STATE OF VERMONT
DEPARTMENT OF MENTAL HEALTH

REQUEST FOR PROPOSALS

ADMINISTRATIVE PSYCHIATRIC SERVICES FOR THE
DEPARTMENT OF MENTAL HEALTH

The purpose of this Request for Proposals (“RFP”) is to obtain proposals from an independent contractor to provide a comprehensive spectrum of psychiatric consultation and administrative services for the Department of Mental Health’s central office. Provision of services would be in the form of a Medical Director for the administrative and policy development functions of the Department of Mental Health (“DMH”) central office. The contractor will begin providing the services in the spring of 2017.

Proposals are due no later than February 22nd, 2017 and should be submitted to:

Jennifer Rowell, Executive Assistant
Office of the Commissioner, Department of Mental Health
280 State Drive NOB 2 North
Waterbury, VT 05671-2010
Jennifer.Rowell@vermont.gov
REQUEST FOR PROPOSALS

ADMINISTRATIVE PSYCHIATRIC SERVICES TO THE DEPARTMENT OF MENTAL HEALTH

Introduction

The purpose of this RFP is to obtain proposals from an independent contractor to provide administrative psychiatric consultation, policy planning and quality oversight for the Department of Mental Health (DMH). Provision of services would be in the form of Medical Director for the DMH. The contractor will begin providing the services no later than February 22nd, 2017. Applicants may be an individual psychiatrist or an organization that provides psychiatric services.

Brief Description of the Organization

DMH is the state mental health authority for public mental health policy, programs and services. At its service core, DMH is responsible for the provision of services to adults who have a severe and persistent mental illness and children experiencing severe emotional disturbance. Additionally, DMH is statutorily responsible for the integration and coordination of these programs and services with the programs and services of other departments of the state, its political subdivisions, and private agencies to provide a flexible comprehensive service system to all citizens of the state. As such, DMH is responsible for coordinating efforts of all agencies and services, government and private, on a statewide basis in order to promote and improve the mental health of individuals through outreach, education, and other activities. The following principles were adopted in 2012 by the General Assembly as a framework for reforming the mental health care system in Vermont:

(1) meet the needs of individuals with mental health conditions, including the needs of individuals in the custody of the commissioner of corrections or children in the custody of the commissioner of department for children and families, reflecting excellence, best practices, and the highest standards of care.
(2) plan long-term for the needs of the mental health community – program responsiveness to changes over time in levels and types of needs, service delivery practices, and sources of funding.
(3) provide a coordinated continuum of care by the departments of mental health and of corrections, designated hospitals, designated agencies, and community, families and peer partners to ensure that individuals with mental health conditions receive care in the most integrated and least restrictive settings available. Individuals' and/or families’ (if children) treatment choices shall be honored to the extent possible.
(4) integrate into the overall health care system.
(5) distribute resources based on demographics and geography to increase the likelihood of treatment as close to the individual’s or families’ home as possible with an accessible range of services regardless of an individuals' ability to pay.
(6) ensure that the legal rights of individuals with mental health conditions are protected.
(7) build oversight and accountability into all aspects of the mental health system.
(8) adequately fund and financially sustain the mental health system to the same degree as other health services.
(9) afford at least the same rights and protections as the former Vermont State Hospital to individuals with a mental health condition who are in the custody of the commissioner of mental
health and who receive treatment in an acute inpatient hospital, intensive residential recovery facility, or a secure residential facility.

(10) design and implement a clinical resource management system that ensures the highest quality of care and facilitates long-term, sustained recovery for individuals in the custody of the commissioner, in consultation with health care providers, including designated hospitals, designated agencies, individuals with mental health conditions, and other stakeholders.

Given this guiding legislation, Vermont is currently working to oversee and manage a transformed community and inpatient mental health treatment system. The Vermont Legislature authorized the renovations of two privately operated community hospitals, Brattleboro Retreat and Rutland Regional Medical Center, as part of a longer-term solution for inpatient care. Additionally, the new 25-bed hospital being built in Berlin, VT was completed in 2014. New resources in the community include small crisis bed programs in each designated agency catchment area around the state, four intensive residential recovery programs, a peer-supported residential program for individuals seeking to reduce or avoid the use of psychiatric medications, and a state-run 7-bed secure residential facility for individuals who no longer require inpatient care and continue to need secure treatment facility services.

The state-run facilities provide acute psychiatric inpatient and residential recovery services in secure settings identified above for individuals in the care and custody of the Commissioner of Mental Health. These publicly funded, state-run facilities play unique roles in Vermont’s overall system of care. The hospital capacities provide evaluation services for court-ordered observation or forensic admissions and treatment services to individuals with high acuity and more complex treatment needs. The patients admitted to the state-run facilities are almost exclusively involuntary or under orders of the courts. The inpatient facilities serve as a location for inpatient competency and sanity evaluations for individuals charged with a crime. Longer lengths of stay may be involved for individuals awaiting court-ordered medication or experiencing protracted legal issues. The current landscape affords a rich environment for creative initiatives that may be implemented on a statewide basis utilizing a public and private partnership approach to delivery of mental health services. Also, Vermont is in the midst of statewide health care reform initiatives, which is an organizing principle for future policy and service development, affording an opportunity to fully achieve an integrated mental health and physical health care system on behalf of the population served.

**Scope of Services Requested**

The Contractor shall serve as the Medical Director for the DMH. The Medical Director for DMH will be responsible for providing consultation and guidance to clinical staff and to the DMH Commissioner and senior management staff regarding the provision and oversight of psychiatric services to children and adults through the community designated mental health agencies, state-operated facilities, the designated hospital psychiatric inpatient units, residential programs and the ongoing work of mental health integration in health care reform. The Medical Director will be a consulting member to the DMH leadership team, work in partnership DMH’s Child, Adolescent and Family Unit Medical Director, and be directly responsible to the Commissioner of Mental Health.

The Medical Director’s focus will be on active psychosocial rehabilitation services, integration of health and mental health care, the promotion of community integration, resiliency, recovery and individual self-determination, and the role and influence of public policy on community-based services to provide health
promotion, prevention and treatment services that promotes empowerment, autonomy, and person-centered care while mitigating risks for both the individual, their family and other community members.

Responsibilities will include:

- Consult and provide guidance to department management in the development and implementation of various systems-wide policies and protocols.

- Consult and provide guidance to the DMH Legal Unit to meld statutory responsibilities with clinical treatment processes and standards as a framework in the development of system-wide policies and procedures. From time to time as appropriate, the Contractor may be asked to provide court testimony regarding such treatment processes, standards and system-wide policies and procedures depending on scheduling availability.

- Provide oversight and participate as needed in the DMH’s statutory responsibilities for electroconvulsive therapy (ECT).

- Provide consultation and guidance for overseeing the areas of psychiatric practice, evaluation and recommendations for corrective action for psychiatry services for Designated Agencies and Hospitals.

- Provide consultation and guidance for psychiatric review and clinical decision-making for the Managed Care Organization (MCO) grievances and appeals.

- Provide clinical review of inpatient authorizations and utilization review activities, oversight for involuntary medication processes, and clinical review of Orders of Non-Hospitalization.

- Provide consultation to the DMH Care Management, Technical Assistance, and Utilization Review Care Management Teams oversight activities.

- Provide consultation and expertise to departmental quality oversight activities, including but not limited to: Drug Utilization Review, evidence-based practices implementation and improvement, multiple health integration initiatives, and routine participation in special projects and/or departmental oversight activities as requested by the DMH Commissioner.

- Provide consultation and expertise in Health Care Reform committees and workgroups representing an integrated system of care.

- Support DMH’s statewide implementation of suicide prevention activities.

- Provide consultation and expertise in performance improvement projects with the department, the designated hospital system and broader system of care.

- Provide consultation and expertise to leadership and governance of federal grants and other grants that may be obtained by the Department.
• Provide consultation and expertise in shifting the system of care to include a health and wellness approach.

• Consult with and, as appropriate, provide testimony on clinical topics or guidance for policy development for the department.

• Provide consultation and expertise in drafting administrative rules when appropriate.

• Provide step two PASSR evaluation recommendations for any specialized treatment needs as part of a rehabilitative stay.

• Provide legislative testimony on relevant psychiatric treatment and policy issues.

• Periodically respond to DMH’s requests for clinical evaluations dependent upon scheduled availability.

The Contractor’s role of Medical Director is a full-time equivalent position up to 40 hours per week. The Contractor will provide after-hours or weekend administrative availability as required by the DMH central office. The Medical Director will also provide availability status for urgent clinical consultation as outlined by the contractor.

The Contractor should have previous experience serving as either a Medical Director or a senior medical executive with significant work-related influence and experience interfacing/influencing public mental health and health care reform initiatives. Experience as an outpatient and/or inpatient psychiatrist is required. Other areas of expertise are desired but not required.

The Contractor shall be subject to the state and federal laws and regulations governing psychiatric practice and the policies and procedures of the DMH. Conduct will also be in accordance with the rules and regulations of the Contractor. In the face of conflicting rules, regulations or policies, a suitable resolution shall be negotiated between the state and the Contractor as rapidly as possible.

The Contractor serving as the DMH Medical Director must be a qualified board-certified psychiatrist.

Schedule for Proposals, Review/Selection, and Contracting Process

RFP Issue: January 11th, 2017

Proposals Due: February 22nd, 2017 (proposals must be submitted by 4:30 PM)

Services Commence: Spring 2017

Proposal Format:

Use standard 8.5” X 11” page size. Documents must be single-spaced and use not less than a twelve-point font. Pages must be numbered. The proposal should be comprehensive, yet concise. The proposal must follow the sequence of information requested in the “Bid Requirements” section below. State your organization’s name on each page of your program proposal/bid and on any other information you are submitting. Proposals should include:
1. A description of the Contractor’s qualifications to provide the required services.

2. A statement and discussion of how the Contractor will meet the RFP requirements. This should include:
   • Statement and discussion of anticipated major difficulties and problem areas (if any),
     together with potential or recommended approaches for their solution.
   • Statement and discussion of proposer’s approach to the statutorily described mental health
     system transformation, opportunities identified in partnership with the public mental health
     system, and relevant accomplishments in these areas.

3. Detailed budget for all costs (e.g. salary, administrative, mileage).

4. Acknowledgement of agreement with customary State and Agency terms and conditions
   contained in Attachments C–F.

**Delivery of Proposals:**

Written proposals must be received no later than at 4:30 pm EST on February 22nd, 2017 at the following address:

Jennifer Rowell, Executive Assistant  
Office of the Commissioner  
Department of Mental Health  
NOB 2 North  
280 State Drive  
Waterbury VT 05671-2010

Proposals may be submitted electronically in lieu of a hard copy to the following email address:

Jennifer.Rowell@vermont.gov

Please use MS Office and/or standard PDF format for electronic submissions.

**Evaluation Criteria**

The Department of Mental Health will review and evaluate the proposal based on the following criteria:

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<tr>
<th>Criterion</th>
<th>Maximum Possible Points</th>
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<tbody>
<tr>
<td>1. Experience/Qualifications</td>
<td>20</td>
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<td>2. Statement/Discussion of how the Contractor</td>
<td>20</td>
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<tr>
<td>will meet the RFP requirements</td>
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<td>3. Cost of Proposal</td>
<td>10</td>
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Maximum Points: 50

Each proposal will be independently evaluated on Factors 1 through 3 by two or more qualified staff of DMH. A composite score will be computed based on those independent evaluations.

Questions Concerning RFP

Questions concerning this request for proposal should be directed to:

Jennifer Rowell, Department of Mental Health at Jennifer.Rowell@vermont.gov or 802-241-0090.

Additional Information:

DMH reserves the right to accept or reject any or all bids. If a contractor is selected, representatives will be invited to negotiate a contract.

This contract carries the possibility of two (2) one year renewals pending satisfactory performance of the Contractor and availability of funding.

DMH will not pay any bidder costs associated with preparing or presenting any proposal in response to this RFP.

The contractor will agree to the State of Vermont usual contract and payment provisions. These specifications are posted with this RFP and include: • Attachment C: Customary Provisions for Contracts and Grants • Attachment E: Business Associate Agreement • Attachment F: AHS Customary Contract Provisions