

Ramsey County Human Services

Solicitation for Agreements

Base-Rate Group Residential Housing for Adult Men and Women with Chemical Dependency or Co-occurring Chemical Dependency and Mental Illness

Date Issued: April 1, 2007

First Revision: September 23, 2008

Second Revision and Re-issue: October 20, 2009

Third Revision and Re-issue: September 16, 2010

Fourth Revision and Re-issue: March 20, 2012

Fifth Revision and Re-issue: May 1, 2013

Sixth Revision and Re-issue: August 9, 2013

Seventh Revision and Re-issue: February 5, 2015

**As a Ramsey County Human Services
Solicitation for Agreements Pilot Project,
Proposals may be submitted at any time until further notice.**

**This Solicitation for Agreements
will periodically be reviewed and updated.
Check with Ramsey County Human Services and check current
Minnesota Statutes before submitting any proposals.**

I. PROJECT INFORMATION

A. Project Description

Ramsey County Community Human Services (RCCHS) recognizes an on-going need in Ramsey County for Group Residential Housing (GRH) services for adult men and women age 18 and older with chemically dependency or co-occurring chemical dependency and mental illness.

Ramsey County Human Services is willing to recommend contracting with agencies for the development of GRH services under the Minnesota Department of Human Services, Group Residential Housing program depending on the specific population to be served and the need as determined by RCCHS. Please notify RCCHS about any potential project prior to writing and submitting any proposals as specific needs in Ramsey County, as well as state and local laws and regulations for Group Residential Housing, may have changed (See item C below).

GRH beds developed through this project will to be reimbursed at the current GRH base rate. The current GRH base-rate, less \$94.00 for the recipient's personal needs described below, as of July 1, 2014, is \$876.00 per month or \$28.80 per day / per bed / per recipient. This rate is designed to pay for monthly food and housing needs only. A minimum of \$194 per person, per month must be budgeted for food in GRH facilities.

In addition to the base rate room & board paid to the facility, each person in the GRH program will receive for personal needs, clothing allowance, and prescription medication co-pays currently not less than \$94 per month.

This project is not for the development of facilities targeted only for persons defined as eligible for the GRH Long-Term Homeless program, but may include clients eligible for that program.

This project is not for the development of facilities targeting those with high medical needs or those in need of GRH with Supplemental Services.

GRH beds can be implemented in many types of configurations and facilities. The number of beds in an individual facility is not specified within this project. Any viable proposal with a feasible budget is eligible for review as long as it meets the requirements of this project and the GRH program. Proposed facilities may also be targeted to serve one or more sub-populations including, but not limited to, the following examples:

- Men and women attending outpatient treatment and who are in need of chemical-free housing
- Men and women in need of transitional housing using an alcohol harm-reduction model
- Non-English speaking men and women
- Men and women of a specific culture, ethnicity, or other targeted population

B. Project Limits

1. The Group Residential Housing (GRH) beds to be developed through this project must accordance with state laws and the rules of the Minnesota Department of Human Services and will be subject to any changes made by the Minnesota Legislature in regard to the monthly reimbursement rate.
2. This project is subject to the provisions set forth in Minnesota Statutes Chapters 256I.01 to 256I.06.
3. The facilities to be developed must be licensed as a Rooming and Boarding House by either the City of St. Paul or, in suburban Ramsey County, by the Ramsey County Public Health Department.
4. The locations of these facilities are subject to the guidelines and restrictions set forth in local zoning regulations. The City of St. Paul designates areas appropriate for this type of development under local codes. Each suburban municipality also has its' own codes and designations for geographical areas within its jurisdiction. The facility location of a must be approved by the local zoning authorities. In addition, a facility may require a Conditional Use Permit (CUP) depending on local regulations.
5. When seeking a property or home for this project, please be aware that Ramsey County is concerned about issues of density and desires not to create over-concentrations of supported living or other similar type of community living services. Please notify RCCHS (see item C below) of any addresses being considered prior to purchase of or securing control of a building if possible. RCCHS will provide a list of other human services residential programs in the immediate vicinity. If there are several or similar facilities nearby, RCCHS will encourage the proposer to seek another location.
6. A facility serving adults with 10 beds or more will require a commercial kitchen and a person on contract or on staff who holds a food manager's license. Single room occupancy facilities with in-room kitchenettes may have 10 or more beds in total and will not require a commercial kitchen. For purposes of GRH regulation, if there are adults and their minor children housed in a facility, the children are not counted as part of the total GRH population. For example, a facility with 8 adults and four minor children would not be required to have a commercial kitchen.

C. Ramsey County Human Services Department Contact

Questions concerning this solicitation may be submitted in writing to Kurt Koehler, Planning Specialist / Contract Manager, Room 9500, 160 E. Kellogg Blvd., St. Paul, MN 55101 or by email at: Kurt.Koehler@co.ramsey.mn.us

D. Other Contact Information

1. For questions about the Minnesota Department of Human Services, Group Residential Housing (GRH) program, contact:

John Petroskas
GRH Policy Specialist
Minnesota Department of Human Services
444 Lafayette Rd N
St. Paul MN 55155
651-431-5644
John.Petroskas@state.mn.us

2. For questions regarding Board and Lodging facility licensing, Environmental Health Plan Review, and Certificate of Occupancy:

In suburban Ramsey County;

St. Paul-Ramsey County Department of Public Health
Environmental Health Section, 1670 Beam Avenue, Suite A,
Maplewood, MN 55109-1176
Phone 651-773-4469

An Environmental Health Plan Review for local development is also required by the following cities;

The City of New Brighton
803 Old Highway 8 NW
New Brighton, MN 55112
Phone 651-638-2100

The City of Maplewood
1830 E. County Road B
Maplewood, MN
Phone 651-429-2000

For Environmental Health Plan Review and Licensing of facilities in the City of St. Paul:

Office of License, Inspections, and Environmental Protection
8 Fourth Street East, Suite 200
St. Paul, Minnesota 55101-1024
651-266-9090

3. For questions regarding zoning and local ordinances governing locations of specific buildings and sites:

In the City of St. Paul contact:

St. Paul Department of Safety and Inspections / Zoning Office
375 Jackson Street, Suite 220
Saint Paul, MN 55101
Ph: (651) 266-8989 Fax: (651) 266-9124
Web: <http://www.stpaul.gov/index.aspx?nid=798>

Note: GRH funded facilities are licensed as Rooming and Boarding Houses and they are **not** defined as Sober Houses under City of St. Paul ordinances.

In suburban Ramsey County:

Arden Hills, 1450 W. Highway 96, Arden Hills, MN 55112
651-792-7800

Blaine, 10801 Town Square Drive NE, Blaine, MN 55449
763-784-6700

Falcon Heights, 2077 W. Larpenteur Ave., Falcon Heights, MN 55113
651-792-7600

Gem Lake, 4707 Highway 61, White Bear Lake, MN 55110
651-747-2790

Lauderdale, 1891 Walnut Street, Lauderdale, MN 55113
651-792-7690

Little Canada, 515 E. Little Canada Road, Little Canada, MN 55117
651-766-4029

Maplewood, 1830 E. County Road B, Maplewood, MN 55109
651-429-2000

Mounds View, 2401 Highway 10, Mounds View, MN 55112
763-717-4000

New Brighton, 803 Old Highway 8 NW, New Brighton, MN 55112
651-638-2100

North Oaks, 100 Village Center Drive, Suite 150, North Oaks, MN 55127
651-792-7750

North St. Paul, 2400 Margaret Street, North St. Paul, MN 55109
651-747-2400

Roseville, 2660 Civic Center Drive, Roseville, MN 55113

651-792-7000

St. Anthony, 3301 Silver Lake Road, St. Anthony, MN 55112

612-782-3301

Shoreview, 4600 North Victoria Street, Shoreview, MN 55126

651-490-4600

Spring Lake Park, 1301 81st Avenue NE, Spring Lake Park, MN 55432

763-784-6491

Vadnais Heights, 800 East County Road E, Vadnais Heights, MN 55127

651-204-6000

White Bear Lake, 4701 Highway 61, White Bear Lake, MN 55110

651-429-8526

White Bear Town, 1281 Hammond Road, White Bear Town, MN 55110

651-747-2750

II. SCOPE OF SERVICES

A. General

Ramsey County Human Services provides a range of services to individuals who experience chronic chemical dependency, mental illness, and other disabilities. When a need for GRH has been identified as part of the service plan, referrals are made to GRH facilities. The County determines a client applicant's eligibility and authorizes an initial length of stay for a client eligible to receive GRH funding. Extensions of the length of stay are subject to a determination of the client's continuing eligibility.

In addition to being financially eligible for placement, clients seeking GRH funding to reside in the facility must also be assessed by the County as being chemically abusive or dependent, or with a co-occurring chemical dependency and mental illness by the Ramsey County Human Services Department.

Clients referred to these GRH facilities may have chemical dependency and mental illness problems that can be chronic in nature. These clients may have extensive histories of chemical dependency treatment, several detoxification admissions or psychiatric hospitalizations. Clients referred to the facility may be under a commitment status. Clients entering to the facility may be referred from a recent stay in a detoxification center. Many residents entering the GRH facilities will have either recently attended a formal treatment program for mental illness, chemical dependency, or both, or may be attending outpatient treatment, receiving case management, or

other services while in residence at the facility. Some clients may be transferring from another GRH program that also provides services under a separate rate structure.

Ramsey County Human Services frequently uses chemical-free GRH facilities to house persons attending outpatient chemical dependency treatment. This practice has proven an effective model of providing needed treatment services and a stable living situation over several months time while conserving limited treatment funds. However, some clients may be more appropriate for GRH facilities that use a harm-reduction model tolerating some alcohol use and RCHS will consider such a model.

Making a referral to a treatment program on behalf of a resident is the responsibility of the resident's treatment funding provider, such as the County or an insurer, and it is not the responsibility of the GRH board and lodging provider.

The provider must agree to participate fully in a process for evaluating facilities and any services provided as determined by the Ramsey County Human Services Department.

Men and women may not be housed in the same facility or, minimally, within the same living areas in a single GRH facility for the purposes of this solicitation. However, no resident shall be discriminated against in admission, termination, or the provision of services on the basis of race, creed, color, national origin, religion, sexual orientation, public assistance status, marital status, or physical handicap. The admission of physically handicapped individuals may be limited only by the physical facility's limitations and/or the individual's ability to function independently.

Funding for the services in this project will be authorized by the Ramsey County Human Services Department on the basis of an individual client's eligibility in applicable Minnesota statutes and rules, and currently for General Assistance (GA) and/or Minnesota Supplemental Aid (MSA). The source of the funding will be the Minnesota Department of Human Services (DHS) Group Residential Housing (GRH) program.

The amount of funding per client will be based on a per diem rate and a monthly rate established by a negotiated rate setting agreement between the service provider and the Ramsey County Human Services Department. The per diem rate and a monthly rate will be limited by those set forth in Minnesota statutes.

Monthly room and board rates for a recipient living in a group residential housing facility must not exceed the MSA equivalent rate specified under section 256I.03, subdivision 5.

Maximum rates of reimbursement will be determined by statutory restrictions of the Group Residential Housing (GRH) Program as administered by the Minnesota Department of Human Services.

III. PROPOSAL SUBMISSION, EVALUATION, AND SELECTION

A. Proposal Submissions and Timetable

Important:

Please submit **one original and 8 copies** of a written proposal to Kurt Koehler, Planning Specialist / Contract Manager, Room 9500, 160 E. Kellogg Blvd., St. Paul, MN 55101. **Faxed and/or emailed copies will not be accepted.**

The original copy of the proposal must be signed by the officer who will be accountable for all representations. Unsigned proposals may be considered invalid.

A panel will review proposals within the month following submission. Any recommended selection of a vendor for a contract will be forwarded to the Ramsey County Board of Commissioners for final approval.

B. Valid Proposal

In order to be considered a valid proposal, the following requirements must be met:

1. Written Proposal Contents:

a) Complete the Vendor Fact Sheet (Attachment A). Name, address, telephone number and key contact person for the project must be included.

b) Complete the Provider's Cultural Responsiveness Assessment (Attachment B).

Include any plans for serving non-English speaking residents in your facility including interpreter needs and plans to meet that need.

c) Complete the Provider's MI/CD Program Standards Self-Assessment and Implementation Plan (Attachment C).

Ramsey County expects that all contracted chemical dependency service providers will be able to work with clients who are dually diagnosed as mentally ill and chemically dependent (MI/CD). The County has elected to establish twelve standards, based on the American Society of Addictive Medicine (ASAM) PPC2R (2000) guidelines for dual diagnosed enhanced programs. All programs will meet the minimum standards (1 through 4). Some programs will be designated as meeting the maximum standards (1 through 12).

d) Provide a brief history and description of your organization noting current and past experience relevant to the delivery of service. Include any program brochures if you wish.

e) Provide an organizational chart, which clearly depicts the lines of authority within your agency, and identify where staff related to this service will be assigned.

f) Describe the financial stability of your organization.

g) Provide a detailed outline of the service you plan to establish and the services offered.

Also Include:

1. The service philosophy and values of your agency.
2. The number and gender of individuals you wish to serve.
3. Describe who on your staff will carry out any activities at your facility.
4. A list of any partner agencies that will participate in delivering any services, and your relationship with these agencies in the areas of funding, planning, service delivery.

h) Describe how the benefits of this service will be measured. (Final evaluation standards will be established by RCCHS.)

i) Estimate your time-line for implementation of services.

j) Provide a detailed line item budget showing total expenses. Include a narrative describing the line item budget (see Attachment D for a suggested budget format0>

k) List and identify all revenues for the program services.

l) Depreciation: It is assumed that the vendor will be responsible for compliance with all IRS rules and regulations for capital/facility and or equipment depreciation. The provider will be responsible for providing a depreciation schedule to the County.

m) Audits: An audit will not be necessary for submitting a proposal related to this project. The GRH program is state funded and annual audits for the County are not required at this time. Audits may be required at some time in the future depending upon any related state, federal, or Ramsey County policy changes.

The Ramsey County Board of County Commissioners adopted a policy on March 23, 2004 related to audit requirements for Purchase of Service agreements. The policy requires that Purchase of Service agreements with an annual individual or cumulative amount equal to the amount set forth in Federal OMB Circular A-133 for programs or services, of federal or local dollars, shall include a provision requiring that an annual certified audit be furnished to the County, within 180 days of the end of the agency's fiscal year. Effective 1-1-04 the federal threshold was raised to \$500,000. The audit requirement is not mandatory for other governmental agencies such as cities, the state of Minnesota or the federal government. The \$500,000 amount will apply only to federal and

local funding that flows through the county to contracted vendors and excludes state grant funding and Medical Assistance (MA) revenue.

2. Withdrawal of Proposal/Changes

A proposal may be withdrawn on the written request of the proposer. Negligence of the proposer in preparing this proposal confers no right to withdraw the proposal after the proposal due date. Prior to proposal due date, changes may be made, provided the change is initiated by the proposer or the proposer's agent. If the intent of the proposer is not clearly identifiable, the interpretation most advantageous to the County will prevail. Once submitted, a proposal becomes public property and will not be returned.

3. Security Information

If a proposal contains any "security information", "trade secret information" or "labor relations" information as describe in Minnesota Statutes 13.37, Subd 1 that the Proposer does not want disclosed to the public or used for any purpose other than the evaluation of its offer, all such information must be indicated with the following statement:

"The following information contained on pages,, is non public trade secret information. Definition is found in (13.37 Subd 1d)"

C. Evaluation and Vendor Selection

Ramsey County reserves the right to reject any and all proposals. The County reserves the right to accept other than the lowest cost proposal. If clarifications are needed, the County reserves the right to notify the proposer in writing. The County reserves the right to interview any or all proposers at its discretion.

A panel of Ramsey County Human Services staff and community members will review proposals.

Successful vendors will be selected based on the following criteria:

1. Proposal shows a clear understanding of the needed service and proposal meets the specifications outlined in this solicitation.
2. Proposal identifies administrative and other staff experience and community resource knowledge pertinent to the service design and client characteristics, including physical, medical, psychiatric, and chemical health needs, and specific strategies for delivering services to communities of color and non-English speaking persons.
3. Proposal identifies the agency's financial stability and solvency.

D. Contract Award

1. A contract will be executed between the successful proposer(s) and Ramsey County. The contract will be in the form of a rate setting agreement and will include the terms set forth in the proposer's proposal.
2. The County reserves the right to waive minor irregularities in the proposal request process.

IV. CONDITIONS

A. Special Conditions

The proposer, by submitting a proposal, agrees to the following special conditions:

1. **Cost of Proposal.** Ramsey County will not be responsible for any costs incurred by proposers in preparing proposals, including those not accepted.
2. **Independent Price Determination.** Proposers are held legally responsible for their proposals and proposal budgets. Proposers are not to collude with other proposers or competitors or take any other action, which will restrict competition. Evidence of such activity will result in rejections of the proposal. Joint proposals may be submitted upon prior approval by the County, or when noted as desirable within the Solicitation.
3. **Reimbursement/Payment:** Monthly payments will be on a fee for service basis made on an individual's behalf for group residential housing. Payments are contingent on verification activities as determined by the Ramsey County Human Services Department and the Minnesota Department of Human Services.
4. **Contingencies.** Funds are available subject to the Federal, State or Local sources appropriating funds for this service.
5. **Cancellation.** The County reserves the right to cancel this Solicitation at any time and shall not be liable for any expenses incurred by any entity irrespective of whether a proposal was submitted or not.
6. **Non-Conforming Services.** The acceptance by the County of any non-conforming services under the terms of the development of a contract or the foregoing by the County of any of the rights or remedies arising under the terms of this agreement shall not constitute a waiver of the County's right to conforming services or any rights and/or remedies in respect to any subsequent breach or default of the terms of this agreement. The rights and remedies of the County provided or referred to under the terms of a contract are cumulative and not mutually exclusive.
7. **Set off.** Notwithstanding any provision of this agreement to the contrary, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of this Agreement by the Contractor. The

County may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damaged due to the County from the Contractor is determined.

8. **Conflict of Interest.** The Proposer affirms that, to the best of their knowledge, this proposal does not present a conflict of interest with any party or entity, which may be affected by the terms of a forthcoming contract. The Proposer agrees that, should any conflict or potential conflict of interest become known, they will immediately notify the County of the conflict or potential conflict, and will advise the County whether they will or will not resign from the other engagement or representation.
9. **Subcontractor Payment.** The Proposer shall plan to pay any subcontractor within ten days of the contractor's receipt of payment from the County for undisputed services provided by the subcontractor. The Proposer shall pay interest of 1 ½ percent per month or any part of a month to the subcontractor. The minimum monthly interest penalty payment for an unpaid balance of \$100.00 or more is \$10.00. For an unpaid balance of less than \$100.00, the Proposer shall pay the actual penalty due to the subcontractor. A subcontractor who prevails in a civil action will be awarded its costs and disbursements, including attorney's fees, incurred in bringing the action.
10. **Insurance coverage.** Selected vendors will be responsible for obtaining and maintaining all necessary insurance, as required by Ramsey County Risk Management.
11. **Terms.** This Solicitation, the Proposal, and any exhibits shall be in force and effective from the agreed upon program start-up through the established contract renewal date.
12. **Entire Agreement.** The written contract, the Solicitation, the Proposal, and any exhibits shall constitute the entire agreement between parties and shall supersede all prior oral or written negotiations

Attachment A

VENDOR FACT SHEET

Legal Name: (As registered with Secretary of State):

Doing Business As (DBA):

Service Site(s):

Corporate Headquarter

Address: _____

Telephone: _____

Fax: _____

Corporation or Business type: Profit _____ Non-Profit _____ Public _____

Partnership _____ Proprietorship _____

Federal Tax ID or SS #: _____

Executive Director _____ Telephone: _____

Email Address: _____

Program Director: _____ Telephone: _____

Email Address: _____

Accounting Contact & Title & Telephone: _____

Email Address: _____

List names of those with authority to sign billings and receive payments including name, title, and telephone number:

Authorized signature: _____

If applicable: Licensed to do business by: _____

(Please include copy of license.)

Attachment B Ramsey County Human Service Providers Cultural Responsiveness Assessment Revised 11/04
 See the Addendum to Review the Standards for Culturally and Linguistically Appropriate Services (CLAS)

| CLAS Based Questions to Assess Cultural Responsiveness | Current Strengths in This Area | Actions Needed to Improve Cultural Responsiveness Relevant to the Questions | Person(s) Responsible | Time Frame |
|--|--------------------------------|---|-----------------------|------------|
| 1. Has your organization ensured that patients / consumers receive from all staff members, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language? | | | | |
| 2. Has your organization implemented any strategies to recruit, retain, and promote diversity within your staff? | | | | |
| 3. Which strategies has your organization used? | | | | |
| 4. Does your organization provide to staff on-going education and training in culturally and linguistically appropriate service delivery? | | | | |

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|--|--|--|--|--|
| 5. Does your organization offer language assistance to consumers at no cost? | | | | |
| 6. Does your organization offer language assistance to consumers in a timely manner and at all hours of operation? | | | | |
| 7. Does your organization provide consumers with verbal and written information in their preferred language about their right to receive language assistance services? | | | | |

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|---|--|--|--|--|
| 8. How does your organization assure the competence of the language assistance services provided to your consumers? | | | | |
| 9. In what situations does your organization rely on family or friends of the consumer for language assistance? | | | | |

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|--|--|--|--|--|
| 10. Does your organization make easily understood materials and post signage in the languages of your consumers? | | | | |
| 11. What languages are used by your organization in materials and signs? | | | | |
| 12. Does your organization have a strategic plan that addresses cultural responsiveness? | | | | |
| 13. Does this plan outline clear goals, operational plans, and management accountability/oversight mechanisms assuring CLAS are developed, implemented, promoted and provided? | | | | |

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|---|--|--|--|--|
| 14. Does your organization conduct regular self-assessments of CLAS-related activities? | | | | |
|---|--|--|--|--|

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| <p>15. Are measurements of your organization's cultural and linguistic competence a part of your standard internal audits, performance improvement programs, patient/client satisfaction assessments and outcome-based evaluations?</p> | | | | |
|---|--|--|--|--|

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|--|--|--|--|--|
| <p>16. Does your organization consistently collect data on individual client's/patient's race, ethnicity, and spoken and written language?</p> | | | | |
|--|--|--|--|--|

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|---|--|--|--|--|
| <p>17. Is this information kept in client/patient records and maintained as well as regularly updated on your organization's management information system?</p> | | | | |
|---|--|--|--|--|

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|--|--|--|--|--|
| <p>18. Does your organization maintain a current demographic, cultural and epidemiological profile of the community in which you serve?</p> | | | | |
| <p>19. Do you conduct periodic needs assessments to accurately plan for and implement services that respond to the cultural and linguistic characteristics of your area(s) of service?</p> | | | | |
| <p>20. Have you formed a partnership with the community of persons you serve that utilizes formal and informal means to encourage participation and facilitate involvement of clients/patients in the designing and implementing of CLAS related activities?</p> | | | | |

| | | | | |
|---|--|--|--|--|
| <p>21. Are your organization's conflict and grievance resolution processes culturally and linguistically sensitive?</p> | | | | |
| <p>22. Are there conflict and grievance resolution processes capable of identifying, preventing and resolving cross-cultural conflicts or complaints by clients/patients?</p> | | | | |
| <p>23. Does your organization regularly make available public information about your progress and successful innovations in implementing CLAS standards?</p> | | | | |
| <p>24. Do you regularly provide public notice in your community about the availability of this information?</p> | | | | |

Addendum: Standards for Culturally and Linguistically Appropriate Services (CLAS)

The final revised CLAS Standards for Health Care Organizations were issued by the United States Department of Health & Human Services, Office of Minority Health, on December 22, 2000. Federal Register: (Volume 65, Number 247) [Page 80865-80879].

The standards listed below have been modified replacing the term “Health care” organizations to read “Human service” organizations to be used by the Ramsey County Human Services Department.

1. Human service organizations should ensure that patients/consumers receive from all staff members, effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Human service organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Human service organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. Human service organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Human service organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Human service organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Human service organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Human service organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Human service organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Human service organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

11. Human service organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Human service organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Human service organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Human service organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

**Ramsey County Human Services
Substance Abuse Program Standards for Co-occurring
Mental Health & Chemical Health Disorders**

Ramsey County expects that all contracted **chemical dependency service providers** will be able to work with clients who are dually diagnosed as mentally ill and chemically dependent (MI/CD). The County has elected to establish twelve standards, based on the American Society of Addictive Medicine (ASAM) PPC2R (2000) guidelines for dual diagnosed enhanced programs. **All programs will be identified as meeting minimum standards. Some programs will be designated as meeting maximum standards.**

The standards are as follows:

Minimum Standards (#1 through #4)

1. Program philosophy specifically welcomes individuals with co-occurring disorders.
2. Policies and procedures delineate attention to co-occurring disorders in assessments, treatment provision, care coordination and discharge planning.
3. Discharge planning identifies mental health *and* substance disorder specific skills, supports, and services need to transition to the next level of care.
4. Staff are expected to be cross trained in basic core competencies (see Staff Basic Core Competencies).

Maximum Standards (#1 through #4 PLUS #5 through #12)

5. Program routinely accepts dual diagnosis patients who have psychiatric/chemical health instability.
6. Assessments include a comprehensive assessment of dual disorders, identification of involved mental health/chemical health services providers, and identification of the appropriate course of treatment.
7. Treatment planning identifies co-occurring disorders as two primary problems, each having specific goals and interventions that are individualized based on the consumers' needs.
8. Staff have routine access to consultation from mental health professionals & licensed chemical health professionals.
9. Programming addresses dual diagnosis and phase specific treatment, based on individual clients' motivation, treatment readiness, and functional abilities.
10. Programming is flexible and makes reasonable accommodations regarding relapses in chemical use and in increases of psychiatric symptoms.
11. All staff providing continuing care are expected to provide integrated care coordination with all involved mental health and chemical health service providers.
12. Supervisory staff demonstrates advanced competencies in addressing active psychosis and addictions.

Staff basic core competencies in MI/CD dual diagnosis are as follows:

- a. Respect for clients at all times
- b. Ability to perform basic assessments of addiction and mental health. Staff should be able to identify probable primary psychiatric and substance abuse or dependency disorders
- c. Understand that mental illness and substance disorders are both chronic and relapsing disorders. Relapses are not failures, but opportunities for learning (interventions should not be punitive)
- d. Knowledge of the etiology and course of the disorders involved (as described in the DSM IV)
- e. Understanding of pharmacological aspects and ability to consult with physicians
- f. Knowledge of how client's behaviors and motivation fit appropriately with various treatment modalities
- g. Ability to develop rapport and reduce client anxiety
- h. Skills to assess the effects and impact of co-morbidity
- i. Ability to integrate a variety of mental health and chemical health interventions/support strategies, based on client needs
- j. Skill at facilitating community, peer and natural support systems
- k. Knowledge of how co-occurring disorders effect family systems and related treatment strategies
- l. Ability to teach both simple and complex skills and information
- m. Ability to implement approaches to prevent, intervene, and resolve crisis situations
- n. Ability to identify intoxication/withdrawal symptoms and make preliminary recommendations regarding level of care
- o. Ability to identify symptoms of mental illness, monitor for signs of symptom escalation, and make preliminary recommendation regarding level of care
- p. Competency and diligence at documenting all necessary information
- q. Commitment to receiving ongoing clinical supervision and consultation
- r. Knowledge of ethical principles, individual clients' civil rights, and the law (including variations in mental health and chemical health confidentiality rights)
- s. Knowledge of the needs and concerns of dually diagnosed clients, including civil commitment, medical conditions and learning impairments
- t. Ability to educate clients and family members on co-occurring disorders and the need for integrated treatment
- u. Awareness of available resources and how to access them.
- v. Ability to collaborate with both mental health and chemical health professionals in regards to coordinated treatment planning and on-going service coordination

Provider's MI/CD Program Standards Self-Assessment and Implementation Plan

| MI/CD Standards for Chemical Health Services | Current Strengths in This Area | Actions Needed to Implement Standard | Person(s) Responsible | Time Frame |
|---|---------------------------------------|---|------------------------------|-------------------|
| Minimum Standards #1 through #4 | | | | |
| Program philosophy specifically welcomes individuals with co-occurring disorders. | | | | |
| Policies and procedures delineate attention to co-occurring disorders in assessments, treatment provision, care coordination and discharge planning. | | | | |
| Discharge planning identifies mental health <i>and</i> substance disorder specific skills, supports, and services need to transition to the next level of care. | | | | |
| Staff are expected to be cross trained in basic core competencies (see Attachment A for suggested core competencies). | | | | |

| | | | | |
|--|--|--|--|--|
| Maximum Standards #1 through #4 (above), <u>and</u> #5 through #12 (below). | | | | |
| Program routinely accepts dual diagnosis patients who have psychiatric/chemical health instability. | | | | |
| Assessments include a comprehensive assessment of dual disorders, identification of involved mental health/chemical health services providers, and identification of the appropriate course of treatment | | | | |
| Treatment planning identifies co-occurring disorders as two primary problems, each having specific goals and interventions that are individualized based on the consumers' needs. | | | | |
| Staff has routine access to consultation from mental health professionals & licensed chemical health professionals. | | | | |

| | | | | |
|--|--|--|--|--|
| <p>Programming addresses dual diagnosis and phase specific treatment, based on individual clients' motivation, treatment readiness, and functional abilities.</p> | | | | |
| <p>Programming is flexible and makes reasonable accommodations regarding relapses in chemical use and in increases of psychiatric symptoms.</p> | | | | |
| <p>All staff providing continuing care are expected to provide integrated care coordination with all involved mental health and chemical health service providers.</p> | | | | |
| <p>Supervisory staff demonstrates advanced competencies in addressing active psychosis and addictions.</p> | | | | |

Attachment D

Ramsey County Human Services Contract Proposal Budget

| BUDGET SUMMARY FORM | | | | |
|---|----------------------------|-----------------------------|-------------------------------------|-----------------------------------|
| Budget Year (Dates): From: _____ To: _____ | | | | |
| <u>CATEGORY</u> (A) | <u>TOTAL BUDGET</u> (B) | <u>OTHER SOURCES</u> (C) | <u>IN-KIND CONTRIBUTIONS</u> (D) | <u>REQUESTED FROM RCHS</u> (E) |
| 1. Salaries | \$ | \$ | \$ | \$ |
| 2. Fringe Benefits | \$ | \$ | \$ | \$ |
| 3. Contracted Services | \$ | \$ | \$ | \$ |
| 4. Space Cost (Including utilities) | \$ | \$ | \$ | \$ |
| 5. Equipment | \$ | \$ | \$ | \$ |
| 6. Bonds & Insurance | \$ | \$ | \$ | \$ |
| 7. Copying | \$ | \$ | \$ | \$ |
| 8. Data Processing | \$ | \$ | \$ | \$ |
| 9. Communications | \$ | \$ | \$ | \$ |
| 10. Instate Travel | \$ | \$ | \$ | \$ |
| 11. Out-of-State-Travel | \$ | \$ | \$ | \$ |
| 12. Supplies & Materials | \$ | \$ | \$ | \$ |
| 13. Evaluation | \$ | \$ | \$ | \$ |
| 14. Audit | \$ | \$ | \$ | \$ |
| 15. Other (Explain) | \$ | \$ | \$ | \$ |
| TOTAL DIRECT COSTS | \$ | \$ | \$ | \$ |
| TOTAL RCHS REQUEST | | | | \$ |

BUDGET JUSTIFICATION: The budget justification must contain a complete breakdown of budget category items. The budget justification must also contain summary calculations and formulas for each item of cost in a category and the basis for each calculation.

| BUDGET JUSTIFICATION FORM | |
|--|----------------------------|
| Budget Year (Dates): From: _____ To: _____ | |
| Category | Requested from RCHS |
| 1. Salaries: | |
| 2. Fringe Benefits: | |
| 3. Contracted Services: | |
| 4. Space Cost, including utilities: | |
| 5. Equipment: | |
| 6. Bonds & Insurance: | |
| 7. Copying: | |
| 8. Data Processing: | |
| 9. Communications: | |
| 10. Instate Travel: | |
| 11. Out-of-State Travel: | |
| 12. Supplies & Materials: | |
| 13. Evaluation: | |
| 14. Audit: (is required & allowable expense only if agency receives \$500,000 in federal funds) | |
| 15. Other: (Explain) | |
| Total Amount Requested from Ramsey County Human Services | |