

Attachment 1 – Scope of services

4.10 Background

The County of Hennepin, State of Minnesota (“County”) is soliciting proposals for residential crisis stabilization services provided to youth with acute mental health and behavioral needs who need an immediate treatment placement. Services are being procured for the Behavioral Health service area of the Human Services and Public Health Department.

Currently, these youth have experienced periods of behavioral dysregulation that cannot be safely managed in their home or a community setting. In some cases, parents/caregivers turn to law enforcement or hospital emergency departments to seek respite and safety for their youth. In most situations, services and supports can be quickly put into place to interrupt the negative behavior pattern and allow the youth to remain in their home and community. There is a small, but growing number of youth where this approach is not working, and in some cases exasperates the dysregulated behavior of the youth to the point that the parent/caregiver does not feel that the youth can safely be in their home.

Securing a suitable treatment placement option for these youth is a challenging process given the complex nature of the youth and family’s need and the lack of viable options and capacity within the state of Minnesota. As a result, youth are either experiencing extended boarding stays at hospital emergency departments or in the Juvenile Detention Center (JDC). The reality of current conditions has led to the need to look outside of Minnesota for placement resources. Placing a youth far from their family, home, and community is detrimental and is shown to result in long term negative consequences. Interfering with the family system is a traumatic event that disrupts essential family engagement needed for healthy treatment during and after the residential intervention.

The purpose of this Request for proposals (RFP) is to fill the service gap in our service continuum to provide the appropriate level of support to youth in crisis due to their behavioral health needs. This gap results in youth boarding in hospital emergency departments and remaining in the JDC when there is no legal basis to detain them. 70% of youth in treatment placements are youth of color, which has been a consistent trend over the past five years. The County needs a specialized setting for these youth to go to when they are experiencing a crisis to help them stabilize and to develop a service plan that will meet their needs.

The total anticipated funding assigned to this RFP is \$1 million through 2026. This RFP is funded by County funds and exhausted third party sources of payment. The County anticipates awarding up to two contracts from this RFP.

4.11 Priority Population

This priority population served by this RFP includes County families with youth spanning age 8-18 years with acute mental health and behavioral needs who need an immediate treatment placement. The priority population are either experiencing extended boarding stays at hospital emergency departments or in the

JDC and are primarily youth of color. The age range of the priority population begins at age 8 based upon limited resources available and hospital stays trending longer for younger youth.

4.12 Project description

The County intends to create youth residential crisis stabilization services within the metro area to better meet the needs of families with youth who are experiencing acute mental health and complex behavioral health crises. The County has analyzed the needs of the youth in these situations and in out of state treatment programs to define where to build local capacity to keep these youth close to home while addressing their treatment needs.

The County has adopted a national best practice framework for serving the priority population called System of Care (SOC). The SOC Model is predicated on keeping youth and families together, reducing disparities, and providing services in a manner that addresses mental health and behavioral needs in a way that reinforces sustainable, positive outcomes for youth and families. This RFP was developed from County analysis and aligns with the County's SOC founded on the following Core Values and Principles:

SOC Values:

- **Family Driven and Youth Guided** – Families are engaged as active participants at all levels of planning, organization, and service delivery.
- **Culturally and Linguistically Competent** – Learning and incorporating the youth and family's culture, values, preferences, and interests into the planning process, including the identified language of the family.
- **Community Based** – Identifying and utilizing supports that are least restrictive, accessible, and sustainable to maintain and strengthen the family's existing community relationships.

SOC Principles:

- Family Voice and Choice;
- Team Based;
- Natural Supports;
- Collaboration;
- Community Based;
- Culturally Competent;
- Individualized;
- Strengths Based;
- Unconditional; and
- Outcome Based.

This RFP seeks proposals that deliver youth residential crisis stabilization services in the form of intervention to support youth in stabilizing their behaviors, updating assessments, and engaging caretakers in creating a service plan to meet the needs of the youth and their family. The County is looking to develop youth residential crisis stabilization services to provide youth and family with a safe environment for the youth to stabilize, where the youth and parent/caregiver drive the treatment plan in collaboration with the treatment professionals.

Proposal submissions should define how the following specialized program structures and supports will be provided:

1. Direct service staff who have the necessary support, knowledge, and expertise to respond to youth's behavior using the SOC essential elements for residential interventions, which include:
 - Higher staff to youth staffing ratios to ensure adequate coverage; and
 - Supervisory and clinical staff working evenings and weekends to provide direct and immediate support and consultation to direct service staff.
2. Training for direct service and clinical staff that aligns with research on best practices in residential intervention:
 - Training on brain science, particularly the impact of trauma on brain development to create understanding of what happens when a youth is triggered and how to respond in a manner that helps them move to a more regulated state;
 - Training on trauma informed, de-escalation, and behavioral intervention approaches; and
 - Training on family directed and youth centered treatment approaches.
3. Access to assessment and psychiatric services:
 - Capacity to provide additional psychological, neuropsychological, and adaptive testing and assessments;
 - Access to psychiatrist for medication reviews and management; and
 - Access to non-clinical, culturally, and linguistically responsive supports.
4. Specialized therapy staff to address the complex needs of the youth:
 - Occupational Therapists;
 - Family Therapists;
 - Individual Therapists; and
 - Psychiatrists.
5. Care coordination staff to collaborate with youth, parents/caregivers, and County case managers to develop strategies that address the strengths and needs of the youth and family through access to natural, informal, and formal supports and services.
6. Flexible program protocols related to family engagement. The goal is for the youth to have 7-10 family contacts per week.
 - No restrictions on family contacts or visits;
 - Reframing "home visits" with time at home or time with family;
 - Availability of clinical staff in the evening and weekends for family therapy and other family engagement work; and
 - Flexibility of clinical staff to meet the family in their home or in their community.
7. Youth residential crisis stabilization services are intended to be short term, preferably 30 days with a 45 day maximum.

This RFP may also fund proposals that include capital development required to establish a site from which services above will be provided, including plans to collaborate with the County to address capital development required to provide a site from which services will be provided. Capital development is defined as structural requirements needed to provide residency/sleeping space for the priority population served.

Referral and Admission Process

The County is looking to partner with providers willing to support emergency admissions when a youth needs an immediate crisis stabilization service. As demonstrated in SOC requirements, proposals that operate using a no eject or reject framework in proposed service plan may be prioritized. Per statute, the County prior-authorizes youth residential crisis stabilization services for contracted vendors via a structured referral process.

4.13 Expected outcomes

Contracted vendors of youth residential crisis stabilization services are required to meet the following program outcomes:

1. To stabilize the youth's dysregulated behavior utilizing trauma informed practices that are informed by brain science and best practice research;
2. To engage and center the voice of the youth and parent/caregiver in the identification of strengths and needs and in the development of a plan to meet the stated needs of the youth and family; and
3. To develop a comprehensive assessment of the youth and family's strengths and needs through careful review of historical information and conducting additional assessments, as needed.

Through the implementation of the SOC Values and Principles, we can ensure that our practice supports the best possible outcomes. The outcomes that we are striving for supported by the implementation of SOC are:

- Improved emotional stability for our youth;
- Youth remaining in their communities;
- Reduced out of home lengths of stay;
- Reduced acute psychiatric hospitalization readmissions;
- Improved ability for parents/caregivers to provide stable living environments for our youth;
- Improved educational performance and overall social functioning for our youth; and
- Reduced legal involvement for our youth.

4.14 Vendor qualifications and experience

Proposers of youth residential crisis stabilization service must have capacity to serve the priority population within Hennepin County and accept referrals for service on an emergency basis. Proposing organizations may have capital in place or a plan to secure capital to provide contracted youth residential crisis stabilization services. Proposals will also be considered for organizations who plan to work with the County to secure such capital. Proposers must clearly outline a planned timeline for when contracted services will be fully operational.

Proposers should have experience working with the priority population and providing residential services or a similar service. Performance as a contracted vendor of Hennepin County may be considered during the evaluation process. Proposers must have capacity to bill third party sources for payment of contracted services.

Proposers must define how program elements of direct staff, training, assessment and psychiatric services, therapy, care coordination and service flexibility will be offered, as defined in Section 4.12. Proposers should define how program outcomes in Section 4.13 will be achieved within the program's short term of 30 to 45 days. Proposers should demonstrate being embedded in communities served, with staffing/leadership reflective of the population served and include plans for how non-English speaking persons may be served.

Proposers must also meet the following requirements:

- Hold a license for Children's Residential Facilities (CRF) with a mental health certification for programming through the Minnesota Department of Human Services (DHS) to provide residential care and program services for children in out-of-home placement, subject to the standards of Minnesota Statutes, [Chapter 245A](#) and [Minnesota Rules, parts 2960.0010 through 2960.0710](#);
- Certified as a "Qualified Residential Treatment Facility (QRTP)," and shall remain, certified as a QRTP through DHS; and
- An enrolled provider with Minnesota Health Care Programs (aka Medicaid) and has contracts with Managed Care Organizations who are providers in the Prepaid Medical Assistance Program (PMAP).

4.15 Contracts

Proposers must be prepared to meet standard contracting requirements, as outlined in Attachment 4 (Hennepin County Terms and Conditions). All proposers will be sent notice of their award status. Awarded proposals will transfer to the contract negotiation process to begin work with Hennepin County Health and Human Service Department's contract management services in the development of a contract.

Contracts for youth residential crisis stabilization services are anticipated to commence during 2024 for a three-year duration, providing a ramp-up period to capacity within a 12 month period. Final contract effective dates will be confirmed during the contract negotiation process and may vary at the discretion of the County. This RFP is funded by County funds and exhausted third party sources of payment. The County anticipates awarding up to two contracts from this RFP.

4.16 Reimbursement

Contracted vendors of youth residential crisis stabilization services must exhaust all third party sources of payment prior to invoicing the County for reimbursement. The County completes a prior authorization for contracted services based upon an approved unit rate structure which will be finalized during the contract negotiation process. Proposal submissions must include a required program budget that defines all planned program expenditures and a proposed unit rate structure based upon the budget content provided.