

# **HENNEPIN COUNTY**

**DEPARTMENT OF COMMUNITY CORRECTIONS  
AND REHABILITATION**

**Juvenile Probation Division**

*Request for Proposals*

**Multisystemic Therapy**

*November 9, 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**
- C. MST Program Guidelines**

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](mailto:sue.sinna@co.hennepin.mn.us), or TTY (612) 348-6915. Please allow a reasonable amount of time for special needs accommodation.

## I. Introduction

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

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. Multisystemic Therapy (MST) 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).

As part of the juvenile correctional services redesign implementation efforts, the Juvenile Probation Division of DOCCR is requesting proposals from qualified vendors to provide MST services for Hennepin County youth 12 through 17 years of age who have been adjudicated delinquent and who are at risk of out-of-home placement due to antisocial or delinquent behaviors. The selected provider must become licensed as a provider of MST prior to the provision of service and must adhere to the principals of MST. The model will consist of one team of three clinicians, a .5 FTE supervisor, a .2 FTE manager, and a .25 FTE administrative assistant. It is our goal to contract with an agency that will be able to provide culturally specific services to the full cross-section of our diverse juvenile probation population.

It is anticipated that the youth referred to the program will be characterized by crime-producing risk factors and needs such as: anti-social attitudes and values, anti-social peer relationships, substance abuse, poor problem-solving skills, poor self-control, and other factors highly correlated with criminal conduct. Best practice research shows that the programs that are most effective in intervening are: behavioral in nature; focused on present circumstances; action-oriented rather than talk-oriented; and designed to teach youth new pro-social skills through modeling, practice and reinforcement. As family engagement is an important aspect of successful intervention, family participation is an integral component of MST.

This RFP does not obligate Hennepin County to complete the RFP process or to enter into a contract. Vendor selection, if made, is anticipated to be in effect for 36 months. Hennepin 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. 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 MST services can be either male or female, and must meet the following criteria:

1. Be 12 through 17 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.

Priority will be given to youth in the following three categories in the order listed:

1. Youth who are recommended for a community-based, family-focused program, as an alternative to out-of-home placement due to delinquent or anti-social behavior.
2. Youth who are in an out-of-home placement due to delinquent or anti-social behavior and are recommended for accelerated return to the community
3. Youth who are at risk of out-of-home placement due to delinquent or anti-social behavior

Some youth may have a history of violent behavior or chemical health issues. There may be case-by-case consideration for youth younger than the targeted age range if the needs and circumstances warrant, as determined by Hennepin County and with the approval of the assigned MST Expert.

**Exclusions:** The following youth will not be referred for MST 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 referred primarily due to concerns related to suicidal, homicidal, or psychotic behaviors.
- Youth who have a primary issue related to sex offenses or who are transitioning out of a sex offender program.
- Youth with mild, moderate, or severe developmental delays.
- Youth with pervasive developmental disorders.
- Youth 18 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.

V. Process Outcome

80% of youth referred to the MST program will complete treatment

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

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**

As described above, the Juvenile Probation Division of DOCCR is requesting proposals from qualified vendors to provide MST services for Hennepin County youth ages 12 through 17 years old who have been adjudicated delinquent and at risk of out-of-home placement. It is anticipated that 40-45 youth and their families will be served in the first year of the program.

MST is a family- and community-based treatment for youth with complex clinical, social, and educational problems (e.g., violence, drug abuse, school expulsion). Over a period of three to five months, MST is delivered in homes, neighborhoods, schools and communities by master's level professionals with small case loads. A crucial aspect of MST is its emphasis on promoting behavior change in the youth's natural environment. Initial family sessions identify the strengths and needs of the adolescent, the family, and their transactions with extra-familial systems (e.g., peers, friends, school, parental, workplace). Identified problems throughout the family are explicitly targeted for change, and the strengths of each system are used to facilitate such change. Although specific strengths and weaknesses can vary widely from family to family, several problem areas are typically identified for serious juvenile offenders and their families. Additional information about MST is available via the Internet at [www.mstservices.com](http://www.mstservices.com).

#### **1. Overview of MST**

MST is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals living within a complex network of interconnected systems that encompass individual, family, and extra-familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

MST typically targets chronic, violent, or substance-abusing juvenile offenders at high risk of (or returning from) out-of-home placement and their families.

MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill-building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies are integrated into a social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

MST is provided using a home-based model of service delivery. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services (i.e., therapists have low caseload sizes), and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 3 to 5 months. Please review Exhibit C. (MST Program Guidelines).

Evaluations of MST have demonstrated:

- reduced long-term rates of criminal offending in serious juvenile offenders,
- reduced rates of out-of-home placements for serious juvenile offenders,
- extensive improvements in family functioning,
- decreased mental health problems for serious juvenile offenders, and
- favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

## **2. Program Requirements and Services to be Delivered**

### **a. Staff training and education requirements and organizational structure**

- 1) The Provider MST program staff shall be trained by MST Services of Charleston, South Carolina or an MST Network Partner certified by MST Services. The cost of this training will be covered by DOCCR and is not to be included in the bid. This training will include both pre-service and ongoing in-service training and consultation. Training and consultation for clinical staff shall be provided in three ways.

First, five days of intensive training shall be provided for all staff who will engage in treatment and/or clinical supervision of MST cases. Second, one and one-half day booster sessions shall occur on a quarterly basis. Third, the treatment team and supervisor shall receive weekly telephone consultation from trained MST Experts.

The objectives of the initial five-day training program shall be:

- (1) to familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST family preservation;
- (2) to describe the theoretical and empirical underpinnings of MST using family preservation;
- (3) to describe the family, peer, school, and individual intervention strategies used in MST;
- (4) to train participants to conceptualize cases and interventions in terms of the principles of MST; and
- (5) to provide participants with practice in delivering multisystemic interventions.

The multi-media approach to training includes didactic and experiential components. The participants are required to practice the MST approach through critical analysis, problem solving exercises and role-plays. It is expected that participants will have read pre-assigned sections of the MST treatment manual prior to the initial training.

Quarterly booster sessions are designed to provide training in special topics related to the target populations/problems being treated by the MST therapists/counselors, and to address issues that may arise for individuals and

agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcome, inter-agency collaboration, etc.). The booster sessions are also designed to allow for discussion of particularly difficult cases.

Weekly telephone consultation is provided via one-hour conference calls in which the treatment team and supervisor consult with the MST Services staff member regarding case conceptualization, goals, intervention strategies, and progress. The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly consultation, it is expected that the contractor will provide onsite supervision by staff who have obtained an advanced degree in a clinical discipline (i.e., psychology, counseling, social work, psychiatry) and have had additional clinical experience with family-based services prior to receiving MST training.

- 2) All MST therapists and the MST supervisor shall attend this training.
- 3) MST therapists must be, at a minimum, mental health practitioners with a Master's Degree in social work, psychology or related field. Preference shall be given to therapists who are licensed as mental health professionals in the State of Minnesota. All MST therapists shall be assigned to the MST program on a full-time basis.
- 4) The MST supervisor must be a mental health professional licensed in the State of Minnesota, and should be experienced in providing individual, group, marital or family counseling or psychotherapy. The supervisor must have at least three years post-degree experience working with delinquent youth and their families in community-based settings. It has been found to be helpful for clinical supervisors to have training/experience in behavioral and cognitive behavioral therapies and pragmatic family therapies (i.e. Structural Family Therapy and Strategic Family Therapy).

#### **b. Case staffing and supervisory ratio**

##### **The Provider shall:**

- 1) Deliver MST services to at least 12 to 15 families each year for each full-time therapist.
- 2) Maintain a supervisory/direct service staff ratio of no more than a .5 FTE clinical supervisor for one MST team, which shall consist of 3 full-time clinicians, a .2 FTE manager and a .25 FTE administrative assistant. The selected provider must become licensed as a provider of MST services and must adhere to the principles of MST. The team must contract with MST Institute (MSTI) for Therapist Adherence Measure–Revised (TAM-R) data collections.

For the purposes of administering the MST Therapist Adherence Measure to client families via phone, administrative support staff shall be available to the MST Supervisor a minimum of 10% time per MST team. This staff person shall also have access to the Internet for input and scoring of this measure.

- 3) Assign a caseload of 4 - 6 families to each MST therapist. Approximately 60 hours of direct contact with each family over an average of four months is to be

provided. The final two to three weeks may involve less intensive contact to monitor the maintenance of therapeutic gains.

- 4) Have MST therapists available to the client/family 24 hours per day, seven days a week. Each MST therapist shall be available to the clients specifically assigned to them. A rotating on-call schedule should be used for the therapist's vacation and personal time off.
- 5) Regularly schedule weekly team meetings involving all MST staff, including the MST supervisor, for the purpose of reviewing individual case progress, and consulting on caseworker/client manager plans, action steps and activities needed on MST cases. Emphasis shall be on the MST clinical supervision of all active cases and on developing outcome-focused weekly plans to achieve client/family goals.
- 6) Consult at a minimum of once monthly with the assigned juvenile probation officer for the purpose of case reviews, program compliance, and training.
- 7) Provide a monthly written progress report to the assigned juvenile probation officer.
- 8) Have formal outcome-tracking systems in place.

**c. Referral process**

All referrals for MST will be initiated by Hennepin County Juvenile Probation Officers and screened and authorized through established Hennepin County protocols, which include working with the court system. The MST contracted agency agrees to accept all referrals for MST that come through this referral and authorization process.

**d. Service plan development**

**The Provider shall:**

- 1) Identify the multiple determinants of anti-social behavior for each case.
- 2) Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (example, peers, school, neighborhood, etc.).
- 3) In collaboration with family members, identify and document problems throughout the family and extra-familial systems (example, peers, school, neighborhood, etc.) that explicitly need to be targeted for change.
- 4) Limit referrals to non-MST compatible programs (e.g. any form of mandated group treatment, day treatment programs, etc.) while youth are in MST.
- 5) Require MST therapists to write a service plan for each family. This plan will incorporate the desired outcomes of the key participants/ stakeholders involved in the family's treatment (e.g. parents, probation, social services, school personnel, etc.). This plan shall be sent to the referring agency caseworker/client manager within 30 days from the time of referral to MST. The treatment plan will identify family/client strengths, help the client/family define specific goals, provide instruction in ways to prevent the recurrence of delinquent

behavior and other family conflict, and set up resources and skills to maintain ongoing progress.

- 6) Have the MST supervisor review and approve all service plans.

**e. Multisystemic Therapy Services**

**The Provider shall:**

- 1) Have MST therapists attempt face-to-face contact with each family within 24 hours (immediately, if an emergency) from time of referral to MST. If unable to make face-to-face contact within 24-72 hours, the provider shall immediately notify Hennepin County Juvenile Probation.
- 2) Provide comprehensive MST treatment that is individualized and family-centered to each family. The treatment process shall begin with goal-setting that addresses the changes that the family would like to see over the treatment period (typically, approximately 3 to 5 months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.
- 3) Collaborate with the family in developing an enduring social support network in the natural environment.
- 4) Have MST therapists provide a range of goal-directed services to each client/family that may include but shall not be limited to:
  - a) Improving parenting practices.
  - b) Increasing family affection.
  - c) Decreasing association with deviant peers.
  - d) Increasing association with pro-social peers.
  - e) Improving school/vocational performance.
  - f) Engaging youth/family in positive recreational activities.
  - g) Improving family/community relations.
  - h) Empowering family to solve future difficulties.
  - i) Teaching appropriate parenting skills, such as:
    - Alternatives to corporal punishment.
    - Appropriate supervision of children.
    - Age appropriate expectations.
    - Choices and consequences.

- Display of greater parent/child affection and trust.
- j) Provide family and marital interventions consistent with MST principles.
  - k) Offer individual interventions for parents and youth consistent with MST principles.
  - l) Aid the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed.
  - m) Maintain adequate flex funds to be allocated per family (recommended \$100/family) to allow therapists to use funds for purposes such as engagement-building and one-time help for families with pressing practical needs.
  - n) Teach the family organizational skills needed to provide a positive environment (for example, teaching budgeting skills, etc.).
  - o) Refer and link the family with follow-up services when necessary to ensure continued success meeting the family's MST treatment goals. These must be carefully planned and limited to those services that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal "formal" after-care services.
  - p) Transport youth/family when necessary and facilitate family plans to access transportation themselves on an ongoing basis.
  - q) Provide service in the client's home, or, at the client's request, a location mutually agreed upon by the therapist and client.
  - r) Have MST therapists provide service to the youth/family for an average of four months. If needed, a family responding positively to treatment may receive services for a longer duration for more difficult problems. When requesting extended services, submit a progress report to the DOCCR juvenile probation officer. The extension must be approved in writing by Juvenile Probation through the authorization process.
  - s) Use MST program discharge criteria that are outcome-based rather than duration-focused.
  - t) Follow termination steps below:
    - Discuss termination recommendations with the referring juvenile probation officer in person. The staffing shall occur no later than seven days prior to anticipated closure of the case. A written termination report, using the required format, shall be submitted to the referring juvenile probation officer no later than seven days after the case closure. The client's family may be invited to attend the staffing. The termination report shall be approved, in writing, by the MST supervisor.
    - Conduct a termination interview with the family to summarize the progress made during treatment, options for maintaining progress, and

the family's satisfaction with the MST services provided. The referring juvenile probation officer should be invited to the termination interview.

- Contact the youth and the most involved parent in each family served by MST and administer a follow-up evaluation at 6, 12 and 18 months after termination according to guidelines established by DOCCR. If a home visit is not possible, a telephone contact shall be made and documented. This evaluation shall determine the status of the family and whether the youth is in placement.

#### **D. Proposer Qualifications**

The provider selected must be licensed by MST Services prior to program startup. The provider must state agreement to this requirement in the proposal, but holding a license at the time of proposal submission is not required. Administratively, the relationship will be structured as a license agreement for MST between the Medical University of South Carolina (MUSC) and the provider organization. MST Services is the MUSC-affiliated organization that grants these license agreements and provides program development and training services in MST throughout the United States and internationally.

To insure qualification for MST licensure, the provider must meet the following program requirements:

##### 1. MST Therapists:

- Must be, at a minimum, mental health practitioners with a Masters degree in social work, psychology or related fields. Preference will be given to therapists who are licensed as MH professionals in the State of Minnesota.
- Must be full-time employees assigned solely to the MST program.
- Must not have any non-MST program responsibilities in the agency, carry any additional non-MST cases, nor have other part-time jobs outside of the agency.
- Must be allowed to work a flexible schedule as needed to meet the needs of the families they are serving.
- Must be allowed to use their personal vehicles to transport clients.
- Must have use of either cellular phones or pagers so that clients can contact them quickly and conveniently.
- Must operate in a team of three therapists (plus the Clinical Supervisor) and use the MST home-based model of service delivery.
- Must track progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.
- Must have access to a computer to enter progress and outcomes data in a timely manner.

##### 2. MST Clinical Supervisor:

- Must be a mental health professional licensed in the State of Minnesota, and should be experienced in providing individual, group, marital or family counseling or psychotherapy. The supervisor must have at least three years post-degree experience working with delinquent youth and their families in community-based settings.
- Must be assigned to the MST program team a minimum of 50% time.
- Must conduct weekly team clinical supervision, facilitate the weekly MST telephone consultation and be available for individual clinical supervision for crisis cases.
- Must have both clinical authority and administrative authority over the MST Therapists he or she supervises.

### 3. Background Check:

The MST vendor must obtain a satisfactory criminal background check, satisfactory current driving history, and check references for all employee applicants involved in supervision, direct services, or transportation of youth, prior to the employee having contact with any youth in the program. The criminal background check must provide a clear record of any criminal convictions. Any criminal activity that would be a direct conflict with this program type or with providing any service to youth shall eliminate the applicant from consideration. Background checks must be rechecked each two years on employees in accordance with their duties. When applicable in accordance with their duties, a check of driving records of employees must occur, at a minimum, each six months.

### 4. Program Operations:

- All MST staff must participate in a 5-day orientation training prior to program start up. Subsequent hires must participate in a 5-day orientation training at the first available opportunity.
- The MST program must have a 24-hour/day, 7-day/week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system must be staffed by members of the MST team.
- The MST program must achieve the buy-in of other organizations and agencies, so MST is able to "take the lead" for clinical decision-making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST staff sustain them through ongoing, case-specific collaboration.
- The MST program must agree to adhere to MST philosophy, guidelines, practices and training regime.

## **E. Contracts**

A contract will be awarded to one successful proposer for a term anticipated to commence in March, 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 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**

MST training costs and the cost of delivering services are covered through the contractual agreement with Hennepin County. Reimbursement will come on a cost-reimbursement basis, covering actual expenses within the approved budget, after deducting other revenues received. The County may consider paying for services on a unit rate basis in future years.

Hennepin County will manage one contract that gives the greatest return for the County's expenditures.

### **III. Submission of Proposal**

#### **A. Timeline**

|                            |  |
|----------------------------|--|
| Monday, November 9, 2009   | Release of Request for Proposals   |
| Friday, November 20, 2009  | Pre-proposal conference at 9:00 AM CST:<br>Health Services Building<br>525 S. Portland Ave., Mpls.<br>1 <sup>st</sup> Floor – Room 112 |
| Monday, December 21, 2009  | Proposals due by 4:00 p.m. CST   |
| December 2009/January 2010 | Review, selection and notification of accepted proposals   |
| January/February 2010      | Contract process and submission to Hennepin County Board   |
| March, 2010                | Anticipated effective date of contracts and start of services  |

#### **B. Proposal Submission**

Please submit an electronic proposal to:

[Sue.Sinna@co.hennepin.mn.us](mailto:Sue.Sinna@co.hennepin.mn.us)

with the subject line:

Proposal: Multisystemic Therapy RFP

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

Proposals must be received no later than **4:00 P.M. CST on Monday, December 21, 2009.**

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**

The Hennepin County Department of Community Corrections and Rehabilitation and the Hennepin County 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 the Hennepin County Health Services Building, 525 S. Portland, Minneapolis, 1<sup>st</sup> Floor – Room 112, from 9:00 A.M. to 11 A.M. CST on Friday, November 20, 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 Thursday, December 3, 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](http://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 and Qualifications**
  - a. Describe the size of the agency, types of service that are provided, geographic location, and community partnerships or collaborations.
  - b. Describe the agency's philosophy and experience providing services to Hennepin County youth and families.
  - c. Identify strengths of the staff or previous achievements that contribute to the reputation and speciality of the agency in the community.
  - d. Describe the agency's qualifications as they relate to the education and experience of staff employed.
  - e. Indicate licenses, certificates or registrations currently held by the agency.
  - f. Explain why the agency is interested in providing MST services.

- **Ability to Serve Non-English Speaking/Culturally Diverse Populations**
  - a. Explain how the agency foresees providing MST services to non-English speaking youth/family members.
  - b. Explain how the agency foresees providing MST services to Juvenile Probation's culturally diverse populations.
  - c. Describe how the agency provides culturally specific training to staff.
- **Ability to Meet the Outcomes Identified in the Request for Proposals**
  - 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 RFP's expected outcomes described in Section II.B.
  - d. Explain what formal outcome-tracking systems are, or will be, in place for MST.
- **Service Narrative, which must include:**

|   | <b>MST Program Requirement</b>   | <b>Evidence Required for Proposal</b>  |
|---|--|--|
|   | <b>MST Therapists:</b>   |  |
| 1 | Must be, at a minimum, a mental health practitioner with a Masters degree in social work, psychology or related fields. Preference will be given to therapists who are licensed as MH professionals in the State of Minnesota. | Statement in proposal indicating that all MST therapists will be, at a minimum, mental health practitioners with a Master degree. Job description for MST therapist must be included as an Attachment. |
| 2 | Must be full-time employees assigned solely to the MST program.  | Statement in proposal indicating that all MST therapists will be full-time employees of the provider, and that the therapists will be assigned solely to MST.  |
| 3 | Must not have <u>any</u> non-MST program responsibilities in the agency, carry <u>any</u> additional non-MST cases, nor have other part-time jobs outside of the agency.   | 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 vehicles 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 in a team of three therapists (plus the Clinical Supervisor) and use the MST home-based model of service delivery.  | Statement in proposal indicating agreement to this requirement.  |
| 8 | Each MST Therapist must track progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.  | Statement in proposal indicating agreement to this requirement and how the requirement will be met.  |

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| 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.  |
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|    | <b>MST Program Requirement</b><br>MST Clinical Supervisor:   | <b>Evidence Required for Proposal</b>   |
| 10 | Must be a mental health professional licensed 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 agreement to this requirement. Include as an attachment the job description for MST Supervisor   |
| 11 | Must be assigned to the MST program a minimum of 50% time.   | Statement in proposal indicating agreement to this requirement.   |
| 12 | Must conduct weekly team clinical supervision, facilitate the weekly MST telephone consultation and be available for individual clinical supervision for crisis cases.   | Statement in proposal indicating agreement to this requirement.   |
| 13 | Must have both clinical authority and administrative authority over the MST Therapists he or she supervises.   | Statement in proposal describing how this requirement will be achieved. Include as an attachment an organizational chart indicating line of authority for MST and position of MST program within provider's organization. |
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|    | <b>MST Program Requirement</b><br>Program Operations:  | <b>Evidence Required for Proposal</b>   |
| 14 | Must obtain a satisfactory criminal background check, satisfactory current driving history, and check references for all employee applicants involved in supervision, direct services, or transportation of youth, prior to the employee having contact with any youth in the program.                                     | Statement in proposal indicating agreement to this requirement.   |
| 15 | All MST staff must participate in a 5-day orientation training prior to program start up, and subsequent hires must participate in a 5-day orientation training at the first available opportunity.  | Statement in proposal indicating agreement to this requirement.   |
| 16 | The MST program must have a 24-hour/day, 7-day/week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system is staffed by members of the MST team.   | Describe the proposed on-call system.   |
| 17 | Must achieve the buy-in of other organizations and agencies, so MST is able to "take the lead" for clinical decision-making on each case. Stakeholders in the overall MST program have responsibility for initiating these collaborative relationships with other organizations and agencies while MST staff sustain       | Statement in proposal indicating community stakeholder agreement to this requirement.   |

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|    | them through ongoing, case-specific collaboration.  |   |
| 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 MST 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 adhere to MST practices referenced below:   | Statement in proposal indicating agreement to this requirement.   |
|    | A. MST caseloads do not exceed 6 families per therapist. The normal range is 4 to 6 families per therapist.   | Statement in proposal indicating agreement to this requirement.   |
|    | B. Overall average duration of treatment is 3 to 5 months.  | Statement in proposal indicating agreement to this requirement.   |
|    | C. Each MST Therapist tracks progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.  | Statement in proposal indicating agreement to this requirement.   |
|    | D. Referrals to non-MST compatible programs (e.g., any form of mandated group treatment, day treatment programs, etc.) are not made while youth are in MST, especially on a "standard" or routine basis.  | Statement in proposal indicating agreement to this requirement.   |
|    | E. MST program discharge criteria are outcome-based rather than duration-focused.   | Statement in proposal indicating agreement to this requirement.   |
|    | F. Referrals for additional services after clients are discharged from the MST program are carefully planned and limited to those that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal "formal" after-care services. | Statement in proposal indicating agreement to this requirement.   |
|    | G. Adequate flex funds are allocated per family (recommended \$100/family) to allow therapists to use funds for purposes such as engagement building and one-time help for families with pressing practical needs.  | 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 MST 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 MST budget.

**Attachment D: Organizational Chart**

- A. Provide an organizational chart showing reporting lines for the clinical supervisor.
- B. Include the qualifications of those in positions above the clinical supervisor.

**Attachment E: Job Description**

Provide a job description for each of the MST therapist and clinical supervisor positions, 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 MST 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)
- D. 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**

A selection committee will review proposals and make final determinations. Proposers will be notified in writing of the selection decisions. Any awarding of final contracts by the Hennepin County Human Services and Public Health Department 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:

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|--|-----------|
| A. Organization Overview and Qualifications:                             | 20 Points |
| B. Ability to Serve Non-English Speaking/Culturally Diverse Populations: | 20 Points |
| C. Ability to Meet the Request for Proposals' Outcomes:                  | 20 Points |
| D. Service Narrative:  | 20 Points |
| E. Financial Forms and Budget Narrative:                                 | 20 Points |
| TOTAL: 100 points maximum  |           |