



Saint Louis County

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

Linnea Mirsch
PHHS Director

Request for Proposal (RFP)

1. **Date:** April 12, 2024

2. **Saint Louis County Contact(s)**

2.1 Brent Harju, HCBS Supervisor

Phone: 218-726-2024

E-mail: HarjuB@StLouisCountyMN.gov

2.2 Nichole Rahman, St. Louis County PROD Coordinator

Phone: 218- 726-2244

E-mail: RahmanN@StLouisCountyMN.gov

3. Proposal Description

3.1 Geographic area to be served:

There is a significant need for a crisis respite home for adults receiving Disability Waiver services in St. Louis County. The location would ideally be in Duluth or a rural setting near Duluth. The priority is serving St. Louis County residents and Region Three partners (Aitkin, Lake, Cook, Carlton, Koochiching, and Itasca Counties)

3.2 Purpose/Statement of Need

There is a gap in out of home crisis respite services for adults receiving Disability Services through certain Waiver programs in St. Louis County. **Crisis respite is a short-term** behavioral or medical intervention service designed to protect a person or others living with them and provide relief and support to the caregiver. A person is eligible to receive respite if their primary caregiver(s) are absent or need relief from caregiver duties. A person is eligible to receive crisis respite when caregivers and service providers are not able to provide necessary behavioral or medical interventions, the person or others living with them need protection and the services allow the person to avoid institutional placement or remain in the community.

Crisis respite also allows for short-term stabilization in a community setting. Currently, adults in St. Louis County must travel to other counties throughout the state to access this service. This leads to further destabilization for a person experiencing crisis and distances them from their home community, support, and family/caregivers.

3.3 Services/Resources to be Developed:

St. Louis County is seeking the development of a 4-bed crisis respite home in Duluth. Preference is for a 4-bed development, consideration would be given for two, 2-bed sites in close (but not adjacent) proximity. Services include providing 24-hour crisis respite to adults meeting criteria regardless of age, race, sexual orientation, religious/cultural beliefs and practices, behaviors and/or mental health needs. This may include supporting someone with diagnoses such as Fetal Alcohol Spectrum Disorder, Bipolar Disorder, Personality Disorders, Developmental Delays, Autism and other behavioral or emotional needs. Behaviors may include but are not limited to property damage and/or destruction, verbal and physical aggression towards staff or other people being served, elopement, and self-injurious behaviors (SIB).

A crisis respite provider must have a license under [Minn. Stat. Ch. 245D](#) as an intensive support service provider.

[CBSM - Crisis respite \(state.mn.us\)](#)

Providers should consider reinforcing the home with strong walls, sturdy fixtures/furnishings, plexiglass on windows/tv, soundproofing. Alarms should be on all doors and windows. This home will provide 24-hour awake 2:1 or 1:1 staffing adequate to meet the individuals' needs (as indicated in CSP/CSSP's.) Staff will be required to have training in medication administration, ADL and IADL assistance and skill building, person-centered strategies, culturally sensitive and trauma-informed care, crisis-intervention, de-escalation skills, and disability-specific interventions and supports. Staff should be able to display compassionate, competent, and confident interactions with the individuals in the home in order to provide supports that are effective.

The ideal location would be in a rural area of Duluth with some acreage but not close to a highway/high speed road. Also, not too rural that accessing other needed services or staff availability would be an issue. Each person needs to have a separate bedroom though a shared bathroom is possible for people of the same gender. A centralized kitchen and common area that all can enjoy, and some more removed quarters for residents to go to when they need to be away from others/have privacy would ideal.

Any development would be expected to be ADA compliant. The home must pass fire inspection and DHS licensing requirements.

Use of out-of-home crisis respite cannot exceed 180 days, except when the lead agency approves and authorizes the service as part of the person's support plan. To exceed the 180-day limit, the lead agency must ensure and document that the extension will not result in the person's inability to return home or to an alternative home in the community.

3.4 Client population to be served:

Individuals served in this home are receiving services through any of the following Disability waivers: Brain Injury (BI) Waiver; Community Alternative Care (CAC) Waiver; Community Access for Disability Inclusion (CADI) waiver; and Developmental Disabilities (DD) Waiver whose caregivers and service providers are not able to provide necessary behavioral or medical intervention and the person or others living with them need protection.

Additionally, crisis respite services allow the person to avoid institutional placement or remain in the community. These individuals could have behaviors stemming from trauma, mental health, substance abuse, and/or other conditions that impact their ability to safely remain in their primary home.

4. SCOPE OF SERVICES

4.1 Service Summary

- Compliance with the requirements necessary to maintain DHS active license status.
- Cooperation with case managers, families, and other individual team members prior to and during placement.
- Stabilization services
- Nursing and/or medical services
- Responsiveness to individualized needs as identified in the support plans of the individuals residing in the home.
- Coordination between case managers and house staff regarding general safety and safety in interactions between each person served in the home.
- Active participation in discussions about staffing needs.
- Staffing to be assigned in accordance with each person's determination of need.
- Providers ensure that each person receives appropriate medical, dental, and mental health care.
- The provider ensures 24/7, 1:1 or 2:1 staffing for safety reasons.
- Appropriate on-call staffing to minimize law enforcement contact.
- If applicable, the provider works with the school to ensure educational needs are met.
- If applicable, the provider works with community providers (Day Support Services) to ensure community participation goals are met.
- Provider ensures all staff working in the home have appropriate initial and ongoing training (person-centered, trauma-informed, disability-specific, crisis intervention, de-escalation) to effectively work with each individual.
- Providers will work collaboratively with community team members (crisis supports, Occupational Therapy, speech providers, etc.) to consult, receive training, and develop and maintain proper physical space and programming for each person served.

4.2 Essential Job Functions:

- Assess the person and situation to determine the factors causing the crisis.
- Assist, supervise and provide care necessary to ensure the health and welfare of the person.
- Develop a person-centered intervention plan, in coordination with the person and support team, that is based on recommendations in the assessment.
- Consult with and train the provider(s) and/or caregiver(s) to ensure successful implementation of the intervention plan.
- Provide ongoing technical assistance to the provider(s) or caregiver(s) to implement the intervention plan.
- Recommend positive support strategies and revisions to the person's support plan to prevent or minimize future crisis situations and increase the stability of the person living in the community.
- Develop and implement a transition plan to support the person's return home if they receive out-of-home crisis respite.

4.3 Minimum Qualifications

- Crisis respite is a DHS enrollment-required service. [CBSM – Waiver/AC service provider overview](#).
- A crisis respite provider must have a license under [Minn. Stat. Ch. 245D](#) as an intensive support service provider.

- All crisis respite providers must have the specific experience, skills and qualifications required to meet the person's behavioral and/or medical intervention needs that resulted in or contributed to the crisis, as identified in the person's support plan.
- Crisis Respite specialized staff must be provided by professional staff who are specially trained in crisis prevention, intervention, and resolution and either:
 - licensed, certified or credentialed (e.g., board-certified psychiatrist, licensed psychologist, Doctor of Pharmacology, registered nurse, board-certified behavior analyst, licensed speech pathologist, certified occupational therapist, etc.).
 - Have a four-year degree.
- A provider licensed under 245D must report all uses of controlled procedures, emergency use of manual restraint and prohibited procedures according to [Minn. Stat. §245D.06, subd. 5](#) to DHS via the [Behavioral Intervention Report Form, DHS-5148](#).
- To provide crisis respite, providers must have a background study. [CBSM – Waiver/AC service provider overview – Required DHS background studies for direct-contact services](#).

4.4 Supplemental Questions

4.4.1 Organization name, address, the names, and phone numbers of administrative staff including: Directors, Program Managers, Contract Managers, and Accounting Personnel.

4.4.2 Information verifying enrollment, licenses held, services provided.

4.4.3 Written plan for initial and ongoing training for staff. Please outline recent training your organization has provided to direct care workers related to managing unpredictable, aggressive, and physical behaviors

4.4.4 Proposals will be considered that serve the Duluth area, preferably in a rural setting. Can your agency serve the area indicated?

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 Rates and reimbursement are determined by the Community Based Service Manual (CBSM) Market Rate.

6. Timeline:

6.1	Due Date for proposal submission	<u>5/10/2024</u>
6.2	Target date for completion of interviews follow-up interviews (if required)	<u>6/7/2024.</u>
6.3	Target date of follow up interviews (if required)	<u>6/14/2024.</u>

6.4 Target date of notification	6/28/2024.
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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 at a minimum the information requested below (**Section 7.**) by: **5/10/2024**

At the top of your response please clearly indicate your proposal is one to provide Crisis Respite Services for adults.

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 Supplemental Questions:

Insert answers to questions to **Section 4.4 Supplemental Questions.**

7.5 Relevant Certifications or Licenses:

A crisis respite provider must have a license under [Minn. Stat. Ch. 245D](#) as an intensive support service provider. **Please provide verification of licensure.**

7.6 In addition: Crisis respite providers must comply with the following requirements:

5.1 Data Privacy

5.2 Equal Employment Opportunity and Civil Rights Clause

5.3 Fair Hearing Appeal

5.4 Rehabilitation Act

5.5 Health Insurance Portability and Accountability Act (HIPAA)

8. Selection

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. Receipt of Response

Your response must include one (1) copy and be received no later than **5/10/2024**

9.1 Submit to:

Nichole Rahman rahmann@stlouiscountymn.gov

*Any additional questions regarding this proposal should be directed to the contacts listed in **Section 2**.*

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*St. Louis County Public Health & Human Services
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