

RFP Questions:

1. In Section 1.1. you state that the State is seeking to establish contracts with one or more companies. Does this mean that the State can award a contract for a portion of the scope as outlined in the RFP, or are responsive bidders required to provide services for each aspect of the scope? **Bidders should be responsible for providing services or propose a solution that addresses this area if interested.**
2. Will the successful bidder be required to provide direct clinical services to the State – for example counseling or therapeutic services to law enforcement professionals by a licensed therapeutic professional? **Yes**
3. Please provide information on the expectations of the “oversight and supervision” of the provided clinicians. **Bidders can propose solutions as deemed appropriate.**
4. Does the State anticipate any technology/software services being provided by the chosen vendor as part of this project? **No**
5. Please provide any available details on the current technology/software being used at the State for the provision of any wellness, clinical or support services being provided today, including but not limited to any Learning Management Systems (LMS), training platforms, early intervention platforms and/or wellness platforms. **VT DOC currently has and utilizes a Learning Management System for employee trainings.**
6. How is the Minnesota Multiphase Personality Inventory – 3 (MMPI-3) delivered to employment candidates today (e.g. through an Applicant Tracking System (ATS), through a third party)? **This is a new process for VT DOC. The vendor may submit a proposal that addresses this area of interest if able.**
7. Please provide details on the current scope and process of the State’s yearly decompression visits, including any expectations for future aspects of these events.

The current clinician performs virtual check ins with every Team member, individually, on a semi regular basis. There is an average of 20-25 Team members at any given time. The clinician maintains regular contact with the Team Leader. These decompression meetings are to allow for Team members to have guidance on managing their own stress levels and check in on how members are doing in their own lives. Clinician will also provide similar decompression visits with the Executive Team and other leaders as needed. These meetings are scheduled with, and by, the clinician in conjunction with staff.

8. Please provide more details on the scope and current processes of the “emergency response to State staff,” including any expectations for future aspects of these events.

Examples include:

A Peer Support Team member or a VT DOC manger decides to make a referral. This often includes responses for suicide ideation, suicidality, obvious, and not so obvious psychosis,

PTSD, and aids in the admission of staff to inpatient facilities, and/or any mental health crisis or condition that is not met through Peer Support. Peer Support acts as on-site support for staff. Clinicians performs the deeper work.

Staff may reach out to the clinician directly.

Responding to call outs at worksites when a traumatic event occurs. Notified by either a member of the Executive Team, or PS Team leader.

Conducting CISM Debriefs.

Clinician should be available to respond, in person to work site incidents and be available to receive calls from department leadership regarding worksite incidents and provide guidance to the both the Peer Support Team and DOC leadership regarding the use of CISM Defusing / Debriefings and conduct these processes.

9. Will this program cover all employees or commissioned employees only? [All employees](#)
10. What is the number of estimated consumers/end users of the program? [Approximately 1000 employees.](#)