



# Saint Louis County

Public Health and Human Service Department – [www.stlouiscountymn.gov](http://www.stlouiscountymn.gov)

Linnea Mirsch  
PHHS Director

## **Request for Proposal (RFP)**

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

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

2.1 Susan Sauls, Children and Family Services Supervisor

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E-mail: [SaulsS@StLouisCountyMN.gov](mailto:SaulsS@StLouisCountyMN.gov)

Brian Volkman, Home and Community Based Services Supervisor

Phone: 218-733-2747

Email: [VolkmanB@StLouisCountyMN.gov](mailto:VolkmanB@StLouisCountyMN.gov)

2.2 Nichole Rahman, St. Louis County PROD Coordinator

Phone: 218- 726-2244

E-mail: [RahmanN@StLouisCountyMN.gov](mailto:RahmanN@StLouisCountyMN.gov)

3. **Proposal Description**

3.1 Geographic area to be served:

There is a significant need for a crisis respite home for children receiving Disability Waiver services in St. Louis County. The preferred location would be in or near Duluth, Proctor, or Hermantown with a large, enclosed yard. Ideally, not located near high traffic areas while maintaining access to local support services. This resource will be available to eligible St. Louis County children with preference and priority to St. Louis County residents.

3.2 Purpose/Statement of Need:

St. Louis County has been utilizing crisis respite placements in other communities throughout Minnesota. These placements cause a disruption in familial and community connections. Children with disabilities have the highest displacement from family than any other demographic. Creating a crisis respite home in St. Louis County would allow for more effective reunification with families and communities.

A Children's Crisis home would be highly integrated, trauma-focused, continuum of care for youth with the highest acuity and/or intellectual/developmental needs that allow for seamless transition between less and more restrictive levels of care that is not delayed by the need to arrange for appropriate supportive services. Non-family-based service settings shall include a trauma-focused model of care, be

unlocked, and have a high degree of qualified supervision and structure and be aligned with the goal of maintaining family and community connection while supporting the rapid and successful transition of the foster youth back into family or community-based settings.

### **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 youth meeting criteria regardless of age, race, sexual orientation, religious/cultural beliefs, gender identification 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.

The ideal location would be near Duluth, Hermantown, or Proctor with a fenced in yard not close to a highway/high speed road. The location would be accessible to services. The layout of the home is important. Each youth would need to have their own bedroom and the home should have at least two bathrooms. In addition, an accessible bathroom, dining, common area, and space for individual activities that are separate from bedrooms.

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 are expected to be compassionate, competent, and have confident interactions with the individuals in the home to provide supports that are effective.

### **3.4 Client population to be served:**

Individuals served in this home will be receiving children's disability waived services having complex mental, physical, and executive functioning diagnosis. Children needing crisis respite care will have experienced trauma based on a variety of factors. Potential challenging behaviors could include but not limited to: Property destruction, verbal, and physical aggression towards or other children being served, elopement, and self-injurious behaviors.

## **4. Scope of Services**

### **4.1 Service Summary**

- Compliance with the requirements necessary to maintain DHS active license status.
- Cooperation and on-going communication with case managers, families, and other individual team members prior to and during placement.

- Providers and staff must be prepared to address family connection and educational continuity as directed by case managers.
- Responsiveness to individualized needs as identified in the support plans of the individuals residing in the home.
- Coordination and communication 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, vision, hearing, and mental health care.
- The provider ensures 24/7, 1:1 or 2:1 staffing for safety reasons.
- When needed, the provider works with the school to ensure educational needs 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, mandated reporting of maltreatment, CPR/First Aid) to effectively work with each individual.
- Providers will work collaboratively with community team members (crisis support, Occupational Therapy, speech providers, etc.) to consult, receive training, and develop and maintain proper physical space and programming for each person served.
- Providers will work collaboratively with each youth's team members to create sustainable discharge plans, providing detailed after care information, documentation of behavioral interventions, medications and other therapies provided during placement.

#### 4.2 Essential job/service functions:

##### Minimum requirements and 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.
- Provider or staff immediately notify the case managers of any serious injury or accident that involved the child, including but not limited to behavioral responses, and intense dysregulation.
- 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

#### 4.5 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 waiver. If a child is not on the waiver but is eligible, an expedited assessment would be requested.

### 6. Timeline

6.1 Due Date for proposal submission	<u>5/10/2024</u>
6.2 Target date for completion of interviews follow-up <b>interviews</b> (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	<u>6/28/2024.</u>

### 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 children.**

#### 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 Relevant Certifications or Licenses:  
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](mailto:rahmann@stlouiscountymn.gov)

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

*St. Louis County Public Health & Human Services  
Government Services Center  
320 West 2nd Street, Suite 6E  
Duluth, MN 55802*