

HENNEPIN COUNTY

DEPARTMENT OF COMMUNITY CORRECTIONS AND REHABILITATION

Juvenile Probation Division

Request for Proposals

Functional Family Therapy

November 16, 2009

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Attachment(s):

- A: Provider Fact Sheet**
- B: Financial Forms**

Exhibit(s):

- A. A New Mindset for Correctional Out-of-Home Placements and Use of the County Home School**
- B. Youth Level of Service/Case Management Inventory (YLS/CMI) Summary**

To obtain this document in an alternative format, please notify the County by fax at (612) 728-7596, by email at sue.sinna@co.hennepin.mn.us, or TTY (612) 348-6915. Please allow a reasonable amount of time for special needs accommodation.

I. Introduction

A. Hennepin County Department of Community Corrections and Rehabilitation

Hennepin County manages the largest community corrections program in the State of Minnesota. The Department of Community Corrections and Rehabilitation (DOCCR) provides supervision and services to nearly 37,000 adult and juvenile offenders each day. DOCCR has an annual operating budget of approximately \$103 million and employs almost 1,000 people. The Department collaborates with its criminal justice partners, numerous community organizations and service providers, and a dedicated group of volunteers to achieve its mission.

The mission of Hennepin County DOCCR is:

- Community safety
- Community restoration
- Reduced risk of re-offending

B. Proposal Background

Since 2008, a collaborative group consisting of members from DOCCR, the Hennepin County Juvenile Court, and the Hennepin County Human Services and Public Health Department (HSPHD) has been working to redesign the juvenile correctional services system in Hennepin County. The parties collaborating on this effort are known as the Correctional Out-of-Home Placement (COHP) workgroup. As part of Hennepin County's redesign of juvenile correctional services, the COHP workgroup developed a comprehensive set of recommendations intended to create systemic change within the juvenile services area. These recommendations addressed two interrelated goals: to reduce the number of correctional out-of-home placements and to create an array of community-based services using evidence-based and best practice standards. Functional Family Therapy (FFT) is one of the evidenced-based practices chosen by the COHP workgroup for implementation as part of this redesign effort.

Further information regarding DOCCR's redesign of juvenile correctional services is available as Exhibit A (A New Mindset for Correctional Out-of-Home Placements and Use of the County Home School).

C. Functional Family Therapy Overview

Functional Family Therapy (FFT) is an empirically grounded, well-documented and highly successful family intervention program for dysfunctional youth. FFT has been applied to a wide range of problem youth and their families in various multiethnic, multicultural contexts. Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse. Intervention ranges from, on average, eight to twelve one-hour sessions for mild cases and up to thirty sessions of direct service for more difficult situations. In most instances, sessions are spread over a three to four month period. An average caseload for a FFT clinician is ten to twelve families. FFT has been conducted in clinic settings as an outpatient therapy and as a home-based/community based model.

The development of FFT began in 1971. In 1997, FFT was designated as a "Blueprint Program (one of only twelve such programs nationally) for the successful treatment of

delinquency, substance abuse, and violence for high-risk youth. FFT has also received designations as an “Exemplary Program”, “Best Practice” and “Evidence-Based Effective Program” from the Centers of Disease Control-CDC, Office of Juvenile Justice & Delinquency Prevention (OJJDP), American Youth Policy forum, and Surgeon General’s Report on Youth Violence.

This RFP does not obligate Hennepin County to complete the RFP process or to enter into a contract. Vendor selections, if made, are anticipated to be in effect for a minimum of 36 months. Hennepin County is not obligated to respond to any proposal submitted nor are they legally bound in any manner whatsoever by the submission of a proposal. Agencies and/or individuals responding to the RFP assume all risk and costs associated with the submission of their proposals.

II. Scope of Service

A. Target Population

Youth referred for FFT services can be either male or female, and must meet the following criteria:

1. Be 12 through 18 years of age
2. Be a resident of Hennepin County
3. Have been adjudicated delinquent and currently be under the supervision of the Hennepin County Juvenile Court
4. Have a Youth Level of Service Inventory (YLSI) risk level in the moderate or high range
NOTE: Information regarding the YLSI is available in Exhibit B (Youth Level of Service/Case Management Inventory (YLS/CMI) Summary), herein referred to as the YLSI
5. Have a mental health diagnosis
6. Be in need of an intensive community-based intervention as determined by Hennepin County DOCCR screening protocols
7. Are at risk for a correctional out of home placement or are in need of intensive family counseling following out of home placement as indicated by a high family domain in the YLSI
8. Have demonstrated problems in their community, home or school including chemical abuse, violent acting out and may have a history of out-of-home placement

Exclusions: The following youth will not be referred for FFT services:

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers
- Youth who are actively suicidal, homicidal, or psychotic
- Youth with mild, moderate, or severe developmental delays
- Youth 19 years of age and above

B. Expected Outcomes

Outcome objectives:

- I. Recidivism

- a. 80% of youth receiving services will not receive a new delinquency adjudication for an offense at the misdemeanor level or higher during their participation in the program.
- b. 70% of youth who successfully complete the program will not receive a new delinquency adjudication for an offense at the misdemeanor level or higher within 6 months of program completion.
- c. 60% of youth who successfully complete the program will not receive a new delinquency adjudication for an offense at the misdemeanor level or higher within 12 months of program completion.

II. Out-of-home Placement*

- a. 95% of youth participating in the program will not be ordered by the court into out-of-home placement for primarily correctional reasons (i.e, offense-based intervention services and/or disciplinary action) during participation in the program.
- b. 80% of youth participating in the program will not be ordered by the court into out-of-home placement for primarily correctional reasons (i.e, offense-based intervention services and/or disciplinary action) within 6 months of program completion.
- c. 75% of youth participating in the program will not be ordered by the court into out-of-home placement for primarily correctional reasons (i.e, offense-based intervention services and/or disciplinary action) within 12 months of program completion.

* Placements made primarily for treatment of mental health or chemical health conditions or to address other social service needs (e.g., loss of domicile) would not be counted as placements for the purposes of this goal.

III. Re-offense Risk

80% of youth who successfully complete the program will obtain a reduction in their overall YLSI score when comparing their YLSI score at the time of admission to their score at the time of discharge.

IV. Supplemental Outcomes

- a. 80% of youth who successfully complete the program will score at least one risk level lower on each of their two highest YLSI domains (and have no increase in risk level on any of these YLSI domains that might already have been at the "Low" level at time of admission), as determined by comparing the youth's YLSI domain scores at the time of admission to their scores at the time of discharge.
- b. 80% of youth who successfully complete the program will score at least one risk level lower on the Family Circumstances/Parenting domain of the YLSI (or will remain at the "Low" risk level on this domain if their score was already at the "Low" level at time of admission), as determined by comparing the youth's YLSI domain score at the time of admission to their score at the time of discharge.
- c. Youth will demonstrate an improvement in their functional level as evidenced by an improved score on the YLSI, Child and Adolescent Service Intensity Instrument (CASII), and Strength and Difficulties Questionnaire (SDQ).

V. Process Outcome

- a. Provider will successfully engage and guide a youth and family in the FFT services, as determined by participation in three sessions.
- b. 80% of youth referred to the FFT program will complete treatment

VI. Hennepin County DOCCR will also analyze outcome data on youth who fail to successfully complete the program

VII. The FFT expectations for monitoring fidelity to the FFT model and for the evaluation of the FFT intervention.

Data collected will include program and process outcome measures and outputs. Specific data points and level of reports will be determined by DOCCR. The following data and outputs will be tracked by the contracted agency:

- Client Name
- Client ID number
- Number of sessions OR number of hours of service provided to youth
- Goal completion
- Reason for termination

C. Project Description

The Department of Community Corrections and Rehabilitation – Juvenile Probation Division is requesting proposals from vendors to develop a Hennepin County FFT team consisting of four clinicians. DOCCR is soliciting proposals from qualified FFT applicants that are committed to working with correctional youth to form the Hennepin County FFT team. Applicants may be either agencies or individuals who meet the required criteria. Hennepin County wants to have the capacity to meet the cultural needs of the youth and families within the target population for FFT services. Therefore, it is anticipated that Hennepin County will contract with more than one FFT applicant.

The originators of the FFT model ensure fidelity to their model through a systematic and rigorous certification process. The certification process is a three year, three phase process. Phase I focuses on intensive clinical training of all the clinicians in the FFT model. Phase II involves the training of the local supervisor of the FFT team. Phase III focuses on moving the partnering relationship between the FFT organization and the local FFT team to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion. Agencies must be willing to adhere to the expectations of this certification process, as well as the FFT principles, practices and methods of the clinical intervention.

FFT is a model of therapy with a prescriptive course of intervention. There is considerable training for the FFT clinicians during Phase I of the certification process on the FFT model. FFT applicants must agree to follow through with the Phase One training activities and services listed as follows:

- One day on-site Implementation/Assessment Training;
- Two day on-site clinical training on the FFT model;
- Ongoing telephone consultation with FFT organization staff;
- Two-day, on-site follow-up training (Three total)
- Clinical Services System (web-based application to support and guide clinicians in organizing and adhering to the FFT model);
- Two-day, off-site FFT Clinical Team Training;

The initial cost of FFT training is covered through the reimbursement structure of the FFT contract. In the event of staff turnover, the new FFT clinician would need to attend a two-day off-site FFT training. The cost of this subsequent training will be the responsibility of the contracted FFT provider.

All FFT clinicians must attend a two-hour weekly clinical consultation with the other members of the Hennepin County FFT Team. Initially during Phase I, this consultation is facilitated by the national FFT organization staff. Once the Hennepin County FFT team site supervisor is identified and trained in Phase II, that individual becomes responsible for the weekly clinical consultation meetings.

All FFT clinicians are expected to utilize the FFT Clinical Services System. This system documents the client's progression and ensures the FFT clinician's fidelity to the FFT model. FFT clinicians will need access to a computer to utilize the FFT Clinical Services System.

All referrals for FFT are initiated by Hennepin County Probation Officers and are screened and authorized through established Hennepin County protocols which include working with the court system. The FFT contracted agency or individual agree to accept all referrals for FFT that come through this referral and authorization process.

FFT providers are expected to maintain an active caseload of 8-10 families at any given time. Through the course of a year, a FFT clinician will have worked with an average of 35 families. The FFT model includes parent/guardian and siblings of the identified youth in the treatment intervention.

D. Proposer Qualifications

The following is a list of requirements that all proposers must meet in order to be considered a qualified FFT applicant:

- Adhere to the protocols prescribed by FFT in the delivery of the services and the training of the clinician;
- Have capacity to deliver and bill third parties for mental health services;
- Demonstrate a history of working successfully with correctional youth and their families;
- Demonstrate a history of successfully delivering in-home therapy services;
- Assign a Mental Health Professional to be a member of the FFT team and to deliver the FFT services;
- Have the flexibility in scheduling to be available in the late afternoons, evenings, and weekends;
- Must obtain a satisfactory criminal background check, satisfactory current driving history, and check references for all employee applicants/individuals involved in providing direct services or transportation for youth, prior to the employee/individual having contact with any youth in the program.

Preference will be given to agencies or individuals with a demonstrated history of delivering culturally competent, mental health services. If applicant is an agency, preference will be given to those with Rule 29 and Children's Therapeutic Support Services (CTSS) certification.

E. Contracts

The process for selection of FFT providers includes both a review and recommendation locally by Hennepin County, as well as review and approval by the national FFT organization.

Contracts will be awarded to up to four successful proposer(s) for a term anticipated to commence in April 2010. Length of contract terms may vary at the discretion of the County. It is anticipated that the contract would be for a 36 month term.

A successful proposer will work with Hennepin County Human Services and Public Health Department's (HSPHD) Contract Administration office in the development of a contract. Proposers must be willing to meet all standard contract requirements, including insurance requirements, of Hennepin County.

Proposers intending to subcontract part or all of one or more of the service components to another service provider(s) must identify the subcontractor(s) and describe the specific services and/or activities that will be provided by the subcontractor(s). If the proposal represents offerings to be provided by different agencies or other organizations, the contract will be solely with the proposer, who will be required to assume responsibility for all obligations under the contract. Any proposed subcontractors will be subject to the County's approval.

F. Reimbursement

Certain services within the FFT model can be billed to third party payers. Hennepin County expects all contracted FFT providers to bill the youth's health plan for those services. The FFT training costs, cost of delivering direct services that are not reimbursable by a third party, and other related costs, are covered through the contractual agreement with Hennepin County.

III. Submission of Proposal

A. Timeline

Monday, November 16, 2009	Release of Request for Proposals
Tuesday, December 8, 2009	Pre-proposal conference at 9:00 AM CST: Health Services Building 525 S. Portland Ave., Mpls. 1 st Floor – Room 112
Monday, January 11, 2010	Proposals due by 4:00 p.m. CST
January 2010	County review and selection process
January/February 2010	County recommendations submitted to FFT; decisions made and notification to applicants
February/March 2010	Contract process and submission to Hennepin County Board
April 2010	Anticipated effective date of contracts and start of services

B. Proposal Submission

The proposal is due before 4:00 P.M. CST on Monday, January 11, 2010.

Please submit an electronic proposal to:
sue.sinna@co.hennepin.mn.us

with the subject line:

Proposal: Functional Family Therapy RFP

Failure to include the subject line above may be grounds for rejection of the proposal.

Failure to submit a proposal on time may be grounds for rejection of the proposal. Proposals must be submitted electronically; faxed or paper submissions will not be accepted. The County is not responsible for delays caused by internet delivery service. The County reserves the right to accept proposals after the date specified.

C. Technical Support

Hennepin County Department of Community Corrections and Rehabilitation and Human Services and Public Health Department will jointly convene a pre-proposal conference to respond to questions related to this RFP. All prospective applicants are invited to attend.

The pre-proposal conference will be held at Health Services Building, 525 S. Portland, Minneapolis, -1st floor – Room 112 from 9:00 A.M. to 11 A.M. CST on Tuesday, December 8, 2009. While attendance at the pre-proposal conference is not mandatory, it is strongly encouraged as this will be the only opportunity to ask questions directly to County staff.

Answers to questions submitted via email to sue.sinna@co.hennepin.mn.us, along with questions and answers from the pre-proposal conference itself will be posted on the Hennepin County website no later than end of day on Wednesday, December 16, 2009.

There will be no information provided outside of this process.

Below is how to access the information on the Hennepin County website:

1. Find the Hennepin County website at www.hennepin.us
2. In the top right hand portion of the screen enter "RFP" in the search box.
3. Select the first search result listed "Provider Relations Current SOIs and RFPs in Human Services" which will take you to all posted SOIs and RFPs.

IV. Proposal Requirements

A. Format

Applicants are instructed to use the following format in preparing all proposals. Failure to do so may result in a reduced rating by the proposal review committee.

1. Use 10 point Ariel font, one-inch margins, and single spaced lines on 8½ X 11-inch paper.
2. Use a Microsoft compatible format (Word or Excel).
3. Number all pages including any attachments.
4. Do not exceed the proposal narrative page limit set forth below. Pages exceeding the maximum will be removed prior to evaluation.

Proposal narratives are to be 5 - 7 pages in length. The attachment(s) (Provider Fact Sheet, Financial Forms, Budget Narrative, Organizational Chart, Job Description and Resume may be attached as additional pages.

B. Contents of Proposal

1. Narrative

The proposal narrative should provide a detailed plan to fulfill the project description. Include the following headings and include answers to the questions listed below.

- **Organization Overview**
 - a. Describe the size of the agency, types of service that are provided, geographic location, community partnerships or collaborations.
 - b. Identify strengths of the staff or previous achievements that contribute to the reputation and specialty of the agency in the community.
 - c. Indicate licenses, certificates or registrations currently held by the agency or individual applicant.
 - d. For individual applicants, describe the length of time you have been in business, types of service that you provide, geographic location, community partnerships or collaborations.
 - e. Identify your individual strengths or previous achievements that contribute to your reputation and specialty in the community.

- **Agency/Individual Qualifications**
 - a. Briefly describe the agency's/individuals philosophy and experience providing services to Hennepin County youth and/or families.
 - b. Describe qualifications as they relate to the education and experience of staff employed by the agency/or individual.
 - c. Include any standardized curriculum currently being used.
 - d. Provide examples of the agency's/individuals ability to support the program requirements.

- **Ability to Serve Non-English Speaking/Culturally Diverse Populations**
 - a. Provide a brief description of the agency's/individuals ability to provide appropriate culturally specific services.
 - b. Provide a brief description of the agency's/individuals ability to provide services to non-English speaking clients and families. Indicate what languages are spoken.
 - c. Describe how the agency provides culturally specific training to staff.

- **Ability to Meet the Request for Proposals Outcomes**
 - a. Discuss currently measured indicators that pertain to the outcomes listed in this RFP.
 - b. Indicate how the agency would use the indicators to measure outcome data.
 - c. Describe how the agency will meet the Request for Proposal's expected outcomes described in Section II.B.

- **Service Description**

Provide a description of how the agency will integrate the specific FFT requirements into the overall service operations. Include responses to the following.

	FFT Program Requirement	Evidence Required for Proposal

	FFT Therapist:	
1	Must be a licensed as a mental health professional in the State of Minnesota and should be experienced in providing individual, group, marital or family counseling or psychotherapy. S/he will have at least three years post-degree experience working with delinquent youth and their families in community-based settings.	Statement in proposal indicating that all FFT therapists will be licensed mental health professionals.
2	Must be a full-time employee/individual assigned solely to the FFT program.	Statement in proposal indicating that all FFT therapists will be full-time and that the therapists will be assigned solely to FFT.
3	Must not have <u>any</u> non-FFT program responsibilities nor carry <u>any</u> additional non-FFT cases.	Statement in proposal indicating agreement to this requirement.
4	Must be allowed to work a flexible schedule as needed to meet the needs of the families they are serving.	Statement in proposal indicating agreement to this requirement.
5	Must be allowed to use their personal vehicle to transport clients.	State agency policy regarding client transport in personal vehicles.
6	Must have use of either cellular phones or pagers so that clients can contact them quickly and conveniently.	Statement in proposal indicating agreement to this requirement. Explain what arrangements will be available to therapists for cell phones and/or pagers.
7	Must operate as a member of the Hennepin County FFT team of four therapists which could include clinicians from several different agencies/individuals.	Statement in proposal indicating agreement to this requirement.
8	Each FFT Therapist must track progress and outcomes on each case by completing FFT case paperwork and participating in team clinical supervision and FFT consultation weekly.	Statement in proposal indicating agreement to this requirement and how the requirement will be met.
9	Each therapist must have access to a computer to enter progress and outcomes data in a timely manner.	Statement in proposal indicating agreement to this requirement. Explain what arrangements will be available to therapists for computer access.
10	Must agree to participate in weekly case consultation facilitated by the FFT supervisor; and individual supervision as determined by the FFT supervisor.	Statement in proposal indicating agreement to this requirement.
	FFT Program Requirement Orientation and Training:	Evidence Required for Proposal
11	Phase I focuses on intensive clinical training of all the clinicians in the FFT model. Must agree to follow through with the Phase I training activities and services listed as follows: <ul style="list-style-type: none"> ▪ One day on-site Implementation/Assessment Training; ▪ Two day on-site clinical training on the FFT model; 	Statement in proposal indicating agreement to this requirement.

	<ul style="list-style-type: none"> ▪ Ongoing telephone consultation with FFT organization staff; ▪ Two-day, on-site follow-up training (Three total). ▪ Clinical Services System (web-based application to support and guide clinicians in organizing and adhering to the FFT model); ▪ Two-day, off-site FFT Clinical Team Training; 	
12	Phase II involves the training of the local supervisor of the FFT team. Initial year consultation is facilitated by the national FFT organization staff. In Phase II the FFT site supervisor is identified and trained, and becomes responsible for weekly clinical consultation meetings. Must agree to accept the national FFT supervision and subsequent selection and transition to a local FFT site supervisor.	Statement in proposal indicating agreement to this requirement.
13	Phase III focuses on moving the partnering relationship between the FFT organization and the local FFT team to assure on-going model fidelity, as well as impacting issues of staff development, interagency linking, and program expansion.	Statement in proposal indicating agreement to this requirement.
14	Initial cost of FFT training is covered in the FFT contract. In the event of staff turnover, the new FFT clinician would need to attend a two-day, off-site FFT training. The cost of this subsequent training will be the responsibility of the contracted FFT provider.	Statement in proposal indicating agreement to this requirement.
	FFT Program Requirement FFT Clinical Supervision:	Evidence Required for Proposal
15	FFT therapists must participate in weekly team case consultation facilitated by the designated FFT supervisor, weekly FFT telephone consultation and seek individual supervision for crisis cases. Supervision is provided in Phase I by the national FFT organization staff, and Phase II and III selection of a supervisor by the national FFT organization from the Hennepin team members.	Statement in proposal indicating agreement to the FFT supervision model.
16	The designated FFT supervisor must have appropriate authority over the FFT Therapists being supervised to assure fidelity to the FFT model.	Statement in proposal describing how this requirement will be achieved.
	FFT Program Requirement Program Operations:	Evidence Required for Proposal
17	Must obtain a satisfactory criminal background check, satisfactory current driving history, and check references for all employee applicants/individuals involved in providing direct services or transportation for youth, prior to the employee/individual having contact with any youth	Statement in proposal indicating agreement to this requirement.

	in the program.	
18	Must use outcome-focused personnel evaluation methods.	Statement in proposal indicating agreement to this requirement.
19	Must have formal outcome-tracking systems in place.	Statement of what data will be collected, by whom, how often, by what method, how the data will be stored, and how data will be analyzed.
20	The FFT program has a specific Target Population of youth eligible for services, as well as those excluded youth.	State both the eligible and excluded youth as described in Section II. A. Statement indicating agreement to this requirement.
21	Must agree to accept all referrals that meet the criteria specified in the target population.	Statement in proposal indicating agreement to this requirement.
22	Must agree to adhere to FFT practices referenced below:	Statement in proposal indicating agreement to this requirement.
	A. FFT caseloads do not exceed 8 to 10 families per therapist.	Statement in proposal indicating agreement to this requirement.
	B. Overall average duration of treatment is 12 sessions.	Statement in proposal indicating agreement to this requirement.
	C. Each FFT Therapist tracks progress and outcomes on each case by completing FFT case paperwork and utilizing the FFT Clinical Services System.	Statement in proposal indicating agreement to this requirement.

2. Attachment(s)

Attachment A: Provider Fact Sheet

Complete the Provider Fact Sheet found in Attachment A. Name and telephone number of the key contact person must be clearly indicated. The Provider Fact Sheet will serve as the proposal cover page.

Attachment B: Financial Forms

Financial forms are found in Attachment B. Financial information should be prepared for an annual (12 month) budget period. The required forms are "Agency Allocated Budget by Program", "Administrative Cost Allocation Schedule", and the "Agency Salary Schedule by Program". When FFT is the only program the agency will operate, complete only column one on the appropriate forms.

Attachment C: Budget Narrative

Please submit a one to two page budget narrative to provide more clarity and detail on the budget items for the program-specific FFT budget.

Attachment D: Organizational Chart

Provide an organizational chart indicating line of authority for FFT and position of FFT program within provider's organization.

Attachment E: Job Description

Provide a job description for the FFT therapist, including duties and qualifications for the position.

Attachment F: Resume

Submit copies of the resume of any known individuals who the agency is proposing be considered for FFT positions,

Attachment G: Audited Financial Statements

Submit copies of audited financial statements for the last 2 years

Agencies not directly under contract with Hennepin County are also required to submit the following items along with their proposals:

- A. Affirmative Action Plan or Certificate of Compliance (receiving at least \$100,000 in Hennepin County funding)
- B. Evidence of Compliance – Worker’s Compensation Insurance and Commercial General Liability Insurance
- C. 501 (c)(3) letter (if applicable)
Agency or Program Grievance Policy

V. RFP and Proposal Conditions

The proposer, by submitting a proposal, agrees to the following conditions:

Proposers are responsible for knowledge of federal, state and local laws, rules and regulations that govern all applicable services and programs.

It is understood that any proposal received and evaluated by the County can be used as a basis for direct negotiation of the cost and terms of a contract between the County and the particular agency submitting such a proposal. The County reserves the right to negotiate pertinent contract terms concurrently with any number of agencies as it deems in its best interest, whether or not such agency has submitted a proposal. The County is not obligated to respond to any proposal submitted nor is it legally bound in any manner whatsoever by the submission of a proposal. It is the intention of the County to enter into a contract with a provider with which the County can make the most satisfactory arrangements for its needs.

The issuance of this RFP constitutes only an invitation to submit proposals to the County. It is not to be construed as an official request for bids, but as a means by which the County can acquire information related to the purchase of services. Any proposal submitted as provided herein constitutes a suggestion to negotiate and is not a bid.

Information supplied by each proposer to the County is subject to the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13 (the “Act”). Proposals submitted become a matter of public record as set forth therein. Such information shall become public unless it falls within one of the exceptions in the Act, such as security information, trade secret information, or labor relations information pursuant to Minnesota Statute, Section 13.37. If the proposer believes any non-public information will be supplied in response to the RFP, the proposer shall take reasonable steps to identify and provide reasonable justification to the County regarding which data, if any, falls within exceptions to the Act. However, the proposer agrees as a condition of submitting a proposal that the County will not be held liable or accountable for any loss or damage which may result from a breach of confidentiality as may be related to the responses submitted. The County will not consider any cost information and references submitted by the proposer to be non-public, confidential or trade secret material. Simply stating that the document is confidential or making a blanket claim of confidentiality without proper supporting justification is also not a valid reason to declare the document confidential.

Hennepin County reserves the right to reject any or all proposals with or without cause, and the right to cancel and/or amend, in part or entirely, the Request for Proposals. The solicitation does not commit Hennepin County either to award a contract or to pay for any costs incurred in the preparation of a proposal. Agencies and/or individuals responding to the RFP assume all risk and costs associated with the submission of their proposals.

VI. Evaluation and Selection

The process for selection of FFT providers includes both a review and recommendation locally by Hennepin County, as well as review by the national FFT organization. Prior to any contracts being awarded by Hennepin County, final approval by the national FFT organization must occur for any recommendations.

Proposers will be notified in writing of the selection decisions. Any awarding of final contracts by the Hennepin County Department of Community Corrections and Rehabilitation is subject to final approval by the Hennepin County Board of Commissioners.

Hennepin County reserves the right to reject any and all proposals. If clarifications are needed, the County reserves the right to notify the proposer. The County reserves the right to interview any or all proposers at its discretion, to waive minor irregularities in the RFP process, and to award contract(s) to non-proposer(s) if it so chooses.

The County will make every effort to manage conflicts of interest during the review process. Conflict of interest is defined as the reviewer being involved with an applying agency/organization or benefiting in any way from an award being made to an applying agency. Involvement is defined as the reviewer being employed, volunteering (including board membership), consulting, receiving services, or connected with the organization through a family member/significant other.

The successful proposal(s) will be recommended for selection based on the following criteria:

A. Organization Overview:	5 Points
B. Agency/Individual Qualifications:	15 Points
C. Ability to Serve Non-English Speaking/Culturally Diverse Populations:	20 Points
D. Ability to Meet the Request for Proposals Outcomes:	20 Points
E. Service Description:	20 Points
F. Budget and Budget Narrative:	20 Points

TOTAL: 100 points maximum

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