

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)

Student Assistance Services (SAS) will participate in the RECOVS Mental Health Grant by providing the following:

Training and support for Regional Support Staff and School-based Pupil Support Staff/ Multi-Tiered Systems of Support (MTSS) on the following for School 5, Cesar Chavez School, Enrico Fermi School, and Casimir Pulaski School:

1. Co-create DASA materials;
2. Provide Student-Facing Bullying Program (Olweus);
3. Assist in the guidance of developing and creating a school-wide MTSS pyramid model to ensure schools have access to the array of mental health supports;
4. Co-Create online Modules for Parent MTSS Workshops, anti-bullying, social media, and suicide prevention;
5. Parent training to look at indicators of suicide, depression, other mental health concerns, and the signs of bullying;
6. Provide trauma informed care training for staff, school administrators, teachers, bus monitors, school aides, teacher assistants, and students.

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")

\$34,960.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

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

Staff, students and their parents/guardians

4. WHO WILL PROVIDE SERVICES?

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

The SAS consulting and training services will be primarily provided by Andrea Fallick, Director of School-Based Services at Student Assistance Services. Ms. Fallick is a NYS Licensed Clinical Social Worker (LCSW), NYS Credentialed Prevention Professional (CPP), and Certified Olweus Bullying Prevention Trainer and Consultant. Lisamaria Albanese, MSW, will be assisting Ms. Fallick and be available to meet with individual students and parents as needed.

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 subcontractors will be involved in our work.

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?)

We will provide District Personnel with monthly reports of dates and locations of project activities and numbers of participants for each activity. An annual report will also be provided summarizing the monthly reports and listing suggestions and goals for the following year.

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 quality of services will be judged by participant evaluations of all trainings conducted and a review of materials produced.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: Student Assistance Services Corporation,
Vendor Address: 660 White Plains Road, Suite 100, Tarrytown, NY 10591
Vendor Phone No.: 914-332-1300
Vendor Business Status: (corporation, non-profit individual, unincorporated) Non-Profit Corporation
Vendor Contact Name: Ellen Morehouse
Vendor Contact Email: sascorp@aol.com
Tax ID No.: 13-3264779

School District Administrator Name: Dr. Stephanie McCaskill
School District Administrator Title: Interim Assistant Superintendent of Special Education and Pupil Support Services
School District Administrator Phone No.: 914-376-8489
School District Administrator Email: smccaskill@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, the NYS RECOVS: Recover from COVID School Program Mental Health Grant. The grant has a focus of providing mental health support.

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.**

No.

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.

<p>Performance Based Guidelines Reviewed and approved by:</p>  <p>_____ (Signature of School District administrator/employee)</p> <p>Dr. Stephanie McCaskill Interim Assistant Superintendent: Special Education & Pupil Support Services</p> <p>_____ (Printed Name)</p>
