

PERFORMANCE BASED CONTRACT GUIDELINES

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

The SJMC School Based Health Program (SBHP) team will consist of a Nurse Practitioner, Health Facilitator and Social Worker for the medical and mental health services offered within the clinic. The SBHP will provide a core of comprehensive, age appropriate, primary care services to students enrolled in the SBHC. Services will include comprehensive physicals, immunizations, screening for depression and other age appropriate developmental screenings. For services not available in the clinic, students will receive timely referrals to local community providers.

2. AMOUNT OF SERVICE?

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

We intend to utilize the funding support of \$250,000 annually to offset salaries and personnel cost for the staff employed by SJMC assigned to the SBHP. The SJMC will invoice YPS monthly in the amount of \$20,833.33 per month for a period of thirty-six months with the total yearly amount not to exceed \$750,000.00.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)

The services are available to any student in the Justice Sotomayor Community School who are enrolled with signed consent to participate in the program. The enrollment allows the program to service any student in the school.

4. WHO WILL PROVIDE SERVICES?

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

In the medical clinic we will have the following staff:

TBD – Nurse Practitioner – Licensed Advance Practical Nurse

TBD – Health Facilitator – trained in registration and nursing intake, required BLS certification

TBD – Social Worker – Licensed Master of Social Work

- 4a. WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? **IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.**

No

5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

In collaboration with school leadership, determine best approach to disseminate information. We will also participate with the school PTA, host advisory committee meetings with school leadership, parents and program staff on the progress of services offered, enrollment, and quality indicators.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

The Performance Measures Work plan describes a set of measures required as part of the School Based Health Center. This can be shared with the school district mid-year and annual reviews of the SBHC progress.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Saint Joseph's Hospital Yonkers
School Based Health Program

Vendor Address: 127 South Broadway

Vendor Phone No.: (914) 375-3209

Vendor Business Status: non-profit (corporation, non-profit individual, unincorporated)

Vendor Contact Name: Elizabeth Joglar

Vendor Contact Email: ejoglar@saintjosephs.org

Tax ID No.: 131740127

School District Administrator Name: Lissette Colon-Collins

School District Administrator Title: Assistant Superintendent

School District Administrator Phone No.: 914-376-8230

School District Administrator Email: lcolon-collins@yonkerspublicschools.org

8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? **IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?**

Yes. Stronger Connections Grant. SJMC will invoice YPS monthly in the amount of \$20,833.33 per month for a period of thirty-six months with the total yearly amount not to exceed \$750,000.00.

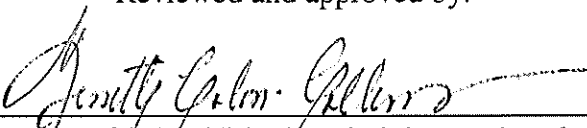
9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? **IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

The Yonkers Public School district will provide school enrollment data for the purpose of outreach. The school nurse in collaboration with the SBHP will share student medical history as appropriate to

support students with chronic conditions, in need of up to date physical or immunizations, and referrals for services.

10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? **IF YES, PLEASE SPECIFICALLY DESCRIBE.**

Yes, to ensure that students enrolled with the SBHP receive appropriate medical and mental health care and treatment specific to their age and condition. The use of shared data will support program outreach to improve student health outcomes, and increase access to health care.

<p>Performance Based Guidelines Reviewed and approved by:</p> <p> _____ (Signature of School District administrator/employee)</p> <p><u>LISSETTE COLON COLLINS</u> _____ (Printed Name)</p>
