

# OPC Area Program

Request for Application for School Based Mental Health Services in  
Chapel Hill-Carrboro City Schools

OPC Area Program in cooperation with Chapel Hill-Carrboro City Schools is releasing a Request for Application for a provider to deliver best practice school based mental health services to elementary children in Chapel Hill-Carrboro City Schools. The available funds for this RFA are \$20,000 of Non-UCR funds.

## **Target Population:**

Students in Chapel Hill-Carrboro City Schools determined to be in need of a mental health assessment and potentially short term therapy.

## **Services Sought:**

This Request for Application is seeking a qualified provider to provide assessment, individual and family therapy. The winning applicant must demonstrate its organization's ability and qualifications to deliver evidenced based/best practice mental health services to children and their families in a school setting. This includes the organization's ability to bill for Medicaid or state mental health dollars. The schools initially served by the project will be Chapel Hill-Carrboro City Schools elementary schools. It is a diverse student population with increasing numbers of Spanish- and Karen- speaking students.

The \$20,000 could be used for start up funds and for mental health consultation to Chapel Hill-Carrboro City School personnel. These funds must be used by June 30, 2009. This \$20,000 is non-UCR funds, and the organization would invoice OPC Area Program for expenses. In addition, the winning applicant could bill Medicaid, Health Choice and state mental health dollars for the services that are delivered. OPC Area Program expects that the winning applicant will obtain appropriate authorizations to bill Medicaid or state IPRS funds in order to sustain the service. The winning applicant will work with OPC Area Program and Chapel Hill-Carrboro City Schools to evaluate the effectiveness of the project.

Interested applicants can submit questions in writing to Lisa Lackmann at [llackmann@opc-mhc.org](mailto:llackmann@opc-mhc.org)  
Answers to questions will be posted on OPC Area Program's website:  
[www.opcareaprogram.org](http://www.opcareaprogram.org)

Technical Requirements: Font for application should be Times New Roman size 12. Two copies and a CD with the application should be delivered to:

OPC Area Program

100 Europa Dr. Suite 490

Chapel Hill, NC 27517

Attention: Lisa Lackmann

RFA-Chapel Hill-Carrboro City Schools School-Based Mental Health

**Submission Deadline: August 15, 2008 at 4:00 pm**

## **RFA Timeline:**

Release RFA: July 11, 2008

Deadline for written submission of questions: July 18, 2008

Summary of questions and answers posted on OPC web site: July 22, 2008

Deadline for submission of application: August 15, 2008 at 4:00 pm

## Application for Chapel Hill-Carrboro City Schools School-Based Mental Health Provider

Name of Applicant (Organization Name):	
Applicant Address:	
Application Submitted by (Staff Name and Title):	Date Submitted:
Phone:	Fax:
Email:	
Designate Status "For Profit" or "Not for Profit" (List Board Chair and CEO):	
CEO Phone:	Fax:
Email:	
Federal Tax ID#:	
Name, address, telephone and email of three references:	

**1. Background of Organization**

Describe your agency's experience providing school based mental health services and in working with children, adolescents, and their families. What evidenced based/best practices for assessing and treating children with mental health challenges does your agency use? Provide information about your organizational structure including other services provided, access to psychiatry services, and your emergency on-call system.

**2. Staffing**

Please describe your organization's ability to provide culturally and linguistically appropriate school based mental health services by certified/licensed staff. This school based mental health project will include assessments and short term therapy with referral to community agencies for longer term needs. In addition, the clinician for this project will provide consultation with school staff on the mental health needs of students screened as well as on general mental health topics. The schools initially targeted for this project will be elementary schools. Ideally, this project would have at least one dedicated clinician. Would your organization have staff to provide services to young people in the schools and their families starting in September 2008? Would your agency be able to expand staff if the scope of the project expanded in the coming years?

**3. Use of Funds**

Describe how your organization would use this \$20,000. The funds can be used for start-up expenses (i.e. staff time in developing protocols and relationships with identified schools), consultation time with school staff on the children served, and funds to assess youth who can not access Medicaid, HealthChoice, or state mental health dollars.

**4. Performance Measures:**

Providers must also be able to comply with all state Medicaid documentation standards as well as confidentiality standards. Describe your agency's Quality Improvement Plan and attach a copy of your agency's Quality Improvement Plan.

**5. Budget Information:**

Please attach audited financial statements for previous 2 years of operation. Also attach certificates of professional liability and general liability.

**6. Cultural Competency**

Does your agency have a Cultural Competency Plan that addresses the recruitment, retention, and training of culturally competent staff, and the delivery of culturally and linguistically competent services? Please describe how your agency will address these areas.

**7. Collaboration**

Please describe your organization's connections to other service organizations serving families who reside within the limits of Chapel Hill-Carrboro City Schools.

The End