Request for Proposals:

Development of a Vermont Evidence-Based Practices Cooperative

The Vermont Department of Mental Health (DMH) is seeking applicants to establish and host an independent, cooperative organization focused on mental health practice improvement and workforce development. This new organization, referred to as an Evidence-Based Practices (EBP) Cooperative, will work with mental health providers, consumers, family members, and other service organizations to support the adoption of promising, evidence-based, and recovery-oriented practices within the state’s community mental health system and improve the quality of life outcomes for individuals receiving services from that system. The EBP Cooperative will also focus on establishing and supporting core competency training for Vermont’s community mental health providers to ensure that our workforce has the core values, skills and knowledge to meet the needs of the consumers they are working with.

Background

As described by the New Freedom Commission on Mental Health in their 2003 report *Achieving the Promise: Transforming Mental Health Care in America*, In a transformed mental health system, consistent use of evidence-based, state-of-the art medications and psychotherapies will be standard practice throughout the mental health system. While Vermont has achieved some success in implementing various EBPs over the past decade (Supported Employment, Integrated Dual Disorder Treatment, Dialectical Behavior Therapy), our state has yet to establish a consistent, long-term, state-wide model for identifying, implementing, and sustaining EBPs. In recognition of this issue, Vermont has used federal grant funds (New Freedom Initiative – State Coalitions to Promote Community-Based Care) to support a multi-stakeholder (consumers, family-members, mental health providers) panel to review and make recommendations regarding how evidence-based practices should be implemented in Vermont. The panel has been responsible for 1) evaluating reviews of the scientific and practice literature on specific practices, as well as lessons learned from in-state pilots and state-wide implementation of those practices, and 2) creating recommendations about the scope and scale of implementation of those practices in Vermont. The panel has evaluated and produced recommendations for eight EBPs to-date. Based on these recommendations, the panel has also developed a proposal, including a preliminary business plan (see attached), to create an Evidence-based Practices Cooperative as the primary method for implementing their recommendations. As such, DMH is seeking an organization to work with providers, consumers, family members and DMH over a two-year period to create an Evidence-Based Practices Cooperative and develop a sustainable model to ensure the consistent use of evidence-based, state-of-the-art mental health services and supports.
Description of the EBP Cooperative

The Evidence-Based Practices (EBP) Cooperative will serve as an independent practice improvement and workforce development organization focused on the adoption of evidence-based practices, recovery-oriented practices, core competency practices, and practices that are supported by efficacious outcomes (i.e. practice-based evidence) within Vermont’s community mental health system. Membership of the cooperative will include community and inpatient mental health providers, consumer and family support organizations, higher education, and consumer and family members. Each stakeholder group will share responsibility for supporting the work of the cooperative to identify, implement, and sustain EBP’s in Vermont.

Specific functions of the EBP Cooperative will include:

1) Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont. Expert research review staff will ensure quality.

2) Operate as a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP’s for consumers and families to support informed consumer choice).

3) Develop and sustain instate resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP’s, web-based training, training materials, and consumer and family panels). Develop opportunities for new learning and continued education.

4) Assist agencies in specific practice reviews and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state. Support peer review processes for agencies when they are desired.

5) Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of core mental health competencies and evidence-based practices.

6) Identify state and local implementation opportunities and barriers (e.g. policies, funding) and facilitate efforts to address barriers (i.e. the creation of flexible funding to purchase trainers/consultants).

7) Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system.

8) Grant writing acquisition and fundraising to support the EBP Cooperative activities.

Request for Proposals

The Department of Mental Health is seeking an organization to coordinate the development of the EBP Cooperative and host the cooperative once it has been established. Up to $325,000 over a two-year period will be available to support one-time and start-up costs associated with the establishment of an independent cooperative, as well as the cost of operating the cooperative during the initial two-year period. The organization chosen for this project will be expected to complete the following activities during the first two-year period:
1) Identify and establish working relationships with organizations (e.g. higher education) and stakeholders who can support the mission and function of the cooperative.

2) Establish a steering committee (within the first two months of the start of the project).

3) Establish a staffing plan and hire staff to operate and support the EBP Cooperative.

4) Set up office space.

5) Develop an organizational structure and model, including responsibilities and benefits for cooperative members.

6) Develop a website to allow the cooperative to act as a state clearinghouse for resources and information on evidence-based and promising practices (e.g. EBP Toolkits and search engines, information for consumers and families on EBP in Vermont).

7) Identify and develop EBP and core competency training resources (e.g. web-based training, training curriculum, core training to be available on a regular basis).

8) Recruit and train, as needed, clinicians, consumers and family members to act as instate expert trainers and consultants on specific EBP (i.e. training of trainers).

9) Develop a marketing plan for the EBP Cooperative.

10) Identify and procure one-time and ongoing sources of funding to ensure the sustainability and ongoing operations of the cooperative.

The development of the cooperative, including the establishment of one-time and ongoing funding sources, will be guided by the draft business plan developed by a subgroup of the Clinical Practices Advisory Panel (see attached).

Application Instructions

Interested applicants should submit a proposal for the completion of activities outlined above to the Department of Mental Health with the following information:

1) Name and contact information of the organization submitting the proposal.

2) A description of how your organization would implement the business plan and required activities, including a detailed timeline, major milestones to be completed, and measurements of successful implementation.

3) A proposed budget and budget justification for the completion of work outlined in this RFP (not to exceed $325,000 over a two-year period).

4) Qualifications and experience of your organization relevant to the activities described in this RFP.

5) Identification of any collaborating organizations that will be involved in the implementation of required activities.

6) Letters of Support for your application from collaborating organizations.

7) Any additional information that you would like reviewers of your proposal to consider.

Proposals may not exceed 8 pages (not including Letters of Support).
Proposals must be received by August 10th, 2012 by 5:00 PM.

Proposals must be sent electronically in Microsoft Word or PDF format to Nick Nichols at nick.nichols@state.vt.us.

Additional questions may be directed to Nick Nichols at nick.nichols@state.vt.us or 802-828-3817.

Interested applicants may also attend an informational session on July 13th, 2012 from 2 to 4 pm at the Department of Mental Health offices at 26 Terrace Street in Montpelier. If you would like to attend this meeting by phone, you may call 1-866-642-1665 and enter Pass Code 454481.
Executive Summary:

The Evidence-Based Practices (EBP) Cooperative will serve as an independent practice improvement and workforce development organization focused on the adoption of; evidence-based practices, recovery-oriented practices, core competency practices, and practices that are supported by efficacious outcomes (i.e. practice-based evidence) within Vermont’s community mental health system. Membership of the cooperative will include community and inpatient mental health providers, consumer and family support organizations, higher education, and consumer and family members. Each stakeholder group will share responsibility for supporting the work of the cooperative to identify, implement, and sustain EBP’s in Vermont.

Description & Vision:

Mission statement:

To support the adoption of emerging, promising, evidence-based and recovery-oriented practices within the state’s community mental health system and improve quality of life outcomes for individuals receiving services from that system.

Company vision:

Vermonters with mental health disorders will have access to treatments that have been demonstrated to be effective.

Goals and objectives:

1) Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont. Expert research review staff will ensure quality. (Research)

2) Operate as a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP’s for consumers and families to support informed consumer choice). (Customer Relations)

3) Develop and sustain instate resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP’s, web-based training, training materials, and consumer and family panels). Develop opportunities for new learning and continued education. (Research)
4) Ability to assist agencies in specific practice reviews and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state. Support peer review processes for agencies when they are desired. (Quality)

5) Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of best practice. (Customer Relations)

6) Identify state and local implementation opportunities and barriers (e.g. policies, funding) and facilitate efforts to address barriers (i.e. the creation of flexible funding to purchase trainers/consultants). (Customer Relations)

7) Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system. (Quality)

8) Grant writing, acquisition and fundraising to support the EBP Cooperative activities.

Brief history of the EBP Cooperative:

As described by the New Freedom Commission on Mental Health in their 2003 report Achieving the Promise: Transforming Mental Health Care in America, in a transformed mental health system, consistent use of evidence-based, state-of-the art medications and psychotherapies will be standard practice throughout the mental health system. While Vermont has achieved some success in implementing various EBP's over the past decade (Supported Employment, Integrated Dual Disorder Treatment, Dialectical Behavior Therapy), we have yet to establish a consistent, long-term, state-wide model for identifying, implementing, and sustaining EBP's. In recognition of this issue, Vermont has been using funds from the SAMHSA - CMHS New Freedom Initiative State Coalitions to Promote Community-Based Care grant program over the past three years to support a multi-stakeholder (consumers, family-members, mental health providers) panel to review and make recommendations regarding how evidenced-based practices should be implemented in Vermont. The panel has been responsible for 1) evaluating reviews of the scientific and practice literature on specific practices, as well as lessons learned from in-state pilots and state-wide implementation of those practices, and 2) creating recommendations about the scope and scale of implementation of those practices in Vermont. The panel has evaluated and produced recommendations for eight EBP's to-date. Based on these recommendations, the panel has also developed a proposal to create an Evidence-based Practices Cooperative (as described in this application) as the primary method for implementing their recommendations. As such, this proposal represents the work of providers, consumers, family members and DMH over a three-year period to develop a sustainable model to ensure the consistent use of evidence-based, state-of-the art mental health services and supports. TTI funding will allow Vermont to successfully leverage previous SAMSHA New Freedom Initiative funding and implement a sustainable model to ensure the use of EBP's in our mental health system.

List of potential key program components:
1) A Program coordinator  
2) Administrative support  
3) Steering committee  
4) A cohort of expert trainers and clinicians who are available to provide training, consultation and technical assistance focused on practice improvement  
5) A designated research coordinator  
6) Web-based information and training focused on workforce development and practice improvement.

**Definition of the Market:**

The current market includes designated agencies and other community mental health providers who serve people with mental illness. It includes the Community Rehabilitation and Treatment (CRT) programs for community mental health agencies which are expected to remain functional throughout the state of Vermont as the need for this level of community service is expected to increase in the future. EBP and PBE training for community mental health clinicians will need to exist in collaboration with the service population needs. This market will require continued exploration and investigation of new methodologies to meet the needs of people with mental health disorders.

**Critical needs of market:**

The Department of Mental Health is responsible for the improvement in the implementation of evidence based practices in the community. CRT staff members and other mental health clinicians are continuously required to utilize known evidence based practices in working with a severely functionally impaired population in the community. Individuals and designated mental health agencies are not equipped to constantly monitor EBP and/or practice based (PB) on efficacious outcomes development, acquire such training, provide expert trainers, and continuously monitor EB or PB practices for fidelity due to limited fiscal and human resources. Agencies are also in need of resources to support the collection of data and conduct analysis regarding effective practices that they currently provide. Based on recent market research we expect that designated agencies will continuously move towards implementation of evidence based and effective practices in cooperation with each other to achieve mutually beneficial goals when products, like a statewide core CRT curriculum, are made available and affordable.

Agency Human Resource departments also have limited resources to allocate towards core competency and new hire orientation practice improvement activities. The EBP Cooperative will provide an affordable resource which will fulfill these agency needs and support the mission of providing Vermont mental health clinicians with the best clinical practice information available.

**Target market:**

The primary target market is the CRT programs of the Designated Agencies (DA) in Vermont. Additional markets include human resource and universal staff curriculum for these same agencies, other outpatient programs, inpatient programs, peers, family members and community
members. Future markets may include; primary and medical care agencies, children's mental health agencies, corrections, homelessness, elder, and peer operated services.

Profile of your targeted clients:

CRT programs are made up of clinicians, supervisors and administrative staff members who provide CRT services for the DAs. They are supporters, treatment providers, and helpers for people who have been designated as needing CRT provided services like case management, skill training, group therapy, individual therapy, etc. Future and closely linked, targeted business clients will include peer operated agencies who serve the CRT service recipient population statewide.

PROGRAM STAFF OF DESIGNATED AGENCIES

CRT programs employ more clinical staff than any of the other mental-health programs for adults at Vermont’s designated agencies. Between four and five hundred full-time equivalent clinical staff provided services and supports to the clients getting services in Fiscal Year 2010 (July 1, 2009-June 30, 2010). Almost 40 percent of CRT direct-services staff have bachelor's degrees, and another 25 percent have master's degrees.

In the most general terms, CRT staff members need a broad array of skills and specialized knowledge to help people with major mental illnesses get connected and stay connected in their communities.

Some competencies include:

- Respect for persons with mental illness, their families and caring others,
- Knowledge of mental illness and treatment and support strategies,
- Knowledge of a variety of intervention and support strategies,
- Ability to design, deliver, and ensure highly individualized services and supports,
- Knowledge of community resources and ability to use them,
- Knowledge of the legal system and individual civil rights,
- Ability to work cooperatively and collaboratively as a team member,
- Professional conduct at all times, and
- Professional growth and development.

CRT case managers are responsible for coordinating the various types of clinical and support services that help individuals manage their mental illness and live successfully in the community. Case managers may be responsible for anywhere from five to thirty clients on average, depending upon the intensity of their needs. Other CRT staff—residential employees, vocational or supported employment specialists, community integration specialists, and support or respite workers, to name some examples—provide specific types of support. They help individuals get and keep jobs, find and maintain a place to live, participate in social activities in their community, manage their money, and prevent their mental illness from taking over their lives. Psychiatrists and psychiatric nurse practitioners have major responsibilities for prescribing and monitoring medications. Other clinicians and therapists provide individual and group therapy and skills development. It takes all of these differently trained employees working in different specialties to assure the comprehensiveness of services that CRT programs are designed to provide.
Resource Efficiency
Administrative costs at Vermont’s community mental health agencies average 9 percent of allocated funds, an extremely low figure in comparison with other nonprofit agencies. Thus more than 90 percent of the grants to designated agencies go directly into services for the people who need them. Nine percent is also extremely low in comparison with another widely used criterion, charitable commitment, expressed as a percentage to assess how efficient individual charities are at directing contributions into the cause(s) to which they are given rather than into management, overhead, or fund-raising activities. In 2010, the average charitable commitment of the two hundred largest charities monitored by Forbes magazine was 86 percent. That leaves fully 14 percent that is used to maintain the charitable organization itself. Vermont CRT Programs request an average of 11 percent for administrative costs for fiscal years 2011/2012.

Overall Picture
The Fiscal Year 2011 budget for CRT programs statewide is near $42 million. During FY2010 (the most recent year for which we have data) the statewide average cost of DA services per CRT client was $12,130.28. During the month of May, 2011 (the most recent month for which we have data) CRT programs in Vermont served 2,448.

Current and Future Market Share:

The Cooperative currently has no market share as a start up, but anticipates 10% of the CRT practice improvement market in the first year and 20% in the second year.

Description of Products and Services:

Products and services:

Cooperative will provide:
1) Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont,
2) Operate as a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP’s for consumers and families to support informed consumer choice),
3) Develop instate resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP’s, web-based training, training materials, consumer and family panels),
4) Review and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state,
5) Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of best practice,
6) Identify state and local implementation barriers (e.g. policies, funding) and facilitate efforts to address barriers,
7) Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system.
8) Support in writing grants, acquiring grants, and other fundraising activities to support the EBP Cooperative activities.
There is currently no statewide centralized EBP service which provides all the services listed above. DAs and CRT programs have articulated the need for such a centralized service in the past and would support such a unified cooperative if established with desirable components to add value to their practices at a reasonable expense.

**Organization & Management:**

Company would be located within an established non-profit agency. It would have a Program coordinator who would work with a Steering committee as the advising body. Program coordinator would then report to the non-profit agency chief executive officer, who would report to a board of directors. The EBP Cooperative would sit as a department within the established non-profit organization.

**Legal structure of your business:**

Ideally it would be a non-profit corporation structure.

**Necessary or special licenses:**

Liability insurance may be required for contracting purposes with the State of Vermont.

**Marketing and Sales Strategy:**

**Market Description:**

The current market research reveals that statewide CRT programs will be the initial focus of the EBP Cooperative products. Research determined some desired products and services include: a) EBP implementation and sustainability funding support, b) expert consultation, c) training resources / core skill curriculum provision, d) data collection / quality process support, e) provision of research updates and new practice summaries, f) coordination of mentoring / shadowing opportunities between programs, g) research support for practice based evidence and practice based evidence tools. All contacted programs had some homogeneity that would lead to statewide EBP Cooperative utilization by all programs when a generalized product or service appeared to fit into their program structure. Funding support and provision of EBP resources in an efficient manner will increase the target market’s desire to utilize the EBP Cooperative.

**Channels of distribution:**

Products would be distributed via the internet (email and web based training), U S mail (Training information or research updates), in person, and telecommunications (conference call or teleconference call).

**Sales strategy (pricing, promotion, products and place):**
Pricing: A reasonable annual contribution would be determined based on the best market information available, so as to equally divide the cooperative’s basic expenditures amongst the 10 DAs. Pricing will be adjusted annually, based on the market projections, increased/decreased services, and funds rolled over from a previous year. Fee for service pricing for trainings will be based on best market information at the time and the cost for the provision of the specific content.

Promotion: Cooperative staff members will actively promote products and trainings via an established website, DA partners, distribution lists of previous training attendees, and outreach to all possible user organizations within the state of Vermont.

Products: Cooperative products will be directed into development, implementation, sales, and support via the consensus of the Steering committee members. Products will also be discontinued through the direction of this body and the input received from product consumers.

Place: The Cooperative will have a physical location within a non-profit organization and have a significant web presence which serves as its most accessible location for client contact and purchase of services.

Financial Management:

[To be completed by the organization that hosts the EBP Cooperative]

New Business:

Estimate of start-up costs

Projected balance sheet (1 year forward)

Projected income statement (1 year forward)

Projected cash flow statement (12 months forward)