

RFP# 104: Disaster Mental Health Planning

TO: Bidders and Interested Parties
FROM: Department of Mental Health (DMH)
DATE: November 27, 2023
RE: RFP Questions and Responses

ISSUE DATE: 11/08/2023**QUESTIONS DUE: 11/27/2023, 4:30pm ET****RFP RESPONSES DUE BY: 12/13/2023, 4:30pm ET**

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- 1. I don't see a budget for this project. Can you let me know what the budget is or the range?**
 - a. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.

 - 2. Has the Department of Mental Health or other cabinet-level agency conducted similar relevant work in the past?**
 - a. Yes, there are old plans and documents to consolidate, reference, and expand upon.

 - 3. Is there a current contractor working with the Department of Mental Health on disaster response activities?**
 - a. No

 - 4. What is the budget for this contract?**
 - a. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.

 - 5. Is the work expected to be conducted on site or remotely?**
 - a. Likely remote, but open to both or a combination approach.

 - 6. Is there an advisory committee or working group tasked with leading this effort with the Department of Mental Health?**
 - a. Not officially. This effort is being led by the Director of Operations, Planning & Development with close collaboration with other departmental leadership and partners.

 - 7. Does the resident bidder preference only serve as a tiebreaker as referred at "3.5 Method of Award"? If not, can the State quantify the size of the preference?**



- a. This would either fall within the Agency Organizational Capacity score or as a subjective tiebreaker as suggested. While familiarity with Vermont's system of care is important relevant, it may not outweigh like-experience in other jurisdictions.

8. 3.1 Pricing - What is the budget for this scope of work?

- b. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.

9. 4.5 Reporting Requirements - Can you clarify if the "sample of any reporting documentation" is a sample of a contractor's work product/deliverable or a general reporting compliance sample?

- a. This could include work products like plans and procedures, as well as progress reports and stakeholder engagement process flows.

10. 5.3 Bid Delivery Instructions - Can this bid and all form requirements be submitted via email? Or are mailed submissions required as well?

- a. All bids and materials can be submitted via email. Mailing or in-person drop off is an option if vendors would prefer to do so rather than email submission.

11. 5.4.2 Number of Copies - Are the number of copies in this section only applicable for bids submitted via mail? Or will the number of copies be applicable to email submissions as well?

- a. Number of copies only applies if dropping bids off physically or in the mail.

12. Please describe how the DMH emergency response plan would integrate with other existing plans in VT to include the State Emergency Management Plan and the VDH Emergency Operations Plan.

- a. This plan may not integrate beyond being referenced by those other State plans. This intent of the plan is to provide guidance to the department and its partners about the role and purview of DMH and disaster mental health.

13. Does DMH have a list of the stakeholders that would likely participate in the engagement sessions? Does this list include peers and/or family members with lived experience that would be willing to share their story?

- a. No explicit list to provide at this time, but yes partner agencies include peer organization with lived experience.

14. Does DMH have an estimate on the number of stakeholder sessions that should be included in this proposal?

- a. No this will depend on the approach and the need for stakeholder sessions. From a pricing perspective, it would be good to conceptualize, but also to value a session on a price schedule, so we could evaluate the impact of adding (or reducing) more to the plan when it comes to contracting.

15. Does DMH have a preference for stakeholder sessions to be in person, virtual, or a combination?



- a. Likely remote, but open to both or a combination approach.

16. Section 2.2.4.4 is about school-specific responses. Please clarify the intent of this section. Also, is the contractor to develop a protocol for schools regarding suicide prevention, education, and postvention services? If yes, is this protocol for the schools to implement or is it a protocol for mental health responders to use during a school incident?

- a. This intent of this language is to highlight that the school system will be one of the stakeholders we would like to engage with to incorporate their content where appropriate or use this plan to fill gaps in school mental health disaster response and recovery.

17. Please describe what DMH views as “comprehensive” in terms of the scope of the plan. Would this plan outline the roles of those that work at DMH? Would this describe how DMH will activate and provide support to those with current/pre-existing mental health needs that may be exacerbated during and after an emergency? Would this plan describe how DMH will activate and support all Vermonters that have acute mental health needs during and after an emergency?

- a. This would include defining scope, responsibilities, capabilities, and approaches to response and recovery. DMH itself does not have clinicians on standby to respond to deploy to incidents and works with our community partners to do so. Defining the scope of the department’s response will help identify the resources that could be available, primarily serving vulnerable Vermonters with diagnosed serious mental illness or serious emotional disturbance, while also expanding to population-level support in the aftermath of a disaster, such as the FEMA Crisis Counseling Program.

18. Please describe known existing documentation and relevant data related to this project.

- a. Broad questions. There are plans that existed prior to when the Department was organized as it currently is within State government. There are also other procedures and guidance documents that were developed over time. Furthermore, other stakeholders, including state partners and mental health agencies, have their own documentation that may cross reference information that has not been collated and updated. Part of the work will be to solicit this information to see what is out there that is relevant that needs to be integrated into the plan, referenced by the plan, or revised elsewhere once the plan exists.

19. Please describe known enhanced capabilities that are available in Vermont to support mental and behavioral health needs during an emergency.

- a.

20. Section 2.2.5- Please describe the intended audience for the FEMA CCP training. Please clarify the intent of this section.

- a. Information about the CCP can be found here: [Crisis Counseling Assistance and Training Program \(CCP\) | SAMHSA](#). This is an outreach and education program that the State would apply for in response to the major disaster declaration with an individual assistance declaration. While initiated



through Emergency Management, this program is applied for and organized by DMH, to provide crisis outreach support in the wake of a major disaster to Vermonters in the declared counties. The plan should describe and provide a roadmap for funding application and program operations. Once DMH is granted these funds they would use the plan to standup the Program. We currently have a CCP in response to the July 2023 flooding [Starting Over Strong Vermont \(SOS-VT\) | Department of Mental Health](#).

21. Please describe DMH’s experience with ensuring disaster behavioral health response best practices are incorporated into state plans and responses.

- a. Older plans exist and need to be updated to more clearly define role and scope, along with best practices and responsibilities.

22. Please describe DMH’s experience providing mental health services to individuals experiencing FEP, SMI, and SED during and after an emergency.

- a. DMH runs two psychiatric facilities, the state hospital and a secure residential facility, and otherwise DMH works with contracted designated agencies, specialized service agencies, and other organizations to provide mental health care to Vermonters experiencing FEP, SMI, and SED; primarily but not exclusively through Medicaid. DMH does not directly deploy mental health resources in the wake of a disaster.

23. Section 1.6 Source of Funds - What is the grant number of the funds that the State intends to use to finance this project?

- a. This project is funded by the mental health block grant regulated by CFDA 93.958

24. Section 1.6 Source of Funds - What is the budget for this project?

- a. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.

25. Section 1.1.1 RFP Objective – Will this be a new plan or a plan update?

- a. A new plan pulling from existing, outdated resources.

26. Section 2.2 Required Deliverables, 2.2.2. – Does the State want the stakeholder engagement meetings conducted in person, virtually, or a combination of both?

- a. Likely remote, but open to both or a combination approach.

27. Section 2.2 Required Deliverables, 2.2.4.1. - Is the response playbook intended to be a separate deliverable or incorporated into the Disaster Mental Health Plan?

- a. Depends on the overall organization. Likely an annex to the plan.



- 28. Section 2.2 Required Deliverables, 2.2.4.4. - Are the school-specific responses component of the Disaster Mental Health Plan intended to concentrate on services that schools provide during emergencies?**
- a. Yes, or in the aftermath of emergencies.
- 29. Section 2.2 Required Deliverables, 2.2.4.4. - Is the model protocol intended to be general recommendations (i.e., non-emergency) or disaster-specific recommendations for schools on suicide prevention, education, and postvention services?**
- a. The plan would be to evaluate what exists and what areas need to be augmented within the scope of this work.
- 30. Section 2.2 Required Deliverables, 2.2.6. - Please confirm that the local planning document templates and recommendations are updates to existing documentation, not creation of new documentation.**
- a. Local partners have some plans in place that may be used as templates. Other documents may exist as well, and the template development would allow for some standardization across organizations.
- 31. Section 2.2 Required Deliverables, 2.2.7 - Does the State want the tabletop exercise conducted in person or virtually?**
- a. Probably in person, but open to seeing both options in bids.
- 32. Section 2.2 Required Deliverables, 2.2.7. - How many players are anticipated to participate in the tabletop exercise?**
- a. 20-30? This will be determined once we better establish the process and determine the component of the plan that will be evaluated in the TTX.
- 33. Section 3.8 Contract Terms, 3.8.1 - Do contractors need to register with the State before submitting a bid?**
- a. Not before the bid but before they can be awarded a contract.
- 34. Section 4 Content and Format of Responses, 4. - Does the response have a page limit or font requirements?**
- a. No.
- 35. Section 4 Content and Format of Responses, 4.4. - Given the specialized nature of this subject matter and lack of regulatory requirements to update disaster mental health plans, will the state extend the timeline for references to 24 months?**
- a. Yes.
- 36. Section 4 Content and Format of Responses, 4.5. - Please clarify what type of reporting documentation the State would like contractors to provide.**



- a. This could include work products like plans and procedures, as well as progress reports and stakeholder engagement process flows.

37. Section 4 Content and Format of Responses, 4.5. - How many examples of reporting documentation are required?

- a. Whatever the bidder feels is relevant and sufficient to highlight their work and experience.

38. Section 4 Content and Format of Responses, 4.5. - Will the State allow contractors to provide external links to reporting documentation to help reduce file size?

- a. For record retention purposed, files and preferred to links, but links are allowable.

39. Section 5.3 Bid Delivery Instructions, 5.3.1.1. - The bid submission checklist on page 12 indicates that contractors should submit a redacted technical response. Should the redacted technical response be combined into the single PDF containing the other required submittals?

- a. The redacted technical response is an optional requirement if the contractor feels there are components of their proposal that are proprietary and should not be made a public record. Yes, ideally the redacted version would be combined into one file if needed; however if other components are not being redacted they do not need to be added into the PDF.

40. Section 6 Bid Submission Checklist - Will the State allow contractors to sign the Certificate of Compliance electronically?

- a. Official digital signatures such as DocuSign or Adobe e-sign are allowable. W-9 must be signed in ink and scanned.

41. Form Standard Contract, 6. - Is payment for this work intended to be on time and materials, firm fixed price, or another format?

- a. Depends on how bidders propose their budget and price schedule. Deliverable based approach likely makes more sense for this type of contract.

42. Section 2.1.5 - Does the State want a Disaster Mental Health Plan focused on all people or only a plan to respond to those within the System of Care?

- a. While some components may be for all Vermonters (if appropriate), the focus will be on the DMH system of care.

43. Sections 2.2.1 and 2.2.3 - May the state please confirm that the gap analysis referenced in section 2.2.3 is part of the deliverable outlined in section 2.2.1?

- a. Yes.



44. Section 2.2.2. - Approximately how many groups and of what size are the stakeholder engagement meetings? Will these meetings be held in person, virtually, or a hybrid of both?

- a. We have not determined the exact number of groups, number of participants, or how they will be organized or combined. This will in part be determined by the planning with the selected contractor based on availability, approach, budget etc. We do not have the numbers to complete this table.

Group	Virtual, In Person, or Hybrid?	Estimated # of Groups	Estimated Size of Each Group
Individuals with lived experience			
Family members of those with lived experience			
Peers			
Private practitioners			
Professional associations			
Private health insurance companies			
Designated agencies			
Specialized services agencies			
Other healthcare providers			
Other state agencies/departments			

45. Section 2.2.7. - Will the tabletop exercise and After-Action Report be conducted in person or virtually? How many days will you require for the exercise?

- a. The table top will likely be in person and the After Action meeting will be virtual. We are open to suggestions or options from bidders in their proposals.

46. Section 2.2.7. - Is the Department of Mental Health [DMH] requesting hardcopy plans and exercise documents?

- a. If the question is whether the contract needs to provide printed copies of the plan – no. For exercise documentation, it depends on the plan/format. Digital is likely fine.

47. Section 3.1.3. - Does DMH anticipate a retainage clause in the awarded contract, and if so, what is the retainage percentage?

- a. Retainage may be included in the contract and will likely be 5-10%. This decision is still pending and may depend on price schedule and format.

48. Section 3.5.1. - Will DMH please confirm the Cost Proposal evaluation will be based on the Total Fixed Price Deliverables provided in Table A of the Price Schedule?

- a. Yes, along with feasibility, reasonableness, and value for products and services delivered.



- 49. What type of contract vehicle does DMH intend to issue to the successful proposer – Time/Materials, Fixed Price/Deliverables?**
- a. Open to either in a proposal but these type of work lends itself to a deliverable based approach.
- 50. To provide uniform evaluation of all proposers' Price Schedules, will DMH please confirm the number of Fixed Price Deliverables being requested in Table A?**
- a. This will depend on how bidders with organize their work. Having a breakdown of cost will enable to DMH to make decisions one what aspects can be added, removed, augments etc. For example, knowing the cost of a stakeholder engagement session may inform whether we add more of them or add an additional stakeholder focused TTX.
- 51. Is there already a program established for disaster mental health responders? If yes, please describe the training program and requirements for volunteers.**
- a. CCP program may be stood up organically within the department or more likely through contractors. The State also has a Medical Reserve Corp (MRC) through the Health Department that may play a role in volunteer engagement in these activities when appropriate. This could be for events that do not meet the threshold for IA declarations or perhaps in the more immediate aftermath of a disaster.
- 52. What part will DMH play in continued Recovery for the community?**
- a. Please see question 20 for description of CCP.
- 53. Section 2.1.2. - When was the last plan developed? Who were the stakeholders involved?**
- a. The last plan was from 2007 and was written as a component of the Health Department's Emergency Operations plan. Stakeholders other than DMH (then Division of Mental Health) included the Vermont Emergency Management, Vermont Department of Health, Agency of Human Services, FEMA, and the Community Mental Health Centers.
- 54. Section 2.1.5. - Is substance abuse included under the definition of SMI and SED?**
- a. No. Substance Use Disorder is not included in SMI and SED, although people often experience co-occurring diagnoses.
- 55. Section 2.2.4.4. - This could be a large project and be contracted by itself. Can you clarify the role of the contractor in this initiative? What is the role of DMH in school specific responses? How are Vermont's schools to participate in this initiative (outside of the Counselors)?**
- a. There are some initiatives already underway with school-specific responses so the intent here is to incorporate them as stakeholders where appropriate. There may be areas that could use more support from DMH and should be captured through this planning process. The extent may be determined through initial gap analysis efforts.



56. Please provide your estimated budget limit or budget range for this project.

- a. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.

57. Is there an existing emergency plan? If so, please indicate where it can be located.

- a. There is a limited version from 2007, which we have but is not available online.

58. Please share your preference for stakeholder engagement (i.e., virtual or in-person).

- a. Open to either in a proposal but these type of work lends itself to a deliverable based approach.

59. Will we have access to prior Vermont CCPs?

- a. Yes – we just went through the whole process and launched a CCP for the July flooding event. See question 20.

60. Can you describe the emergencies you have prepared CCPs for in the last 10 years?

- a. Major flooding event – July 2023
- b. COVID-19 – 2020-2022
- c. Tropical Storm Irene 2012

61. Under section 1.2 “CONTRACT PERIOD: Contracts arising from this RFP will be for a period of up to one (1) year with an option to renew if needs and funding streams allow. The State anticipates the start date for such contract(s) will be by February 2024.” Is there an expected deadline for the completion of the Disaster Mental Health Plan i.e. 12 months from the project start date?

- a. Yes, ideally within 12 months of start date if feasible. Some of this will be determined with the gap analysis and evaluation of what we have in place vs what we would like to see.

62. Under section 2.2.1 to develop a compilation of existing resources, can you clarify if this is just state and federal employee resources? And/or does this mean all public and private resources?

- a. This would be federal, state, and local resources. It may not fully tabulate all local resources but getting a sense of what is available and what would make sense to codify as part of the plan with public-private partnerships etc.

63. Will the Disaster Mental Health Plan need to be presented to a board(s), and/or committee(s) for review and approval?

- a. Not for approval, but it will be reviewed by the Mental Health Block Grant Planning Council for advising and feedback. Other advisory entities may engage in the review as well.

64. Has a budget been established for this RFP?

- a. We are waiting to see proposals to determine final budgets, but it will be roughly \$100k.



65. Are you accepting bids from consulting firms outside the state of Vermont?

- a. Yes

66. Section 2.1.4. - What role does Vermont Emergency Management play in this?

- a. Currently, an indirect role. This plan is for the Department of Mental Health operationally but may be referenced in other plans, such as the State Emergency Management Plan or its annexes.

67. Section 2.1.4. - What agencies are you collaborating with?

- a. State and local partners

68. Section 2.1.4. - How many unique stakeholders do you envision engaging in the effort?

- a. 15-20 entities

69. Section 4.6. - Is there a Set NTE for the project period?

- a. The hope to work quickly over the next 12 months.

70. Section 4.6. - Are you open to a Time & Materials structure or FFP only?

- a. Open to both but this type of contract lends itself to be deliverable based.

71. Please describe the sustainability parameters for the project.

- a. This is a one-time investment to update our planning documents and organize stakeholder engagement. There is no expectation of sustained work with a contractor.

