



STATE OF  
**NEBRASKA**  
JUDICIAL BRANCH

---

Administrative Office  
of the Courts & Probation

**Multisystemic Therapy (MST)  
2021 Amended Request for  
Qualification (RFQ)**

September 24, 2021

## TABLE OF CONTENTS

	<u>Page Number</u>
<b>SECTION I</b>	
<b>Introduction</b> .....	1
1. Summary	
2. What is Multisystemic Therapy?	
3. Evaluation Guidelines	
<b>SECTION II</b>	
<b>Instructions and Procedures</b> .....	3
1. Necessary Documents	
2. Specifications	
3. Questions	
4. Subcontractors	
5. Provider Certification	
6. Preparation of the Response	
7. Response Requirements	
<b>SECTION III</b>	
<b>Specifications</b> .....	4
1. Overview	
2. Staff Qualification	
3. Locations	
4. MST Service Requirements	
<b>SECTION IV</b>	
<b>Response Evaluation Criteria</b> .....	12
<b>SECTION V</b>	
<b>Timeline/Submittal Documents</b> .....	13
1. Timeline	
2. Submittal Documents	
<b>APPENDIX A-B</b>	
<b>Submittal Letter/Provider Profile</b> .....	15
<b>APPENDIX C</b>	
<b>Service Response Form</b> .....	18
<b>APPENDIX D</b>	
<b>Program Cost Projection Questionnaire/Budget</b> .....	20
<b>APPENDIX E</b>	
<b>Program Feasibility Checklist</b> .....	22

## **SECTION I INTRODUCTION**

### **A. SUMMARY**

The Administrative Office of the Courts & Probation (AOCB) received funding in 2016 for the implementation of Multisystemic Therapy (MST) in Nebraska for youth involved in the juvenile justice system and a Request for Qualification (RFQ) was issued in August 2016. The RFQ is currently in place, but there is a coverage area gap for MST Services in northeast Nebraska (all of Probation District 7 and parts of Districts 5, 6 & 8). Therefore, the AOCB is issuing this amended RFQ for the purpose of addressing a coverage area gap and building a network of qualified MST providers in northeast Nebraska for the duration of the RFQ.

The qualified provider(s) determined by this amended RFQ will be placed on the Qualified Provider Listing for MST services. MST services are defined on Page 4 of this RFQ and contain the mandatory requirements that Providers must meet to provide such services to the target population.

### **B. WHAT IS MULTISYSTEMIC THERAPY?**

MST is an intensive family and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent youth, their homes and families, schools and teachers, neighborhoods, and friends. MST recognizes that each system plays a critical role in a youth's world and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the most challenging youth, ages 12 through 17, who have a long history of arrests.

- MST clinicians go to where the youth is and are on call 24 hours a day, seven days a week
- Clinicians work intensively with parents and caregivers to put them in control
- The therapist works with the caregivers to keep the youth focused on school and gaining job skills
- The therapist and caregivers introduce the youth to sports and recreational activities as an alternative to hanging out

MST is based on evidence. This means it has been proven to work and produce positive results with the toughest youth. It blends the best clinical treatments—cognitive behavioral therapy, behavior management training, family therapies, and community psychology to reach this population.

After over 30 years of research and 55 published outcomes, implementation, and benchmarking studies including 25 randomized trials (28 independent evaluations), MST repeatedly has been shown to:

- Keep youth in their home, reducing out-of-home placements up to 50 percent;
- Keep youth in school;
- Keep youth out of trouble, reducing re-arrest rates up to 70 percent;
- Improve family relations and functioning;
- Decrease youth psychiatric symptoms; and
- Decrease youth drug and alcohol use.

### **C. EVALUATION GUIDELINES**

Responses will be evaluated based upon the criteria outlined in Section IV of this document and scored accordingly. Providers who meet the minimum scoring threshold of 50% will be included on the Qualified Provider Listing. Award(s) may be entered into with high scoring Qualified Provider(s) whose submissions are determined to be the most advantageous to the AOC, taking into consideration the evaluation factors set forth herein. AOC reserves the right to contact individual references and to consider other sources of information to determine evaluation scores. Note: Not all providers who are included on the Qualified Provider Listing will be selected to provide services in the northeast Nebraska area.

AOC may reject any or all responses or parts thereof and/or cancel this RFQ and re-solicit, if such action is in AOC's best interest. AOC may waive informalities and minor irregularities on responses received. This RFQ does not commit AOC to award any contract or to pay any costs incurred in the preparation of responses.

## SECTION II INSTRUCTIONS AND PROCEDURES

- A. **NECESSARY DOCUMENTS:** Providers who wish to submit a response shall complete all necessary documentation as identified in Section V of this RFQ.
- B. **SPECIFICATIONS:** The specifications included in this package provide adequate information as to whether or not Provider can meet the needs of AOC. Deviations from the specifications may be grounds for disqualification.
- C. **QUESTIONS:** AOC believes this RFQ contains sufficient information to respond and will not be accepting questions or comments regarding the RFQ.
- D. **SUBCONTRACTORS:** All direct service rights or obligations that will be assigned, delegated, or subcontracted in whole or in part, must be identified in the RFQ response.
- E. **PROVIDER CERTIFICATION:** By submission of a response, the Provider certifies that they have not paid nor agreed to pay any person, other than a bona fide employee, a fee or a brokerage resulting from the award of the contract.
- F. **PREPARATION OF THE RESPONSE:** Providers are expected to examine all documents, forms, specifications, standard provisions, instructions, and examine its response for accuracy before submitting an offer: Failure to do so will be at the Provider's risk.

### G. RESPONSE REQUIREMENTS

**Email** submittal documents with the following attachments to [nsc.contractingopportunities@nebraska.gov](mailto:nsc.contractingopportunities@nebraska.gov).

1. The Subject Line in the email for submissions must include the title of the contracting opportunity (MST Services Amended RFQ) and your organization's name (e.g. MST Services Amended RFQ-Company ABC).
2. Submittal documents should be attached to the email and named pursuant to the naming conventions listed below.
  - Appendix A-B - Submittal Letter and Vendor Profile: *Vendorname-AppendixA-B.pdf*
  - Three (3) Professional Letters of Recommendation: *Vendorname-Recommendations.pdf*
  - Appendix C - Service Requirements Response Form: *Vendorname-AppendixC.pdf*
  - Appendix D - Program Cost Projection Questionnaire & Agency-Wide Budget: *Vendorname-AppendixD.pdf*
  - Appendix E - MST Program Development Method Program Feasibility Checklist: *Vendorname-Appendix E.pdf* **(only required for those providers not currently licensed by MST Services, LLC)**

PDF forms of Appendix A-B, Appendix C, Appendix D, and Appendix E are located on the Nebraska Supreme Court website under Contracting Opportunities:

<https://supremecourt.nebraska.gov/contracting-opportunities>.

### SECTION III OVERVIEW, LOCATIONS, STAFF QUALIFICATIONS, AND SERVICE REQUIREMENTS

#### A. OVERVIEW

AOCP is issuing this RFQ for the purpose of addressing a coverage area gap and building a network of qualified MST providers in northeast Nebraska (all of Probation District 7 and parts of Districts 5, 6 & 8). MST services are defined beginning on Page 4 of this RFQ and contain the mandatory requirements that a provider must meet in order to become qualified.

Upon completion of the qualification process, the highest Qualified Provider(s), pursuant to the evaluation guidelines in Section IV of this RFQ, will be selected to provide service. If the selected Qualified Provider(s) is/are currently licensed with MST Services, LLC, the anticipated start date for provision of services is January 1, 2021. If the selected Qualified Provider(s) is/are not currently licensed with MST Services, LLC, the anticipated start date for provision of services is April 1, 2021 (may be earlier – dependent upon when licensure with MST Services, LLC is completed).

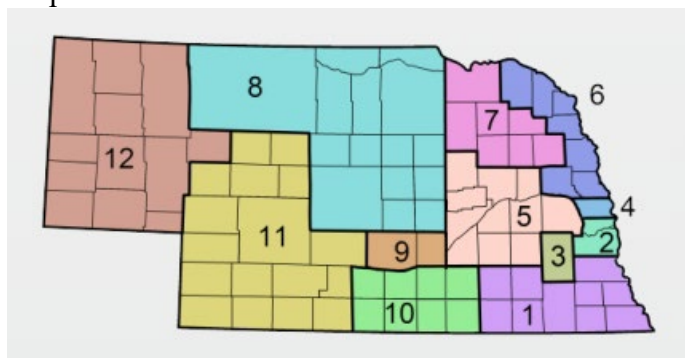
Probation utilizes a Fee for Service Voucher Program for reimbursement of services for youth with no other payment source, as long as services are conducted by the selected providers, who have been trained and have an active MST license. Medicaid will also be utilized as a payer source for those youth who are Medicaid eligible.

There will be financial assistance available for startup costs including training for initial staff, licensing fees, program support, and data collection for the initial start-up. See Page 11, MST Services Program Development and Support Fee Schedule for complete information on covered costs.

#### B. LOCATIONS

The northeast Nebraska coverage area includes all of Probation District 7 and parts of Districts 5, 6, and 8. Service will be provided at various locations within the coverage area including, but is not limited to, probation offices, courts, client homes, or treatment centers. Consideration will be given to those providers who can provide the service in the entire northeast Nebraska area. Responders will be asked to provide the District and associated Counties where they are willing/able to provide Services.

Map of Nebraska Probation Districts:



**C. STAFF QUALIFICATION**

AOCP may require providers and individuals working in judicial facilities or having access to judicial information to provide identifying information for the purposes of conducting a criminal history records check for security purposes (this may be in addition to the background check requirements specified below). Provider agrees to cooperate with such requests and understands that the provider may be removed from the Qualified Provider Listing for MST services if the results of the criminal history records check would disqualify the Provider or Provider's employee(s) and there is no alternative.

Pursuant to the Provider Profile questions, Provider shall submit job descriptions as well as copies of resume(s) of, certificates of training/expertise, licensure, and college degrees for all personnel providing direct services.

In addition to the experience, knowledge, and education requirements necessary to satisfactorily provide the MST services, Providers will ensure that background checks are conducted on all individuals coming into contact with Probation youth. Such checks shall include, at a minimum, the National Criminal History Check, Nebraska State Patrol Criminal History Check, Sex Offender Registry, Nebraska Child Abuse and Neglect Registry, and the Nebraska Adult Abuse and Neglect Registry. Providers will also conduct Pre-Employment Drug Testing.

When a new staff member is hired by Provider to provide MST services, Provider shall notify Emily Schoenleber, via email at [emily.schoenleber@nebraska.gov](mailto:emily.schoenleber@nebraska.gov).

**D. MST SERVICE REQUIREMENTS**

**1. Service Plan Development Requirements**

- a. Identify the multiple determinants of anti-social behavior for each case.
- b. Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (e.g.; peers, school, neighborhood, etc.).
- c. In collaboration with family members, identify and document problems throughout the family and extra-familial systems (e.g.; peers, school, neighborhood, etc.) that explicitly need to be targeted for change.
- d. MST therapists are required to write a service plan for each family. This plan will incorporate the desired outcomes of key participants/stakeholders involved in the family's treatment (e.g., youth, parents, probation, social services, school, etc.). This plan shall be sent to the Probation Officer within 14 days from the time of referral to MST. The service plan will identify youth/family strengths, help the youth/family define specific goals, provide instruction on ways to prevent the recurrence of delinquent behavior and other family conflict, and set up resources and skills to maintain ongoing progress.
- e. Have the MST supervisor review and approve all service plans.

## 2. **Provider Service Provision Requirements**

- a. MST therapists must attempt face-to-face contact with each family within 24 hours (immediately, if an emergency) from time of referral to MST. If unable to make face-to-face contact within 24-72 hours, the Probation Officer shall be notified immediately.
- b. Provide comprehensive MST treatment to each family that is individualized and family-centered. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (typically, approximately four months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.
- c. Provide 24-hour/day, 7-day/week on-call crisis coverage for the family. This may include the therapist going to the family home, or other current location of the family, upon receiving a crisis call. The therapist must be within a maximum 90-minute response time to the family in a crisis situation. If the family's assigned therapist is going to be unavailable, the family must be notified in advance and be provided with alternatives to ensure they have access to a clinician.
- d. Collaborate with the family in developing an enduring social support network in the natural environment.
- e. MST therapists will provide a range of goal-directed services to each client/family. Such services may include, but are not limited to, the following:
  - i. Improving parenting practices.
  - ii. Increasing family affection.
  - iii. Decreasing association with deviant peers.
  - iv. Increasing association with pro-social peers.
  - v. Improving school/vocational performance.
  - vi. Engaging youth/family in positive recreational activities.
  - vii. Improving family/community relations.
  - viii. Empowering family to solve future difficulties.
  - ix. Teaching appropriate parenting skills, such as:
    - Alternatives to corporal punishment.
    - Appropriate supervision of children.
    - Age appropriate expectations.
    - Choices and consequences.
    - Displays of greater parent/child affection and trust.
  - x. Family and marital interventions consistent with MST principles.
  - xi. Individual interventions for parents and youth consistent with MST principles.
  - xii. Aiding the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed.
  - xiii. Teaching the family organizational skills needed to provide a positive environment (e.g. teaching budgeting skills, etc.).



- xiv. Referring and linking the family with follow-up services when necessary to ensure continued success meeting the family's MST treatment goals.
- xv. Transporting youth/family when necessary and facilitating family plans to access transportation themselves on an ongoing basis.
- xvi. Providing services in the client's home, or, at the client's request, at a location mutually agreed upon by the therapist and client.
- xvii. Having MST therapists provide services to the youth/family for an average of four months. If needed, a family responding positively to treatment may receive services for a longer duration for more difficult problems, if approved in writing by the Probation Officer.
- xviii. Providing a discharge or extended services request.
  - A progress report shall be submitted monthly, at minimum, to the Probation Officer via the Voucher system or other system as determined by Probation. At the end of 4 months, or sooner if the family situation requires, a discharge summary or request for extension will be submitted to the Probation Officer.
  - Discuss discharge recommendations with the Probation Officer, in person. The staffing shall occur no later than seven days prior to the anticipated closure of the case. A written discharge report, using the Voucher system or other system as determined by Probation, shall be submitted to the Probation Officer no later than seven days after the case closure. The youth's family may be invited to attend the staffing. The termination report shall be approved, in writing, by the MST supervisor.
  - Conduct a discharge interview with the family to summarize the progress made during treatment, options to maintaining progress, and the family's satisfaction with the MST services provided. The Probation Officer should be invited to the discharge interview.
  - Contact the youth and the most involved parent in each family served by MST and administer a follow-up evaluation at 3, 6, and 12 months after discharge, according to guidelines established by AOCP and Probation. If a home visit is not possible, a telephone contact shall be made and documented. This evaluation shall determine the status of the family and whether placement of the youth has occurred.

### **3. Provider Quality Assurance Requirements**

- a. Register the program and all staff with the MST Institute ([www.mstinstitute.org](http://www.mstinstitute.org)).
- b. Register each family treated with the MST Institute secure website using HIPAA approved procedures.
- c. Complete discharge summaries on all families and close out each discharged family on the MST Institute secure website.

- d. Complete yearly evaluations of workers to assess knowledge of and compliance with, MST philosophy and intervention strategies. MST adherence data may be used as part of this worker evaluation.
- e. Participate in quality assurance evaluation activities as designated by the agencies. Activities include, but are not limited to group meetings, site visitations, audio-taped reviews of direct sessions, and peer review of policies and procedures.
- f. Monitor the adherence of program staff to the MST model by collecting the MST Therapist Adherence Measure-Revised (TAM-R) data as specified by MST Services. In addition, MST therapists are required to complete the MST Supervisory Adherence Measure (SAM) at least bi-monthly by logging on directly to the MST Institute website.

The provider must contract with MST Institute for the collection of TAMs using a designated call center. The provider must be willing to cooperate with the process to ensure timely collection of TAM-R data

#### **4. Records Maintenance and Reporting Requirements**

- a. Maintain a case record for each case accepted. This record shall include, but is not limited to, the following:
  - i. Client referral sheet.
  - ii. Date of initial request for service (i.e., Referral Date).
  - iii. Results of the strength and needs assessment.
  - iv. Service plan.
  - v. Goal attainment summary.
  - vi. Family's response.
  - vii. Ongoing progress reports, at least monthly, detailing:
  - viii. Specific interventions used and outcomes.
  - ix. Placement status determination, including date.
  - x. Termination summary.
  - xi. Other material as may be specified by the Probation Officer.
- b. Collect, maintain and report to the agency, on a quarterly basis, information documenting progress towards achieving the program outcome objectives.
- c. Allow AOCPP representatives full access to all case files and administrative records for the purpose of contract monitoring.

#### **5. Budget/Financials**

- a. Provide information requested in the Program Cost Projection Questionnaire, specified in Appendix D, to include a program-specific budget.
- b. Provide evidence of sustainability of the program beyond the initial startup funds from the AOCPP, as the program is expected to carry forward indefinitely. This should be done through the following:

- i. **Financial Materials:** The Provider shall submit an organization-wide fiscal audit annually by a certified public accountant in accordance with the following standards:
  - Generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
  - Government Auditing Standards issued by the Comptroller General of the United States; and
  - OMB Circular A-133 for state and local governmental agencies, if applicable.
- ii. **Accounting System:** In order to determine the adequacy of the Provider's accounting system as described under the administrative rules, the following documents are requested as part of the response to this RFQ:
  - Most recent financial audit with management letter.
  - The Provider must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.
  - The Provider must submit a policy and procedure to ensure that claims and utilization data are properly supported through appropriate documentation.
  - The Provider must provide a flow chart depicting the agency's accounting cycle, and an organizational chart of accounting staff.

## 6. Service Expectations

- a. Diversity: Providers should reflect the diversity of the population in the area to be served. Providers will be responsible for any interpretation services necessary to serve clients, and clients may not be refused services based on race, ethnicity, religion, gender, sexual orientation, or any other reason, provided they meet criteria for participation in the program.
- b. Program Capacity: Program capacity reflects both the average caseload size as well as the average length of treatment of clients served. Research has indicated that the return of improved client outcomes tends to diminish after an average of four months of treatment, that is, longer treatment may not produce significantly improved results. Poor referral streams, therapist turnover, and poor management the therapist's time can significantly affect capacity. Research has indicated that MST treatment typically lasts from three to five months (average of four months) and that caseloads range from four to six families (average of five families). Caseload size may be impacted by such characteristics as the average time of the cases in treatment on a caseload (newer cases require significantly more time), number of problem youth in the home and the relative complexity of the youth's behavior (e.g., youth with multiple distinct referral behaviors.)
- c. In general, the Provider should calculate the program at full capacity by estimating that each therapist will treat 15 families per year. Any reduction to that estimate

must be justified in the proposal. The bidder may estimate a slightly lower capacity (no less than 80% of full capacity) in the first program year due to various start-up factors.

**7. Training Requirements**

- a. Providers must be available for all training, and must agree to 100% fidelity of the model of service delivery.
- b. Contracted providers will participate in the MST orientation training program. Clinical program staff must be present for the entire orientation training.

**8. MST Service Rate and Program Development/Support Fees**

The rate paid for MST Services is at the published rate specified in the Registered Service Provider Rate for Juvenile Services document located on the Nebraska Supreme Court Website. The rate at the time of this Amended RFQ is \$42.00 per 15-minute increment and is scheduled to increase to \$43.00 per 15-minute unit, effective October 1, 2021. The Registered Service Provider Rate for Juvenile Services may be modified at the AOCP's discretion at any time without re-issuing this RFQ.

## MST SERVICES PROGRAM DEVELOPMENT & SUPPORT FEE SCHEDULE

**\*\*Note, costs to be covered through the initiative are denoted with a (\*). This assistance is available for the sooner of: the first two (2) years of the program, or through a date to be determined.**

<b>Needs Assessment – Program Feasibility</b>	
Needs Assessment Session (Telephone)	No Charge – Includes limited follow-up support

<b>Program Start-up Fees (Excludes Travel)</b>		
Service List	Per Team	Two-to-Three Team Group
*Program Development	\$4,000	\$12,000
*5-Day Orientation Training in Charleston, NC	\$850 per attendee	

<b>Annual Program Support Fees (Excludes Travel)</b>	
Service List	Per Team
*Program Support	\$26,000 per team
*TAM data collection services by MSTI	\$25.00 per family per month, annual cost \$5,000 (estimate)

<b>Annual Agency &amp; Team License Fees</b>	
*Agency License	\$4,400 per agency plus (regardless of the number of teams)
*Team License	\$2,750 per team

Travel from Charleston to:	Central USA
Cost Budgeted / trip	\$2,000 Per trip
*Program Development	1 Site Visit (Includes up to 4 teams)
*Quarterly MST Booster Training	4 Trips per Year

<b>Optional Services</b>	
Additional 5-Day Orientation in Charleston, SC	\$850 per person (exclusive of travel)
Supervisor Workshops	\$350 per person
Staff recruitment/hiring assistance workshop (on-site)	\$1,000 plus travel - \$50 per hour follow-up
*TAM data collection services - MSTI	\$25 per family per month

## **SECTION IV RESPONSE EVALUATION CRITERIA**

Responses will be evaluated for placement on the Qualified Provider Listing through in-depth analysis and scoring based on the following criteria:

- Provider's status as a licensed MST provider.
- How well Provider demonstrates they will meet the Service Requirement criteria.
- Provider's demonstrated expertise in subject matter.
- Provider's experience with target population.
- Provider's references, reputation and history of service provision.
- Provider's staff availability meets coverage area needs.
- How well Provider met the submission requirements of the RFQ.

## SECTION V TIMELINE / SUBMITTAL DOCUMENTS

### A. TIMELINE

1. Provider Submittal Letter, Provider Profile, Service Requirement Response Form, Program Cost Questionnaire & Budget, and Letters of Recommendation are due no later than **11:59 p.m. Central Standard Time, October 31, 2021**.
2. Responses will be evaluated through December 1, 2021. During this time, AOCB may require Provider to accommodate further in-person discussions with evaluation team. Provider will be notified in writing or by phone if this is requested. Discussions may be conducted with respondent(s) for the purpose of clarification to ensure full understanding of responses to this RFQ. Discussions shall not constitute an award nor shall it confer any property rights on the successful respondent. Qualification(s) may be made without discussions, therefore, responses shall be submitted complete and on most favorable terms.
3. Providers that have been qualified for MST Services in the northeast Nebraska coverage area will be notified via email on or around **December 3, 2021**. Such providers shall remain on the Qualified Provider Listing for MST Services until a new RFQ is issued.
4. Selected provider(s) for the northeast Nebraska coverage area will be notified via email on or around **December 3, 2021**. An award letter with applicable terms for services will be emailed to selected provider(s) with an anticipated start date of **January 1, 2022** for selected provider(s) who are already licensed with MST Services, LLC and **April 1, 2022** for selected provider(s) who need to go through the licensure process with MST Services, LLC.
5. Providers that were not qualified will be notified via email on or around **December 3, 2021**.
6. Contracted providers will participate in a MST Orientation training program, unless waived by MST Services, LLC. This training will be scheduled as either online (6-days) or in-person (5-days in Charleston, SC) with MST Services, LLC. Clinical program staff must be present for the entire training.
7. Should additional provider(s) be needed for provision of service, such provider(s) will be selected from the MST Qualified Provider Listing for provision of services.

### B. SUBMITTAL DOCUMENTS

**Email** submittal documents with the following attachments to [nsc.contractingopportunities@nebraska.gov](mailto:nsc.contractingopportunities@nebraska.gov).

1. The Subject Line in the email for submissions must include the title of the contracting opportunity (MST Services Amended RFQ) and your organization's name (e.g. MST Services Amended RFQ-Company ABC).
2. Submittal documents should be attached to the email and named pursuant to the naming conventions listed below.
  - Appendix A-B - Submittal Letter and Vendor Profile: *Vendorname-AppendixA-B.pdf*
  - Three (3) Professional Letters of Recommendation: *Vendorname-Recommendations.pdf*
  - Appendix C - Service Requirements Response Form: *Vendorname-AppendixC.pdf*
  - Appendix D - Program Cost Projection Questionnaire & Agency-Wide Budget: *Vendorname-AppendixD.pdf*

- Appendix E - MST Program Development Method Program Feasibility Checklist: *Vendorname-Appendix E.pdf* (**only required for those providers not currently licensed by MST Services, LLC**)

PDF forms of Appendix A-B, Appendix C, Appendix D, and Appendix E are located on the Nebraska Supreme Court website under Contracting Opportunities:

<https://supremecourt.nebraska.gov/contracting-opportunities>.



**APPENDIX A  
SUBMITTAL LETTER**

Suzanne Eggert  
Contracts and Grants Manager  
Administrative Office of the Courts  
PO Box 98910  
Lincoln, NE 68509-8910

Dear Ms. Eggert:

In response to your Request for Qualifications (RFQ), I certify that:

1. the RFQ has been read and understood;
2. vendor will comply with the requirements and expectations set forth in the RFQ;
3. the materials requested by the RFQ are enclosed;
4. all information provided is true, accurate, and complete to the best of my knowledge;
5. this response is submitted by, or on behalf of, the party that will be legally responsible for service delivery should they be selected for an award.

---

Signature of Authorized Official

Date

Name of Signatory: \_\_\_\_\_

Vendor: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Federal Employer ID# or SSN#: \_\_\_\_\_

**APPENDIX B  
PROVIDER PROFILE**

**Provider's Legal Name:** \_\_\_\_\_

1. Are you currently licensed by MST Services, LLC to provide MST Services to youth in Nebraska? YES  NO  *(If No, you must complete Appendix E pursuant to the directions described herein.)*
2. List Provider's physical address(es), mailing address(es), telephone number(s), and fax number(s) of all office locations.
3. Who will be the primary point of contact (must be authorized to negotiate a contract) during the evaluation process? Please provide name, title, direct phone number, e-mail address, fax number, and mailing address(es).
4. Provide a brief history of Provider's business.
5. Indicate the total number of employees, their distribution by function, education levels, and percent of staff with advanced degrees.
6. Comment on any partnership(s) with other Providers.
7. Has Provider had a contract or account within the last five (5) years that was lost/cancelled or terminated for cause due to breach or similar failure to comply with the terms of the contract? If yes, please provide detailed explanation.
8. Outline the hiring qualifications / procedure for employees or subcontractors (including any substitutes that you will use to cover vacation or sick time).
9. Include Provider's Drug Testing Policy and any Policies relating to background checks.
10. Provider will be responsible for obtaining and maintaining general and professional liability insurance at \$1,000,000 per occurrence and \$3,000,000 aggregate levels while providing services to Probation. Provider agrees:  Yes  No
11. Provide the job description(s), resume(s) of personnel or subcontractors that will be responsible for direct service provision (provide attachments as necessary).
12. Provide professional (BA and MA) staff turnover rate in last 12 months as a percentage of total professional staff. If currently provider of MST, provide program-specific turnover rates.
13. How are you currently funded?
14. Has your agency experienced any challenges with funding compliance within the last 24 months that either did or may require pay back of funding received? If so, please explain.

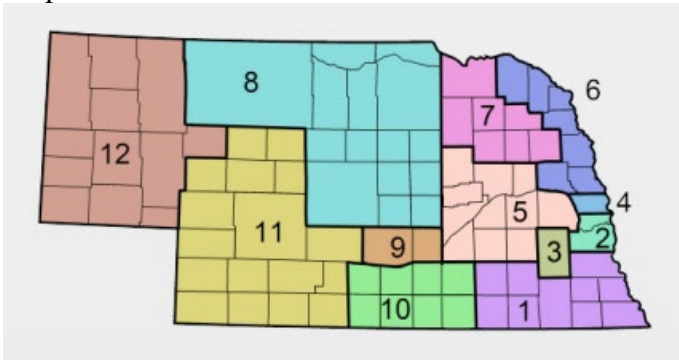
15. Provide the name and physical location of personnel that will be providing direct service provision (provide attachments as necessary).
16. Has Provider provided service(s) to Probation in the past? If so, list the service(s) and how long Provider has delivered such service(s)?
17. Is Provider a Registered Service Provider with the Nebraska Office of Probation Administration?  Yes  No (if “No”, Provider will be required to register prior to providing any service for Probation.)
18. What Juvenile Justice Services does the agency currently provide?
19. What in-home services does the provider currently provide?
20. Is Provider using other evidence-based or promising programs? If so, list the program(s) as well as any organization(s) that have identified such programs as being an evidence-based or promising program (e.g. Blueprints). Briefly describe the service and target population.
21. Provider shall include up to three (3) letters of support/recommendation\* from community stakeholders regarding the quality of its services, as well as in support of the agency providing MST services. If the stakeholder will make referrals to the program, please have them describe the type and number of referrals they expect to send on an annual basis. If it is a collaborative stakeholder, please have them indicate how they will support the agency’s MST program through collaboration.

\*Letters shall be attached in a separate PDF pursuant to the requirements specified herein.

**APPENDIX C**  
**SERVICE REQUIREMENTS RESPONSE FORM**

1. In the table below, identify the Districts and associated Counties in the northeast Nebraska coverage area where you are willing/able to provide MST Services. The coverage area encompasses all of District 7 and parts of Districts 5, 6, and 8. *The AOCF does not guarantee that all areas of a District will have referrals, but this RFQ seeks to identify and qualify providers for such areas should the need arise.*

Map of Nebraska Probation Districts:



District	County/Counties - List "All" if you will provide Services in all counties of the identified District; List "None" if you are will not provide Services in any of the counties of the identified District.
5	
6	
7	
8	

2. Describe how you will meet all of the requirements set forth in Section III (Provide detail by Section/Subsection). Attach additional pages as necessary and submit as one pdf pursuant to the requirements specified in Section V.

**APPENDIX D  
PROGRAM COST PROJECTION QUESTIONNAIRE &  
AGENCY-WIDE BUDGET**

This information will be used to provide you with an estimate of the total cost of developing and operating an MST program in your community. This information will assist you in developing cost proposals and budgets to assure adequate resources for the success of your program. Please utilize this tool in developing your program budget, which shall be submitted with this application.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Is your organization currently operating a licensed MST team?</b> Your organization is only required to purchase one organizational license regardless of the number of teams you operate. Additional licenses are purchased for each team consisting of 2-4 therapists plus one .5 FTE (Optional - full time) team supervisor.
_____ Teams		<b>How many MST teams will share orientation and booster trainings?</b> We offer significant training and consultation discounts when multiple teams share orientation training and boosters. These teams do not have to reside in one agency, but all agencies sharing these training resources must fully agree to cooperate. Each team still receives the same telephone support from the MST Consultant.
_____ Teams		<b>How many MST teams will your organization have?</b> This will allow us to calculate the agency's cost of training, program support and team-level licenses.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Will the MST Supervisor be full-time?</b> A recommended, but not required, practice is to allocate supervisors full-time for a single team. This provides additional resources to the team, often seen as critical in the first operational year.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Will the MST supervisor carry any cases?</b> Often when a supervisor only works with one team, he or she may carry a few cases to permit the supervisor to be assigned to MST full time. Supervisors with more than one team usually do not carry cases.
\$		<b>What is the highest <u>annual</u> base therapist salary in your budget?</b> Use the amount required to recruit and retain the top level clinicians at the Masters plus 3-5 years level of experience.
\$		<b>What is the highest <u>annual</u> base supervisor salary in your budget?</b> Use the amount required to recruit and retain the top level supervisors with doctoral or equivalent training and experience with at least 3-4 years of supervisory-specific experience.
\$		<b>What is the <u>annual</u> base salary for the program manager?</b> This person supervises the MST program supervisor and will provide manage operations and stakeholder relationships.
\$		<b>What is the highest <u>annual</u> base salary for an administrative assistant in your budget?</b> Use an amount required to recruit and retain a well-organized person capable of administering questionnaires to families and performing data entry using the internet.
%		<b>What percent of salary represents the cost of employee benefits in your agency?</b> Default is 25% of salaries. Your agency may use a higher or lower figure.
%		<b>What percent of employee salaries represents the cost of agency overhead (operating) expense in your agency?</b> Default is 25% of salaries. Your agency may use a higher figure.
\$ per mile		<b>What is the amount paid for vehicle mileage in your agency?</b> Default is the federal maximum.
miles/therapist		<b>What is the expected annual number of miles traveled by the therapist?</b> Estimate mileage based on your geographic catchments area (default = 12,000). Where your therapists may use public transportation (urban programs), substitute an estimate of the annual cost for travel.
_____ miles per supervisor		<b>What is the expected annual number of miles traveled by the supervisor?</b> Same as above. (default = 6,000)
\$ per family		<b>How much will be budgeted per family treated for flexible spending for client needs?</b> MST does not recommend always using these funds to replace the contributions of other members of the youth's ecology, but have some funds available for therapists to use to enhance the engagement of their families. Our default is \$100 per family.
\$		<b>How much do you plan to budget for contingency needs such as training of replacement employees due to turnover?</b> It is estimated that each employee turnover has an immediate cost of about \$2,500 for recruitment and training of the new employee. Your costs may be higher. This does not consider loss of productivity.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Would you like to view a cost comparison for using a third source for program adherence data collection?</b> When using this alternative, reduce the cost of your administrative assistant by 50%. (Required for single-team organizations)

## BUDGET

(Period \_\_\_\_\_ to \_\_\_\_\_)

PROVIDER: \_\_\_\_\_

BUDGET CATEGORIES	(A)	(B)	(C)	(D)
<b>A. PERSONNEL COST</b>				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
<b>TOTAL PERSONNEL COST</b>				
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, In-State				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
<b>TOTAL OTHER CURRENT     EXPENSES</b>				
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>TOTAL PER SOURCE (A+B+C+D)</b>				
<b>TOTAL REVENUE</b>				

Budget Prepared By:	
Printed Name	Phone
Signature of Authorized Official	Date
Printed Name	Title

**APPENDIX E**  
**MST Program Development Method**  
**Program Feasibility Checklist**

**For use with applicants to be MST Providers:** This document provides a framework for determining if the development of a new MST program is a good fit for the needs of a community and of the applicant provider organization. In addition, completion of this process will aid in the determination of financial and programmatic feasibility. This form should be completed in consultation with a qualified MST Program Development Expert. Limited technical assistance for this feasibility study is provided by MST Services through telephone conference calls and is free of charge.

<b>Anticipated Income Sources for Program Operations:</b>			
<b>Source 1:</b>			
<b>Source 2:</b>			
<b>Source 3:</b>			
<b>Total Projected Income:</b>			
<b>Cost Recovery Method (check all that apply)</b>			
<input type="checkbox"/>	Program-level funding	<input type="checkbox"/>	Fixed case rate
<input type="checkbox"/>	Fee-for-service	<input type="checkbox"/>	Capitated rate
<input type="checkbox"/>	Fee-for-service with bundled rate	<input type="checkbox"/>	Performance contract
<input type="checkbox"/>	Per diem case rate	<input type="checkbox"/>	Other Method – Describe:

**Provider Program Practice Agreement**

Agree	No	<b>Required program practices and characteristics:</b>
<b>Provider Commitment to Implement MST with Fidelity:</b> The provider agency will commit to implementing MST with full adherence to the specified treatment model. Complete Provider Program Practice Agreement Below.		
<input type="checkbox"/>	<input type="checkbox"/>	1. MST Therapists are full-time employees assigned to the MST program solely.
<input type="checkbox"/>	<input type="checkbox"/>	2. MST Therapists do not have <u>any</u> non-MST program responsibilities in the agency, do not carry <u>any</u> additional non-MST cases, and do not have other part-time jobs outside of the agency.
<input type="checkbox"/>	<input type="checkbox"/>	3. MST staff are allowed to work a flexible schedule as needed to meet the needs of the families they are serving. <i>Attach existing agency policy or procedure if available:</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. MST staff are allowed to use their personal vehicles to transport clients. <i>Attach existing agency policy or procedure if available:</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. MST staff have use of either cellular phones or pagers so that clients can contact them quickly and conveniently. <i>Attach existing agency policy or procedure if available:</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. MST Therapists operate in teams of no fewer than 2 and no more than 4 therapists (plus the Clinical Supervisor) and use a Family Preservation model of service delivery.
<input type="checkbox"/>	<input type="checkbox"/>	7. MST Clinical Supervisor is assigned to the MST program a minimum of 50% time per MST Team.
<input type="checkbox"/>	<input type="checkbox"/>	8. MST Clinical Supervisor conducts weekly team clinical supervision, facilitates the weekly MST telephone consultation, and is available for individual clinical supervision for crisis cases.
<input type="checkbox"/>	<input type="checkbox"/>	9. MST caseloads do not exceed 6 families per therapists and the normal range is 4 to 6 families per therapist.
<input type="checkbox"/>	<input type="checkbox"/>	10. Overall average duration of treatment is 3 to 5 months.
<input type="checkbox"/>	<input type="checkbox"/>	11. Each MST Therapist tracks progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.
<input type="checkbox"/>	<input type="checkbox"/>	12. The MST program has a 24 hour/day, 7-day/week on-call system to provide coverage when MST Therapists are on vacation or taking personal time. This system is staffed by members of the MST team. <i>Attach existing agency policy or procedure if available:</i>
<input type="checkbox"/>	<input type="checkbox"/>	13. With the buy-in of other organizations and agencies, MST is able to “take the lead” for clinical decision making on each case. Stakeholders in the overall MST program have responsibility for initiating these



		collaborative relationships with other organizations and agencies while MST staff sustain them through ongoing, case-specific collaboration.
<input type="checkbox"/>	<input type="checkbox"/>	14. The MST program excludes youth living independently, youth referred primarily for psychiatric service needs (i.e., suicidal ideation and behavior, actively homicidal, actively psychotic), youth referred primarily for sex offenses (in the absence of other antisocial/delinquent behaviors,) and youth with pervasive developmental delays.
<input type="checkbox"/>	<input type="checkbox"/>	15. Referrals to non-MST compatible programs (e.g. any form of mandated group treatment, day treatment programs, etc.) are not made while youth are in MST, especially on a “standard” or routine basis.
<input type="checkbox"/>	<input type="checkbox"/>	16. MST program discharge criteria are outcome-based rather than duration-focused.
<input type="checkbox"/>	<input type="checkbox"/>	17. Referrals for additional services after clients are discharged from the MST program are carefully planned and limited to those that can accomplish specific, well-defined goals. The assumption is that most MST cases should need minimal “formal” after-care services.
<input type="checkbox"/>	<input type="checkbox"/>	18. All MST staff who have been working for more than 2 months participated in a 5-Day orientation training.

<b>Agree</b>	<b>No</b>	<b>Recommended program practices and characteristics:</b>
<input type="checkbox"/>	<input type="checkbox"/>	19. MST Therapists are Master’s-prepared (clinical degree) professionals. <i>If No, Comment:</i>
<input type="checkbox"/>	<input type="checkbox"/>	20. MST Clinical Supervisors are, at minimum, highly skilled masters prepared clinicians with training in behavioral and cognitive behavioral therapies, and pragmatic family therapies (i.e. structural family therapy and strategic family therapy). <i>If No, Comment:</i>
<input type="checkbox"/>	<input type="checkbox"/>	21. MST Clinical Supervisors have both clinical authority and administrative authority over the MST Therapists they supervise. <i>If No, Comment:</i> <i>If yes, Attach Organizational Chart:</i>
<input type="checkbox"/>	<input type="checkbox"/>	22. A “Goals and Guidelines” document is in place. If multiple referral or funding sources exist, separate Goals and Guidelines documents are recommended for each. <i>If No, Comment</i>
<input type="checkbox"/>	<input type="checkbox"/>	23. Funding for MST cases is in the form of case rates or annual program support funding in lieu of billing mechanisms that track contact hours, “productivity”, etc. <i>If No, Comment:</i>
<input type="checkbox"/>	<input type="checkbox"/>	24. The MST programs has formal outcome tracking systems in place. <i>If No, Comment:</i>
<input type="checkbox"/>	<input type="checkbox"/>	25. Adequate flex funds are allocated per family (recommended \$100/family) to allow therapists to use funds for purposes such as engagement building and one-time help for families with pressing practical needs. <i>If No, Comment:</i> <i>If Yes, Attach existing agency policy or procedure if available:</i>
<input type="checkbox"/>	<input type="checkbox"/>	26. The MST program uses outcome-focused personnel evaluation methods. <i>If No, Comment:</i>