expected timeframe for contacting the guardian once a referral is received
- strategies the agency will use to engage difficult to reach parents
- systems the agency will use to communicate with school staff about the status of referrals
- strategies the agency will implement to minimize service lapse due to therapist vacancies
- strategies to monitor that services are delivered in accordance with treatment plan frequency

Item 10: Anticipated Challenges
Identify the challenges that the agency expects to occur as a new SBMH provider and how the agency will work to overcome potential obstacles.
Charlotte Mecklenburg Schools

Vision for School Based Mental Health

Approximately twenty percent of all children and adolescents present with behavioral and emotional difficulties, but only one-third of children in need of mental health support may receive services. For students whose significant mental health needs affect learning or school attendance, the availability of evidence-based mental health services is critical, and school has been identified as an ideal location for children to receive mental health services. Charlotte Mecklenburg Schools wants to support students and families in accessing appropriate mental health care through the School-Based Mental Health (SBMH) program. The desired outcomes and services, responsibilities, and measures of effectiveness that are incorporated into the program are outlined below.

1.1 Desired CMS Outcomes

Increased student achievement over time
Students with behavioral and emotional difficulties may display poor academic achievement. Achievement deficits may be related to low skills, but inevitably those difficulties are also connected to lost instruction due to disciplinary issues and difficulties attending to instruction related to poor coping skills. Through the receipt of mental health services, it is the District’s expectation that over time, children’s achievement will increase. Growth in academic skills and performance will be measured using the following assessments:

- Literacy grades K-5: Reading3D scores
- Literacy grades K-8: Measures of Academic Progress scores
- Literacy grades 3-8: NC End of Grade Assessments
- Math grades K-8: Measures of Academic Progress scores
- Math grades 3-8: NC End of Grade Assessments
- Grades 9-12: Credits accumulated by end of year compared to expected

Improved student attendance
Children with emotional and behavioral difficulties may have poor attendance. This can be related to psychiatric hospitalizations, fears and anxieties related to school, disciplinary actions leading to suspension, as well as other reasons. Through the receipt of mental health services, it is the District’s expectation that children’s attendance will improve over time. PowerSchool will be used to collect the following attendance data for students receiving school-based mental health services:

- Number of absences in the school year prior to the start of mental health services
- Number of absences in the school year(s) while receiving mental health services
- Number of absences the school year following exit from mental health services

**Decreased suspension**
Children with emotional and behavioral difficulties who display externalizing behaviors may accumulate many days of out-of-school suspension (OSS) over time. It is the District’s expectation that due to an increase in coping skills, children receiving mental health therapy will receive fewer days of suspension during and post mental health services than pre-mental health services. PowerSchool will be used to collect the following OSS and ISS data for students receiving school-based mental health services:
- Number of OSS days in the school year prior to the start of mental health services
- Number of OSS days in the school year(s) while receiving mental health services
- Number of OSS days the school year following exit from mental health services
- Number of ISS days in the school year prior to the start of mental health services
- Number of ISS days in the school year(s) while receiving mental health services
- Number of ISS days the school year following exit from mental health services

**1.2 Desired Services from SBMH Partner Agencies**

**Individual Therapy**
School counseling services are short-term services aimed at removing barriers to support academic achievement and are not intended as a substitute for the diagnosis or treatment of a mental health condition. In contrast, psychotherapy relies on evidence-based treatment methods for mental health conditions (Mayo Clinic, 2013). It is the expectation that SBMH partner agencies will provide individual outpatient therapy for referred students.

**Medication Consultation**
Agencies should provide, or refer students for, medication consultation and management when there is a perceived need for medication intervention. It is expected that the agency will assist the family in receiving a medication consultation for the student. Additionally, the agency therapist will consult with school staff for information about perceived behavioral/emotional changes related to medication management and communicate that information to the treating physician.

**Family Therapy**
In addition to serving referred students, it is expected that the agency will seek to provide family therapy when it is deemed necessary to support students in meeting therapy goals.

**Refer for Enhanced (i.e., higher level) Services**
All referred students may not be appropriate candidates for SBMH i.e., for individual outpatient therapy. When students display needs that warrant higher levels of care, it is expected that agency therapists will refer for and support families in accessing higher service levels (e.g., intensive-in-home, day treatment, etc.).

**Summer Services**
Agencies should offer to provide continued services over the summer months to families. Services may be rendered at a range of locations including the student’s school, the home, the agency office, or in an agreed upon community location upon parent request.
1.3 Agency Responsibilities
By becoming a SBMH partner agency in CMS, the mental health agency is acknowledging that they will comply with the following agreements and responsibilities.

Timely referral response
The agency will begin contacting the guardian within three business days of the receipt of a referral. The agency will attempt to contact the guardian at least three times within two school weeks of the referral received date.

Obtain parent permission for agency services
The agency will obtain written informed service consent from the parent prior to providing any services for a student.

Parent Involvement
The agency will communicate with parents/guardians on at least a monthly basis in regard to the student’s treatment goals and progress. The agency will seek to engage parents in serving as key decision makers for treatment, in identifying treatment goals, and developing strategies to support skill generalization.

Provide master's level clinicians with one or more of the following certifications: LCSW, LPC, LPA, LMFT, or provisional license in one of those areas
School-based therapists must be master’s level clinicians who are licensed clinical social workers, licensed professional counselors, licensed psychological associates, licensed marriage and family therapists, or provisionally licensed in one of those areas. The agency must provide regular clinical supervision and case consultation for their school-based therapists.

Maintain a regular schedule at each assigned school
The agency therapist will maintain a regular schedule at each assigned school. It is understood that at times, the therapist may need to alter the schedule, in such situations, it is necessary that clear and consistent communication be provided to the school administrator and student services team.

Collaborate with teacher and student services staff
In addition to providing individual therapy, the therapist will be willing to provide teacher consultation related to student mental health needs, classroom observation of clients and feedback, crisis support for students on their caseload, and attendance at relevant school meetings. Agencies should provide information about treatment goals and progress to school staff members to support skill generalization and alignment of supports.

Provide a portion of services at no cost (i.e., pro bono services)
SBMH partner agencies must commit to serve 1 unfunded student for every 20 funded intakes, meaning agencies must agree to provide free services to one student for every 20 funded students. For equity of access, pro-bono slots are based on agency case totals across the district, not within a single school. A pro-bono slot is defined as an intake plus a maximum of 16 outpatient sessions. The pro bono slots will be determined and assigned to students by the CMS Mental Health Manager.

Maintain contact with the student and school when a student is placed in an alternative facility (i.e., juvenile detention, PRTF, etc.)
When students are not attending school due to placement in a facility, the agency will maintain contact with the student and/or the family and will update school support staff on the student’s status and any
available discharge information. The therapist will collaborate with school staff to plan for the student’s return to school and support the student’s transition upon return to the school campus.

**Provide mental health consultation and education for school staff**
In addition to working with individual students, the agency therapist is available to provide professional development and general consultation about behavior and mental health to school staff. Upon request, the agency may provide presentations at staff meetings on mental health topics; for example, understanding how symptoms manifest in the school setting, minimizing anxiety, etc.

**Provide Services at Assigned Sites**
The CMS SBMH program follows a one agency per school model which means that agencies will offer services only at their assigned schools, except for identified itinerant bilingual service providers.

### 1.4 Agency Service Effectiveness Measures

**Treatment plan goal monitoring**
Agencies monitor student treatment plan goals monthly. Agencies will submit school-related goal progress to the CMS Mental Health Manager upon request.

**Documentation of student contacts with agency**
Agencies will document each service contact and number of contact hours for all students, including pro bono students. Agencies will monitor that services are provided in accordance with the student’s treatment plan.

**Surveys and Standardized Treatment Measures**
Agencies will seek to administer a pre and post measure of therapeutic progress which may include a standardized behavior-emotional rating scale, parent surveys, and self-ratings.

**CMS Surveys**
Agencies will review the scores and feedback from the SBMH survey reports with the CMS Mental Health Manager. Agencies will identify and implement improvement strategies for any areas that are more than one half point below the CMS agency average score.

### 1.5 District Responsibilities

**Identify schools for the SBMH program**
The District will use information about agency and school capacity as well as student needs to identify schools for the SBMH program.

**Clearly define pertinent role responsibilities**
All schools have school counseling and school psychological services, and many schools are also allotted a social worker. The mental health agency supplements CMS support services though the provision of individual outpatient therapy, and collaboration with school staff and community-based providers to support the mental health needs of students.

**Train school-based agency staff on school culture, roles, and practices**
There are significant differences in the culture of schools in comparison to the private mental health industry. At times, educational needs and treatment needs may appear to conflict with one another.
Positive, collaborative relationships between agencies and schools requires that agency staff have a clear understanding of school culture, practices, roles, pertinent guidelines under which school staff operate, as well as how to navigate within school sites. The District will provide training and support for school-based agency staff to support their transition into school-based service delivery.

**Work collaboratively with provider agency management**
CMS will provide a single point of contact who will initiate and maintain ongoing contact with supervisors at provider agencies. The CMS contact person will work with agency managers to disseminate information, address system level concerns, and agency personnel concerns at individual school sites.

**Expand access to services**
CMS will attempt to secure grant funding to help subsidize services for students who are uninsured or underinsured. CMS will provide interpreters for meetings between the agency and the parent when the parent communicates in a language other than English. Furthermore, if a student requires interpretation services in order to access therapy, CMS will provide interpretation services.

**Establish a consistent referral process for all schools**
Student services staff members will create SBMH referrals, and regularly exchange information with the therapist to provide and receive updates about the referral status of students.

**Ensure a one agency per school model**
All schools participating in the SBMH program will have one agency deliver billable services on campus. Agency and school pairings will remain the same from year to year unless the school administrator or agency expresses a desire for a different pairing.

**Use data to make decisions about continuation or discontinuation of individual agency services**
CMS will review survey results and available agency effectiveness data to determine whether agencies continue to meet the District standards of service. The SBMH partnership may be discontinued for agencies that fail to meet District standards.

### 1.6 School Responsibilities

**Provide use of space and facilities**
Schools must have a private space available for agency service delivery. The space may be shared by other personnel but must be dedicated to the agency on therapist days at the school. It should contain at least two chairs and a table. If the space may be accessed by other personnel on non-agency days, confidential records should be stored at the provider agency offices or within a locked cabinet. The school will attempt to accommodate the agency if they seek to host Child and Family Team meetings at the school.

**Work collaboratively with agency staff**
Schools receiving agency mental health services will designate one or more staff members to serve as points of contact for the agency therapist. These school staff members will support the therapist in working collaboratively within the school.
Invite agency staff to pertinent meetings
Whenever possible, school staff will invite the agency therapist to pertinent meetings that will promote the delivery of agency services and support the welfare of individual students. Because agency therapists are not CMS employees, parent permission must be obtained for agency personnel to attend meetings where individual students will be discussed.

Make referrals to the assigned agency
Sustainability of agency services relies heavily upon referral volume. A school must generate a minimum of 10 approved referrals by the end of the first semester and must maintain an ongoing active caseload of 6 students to continue hosting the program.

Support the provision of services during the instructional day
Schools must understand that students will be pulled from instruction for outpatient therapy sessions which will generally occur weekly and last 45-55 minutes. Given caseload volumes, it is not always possible that all students can be seen during electives/specials. School staff will help the therapist to understand grade level schedules and the learning needs of individual students so that regular or rotating appointment times can be created that both minimize lost instruction and allow the therapist to see all caseload students in a time efficient manner.

Conduct regular check-point meetings with agency to get status and progress update from agency on referred students
The student services team will invite the therapist to attend a brief portion of their regularly scheduled meetings to share and attain referral and progress updates on current students. If the agency has a very small number of active students (i.e., fewer than 6), the therapist may exchange information via email instead of attending the team meetings.

1.7 Collaborative Responsibilities

Crisis Intervention
When agency students have a need for a school-based crisis plan, the agency therapist should participate in the development of that plan, or at a minimum have an awareness of the plan. If an agency student has a crisis while the therapist is at the school, the therapist may be called upon to support the student during the crisis. When a crisis occurs but the therapist is not involved, school staff will provide the therapist with detailed information about the event.

Share information about student performance and progress
Both the school and the agency will obtain a release of information to share information with each other as part of the referral process. The focus of the information exchange includes but is not limited to academic performance, behavior, disciplinary action, school observations, progress towards school and therapeutic goals, suggested strategies for skill generalization, etc.