

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 purpose of this service is to promote the safety and well-being of students who are at high risk in the Yonkers schools with WJCS satellite mental health clinics, specifically, Cross Hill Academy, Roosevelt High School, Ella Fitzgerald Academy, HOSTOS and Martin Luther King Jr. Academy. WJCS will provide immediate risk assessments along with short-term individual therapeutic support for students identified by the school's social worker, psychologist, and/or guidance counselor who are struggling due to social and/or emotional dis-regulation leading to high risk behaviors.

Prior to the risk assessment the student will first be screened by the school social worker, psychologist, or guidance counselor. Parental support and involvement are paramount in planning for the safety of the student and others. A school staff person will be responsible for reaching out to the parent/guardian about their concern. The WJCS therapist will follow-up to schedule an appointment with the parent/guardian to obtain consent for the assessment and complete the risk assessment with parent and child both present if possible and indicated.

The WJCS clinician will administer the following evidence-based assessments: Columbia Suicide Severity Rating Scale, PHQ-9, GAD-7, and SCARED assessment. The therapist will also complete an evaluation/intake in the agency's electronic health record. All students who receive a risk assessment will also participate in working on a safety plan to be written in the student's own words. The safety plan will be a living document with a copy given to the student and their caregivers and another copy given to the school. The WJCS therapist will review the results of all assessments and go over the evaluation/intake and safety plan with caregiver to discuss further recommendations.

Students who receive an initial intake will have follow-up with the school-based clinician for 3-6 weeks and will receive 30-45min individual therapy sessions, 30-min collateral sessions and 1-hr family sessions. The therapist will also work to connect the family to long-term care (i.e. outpatient therapy, care management support etc.) if indicated. The assessment measures described above will be re-administered after the clinical work is provided.

With permission from the parent, the WJCS clinician will share the results of assessment with the school social worker, psychologist and or guidance counselor. The clinical team will meet to discuss the progress the student makes and address any ongoing concerns.

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")

All risk assessment will take place at school sites where WJCS has OMH licensed satellite clinics. The initial risk assessment will take place in person and for approximately 1 ½ hrs. The identified student will have the opportunity to meet in person with a WJCS therapist 1x per week for minimum of 30-min and maximum of 45-min for individual sessions. Therapist will have at least 1x per month contact with parent for minimum of 20min and maximum of 30-min either in person, virtually or on the phone. It is anticipated that WJCS will serve approximately 15 students with this intensive assessment and follow up.

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Any student at the following schools will have the opportunity to have a risk assessment completed, at the recommendation of the school social worker, psychologist and or guidance counselor:

- Ella Fitzgerald Academy
- HOSTOS
- Roosevelt High School
- Cross Hill Academy
- Martin Luther King Jr. Academy

After the risk assessment has been completed, if necessary, the student will be seen at least 1x per week by an individual therapist for short-term psychotherapy. The students and their families will also be provided the opportunity to participate in at least 2-3 family sessions over the course of 3-6 weeks.

With the permission from students' parents the WJCS clinician will follow up with the referring school staff about the progress of the student. If additional help is needed, a WJCS therapist or family support worker will help coordinate and/or facilitate a larger Network or support circle meeting to discuss other levels of care that may be provided to the students and their family.

4. WHO WILL PROVIDE SERVICES?

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

Any member of the WJCS Yonkers school based clinical team will provide the assessment and treatment and the program will be overseen and supervised by LeRoy Ennis, LCSW supervisor of school -based services.

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?)

A WJCS-therapist will have at least 1x per week contact with either the school social worker, psychologist and or guidance counselor updating them about the students progress and recommendations. Therapist and caregivers are expected to have a minimal of two contacts a month via phone, in-person, or virtually. The school will receive a copy of any safety plan written. With written permission from caregiver the school can obtain a copy of the evaluation/intake report.

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

WJCS' psychology fellow working with the Yonkers school -based staff will oversee the quality of the services She will measure and report on pre and post testing on anxiety and depression. For younger students, success will be measured by a decrease in behavioral outbursts, crying episodes, ability to remain in class for longer periods of time

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Westchester Jewish Community Services, Inc
Vendor Address: 845 N Broadway, White Plains, NY 10603
Vendor Phone No.: 914-761-0600
Vendor Business Status: (corporation, non-profit individual, unincorporated) non-profit
Vendor Contact Name: Tim Dudic, Director of Grants
Vendor Contact Email: tdudic@wjcs.com
Tax ID No.: 131740071

School District Administrator Name: Elaine Shine
School District Administrator Title: Executive Director
School District Administrator Phone No.: 914-376-8183
School District Administrator Email: eshine@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, this work supports the Well-Rounded Education opportunity and Safe and Healthy students component of the Title IV, Part A grant.


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 program will receive referrals from Yonkers Public Schools.

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.

No

Performance Based Guidelines
Reviewed and approved by:



(Signature of School District administrator/employee)

LISSETTE COLON-COLLINS
(Printed Name)