

Saint Louis County

Public Health and Human Service Department - www.stlouiscountymn.gov

Linnea Mirsch PHHS Director

Request for Proposal (RFP)

1. <u>Date</u>: 11/3/2020

2. <u>Saint Louis County Contact(s)</u>:

2.1 Name/Title: David Schunk – CFS Supervisor Ongoing CPS

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2.2 Name/Title: Nichole Rahman, St. Louis County PROD Coordinator

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3. <u>Proposal Description:</u>

3.1 Geographic area to be served:

Currently there exists a significant need for this development and service in Northern St. Louis County. Location would ideally be centralized in the vicinity of a population center that has services i.e. Virginia or Hibbing, MN. It is likely that families served by this facility will be from across the Iron Range.

3.2 Purpose/Statement of Need:

There is a significant gap in corporate home-base services related to children and youth who have significant mental health needs. Often their mental health diagnosis is co-occurring with developmental delays, childhood trauma (elevated ACES scores) and variable caregiver capacity to meet their special needs. As a result of these needs the child has symptoms and behaviors that are unmanageable in a caregiver's home. The purpose of this "Development" is to meet the individual needs of these children (see 3.4) and their families in a community-based and home-like location. Ultimately it is hoped that through the least restrictive and client-choice-driven services that a child remain in the community vs. residential and facility care. Hopefully, through consistent services and supports in a home-based setting children and youth can see a reduction in symptoms and behavior, establish regular services to meet their special needs, integrate their family and caregivers; and eventually transition back to their caregiver's home.

3.3 Services/Resources to be Developed:

St. Louis County is seeking a corporate child foster care, 3-bed home (with the possible development of a 4th bed should the need arise in the future). This home will provide: 24-hour awake staff, staffing ratios adequate to meet children's needs (as indicated in case plans), medication administration, parent coaching, ADL/ILS skill-building, and transportation; all through a lens of sincere compassion. The physical plant will provide a minimum of four individual bedrooms. Preferred home set up is to be a larger than average home

with more than one gathering space (i.e. living room/den) so that when children/youth's behavior requires some distancing there are more spaces to go to. Ideally, some bedroom separation within the house to provide greater distancing of personal space. Any "New-build" would be expected to be ADA compliant. Home must pass fire inspection and DHS foster care licensing requirements.

3.4 Client population to be served:

Client population to be served are children and youth aged 9 to 17. Case managers and facility staff will determine resident mix based on chronological and developmental age as well as individual's identified needs and concerns. Children and youth eligible for this level of care will likely have a mental health diagnosis considered "SED." In general youth with a developmental disability would use this facility only if they had a co-occurring mental health diagnosis. Children/youth coming to this development will have significant behavioral needs that have not been successfully addressed in less restrictive settings like a caregiver's home, foster care/therapeutic foster care, or short-term residential placement. Moderate to severe emotional and/or behavioral needs will often be expressed as delinquency, running away, manipulative behavior, poor self-control, impulsive decision making, defiance, sexual boundary issues, and chemical use/abuse/dependency. Most children/youth will have an IEP from their school.

4. **SCOPE OF SERVICES:**

4.1 Service Summary:

- o Compliance with the requirements necessary to maintain DHS active license status.
- Prior to and during placement cooperation with case managers, families, and other individual team members.
- o Responsiveness to individualized needs (as identified in their Out of Home Placement Plan) of the children residing in the home.
- Coordination between case managers and house staff regarding safety in interactions between children served in the home.
- Active participation in discussions about staffing needs, both shared and individualized.
- Staffing to be assigned in accordance to case manager's determination of need.
- Provider ensures that the children receive appropriate medical and dental care.
- o Provider ensures overnight awake staff for safety reasons.
- Provider works with children's schools to ensure that educational needs are met.

4.2 Essential job/service functions:

- 4.2.1 Quality staffing will be essential to providing this services. Staff will be trained in: Empathetic communication and de-escalation techniques. They will be trauma informed, culturally sensitive, and aware of child development. Preferred staff will reflect the population of clients being served and have experience related to skill-building and behavior management. Compassion and flexibility will be hallmarks of quality staff.
- 4.2.2 Viewing each child/youth as an individual with a unique history and individual needs will be essential to providing services that meet them where they're at. An understanding of how culture and heritage impact people's lifestyle and responses will be important to meeting clients "where they're at." Essential services/functions will be highly coordinated communication with the child/youth and the many providers and caregivers they have. Clear documentation of child needs and behavior are essential to ongoing and constructive service delivery. Overnight and awake staff, door and window alarms, and consideration of accessibility to potential "Weapons" are necessary safety precautions needed. Scheduling and attending routine medical, dental, and mental health appointments as well as

administering medication will be needed. Participation with a child/youth's IEP plan, VOC Rehab, teaching ILS and ADL's will all be routinely needed. Maintaining staffing at a level adequate to each child/youth's needs in consideration of the mix of children/youth in the home will be necessary. As relationships and routine are important aspects of working through behavioral needs, maintaining staff with experience and relationship as well as house routines are helpful.

- 4.3 Minimum requirements and qualifications:
 - 245D licensure for corporate foster care with the ability to bill:
 - o Brain Injury (BI) Waiver
 - Community Access for Disability Inclusion (CADI) Waiver
 - o Developmental Disabilities (DD) Waiver
 - Community Alternative Care (CAC) Waiver
 - Will need to have Foster Care (FC) and Supported Living Services (SLS) at minimum on their provider files with DHS.

4.4 Supplemental Questions:

- 4.4.1 St Louis County currently has offices in Duluth, Virginia, Hibbing, and Ely, and is responsible for providing services to all County residents. Proposals will be considered that serve either the entire County, or a specific portion of it. What geographical area can your agency serve?
- 4.4.2 Many of our families being served are people of color and/or indigenous. Please describe the cultural competency of your organization. What measures will you take to specifically address the needs of these populations? How will contracting with your agency help to address the regional racial disparities?
- 4.4.3 How will safety be maintained when serving youth with significant behavioral needs i.e. deescalation techniques, providing space, use of holds, hospitalization, etc?
- 4.4.4 What training and mentoring are your employees provided both initially and on-going?

4.5 Disclaimer:

The above statements are intended to describe the general nature and level of work being performed by individuals performing this function. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified.

5. Financial:

5.1 Funding Source: Waivered Services Funding including CADI Waiver or DD Waiver

Rates: To be determined by person centered rate management tool

6. Timeline:

6.1	Due Date for proposal submission	12/1/2020.
6.2	Target date for completion of follow-up interviews (if required)	1/7/2021.
6.3	Target date for notifying providers of proposal selection	1/11/2021.

7. Provider Response:

If your organization is interested in being considered to provide this service, please submit one (1) copy of your response to this proposal, providing <u>at a minimum</u> the information requested below (**Section 7.**) by: 12/1/2020

At the top of your response please clearly indicate your proposal is one to serve such Purpose/Statement of Need (Section III): 3-bed 245D corporate foster home, with the possibility of expanding to a 4-bed corporate foster home setting.

7.1 Organization:

- 7.1.1 Firm name and address
- 7.1.2 Type of organization Corporation, Partnership or Individual, HealthCare Agency, Contractor
- 7.1.3 Number of years in business

7.2 Personnel:

Provide name, educational and experience background, and other qualifications of persons who would provide services indicated.

7.3 Experience:

Provide a general description of your agencies relevant activities over the past three (3) years as well as specific information regarding prior relevant services provided.

7.4 Timeline:

Include estimated timetable to begin providing services.

7.5 Service delivery model:

What is your proposed service delivery model for proposed services?

7.6 <u>Supplemental Questions:</u>

Insert answers to questions to, Section 4.4 Supplemental Questions

7.7 <u>Licensure:</u>

What is your current licensure or plan for obtaining required licensing status?

7.8 Other relevant information:

- Site location
- Neighborhood description
- Staffing ratios
- Enrolled waivered services or plan to enroll
- Community resources
- Education resources
- Health care resources
- Mental and behavioral health services or access to services
- Crisis response plan or services

8. <u>Selection:</u>

All responses will be reviewed by Public Health and Human Services Department and other appropriate County personnel. Prior to making the final selection, interviews may be scheduled with Agency staff to determine potential fit as a provider of these services. Once a provider is chosen a recommendation to enter into an agreement will be submitted to the County Board of Commissioners for their approval.

9. Response Submission:

Please submit your documents electronically by <u>Tuesday</u>, <u>December 1</u>, <u>2020 at 4:30 pm</u> to:

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