

Multisystemic Therapy (MST) Request for Proposals
Summary of Questions and Answers from
Pre-Proposal Conference held November 20, 2009
Plus Questions Posed Separately

- 1. Q. Are all MST requirements in the RFP the same as MST requirements at other sites?**

A. The implementation of MST in Hennepin County is based on the MST model requirements most applicable and relevant to Hennepin County youth clients. Specific criteria, such as the ages of youth to be served (12 – 17) and the risk level tool used for assessment (YLSI), are based on needs specific to Hennepin County DOCCR and not necessarily inherent to MST as a model.
- 2. Q. Are the expected outcomes related to measures required of other community-based services?**

A. The Expected Outcomes (page 3) are consistent to measures required of other contracted Hennepin County DOCCR programs. Supplemental outcomes (page 4) are specific to the particular contracted service and would not necessarily be required of other programs.
- 3. Q. Why aren't education measures included as MST outcomes?**

A. Though it is agreed that education measures are valuable and would ideally be incorporated into MST outcomes, current case management software does not allow these measures to be collected efficiently/accurately (the software can effectively query data to measure the existing outcomes).
- 4. Q. Will MST Services be evaluating different outcomes than those posed in the RFP?**

A. Because MST Services will be evaluating the success of MST as an intervention, they may request specific data in order to compare to other MST providers. MST Services has already approved the RFP and is aware of the outcome measures that will be collected by Hennepin.
- 5. Q. Will referrals to MST be made through Juvenile Probation?**

A. Yes. All out-of-home placement requests for MST are first reviewed in the Out-of-Home Placement screening committee to determine if a community-based option can best serve a youth rather than recommending an out-of-home placement to the Court.
- 6. Q. Will provider agency staff be trained locally by MST Services?**

A. Yes. MST Services staff or a local MST Network Partner will conduct the training in Hennepin County.
- 7. Q. Will Hennepin County DOCCR partners also participate in the training?**

A. Perhaps. This had not been considered but would be a good way to ensure all involved understand the model and can enhance the collaboration.
- 8. Q. How is the estimated 40-45 youth to be served per year calculated?**

A. The estimate is based on an approximate average length of stay of four months and an average caseload per therapist of 5-6 youth as well as an analysis to estimate the

number of youth who could benefit from these kinds of community-based services in Hennepin County.

9. Q. Is the estimated number of youth served based on a history of MST service in Hennepin County?

- A. No. Though MST was offered in Hennepin County ten years ago, it was operated out of the children's mental health division. MST is best utilized by youth with experience in the corrections system. At the time the partnership between HSPHD and DOCCR was not as strong; thus the results from the previous collaboration cannot be accurately compared to the current MST proposal.

10. Q. Are Therapy Adherence Measure-Revised (TAM-R) expenses to be a cost to the agency, wherein internal staff would complete the work? OR Are they included as a contract between the agency and MST Services, and if so, what is the expected expense?

- A. For single teams, the chosen agency will contract with MST Services and should approximate \$25 per active client per month, for an estimated annual total of \$5000 per year, which is usually an overestimate of the cost. These estimated TAM-R expenses should be built into the cost of service.

11. Q. The service plan indicates referrals to non-MST compatible programs should be limited. What kinds of programs are not compatible with MST?

- A. Note to those who attended the Pre-proposal Conference: We requested and received additional clarification on this question from MST. The following should be considered the answer, rather than discussion we had on this at the conference.

We are trying to prohibit agencies from trying to access both internal and external services that MST should be providing. This might include services that the MST therapist may have only limited training and experience to provide.

1. Example: Marital problems are preventing parents from agreeing on parenting strategies. The therapist has never done marital counseling and would prefer that the parents receive this from a more "competent" provider. MST would say that the MST Supervisor would be required to train and coach the therapist in developing the skill during treatment - a method similar to how a therapist would learn the skill in a graduate field placement.
2. Example: The therapist is not a certified substance abuse counselor, and the youth is participating in drug use with friends - measured by drug screens. The intervention regarding therapist skill would be similar to above. The agency would have to assure the referral source of other stakeholder that MST is an appropriate treatment, and should be held accountable for delivering the results requested by the stakeholder.
3. Example of exception: Youth demonstrates significant ADD in multiple settings. MST would refer to the appropriate medical resource for evaluation and treatment. The bottom line here is that by limiting the number of providers providing service to a youth an family at one time, MST can leverage a single relationship to accomplish multiple tasks. This requirement must be flexible given the situation-specific factors, so consultation with the MST Expert may be required to assure the best decision first for the needs of the client, and second for the adherence to the treatment model.

12. Q. How should the \$100 flex funds be used?

- A. The flex funds are intended to cover the types of miscellaneous expenses that would improve the working relationship with the family, such as to help with transportation, dinner, child care, payment to outside therapists whose time would not be billed, etc.

13. Q. Can flex funds be used as an incentive for the youth's behavioral plan?

A. Yes.

14. Q. Must agency therapists already be licensed in MST?

A. No. Agencies do not need to already have MST-licensed therapists on staff. Therapists will become licensed through the training process.

15. Q. The proposal notes MST Therapist must not have non-MST program responsibilities. Would adjunct faculty responsibilities be considered a part-time job?

A. Yes. Therapists and the team must be available to the youth and family 24 hours a day, 7 days a week. Any sort of outside job requirement, whether or not it is affiliated with the agency, would interfere with this MST Services-stipulated expectation.

16. Q. Because agencies can't necessarily control employees' activities outside of the work day, how far does the 24/7 availability reach?

A. The MST Team needs to be available to the family 24/7. Therapists who are committed elsewhere cannot adequately fulfill this requirement. Though it may seem extreme and differ from other employment guidelines, it is integral to the model.

17. Q. Will the provider agency be reimbursed for staff costs if fewer than the predicted number of youth is referred to MST?

A. The provider agency will still be reimbursed for incurred staff expenses regardless of the number of youth referred to MST. Expenses related to service delivery will be covered on a cost-reimbursement basis.

18. Q. Will insurance be involved in billing, seeing as a licensed therapist will be providing the service?

A. Possibly in the future. Because MST is not covered by the MinnesotaCare health care program, at this time, Hennepin County will cover MST expenses for this service.

19. Q. If an overlap exists between service delivery of MST and of another treatment that a youth may need to receive, can that be billed to insurance?

A. Not yet determined. MST Services has indicated it is best for Hennepin County to cover the entire cost of services rather than have the provider agency worry about billing for pieces of service. By allowing third-party billing, the concern is that treatment may focus on the services which can be covered by insurance, rather than implementing the model fully. Hennepin County's coverage of MST in its entirety should reduce this concern. If somewhere down the line MST were to become a reimbursable expense within MinnesotaCare, this could change.

20. Q. Does an MST therapist have to be a mental health professional?

A. No. For this reason, the position requires a masters-level mental health *practitioner*.

21. Q. Have other countries that have implemented MST, such as Ramsey, done so successfully with a three-person team and supervisor?

A. Yes. Ramsey and Washington counties have done this. Washington County has separate contracts with therapists rather than through a single agency.

22. Q. Does the proposal require a rate or logic cost model?

- A. No, the proposal does not require a logic cost model. The county may consider paying for services on a unit-rate basis in future years. However, no rates are involved when responding to the RFP.

23. Q. May I call to verify my proposal has been received?

- A. Yes. Call Sue Sinna at 612-596-0450 to verify receipt of submission.

24. Q. Should my proposal Service Narrative simply repeat what is listed on page 15?

- A. We prefer a little more than just a statement. If applicable, please describe your agencies particular services and demonstrate *how* you will meet the minimum requirements.

25. Q: Does the proposal's 5-7 page limits include the Service Narrative?

- A. Yes. The Service Narrative should be included within the 5-7 pages and not as a separate addendum. The only separate addendums to the proposal will be the relevant attachments (listed on pages 17-18).

26. Q. I do not see anything in the RFP regarding how much the award amount will be. What is Hennepin County's target MST budget?

- A. There is not a targeted budget for MST. Hennepin County seeks the greatest return to county expenditures. Because costs are different at each agency, total expenses may not be equitable. As such, Hennepin County will not necessarily select the lowest bid but rather the most appropriate services. MST Services will be involved in the RFP selection and their expertise can identify appropriate budgets.

27. Q. Are there limitations regarding how much may be charged for overhead?

- A. Administrative overhead should be allocated correctly and consistent with how the provider agency normally operates.

28. Q: Are there restrictions on how the part-time clinical supervisor can spend his/her time?

- A. No, there are no restrictions for the supervisor's other 20 weekly hours. The supervisor can work with other staff, etc. It is recommended that another supervisor within the agency is familiar with MST for back-up purposes. The back-up supervisor would also go through MST orientation and training.

29. Q. Could the part-time clinical supervisor also serve as an MST therapist?

- A. No. A supervisor could not realistically work 1.5 full-time jobs, especially given the therapists' requisite 24/7 availability.

30. Q. If there were two MST teams, could a single supervisor oversee them?

- A. Yes, a supervisor could oversee two teams. In the case of Hennepin County, however, funding will only be available for one team and one part-time supervisory position.

31. Q. For which positions should resumes be included as attachments?

- A. The provider agency should include resumes for any current employees who would be targeted for therapist or supervisor positions. If the therapists would be new hires, resumes do not need to be included.

32. Q. Will agencies that already have therapists on staff be at a competitive advantage?

A. No, agencies with qualified therapists on staff will not be at an advantage. The proposal should simply reflect the situation accurately.

33. Q: What will Hennepin County's role be in relation to the provider agency?

A. Hennepin County will make client referrals, oversee contract administration, and provide probation officer contact.

34. Q. Will a probation staff person have ownership of MST?

A. Hennepin County will provide a point contact person in the form of a community service array coordinator (in process of hiring). As part of the county's Correctional Out-of-Home Placement workgroup, efforts are being made to coordinate the movement of youth through community-based services. This person will provide coverage for all community service arrays.

35. Q. What is involved in the Therapist Adherence Measure-Revised (TAM-R) data collection?

A. When a client begins MST, the family is contacted to review a list of 25 "adherence measures" that are continually reviewed throughout MST to ensure practiced adherence to the model. The measures can track success individually and as a team. Ideally, teams will measure at least 60% adherence.

36. Q. How does the role of the 0.2 FTE manager differ from the 0.5 FTE supervisor?

A. The manager's primary role is to maintain relationships to referral services and other Juvenile Justice partners, to problem solve, and to monitor program performance/adherence.

37. Q. Could the program manager and clinical supervisor roles be fulfilled by the same person?

A. Yes. The same person could fulfill both roles as a 0.7 FTE.

38. Q. Regarding the requirement to submit copies of the past 2-years public audit of the business, if we do not have an audit will some other documentation suffice?

A. All non-profits need to submit a Form 990 to the State so this would be an acceptable option for documentation. For profits would have an IRS Tax Return of some nature which would also suffice.

39. Q. Regarding the requested "statement in proposal indicating community stakeholder agreement to this requirement" (page 16), who precisely are those stakeholders and how explicit does the agreement need to be when submitting the proposal?

A. Specific response requested from MST follows:

1. The stakeholders here would include any person or agency who may have authority to recommend or implement clinical decisions that may impact the youth and family's treatment. For example, in a Wraparound environment, the assigned case manager might recommend other treatment in addition to MST. Youth on probation may have a probation officer who could do the same. Our aim is to have some assurance that the relevant stakeholders know enough about MST to not implement conflicting interventions. At least, the stakeholder understands that MST must have the capacity to challenge such decisions in an organized way - NOT that MST should have autocratic authority - which in some cases may not be possible or appropriate.

2. Example: MST does not allow group therapy for youth antisocial behavior - including substance abuse. A probation officer may not realize this and require the youth to receive group therapy along with MST.
3. Example: A case manager might arrange for a parent to attend anger management when MST might be able to provide the treatment without necessary involvement of another agency (potentially distracting the parent from the MST therapeutic relationship)
4. Needed documentation: Only a statement by the bidder that they have confidence that they have a relationship sufficient to accomplish this, and/or have had direct discussions with the relevant stakeholders regarding case responsibility.