

Vendor Selection

Hennepin County

**Department of Community Corrections and
Rehabilitation**

Juvenile Detention Alternatives Initiative

Request for Proposals

**Mental Health Services for Youth at the Juvenile
Supervision Center**

January 27, 2012



Hennepin County
**Department of Community Corrections
and Rehabilitation**

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Attachment(s):

Include a list of attachments which will be required with submission of a proposal

To obtain this document in an alternative format, please notify the County by fax at (612) 348-6724, by email at paul.lennander@co.hennepin.mn.us, or TTY (612) 348-6915. Please allow a reasonable amount of time for special needs accommodation.

I. Introduction

On October 19, 2011, the Hennepin County Children's Mental Health Collaborative (CMHC) approved funding for the Juvenile Detention Alternatives Initiative (JDAI) of Hennepin County to provide mental health services for youth who are referred to the Hennepin County Juvenile Supervision Center (JSC). This funding utilizes Local Collaborative Time Study (LCTS) funds, which are earned through the Hennepin County Department of Community Corrections and Rehabilitation (DOCCR) and are administered by the CMHC. A total of \$250,000 was allocated to provide mental health services for youth who are referred to the JSC. This amount is intended to cover two years of service provision.

The JSC opened on January 7, 2008 and serves youth ages 10 through 17 who have been picked up by law enforcement personnel in Hennepin County for truancy, curfew, or low level delinquent offenses (i.e., those not requiring detention). The JSC is located in the Minneapolis City Hall and operates 24 hours a day, seven days a week. It provides a safe and supervised space for youth until they are returned to their home or school. The goal of the JSC is to provide services and connections to resources that halt youth's progress into the juvenile justice system and increase their connections to school and positive behavior.

The Link was chosen as the service provider for the JSC by the City of Minneapolis and Hennepin County. On the basis of an intake interview, JSC staff can refer youth to Case Management services provided by The Link to support those youth and families who require additional assistance to resolve the issues which led to the youth being picked up by law enforcement. For many of these youth, mental health concerns (especially unaddressed mental health issues) are one of the underlying issues that led to their arrest or may be contributing to their lack of success in school, at home or in the community.

In 2010, 2,546 youth were brought to the Juvenile Supervision Center. Of those 2,546 youth, 305 youth were referred to Case Management services. The Link's Case Managers do an excellent job of making referrals to community-based mental health providers when mental health concerns present themselves. Despite this assistance, factors such as cost, limited accessibility and long waiting lists often get in the way of youth and families accessing and following through with these referrals. Having easy access to assessment and treatment services would be of great benefit to the youth served by the JSC, especially if a single provider were able to perform (or arrange) both the assessment and follow-up services and create a seamless connection for the youth and families with the services they need.

Through this RFP, the Department of Community Corrections and Rehabilitation – JDAI (DOCCR), Human Services and Public Health Department (HSPHD), in collaboration with the Children's Mental Health Collaborative (CMHC), seek to partner in new ways with community entities that work within the juvenile justice arena in the area of mental health services/systems support.

Specifically, DOCCR—JDAI, HSPHD, and the CMHC are seeking to contract with one or more community providers for the delivery of mental health assessment and intervention services for youth ages 10 through 17 who have been referred to the JSC. Contracts will be for one year, with the option of renewal for a second year if all parties are in agreement.

Successful proposals will support children and youth in gaining access to needed mental health assessment and treatment services within community-based environments to increase the sustainability and quality of mental health services for youth ages 10 through 17 who commit low level offenses. Funded efforts will support the success of these children and youth in school, at home, and in the community by simplifying access to mental health services and integrating assessment and intervention services. The traditional approach of completing an assessment providing a list of recommendations or referrals is not enough; providers who can successfully connect youth and families with appropriate services following completion of an assessment are needed.

The Hennepin County Department of Community Corrections and Rehabilitation – Juvenile Detention Alternatives Initiative is requesting proposals from qualified vendors to provide diagnostic assessments and follow-up intervention services, including mental health therapeutic services, behavioral skills training, anger management counseling, psychological and psychiatric evaluations, chemical dependency services, family support services, and case management services for youth who are referred to the Hennepin County Juvenile Supervision Center. These services are for male and female youth who have been picked up by law enforcement for a low level offense (i.e., one not requiring detention) and brought to the JSC. Eligible youth will be ages 10 through 17 and will reside and/or attend school in Hennepin County. Some youth residing in St. Paul might be eligible for services.

This population is often reluctant to participate in services. It is expected that the selected provider(s) will assist youth and their families in understanding, accepting, connecting with, and completing needed mental health services. Agencies that are able to both perform assessments, as well as provide, appropriate follow-up services within the same agency will be viewed most favorably. Proposals from individual mental health professionals (and smaller agencies) that have the ability to partner with other service providers in order to deliver both assessment and intervention services to youth via a collaborative approach will also be viewed favorably. Proposals addressing either only assessment or only follow-up services will also be considered, but will be viewed less favorably than those that address both service components in an integrated manner.

This vendor selection document does not obligate Hennepin County to complete the vendor selection process or to enter into a contract. 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. It is the intention of the County to enter into a contract with the accepted proposer(s).

II. Scope of Service

A. Target Population

Youth eligible for the proposed mental health services are male and female youth ages 10 through 17 brought to the JSC by law enforcement personnel for offenses that do not meet the admission criteria of the Hennepin County Juvenile Detention Center. In order to be admitted to the JSC and be eligible for the proposed services, a youth must be a resident of Hennepin County or have committed a crime in Hennepin County.

Youth referred for the proposed mental health services will be identified through administration of an appropriate screening instrument designed to indicate the presence of mental health concerns warranting further assessment. It is anticipated that the contracted professionals or agencies will need the ability to work with approximately 100 youth (between all contacted agencies or individuals) over the course of 12 months.

A majority of the JSC population is minority youth. In 2010, 68 percent of the population referred to the JSC was Black/African American, 8 percent were white, 8 percent were American Indian/AK Native, 8 percent were youth who identified as an “other” or an unknown race, and 1 percent of youth referred were Asian. To work effectively with the population served by the JSC, a successful applicant must possess the ability to provide culturally competent services and assessments.

B. Expected Outcomes

- 1) Youth identified by the JSC as presenting mental health concerns successfully complete a diagnostic assessment
 - a. All youth who are identified as presenting mental health concerns receive a diagnostic assessment
- 2) Youth completing a diagnostic assessment who are found to have follow-up service needs are successfully connected with an appropriate service provider or providers.
 - a. Provider will facilitate the connection between youth receiving assessments and the services recommended on the basis of the assessments by assisting youth to keep follow-up appointments and engage in recommended treatment or other services.

Other measures and outcomes will be determined in partnership with DOCCR. The following data and outputs will be tracked by the contracted agency:

- Client name
- Date of birth

- Gender
- Race/Ethnicity
- Number of hours of service provided to youth
- Number of youth served during reporting period
- Number of Hennepin County-paid clients (non-MA or third party pay)
- Percentage of Hennepin County clients on Medical Assistance
- Diagnostic assessment completed (yielding a written report for each youth that includes a five-axis diagnosis and recommendations for needed services)
- Follow-up services successfully arranged for each youth

C. Project Description

DOCCR and HSPHD are jointly soliciting proposals from qualified individual mental health professional and agencies, as well as collaborations between individuals and/or agencies that are committed to providing a continuum of mental health services within the broader community. Proposers must meet the required criteria detailed herein. Hennepin County wants the provider to have the capacity to meet the cultural needs of the youth and families within the target population. It is anticipated that Hennepin County will contract with one or more community-based providers. Services to be purchased from contracted mental health professionals will include at a minimum a Diagnostic Assessment based on DSM-IV criteria. Additional psychological testing shall be performed as needed. Selected providers will also be required to connect the youth with follow-up mental health services, as needed. It is required that the mental health professional or agency:

- 1) Provide accurate, timely, and culturally competent Diagnostic Assessments.
- 2) Provide or arrange for appropriate and culturally competent mental health services.

To ensure funded projects match initiatives within Hennepin County, proposed projects must reflect the priorities or guiding principles of the CMHC.

CMHC Guiding Principles:

- Improved access to services
- Flexibility
- Individualized responses within an appropriate cultural and social context
- Accountability for client outcomes, services provided and use of resources
- Incorporation of evidence-based, best or promising practices
- Integration of mental health with other systems
- Blending and maximizing financial reimbursement from multiple sources, including third party billings to Medical Assistance, managed care, and insurance companies

1. DIAGNOSTIC ASSESSMENT:

As described in the Minnesota Department of Human services (DHS) Minnesota Health Care Programs (MHCP) Provider Manual, a Diagnostic Assessment is a

written report that documents a clinical and functional face-to-face evaluation of a recipient's mental health, including the nature, severity and impact of behavioral difficulties, functional impairment, and subjective distress of the recipient, and identifies the recipient's strengths and resources. A Diagnostic Assessment is necessary to determine a recipient's eligibility for mental health services.

In addition, as defined in Minnesota Administrative Rule 9505.0372, a Diagnostic Assessment must:

- Be performed by a mental health professional or by a mental health practitioner working under clinical supervision as a clinical trainee,
- Include a face-to-face interview with the recipient,
- Be conducted within the cultural context of the recipient,
- Identify a mental health diagnosis or include a finding that the recipient does not meet criteria for a mental health disorder,
- Include recommendations for needed mental health services, and
- Yield a written evaluation that includes relevant information about:
 - the recipient's current life situation, including the recipient's:
 - age
 - current living situation (including household membership and housing status)
 - basic needs status, including economic status
 - educational level and employment status
 - significant personal relationships (including recipient's evaluation of relationship quality)
 - strengths and resources (including extent and quality of social networks)
 - belief system
 - contextual non-personal factors contributing to the recipient's presenting concerns
 - general physical health and relationship to recipient's culture
 - current medications
 - the reason for the assessment, including the recipient's:
 - perceptions of his/her condition;
 - description of systems (including reason for referral);
 - history of mental health treatment (including review of recipient's records);
 - important developmental incidents;
 - maltreatment, trauma, or abuse issues;
 - history of alcohol and drug usage and treatment;
 - health history and family health history, including physical, chemical, and mental health history; and
 - cultural influences and their impact on the recipient
 - the recipient's mental status based on a mental status exam;
 - assessment of the recipient's needs based on the recipient's baseline measurements, symptoms, behavior, skills, abilities, resources, vulnerabilities, and safety needs;

- screenings used to determine the recipient's substance use, abuse or dependency, utilizing a standardized screening instrument required by DHS;
- assessment methods and use of standardized assessment tools required by DHS;
- clinical summary, recommendations, and prioritization of needed mental health, ancillary or other services;
- involvement of the recipient and the recipient's families in assessment and service preferences;
- referrals to services, including those required by statute or rule; and
- recipient data adequate to support findings on all axes of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and any differential diagnosis.

The clinician conducting the Diagnostic Assessment must:

- Review pertinent records;
- Conduct a mental status examination addressing the recipient's appearance, general behavior, motor activity, speech, alertness, mood, cognitive functioning, and attitude toward his/her symptoms
- Address the other components of a written evaluation listed above;
- Include a full five-axis diagnosis in the written report,
- Document in the report whether or not the recipient meets criteria to be considered a child with a Severe Emotional Disturbance (SED), and
- Consider the recipient's need for referral for additional assessment, including psychological testing, psychiatric consultation, neurological examination, physical examination, determination of the effectiveness of prescribed medications, and chemical health assessment.

A Diagnostic Assessment is to be performed in a manner which is linguistically and culturally respectful and valid for the individual, in the context of family and the larger cultural community. A culturally appropriate Diagnostic Assessment will identify and emphasize strengths and assets present in an individual and the individual's family.

2. FOLLOW-UP MENTAL HEALTH SERVICES:

Youth completing Diagnostic Assessments who are identified as having follow-up mental health needs are to be provided or connected with appropriate therapeutic services and supports relevant to addressing any identified disabilities or functional impairments and the individual's needs and goals.

Successful proposals will detail the applicant's ability to provide or connect youth with appropriate follow-up mental health services, and describe how the individual, agency, or collaborative entity anticipates doing so (e.g., setting up appointments, providing therapy services "in-house", etc.). Some providers may be able to deliver follow-up services within their own agency. If so, proposals should describe how the applicant will be able to serve the target population within a single agency, identify any gaps in the services available, and include plans for addressing such gaps. Proposals from

individual mental health professionals will also be accepted. Successful proposals from individuals or collaborative entities should demonstrate the ability to facilitate the connection between the youth and the needed services. The individual proposer or collaborative should document their connection to outside agencies or individuals and their method for connecting or referring youth to third party parties.

It is anticipated that some services will need to be billed to insurance, Medical Assistance, Pre-paid Medical Assistance (PMAP), and other third parties, if available. The selected provider or third party agencies/individuals will be required initially to seek reimbursement from insurance if insurance or MA is available. In situations where insurance is not available, the provider will be reimbursed through the funds available under this contract for services provided based on MA rates.

D. Proposer Qualifications and Experience

Those qualified to submit proposals are mental health professionals, agencies, and/or collaborative efforts licensed or qualified to practice in Minnesota. All applicants must have a satisfactory Background Check completed. Selected individuals or agencies must meet Rule 47 (Minnesota Administrative Rule 9505.0371) requirements or criteria for billing purposes.

Contracted providers need to be able to provide services at times that would best serve referred youth. A portion of the hours may involve after school and weekday evening times, or weekends, to accommodate the schedules of youth and working parents. The contracted providers are required to have their own office space, and necessary equipment and tools (e.g., telephone, computer, testing supplies, etc.). It is anticipated that providers will need to meet with youth in the community at times, and the ability to meet with clients and provide follow-up services in non-traditional settings in the community (i.e., outside the providers offices) will be viewed favorably.

Proposers are responsible for knowledge of federal, state and local laws, rules and regulations that govern all applicable services and programs. Proposers must be eligible to be licensed, certified and registered as required by state law or rule. Individuals must be able to certify that they are not suspended or debarred from receiving Federal funds.

E. Contracts

Contracts will be awarded to successful proposer(s) for a term anticipated to commence in July of 2012. Length of contract terms may vary at the discretion of the County. It is anticipated that the contract would be for a 12-month term. Renewal for a second year is possible if all parties agree.

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

Reimbursement will come from a contractual agreement with Hennepin County. Payment for services will be made at unit rate based on the Medical Assistance rates.

III. Submission of Proposal

A. Timeline

<i>Friday, January 27, 2012</i>	Release of vendor selection request
<i>Thursday, February 9, 2012</i>	Pre-proposal conference at 10:00 AM: Health Services Building L15 525 Portland Ave. S., Minneapolis, 55415
<i>Monday, February 20, 2012</i>	Minutes and questions from pre proposal conference posted on www.hennepin.us/HSPHDRFP
<i>Thursday, March 8, 2012</i>	Proposals due by 2:00 p.m. CST
<i>Thursday, March 22, 2015</i>	Review, selection and notification of accepted proposals
<i>Friday, June 15, 2012</i>	Contract process and submission to Hennepin County Board
<i>Monday, July 1, 2012</i>	Anticipated effective date of contracts and start of Services

B. Proposal Submission

10 copies of each proposal and attachments should be mailed or delivered to:

Paul Lennander-Vendor Selection Coordinator
Government Center-Administrative Tower-

300 South Sixth Street
MC 106
Minneapolis, MN 55487.

Proposals may be submitted in person and delivered between 12 and 2:00 pm on 03-01-12 to room 1012 (10th floor-Administrative Tower). Be aware that you will need to go through the security checkpoint, so leave yourself enough time to proceed through security and deliver your proposals.

Proposals may be sent via US mail or delivery service, but Hennepin County HSPHD will not accept late proposals due to issues with delivery.

One digital copy should be submitted with your hard copies on a CD or via email.

Proposals must be received **no later than 2:00 P.M. on 03-01-12**

Failure to submit a proposal on time may be grounds for rejection of the proposal. Proposals must include an electronic copy; The County is not responsible for delays caused by mail or delivery service. The County reserves the right to accept proposals after the date specified. Submit the electronic version of the proposal in **one** single Word or PDF file.

C. Technical Support

Questions and inquires concerning any aspect of the vendor selection process and potential contract award may be directed to:

**Paul Lennander, Hennepin County HSPHD
Vendor Selection Coordinator**
Email: paul.lennander@co.hennepin.mn.us

Hennepin County Human Services and Public Health Department will convene a pre-proposal conference to respond to questions related to this vendor selection process. All prospective applicants are invited to attend.

The pre-proposal conference will be held at the Hennepin County Health Services Building L15, 525 Portland Ave., Minneapolis, MN from 10:00 a.m. to 12:00 p.m. 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. To register for the conference, contact Paul Lennander at paul.lennander@co.hennepin.mn.us.

Answers to questions submitted via email will be posted on the Hennepin County website no later than end of day on date along with questions and answers from the pre-proposal conference itself.

To access the minutes on the Hennepin County website, see the minutes at: <http://www.hennepin.us/HSPHDRFP>.

There will be no information provided outside of this process.

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, Arial font, one-inch margins, and single spaced lines on 8½ X 11-inch paper.
2. Consecutively number all pages including any attachments.
3. 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) (Vendor Fact Sheet, organizational chart, and financial statements) may be attached as additional pages.

B. Contents of Proposal

1. Narrative

The proposal narrative should provide a detailed plan of how the proposer would fulfill the project description.

- **Agency Overview**
Describe the size of the agency, types of Service that are provided, geographic location, community partnerships or collaborations, and strengths of the staff or previous achievements that contribute to the reputation and specialty of the agency in the community. Indicate licenses, certificates or registrations currently held by the agency.
- **Agency Mission and Values**
 - Briefly describe the agency's mission and values as it relates to the services you offer.
 - Describe the agency's qualifications as they relate to the education and experience of staff employed. Include your mission statement and any values that your agency has indoctrinated. Include any standardized curriculum currently used by the staff. Provide examples of the agency's ability to support the program requirements.
 - An individual mental health professional should provide a brief introduction to the proposer's background including licensure, experience working with the target population youth, and diversity of populations served.

- **Ability to Meet the Request for Proposals' Outcomes**
 - Discuss currently measured indicators that pertain to the outcomes listed in this vendor selection document.
 - Indicate how the agency would use the indicators to measure outcome data.
 - Describe how the agency/individual will meet the Request for Proposals' expected outcomes described in Section II.B.

- **Service Provision**

Proposer should identify current eligibility to bill insurance, Medical Assistance, Pre-paid Medical Assistance (PMAP), and other third parties for therapy services to our youth. The proposer should also detail how the agency, individual, or collaborative plan on connecting the youth with the follow-up mental health services. The proposer should include a description of the following information:

 - Additional detail on proposer's population served, including cultural diversity, gender-specific, ages of expertise
 - When proposer is most likely available to provide the proposed service
 - Preferred locations where service is to be provided
 - Any locations where proposer would not be willing to provide service
 - Any specialties the proposer has which address the target populations for whom services are being proposed.

- **Ability to Serve Non-English Speaking Clients**

Provide a brief description of the agency's ability to provide appropriate culturally specific Services and provide a brief description of the agency's ability to provide Services to non-English speaking clients and families. Describe how the agency provides culturally specific training to staff.

2. Resume

Individual mental health professionals should include a standard resume of the proposer's employment and education. This resume should not exceed two pages.

3. Sample Diagnostic Assessment

Include one redacted diagnostic assessment completed by the proposer or agency. The assessment should demonstrate the proposer's writing skills, how referral questions are addressed, how past assessment information is incorporated, and recommendations made.

2. Attachment(s) –*below are attachments you may choose, none are mandatory, and the service area may add other attachments that may be requested*

Attachment A: Vendor Fact Sheet

Complete the Vendor Fact Sheet. Name and telephone number of the key contact person must be clearly indicated.

Attachment B: Work Plan with Timeline

Please submit an annual or multi-year summary of tasks, timeframes and responsibilities.

V. Insurance Requirements

Hennepin County HSPHD has specific insurance requirements for contracted providers. The following is standard contract language for insurance and is non negotiable:

- (1) In order to protect PROVIDER and those listed above under the indemnification section, PROVIDER agrees at all times during the term of this Agreement, and beyond such term when so required, to have and keep in force the following insurance coverage with the limits shown below, or, if greater, limits equal to the tort liability limits under Minnesota Statutes, Chapter 466 as may be currently applicable:

Limits

- (a) Commercial General Liability on an occurrence basis with contractual liability coverage:

General Aggregate	\$2,000,000
Products - Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,500,000
Each Occurrence - Combined Bodily Injury and Property Damage	\$1,500,000
- (b) Automobile Liability - Combined single limit \$2,000,000 each occurrence, or the equivalent, for bodily injury or property damage covering owned, non-owned, and hired automobiles.

- (c) Workers' Compensation and Employer's Liability:

Statutory

- i. Worker's Compensation
- ii. If the contractor is based outside the State of Minnesota, coverage must apply to Minnesota laws.
- iii. Employer's Liability. Bodily injury by:

Each Accident	\$500,000
Disease - Policy Limit	\$500,000
Disease - Each Employee	\$500,000
- (d) The following insurance is required in cases where money has been advanced to PROVIDER or where money belonging to Eligible Recipients is in the custody and control of PROVIDER.

Employee Dishonesty \$50,000

(e) The following insurance is required in cases where Provider's staff or volunteers are performing licensed professional services under this Agreement.

Professional Liability:

Per Claim	\$1,500,000
Aggregate	\$2,000,000

The Professional Liability insurance must be maintained continuously for a period of two years after the termination of this Agreement.

An umbrella or excess liability policy over primary liability insurance coverage is an acceptable method to provide the required insurance limits.

- (2) The above establishes minimum insurance requirements. It is the sole responsibility of PROVIDER to determine the need for and to procure additional insurance that may be needed in connection with this Agreement. Copies of insurance policies shall be submitted to the COUNTY upon written request.
- (3) PROVIDER shall not commence work until it has obtained required insurance and filed with the COUNTY a properly executed Certificate of Insurance that clearly evidences the required insurance coverage. The certificate shall name Hennepin County as the certificate holder and as an additional insured for the Commercial General Liability coverage with respect to operations covered under this Agreement. The certificate should also show that Hennepin County will receive thirty (30) days' prior written notice in the event of cancellation, nonrenewal, or material change in any described policies.
- (4) PROVIDER shall furnish to the COUNTY updated certificates during the term of this Agreement as insurance policies expire. If PROVIDER fails to furnish proof of insurance coverage, the COUNTY may withhold payments and/or pursue any other right or remedy allowed under the Agreement, law, equity, and/or statute.
- (5) If PROVIDER is unable to obtain a required insurance coverage, or if coverage is not renewed or is cancelled during the term of this Agreement, PROVIDER must immediately provide written notice to the COUNTY as provided in the Notice section of this Agreement. PROVIDER shall make immediate good faith efforts to obtain or replace the coverage in the open market. If such efforts are unsuccessful, PROVIDER shall immediately apply to the Minnesota Joint Underwriting Association for the insurance coverage.

Failure to maintain required insurance shall be considered an event of default pursuant to this Agreement.

- (6) PROVIDER shall require that each independent contractor rendering licensed professional services to recipients under this Agreement furnish proof to PROVIDER of Professional Liability and Commercial General Liability insurance coverage in the amounts of \$1,500,000 (or other amounts as required herein), and provide updated certificates of insurance as insurance coverage expire.

VI. Vendor Selection 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, and rules and regulations that govern all applicable services and programs.

It is the expectation that all proposers will understand and abide by the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, the Health Insurance Portability and Accountability Act and implementing regulations, if applicable, and all other applicable State and Federal laws, rules, regulations and orders relating to data privacy or confidentiality.

It is understood that any proposal received and evaluated by the County can be used as a basis for direct negotiation of the terms of a contract between the County and the particular individual submitting such a proposal.

The County reserves the right to negotiate pertinent contract terms concurrently with any number of individuals as it deems in its best interest, whether or not such individual 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 vendor selection request 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.

The County will not consider any 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.

There are laws defining information that is public and private when doing business with a government agency. 2009 Minnesota Statutes: 13.591 Subd. 3.

(b) Data submitted by a business to a government entity in response to a request for proposal, as defined in section [16C.02, subdivision 12](#), are private or nonpublic until the responses are opened. Once the responses are opened, the name of the responder is read and becomes public. **All other data in a responder's response to a request for proposal are private or nonpublic data until completion of the evaluation process**¹. For purposes of this section, "completion of the evaluation process" means that the government entity has **completed negotiating the contract with the selected vendor**. After a government entity has completed the evaluation process, all remaining data submitted by all responders are public with the exception of trade secret data as defined and classified in section [13.37](#). A statement by a responder that submitted data are copyrighted or otherwise protected does not prevent public access to the data contained in the response.

Hennepin County's Data practices and Vendor Selection policy are in line with this statute.

VII. Evaluation and Selection

A selection committee will review proposals and make final determinations. Committee members will be unbiased and cannot have a personal or financial interest in the vendor selection. They must agree to sign the *Non Conflict of Interest/Confidentiality Statement* (Appendix B) Committee members must have no direct contact about the proposal, either verbal or written, with any proposer during the evaluation period.

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

A. Agency overview:	10 Points
B. Qualifications:	20 Points
C. Ability to meet the Request for Proposals' outcomes:	20 Points
D. Service Provision:	50 Points
E. Ability to serve non-English speaking clients:	Pass/Fail
F. Management Capability	Pass/Fail

Proposers will be notified in writing of the selection decisions and receive award decisions by certified US mail. 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.

¹ Hennepin County HSPHD has interpreted the completion of the negotiation process to be when the County Board has signed and approved a contract.

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