HOWARD CENTER
Help is here.

November 10, 2022

Department of Mental Health
Attn: Jennifer Rowell
280 State Drive
NOB 2 North
Waterbury, VT 05671-2010

Re: Cover Letter RFP 89

Dear Ms. Rowell:

Howard Center is pleased to offer the attached response to the Home and Community-Based Mental Health Urgent Care Services RFP issued by DMH on October 14. Along with our partner subcontractors, UVM Medical Center, the Community Health Centers of Burlington, and Pathways, we propose to create a Mental Health Urgent Care program based on the Psychiatric Urgent Care (PUC) model outlined in section 2 of the RFP.

Our bid does not contain proprietary or confidential information and we do not request any redactions or exemptions from public disclosure in the event of a public records request.

We do not wish to propose any exceptions to the conditions set forth in the Standard Contract Form and its attachments.

We are grateful to the Agency of Human Services and the Department of Mental Health for this opportunity. If there are any questions about this proposal, please contact Mike Glod at mglod@howardcenter.org or (802) 735-7507.

Sincerely,

Bob Bick
CEO

Encl: Technical Response
References
Reporting Samples
Price Schedule
Certificate of Compliance

208 Flynn Avenue, Suite 3J, Burlington, VT 05401
T: 802.488.6900 | F: 802.488.6901
HowardCenter.org
Member Agency of United Way of Northwest Vermont

PROPOSAL TO PROVIDE HOME AND COMMUNITY-BASED MENTAL HEALTH URGENT CARE SERVICES

The following constitutes Howard Center's response to the State of Vermont, Department of Mental Health (the "State") RFP dated October 14, 2022, soliciting the provision of community-based mental health urgent care services. We share the State's goal of expanding health care options available for Vermonters experiencing acute mental health crises and appreciate the State's attention to this important issue.

This proposal is the product of a growing partnership between Howard Center, the Community Health Centers and the University of Vermont Medical Center. Together with engaged partners in the community such as Pathways Vermont, we are united by a shared understanding that hospital emergency departments ("EDs") are not suited to the needs of individuals experiencing a mental health crisis and that any solution we propose needs to account for parity, the full system of care and collaboration between our organizations.

We all play different, albeit complementary roles in the system of care available to individuals with mental health concerns, and we see a system that is fragile and too often not meeting the needs of our communities. We believe the development of a Psychiatric Urgent Care Clinic discussed herein can make a difference. For our purposes, we are referring to this facility as a Mental Health Urgent Care Clinic ("Mental Health Clinic").

I. Our Organization & Partners

Howard Center is an integral part of the Vermont system of care and the largest designated agency in Vermont. Howard Center helps thousands of Vermonters each year through services including lifesaving professional crisis and counseling for children and adults, supportive services to individuals with autism and intellectual disabilities, counseling and medical services for those struggling with substance use, and intensive interventions for adults with serious and persistent mental health challenges. Howard Center employs approximately 1,600 counselors, social workers, psychologists, therapists, interventionists, educators, nurses, peers, and others. Last year we helped 19,000 people. Howard Center is a 501c3 non-profit corporation. Howard Center's mission is to help people and communities thrive by providing supports and services to address mental health, substance use, and developmental needs.

Howard Center has several programs that help individuals in the community experiencing a crisis or who need urgent care for mental health or related concerns. First Call for Chittenden County is a 24/7/365 phone service that provides phone support, crisis intervention and assessment, referrals to appropriate services, and connection to follow-up care. The program collaborates with emergency responders during a crisis as needed. Our Community Outreach and Street Outreach Programs provide a range of services for adults, young adults, and families in Burlington, Colchester, Essex, Hinesburg, Milton, Richmond, Shelburne, South Burlington, Williston, and Winooski. Outreach specialists work with police and service providers to coordinate support for individuals who have mental health, substance use, housing, or other social service needs.

For adults experiencing a psychiatric crisis, Howard Center offers ASSIST, a six-bed crisis stabilization program. ASSIST helps people avoid hospitalization, providing 24-hour staffing and support. In addition, ASSIST helps clients who are at risk of hospitalization or are transitioning from an inpatient hospital stay or other inpatient setting to the community. Similarly, Jarrett House offers crisis stabilization beds for Vermont children and youth ages 5-13 who are experiencing an acute mental health emergency, providing out-of-home care in a staff-secured setting.

a. The Community Health Centers

Established in 1971, The Community Health Centers ("CHC") is a nonprofit health center and the only Federally Qualified Health Center serving Chittenden and southern Grand Isle counties. Throughout nine locations, CHC provides access to preventative medical, dental and psychiatry/counseling services for 32,000 community residents.

CHC offers a host of special programs to ensure comprehensive access to care for Vermonters, including:

- Interpreter Support
- Pregnancy Care
- Homeless Healthcare
- Outreach/Case Management
- Same-Day Sick Visits
- On-Site Laboratory
- Elder Care
- Addiction Recovery Support
- Nutrition Counseling
- Discounted Prescriptions
- LGBTQ+ Health Services
- Telehealth Visits
- School-Based Dental Center
- Financial Assistance including Sliding-Fee Scale

b. UVM Medical Center

The UVM Medical Center in Burlington, Vermont, is a 499-bed tertiary care and regional referral center providing advanced care to the people of our region. Together with its partners at the UVM Larner College of Medicine ("LCOM") and the College of Nursing and Health Sciences, UVM Medical Center serves as the primary teaching affiliate for UVM's medical, nursing and allied health students. UVM Medical Center also serves as a community hospital for approximately 150,000 residents in Chittenden and Grand Isle counties.

UVM Medical Center is an affiliate of the University of Vermont Health Network ("UVMHN") the parent corporation of a two-state, six hospital, non-profit integrated health care system. Serving a population of approximately one million people in Vermont and northeastern New York, UVMHN also includes a multi-specialty medical group and home health and hospice agency. It is organized as a private, non-profit 501(c)(3) corporation. Its mission is to improve the health of the people in the communities served by integrating patient care, education and research in a caring environment.

II. A Mental Health Clinic for Chittenden County

Far too many Vermonters experiencing an acute mental health crisis end up in hospital EDs. The number of people arriving at the UVM Medical Center has exceeded historical norms since late last spring of 2022 and, on average, these patients are also requiring more hours of care from ED teams. On any given day, the UVM Medical Center has between 10 and 16 patients boarding in the ED waiting for psychiatric care.

This situation is playing out across Vermont, where many ED beds remain full because there is nowhere else for patients to go. At times, as many as 50% of the beds in EDs are occupied by patients waiting for inpatient psychiatric beds.

The majority of mental health patients visiting the ED, however, do not require inpatient care. Based on FCCC data, approximately two thirds of people visiting EDs with mental health concerns do not require inpatient care and likely would not need to be assessed at the ED given the availability of other facilities equipped to provide appropriate and timely care.

People with mental health concerns are likely to become frequent or repeat visitors to the ED, both for urgent and non-urgent care. This is particularly true in Chittenden County. Since May 2021, VAHHS has been collecting point-in-time data on all patients waiting in EDs for mental health placement, regardless of legal status or insurance. Almost 50% of all patients waiting in EDs for mental health care are at the UVM Medical Center's ED.

Without doubt, EDs remain an important point of care for this patient population. Yet in many cases, EDs are not well-equipped to treat these patients' mental health concerns in a satisfactory manner, and the cost of care remains high for both patients and the health system. Research and our own experience shows that patients with mental health challenges typically have negative perceptions of their care experience in EDs. With their bright lights, unpredictable sounds and limited privacy, the hustle and bustle of busy EDs can be confusing and overstimulating for many mental health patients. Together with longer-than-usual wait times for emergency care, this has the potential to exacerbate feelings of loneliness, anxiety, frustration and other symptoms of an acute mental health crisis.

By offering an alternative – a welcoming mental health crisis clinic where individuals are assessed in a timely manner, have supportive follow-up services and access to immediate peer support and other supportive counseling – not only do we believe the patient experience for those

with mental health or substance use concerns will improve, but it will reduce reliance upon EDs and first responder emergency services for mental health crisis patients.

III. Our Commitment to serving the needs of marginalized communities

Howard Center, the UVM Medical Center and CHC have all undertaken a serious commitment to diversity, equity and inclusion ("DEI") which informs their operations, client services, recruitment and retention of staff, and their work with community. All three organizations signed the Declaration of Racism as a Public Health Emergency in 2020 and all three met and exceeded the commitments they made as signatories.

Howard Center has built a considerable infrastructure for DEI that imbeds principles of equity and inclusion throughout the organization, taking a multi-pronged approach to DEI that includes (but is not limited to):

- A Diversity, Equity & Inclusion Cabinet: This forms a vital part of Howard Center's organizational structure, where it improves the organization's DEI performance through effective governance.

- DEI Department: For nearly 20 years, Howard Center has steadily moved to include DEI as part of our operations. In 2006 we established the Diversity Coordinator position; in 2015 we entered into a contract to collect and analyze demographic data and include DEI in our overall strategic plan; and in 2017 we established a formally recognized DEI department. Earlier this year, the Director of Diversity, Equity, and Inclusion was added to Howard Center's six-person Executive Leadership Team.

- Accessibility: Howard Center's programming is tuned to ensure access along dimensions of diversity, including but not limited to disability and language needs.

- And finally, the DEI Department implements key initiatives both within and beyond the Howard Center community including employee affinity networks, monthly staff roundtable discussions, training, community education and participation in local events such as Pride.

Additionally, Howard Center's recently formed Cultural Liaison Team will be available to support people who visit the clinic. Most of the refugees and resettled individuals who arrived in Vermont over recent decades settled in Chittenden County. To better serve this population, Howard Center adjusted its programming by adding translation services, adding multi-lingual print materials wherever possible, building relationships with organizations that represent and support immigrant and refugee populations, and reexamining job descriptions and requirements to enable hiring of more members of the refugee/immigrant/multilingual communities.

The team provides outreach, support, and service coordination to address needs associated with wellness and resettlement. Based in Howard Center's Access and Intake function, the Cultural Liaison Team helps individuals and families who need assistance to bridge the gap between the

American system of care and the various approaches to seeking help they may be familiar with in their home cultures.

Howard Center brings considerable strength to this partnership with respect to its DEI work; CHC and UVM Medical Center also bring their own strengths including data collection, dedicated DEI leadership roles, employee resource groups and significant outreach to the community.

Moreover, every three years the UVM Medical Center conducts a Community Health Needs Assessment ("CHNA") to ascertain the community's priorities regarding social drivers of health, the results of which are used to inform the Community Health Improvement Plan ("CHIP"). Earlier this year, the CHNA was conducted with broad stakeholder input and strong community engagement. The top three social determinants of health included: 1) mental health, 2) housing and cultural humility and 3) inclusive care.

Leading with the values of inclusivity, equity, transparency, and collaboration, UVM Medical Center has recruited for three new health priority teams that will be responsible for the work in each area. It is important that the community champions and leaders carrying out this work are informed by the lived experiences of populations of focus identified in the 2022 CHNA. Recruitment efforts have and continue to include a concentrated effort on diverse representation of those who experience the greatest burden of inequities and health disparities.

The CHIP is developed and overseen by community partners to address the top community health priorities that are identified by the CHNA. It communicates shared goals, strategies, and builds on existing community assets and resources to make measurable improvements and address health inequities.

Both Howard Center and CHC are key partners in planning and implementing the CHIP. The timing and focus of the CHIP will further ensure that the clinic attends to the needs of our community along the dimensions of diversity and dovetails with the overall goal of growing access to mental health care and services.

IV. Program Overview & Design

Together with our partners we propose a Mental Health Clinic where people can receive mental health support services and medical care in a spacious and quiet facility. Our clinic is based on a psychiatric urgent care model and informed by SAMHSA's mental health crisis care best practices. These best practices emphasize person-centered care that takes into account the broad spectrum of an individual's needs, while delivering services and peer support that nurture recovery, healing and connection to the broader system of mental health care in our community.

By providing a place where people can be both assessed with a multidisciplinary lens and offered immediate mental health support, the clinic aims to stabilize people experiencing a mental health crisis, thereby heading off the need for a trip to the ED or inpatient hospitalization. However, for those who still need an inpatient bed, the program's intention is that no one loses their "spot" in the queue for an available bed should they be safe to wait in the community for placement.

The clinic will be open seven days per week, for 12 hours each day. In this more therapeutic setting, patients will receive:

- Mental health clinical support and stabilization, including brief intervention and case management
- Safety planning and peer support
- Medical care, such as medical assessments, wound care and chronic disease management
- Assistance with medications

Howard Center will operate the clinic in collaboration with its partners:

- Howard Center will run the program and manage both the operational and clinical programming, including supervision of mental health clinicians and case managers.
- CHC will provide medical direction.
- Pathways may manage and facilitate peer support with afterhours support from Howard Center's peer support team.
- UVM Medical Center will provide the facility, psychiatric telehealth back-up services and limited operational support, including basic equipment for the exam rooms and furniture.

a. People served

Given other initiatives are dedicated to expanding outreach and crisis support to families and youth, our clinic will target adults over the age of 18 who are experiencing psychiatric crises, including people with complex and multiple mental health diagnoses (including intellectual disability, substance use disorder, or traumatic brain injury) as well as co-occurring medical conditions. We will not maintain fixed criteria about the "types" of diagnosis or crisis that we support in our clinic. Rather, we will honor self-defined crises and will serve people with varying mental health concerns, substance use disorders and intellectual disabilities (and all kinds of co-occurring disorders). Our clinic will be equipped to deliver basic medical care, including vitals, wound care and management of chronic conditions such as diabetes, among others.

Consistent with our dedication to DEI, the Mental Health Clinic will provide care to clients regardless of race, gender, sexual orientation, ethnicity, religious belief, age, and/or disability. This also applies to people with housing insecurity, a history of involvement with the criminal justice system or a history of violent behavior.

Our clinic will <u>not</u> treat people on-site who:

- Are incapacitated due to substance use; this can be determined on a case by case basis.
- Are aggressive or violent at the time of admission.
- In need of acute medical care.
- Are there on an involuntary basis, or on warrant or Emergency Exam.

For these clients, our program will help connect them to appropriate supports that will meet their needs in these situations.

Our program is not designed specifically to support children experiencing mental health crises, though we could expand to work with children and youth with lower acuity mental health needs in the future. That said, we will operate a "no wrong door" policy in the event a child arrives at our clinic seeking care. Our facility will also have child-friendly spaces in the event a person seeking care arrives with their child or children. We can also provide links to other community-based programs that work specifically with children in mental health crisis.

b. Access

Key to any mental health crisis clinic is the ability to swiftly and efficiently connect clients to the appropriate level of care, whether that be in the clinic itself or with outside providers or services. We aim to collaborate with relevant referring partners in the community – including law enforcement, primary care providers and hospital EDs – to ensure our clinic is widely accessible. Our hours of operation align with the peak hours of mental health referrals in our community, and our "no wrong door" policy is designed to honor self-referrals of all kinds.

c. Capacity

At the staffing level we are proposing, our clinic could serve between 10 and 15 community members on site every day. The upper range is more attainable once the program is well under way. As noted previously, our hours of operation align with the peak hours of mental health referrals in our community, yet our model does not provide for overnight care at this time.

d. Clinic services

Our 12-hour program will operate from 8am until 8pm. Consistent with the SAMHSA best practices, our programming is guided by seven overarching principles. Together, they aim to:

i. Provide person-centered and trauma-informed care
ii. Prevent suicide
iii. Consider the "whole person" perspective, which includes their family and surrounding environment
iv. Emphasize recovery, healing and hope
v. Facilitate seamless care by connecting our clients to the broader continuum of mental health care, including UVM Medical Center and our partners in the community
vi. Prioritize peer support
vii. Support follow-up care

Our services will include:

1. **Triage, according to the following:**
   Check in and safety screening to gather the client's presenting concern or chief complaint and ensure the individual does not need transport to emergency medical or psychiatric care. Beyond this, it is important to meet the client where they are and provide client-centered support. This involves client autonomy and choice in decision making, working collaboratively to assess their strengths and resources within the context of their current coping ability and working towards a mutual goal.

2. **Psychiatric risk assessment, using Howard Center's crisis assessment**
   This is the same approach currently used in the ED with the following assessment areas: presenting concern; psychosocial history; current mental status and psychiatric symptomatology with treatment history; current and historical substance use; medical history and list of medications; and a thorough suicide and violence risk assessment based on evidence-based practice tools and universal screening using the Columbia Suicide Severity Rating Scale. Somewhat different than a routine intake for mental health services, the focus of the psychiatric risk assessment is to resolve the current psychiatric concern, determine if the client meets criteria for higher-level care, and develop safety planning steps or connect to additional resources where indicated, rather than developing a plan for ongoing psychiatric care

3. **Safety planning**
   Safety planning includes assessment and psychoeducation to reduce access to means, particularly in times of psychiatric crisis (e.g. providing lock boxes for safe medication or sharp storage, removing or restricting access to firearms by providing gun locks, etc.). Additional tools or strategies involve developing a supervision plan; connecting to natural supports or family members; safely disposing of expired or unneeded medications and connecting to prescribers to make a medication plan that limits access to lethal quantities or doses of medications.

4. **Basic Health screening**
   Basic Health screening will be based on the presenting problem to ensure referral and coordination of care with existing health providers. Services will include screening for acute or chronic health concerns, reviewing medical history and systems, and obtaining vitals and blood sugar checks when necessary. Nurses will be a resource to answer questions about medications or physical health conditions, provide psychoeducation to increase medication adherence or address health problems that are often under-detected with mental health patients.

5. **Stabilization & supportive counseling**
   There are times when individuals will need to be met at the clinic with immediate brief crisis intervention skills and given time to decompress or feel safe before addressing other historical aspects of treatment or continuing further assessment. In this case, the focus of the intervention is building therapeutic rapport and balancing the need for some administrative paperwork, which can be done at the end of the interview or upon a follow up visit. Supportive counseling involves focusing on addressing the specific problem or behavioral health issue in that moment, identifying symptom management strategies and healthy coping skills to reinforce their use, or addressing unhealthy coping patterns and motivation to change.

6. **Care management and placement coordination follow up**
   This includes referrals to different levels of care (outpatient, inpatient or hospital diversion mental health or substance use care services); case management to access

community services and social safety nets for housing, social service programs and basic needs; and care coordination with legal systems or primary care providers.

7. **Peer support in place for both clinic and non-clinic hours**
   Each client would receive follow-up care via phone or if they return to the program the next day. Peers offer a unique perspective and complement the multidisciplinary team to reduce stigma in seeking mental health or substance use care as well as offer hope and inspiration as persons in recovery. Peer support specialists and recovery coaches are often well versed in how to access services and supports, offer psychoeducation, and assistance with applying for benefits or housing programs. Peer-led groups or drop-in services will offer support for individuals in better managing symptoms; they have also been used to develop collaborative decision-making processes in patient care.

e. Patient experience

To better illustrate our vision for the clinic and the ways the above listed services will be delivered, an example client experience may be helpful.

i. Example case

Lily is having severe anxiety attacks. She is embarrassed by this and doesn't want to turn to her family or friends. She can't tolerate the discomfort of the anxiety and considers going to the ED but then hears about the Mental Health Clinic on the news.

When she walks in she is greeted by Jo, a peer specialist, who is standing in the lobby area. Jo introduces herself and walks Lily over to one of the administrative staff who gathers demographic and insurance information. Jo then walks Lily to a private room. A few minutes later, a nurse takes Lily's vitals.

Yasmin, a clinician, comes in to sit with Lily and Jo. Yasmin conducts a full mental health assessment. She learns that Lily is the single parent of a toddler, and while she has friends and family, she has few specific parenting supports. She has a history of a suicide attempts as a teenager and has started to have suicide ideation over the past two weeks.

Yasmin steps out to consult with Dr. Owyn, the psychiatrist on call.

Following the assessment, a planning meeting is held, bringing together Lily, Jo, Yasmin and Chris, the care manager. They make a plan that includes:

- Safety planning related to suicide ideation
- Coping skills practice related to anxiety symptoms
- Referral to therapy
- Referral to Early Childhood Services
- Referral to a group for mothers
- Follow up with primary care provider and appointment in two weeks

Lee and Chris stay with Lily to talk about specific components of the plan. Lily leaves to go home. Lee calls Lily later that day to check in and schedules a home visit for the following day. Chris calls the next day to follow up regarding the referrals discussed. Lee and Chris stay in touch with Lily for about two weeks until other supports are in place.

f. Triage & referral to EDs

If a person visits our clinic, but requires more urgent or critical care than we can provide, we will refer them directly to ED and call EMS if appropriate.

g. Facility

UVM Medical Center has identified a building it currently leases and will contribute this to the project as the home for our Mental Health Clinic. UVM Medical Center will cover the cost of the lease as an in-kind contribution to the project in the amount of approximately $130,000 annually. Furniture – including waiting room chairs, exam room tables, desks, and office chairs – will remain in the building for the clinic's use.

Howard Center, together with its partners, is committed to reducing our carbon footprint and the overall environmental impact of our operations. Consistent with this commitment, we will evaluate the efficiency rating of the building proposed for our clinic and consider measures to improve its sustainability.

i. Equipment

Howard Center will provide the necessary equipment, including IT infrastructure, computers for its staff members and iPads. We will need to acquire basic medical equipment and supplies to take vitals, collect limited lab tests and administer patient medication. This, together with ancillary medical equipment – including paper for tables and exam gowns – will be acquired by Howard Center with assistance from the UVM Medical Center's supply chain.

When purchasing and contracting as part of this proposed project, Howard Center and its partners plan to meet the socioeconomic affirmative steps outlined in section 1.7 of the RFP where possible. As a matter of practice, the UVM Medical Center aims to secure necessary resources from as many women- and BIPOC-owned businesses as possible.

ii. Ancillary services

To safely operate our clinic, Howard Center will contract security services to cover all hours of operation. This will necessitate the installation of security cameras and secure lockers. Contracted cleaning services will also support the clinic.

The clinic would operate a van to help clients return home or connect with follow-up care when needed.

h. Staffing model

Our staffing model is informed by SAMHSA's best practices for mental health crisis care, which recommend a multidisciplinary team capable of meeting the needs of people with diverse mental health concerns in the community. Consistent with these practices, our staffing model includes:

- Mental health crisis clinicians
- Cases managers
- Advanced practice RNs
- RNs, EMTs or paramedics
- Peers with lived experienced with mental health concerns

Our model also allows for on-call medical supervision by a health care or psychiatric provider – including through telemedicine – to support RNs, see clients as needed and prescribe medications.

Our staffing model provides the necessary staffing to operate 12 hours per day for seven days each week. We allocate 2.75 FTE for any role that needs to be available for all hours of operation.

Staffing Model in FTE

Staff Position	FTE	Responsible Partner
Master's level crisis clinicians	5.25	Howard Center
Case managers	5.25	Howard Center
Program manager & supervisor	3.00	Howard Center
Peer supports	5.25	Pathways or Howard Center
Advanced practice RN	1.5	CHC
RN/EMT/Paramedic (clinical support)	2.75	TBD
Medical supervision	.30	CHC
Security	5.25	Contracted
Administrative assistant	5.25	Howard Center

The scalability of our staffing model ultimately depends on the level of funding. We can adjust our staffing model or our hours of operation depending on funding.

i. Sustainability plan

The current system of care is not sustainable as it relies heavily on expensive and emergency resources in our healthcare system to provide psychiatric care to clients in crisis. Shifting mental health crisis care away from EDs will enable more efficient processes for support and stabilization, reduce the cost of individuals awaiting placement or boarding in the ED and lower recidivism.

While the program we propose aims to lower system-wide costs, it will only be sustainable if ongoing funding can be identified. Howard Center and its partners are committed to acquiring support to sustain the proposed clinic after the initial period of funding and will make every effort to maximize available revenue and to advocate for changes in existing funding structures to enable the long-term viability of the clinic. The proposed clinic has the potential to significantly impact hospital ED utilization and to address the mental health needs of individuals in the community before they intensify and require higher levels of care. The resulting systemic cost savings should provide a strong basis on which to reexamine funding mechanisms to accommodate a program that will create both cost savings and improved outcomes.

This clinic will benefit from the expertise and operational resources of Howard Center and its partners. Crucial to its success is the support it can draw from Howard Center's infrastructure, including a seamless connection to internal providers for established clients in crisis, clinical consultations, and training opportunities for staff.

After implementation and establishment in the community, one factor that will support sustainability is that the core of the work of Howard Center's existing crisis program, First Call for Chittenden County, will happen out of this clinic, rather than out of the ED, which is the current practice given the demand. Mobile assessment in the community will be maintained, while clients who need to be seen at a safe site removed from community settings will be seen at the clinic.

i. Financial sustainability

We will make every effort to maximize our ability to recoup expenses by billing applicable services to private insurance, Medicaid, or other contracts. Howard Center's crisis staff and electronic health record are set up to collect financial information, verify Medicaid eligibility for clients served in the program, and obtain initial authorizations when necessary to ensure maximized billing occurs to third party payors. The initial funding period will provide a clearer picture of the role these sources could play in the long-term viability of our clinic.

The degree to which we will be able to recoup the cost of the services we provide remains an evolving question, where reimbursement will depend on the clients we serve and their corresponding mix of payors. The reality is that many clients are in crisis at the time of being seen, may be underinsured or not have insurance at all, or are unable to report necessary information to bill at the time of their visit.

At present, crisis assessment and care manager work is billable, but subject to Howard Center's preexisting funding cap. We will not be able to bring in revenue through this project because of the Designated Agency funding structure utilized by the Vermont Department of Mental Health. Further, peer services are not covered by all payors. Thus, this partnership has an obligation to continue to advocate for parity for mental health and substance use treatment to ensure services are supported equally to physical health in the healthcare system. In order to accomplish this goal, it is important to note that by reducing the number of people who use costly ED resources unnecessarily, the clinic will also reduce costs to our local health system.

Howard Center also has a development team that secures philanthropic support for programming across the agency. The proposed clinic will be added to the portfolio of giving opportunities offered to Howard Center's donors. Philanthropic support is typically both limited and inconsistent, and while helpful, it cannot be relied on to play a significant role in sustaining the program.

j. Evaluating & measuring impact

Howard Center reports project outcomes based on the Results-Based Accountability ("RBA") model which asks how much was done, how well it was done, and whether anyone is better off. As our many programs address different needs, the specific outcomes tracked differ from program to program. However, we typically consider these three questions when evaluating a program's impact:

1. **How much did we do?** To answer this, we record the number of clients and services provided as well as the types of services provided.

2. **How well did we do it?** Data in this category illustrates the quality of programs through surveys that ask clients questions, including whether they received the help they needed, and if the services were right for them.

3. **Are we better off?** We are often asked how effective our programs are at improving the lives of those we serve. This is a complex question because nearly all people we support are involved in a variety of services. Data in this category includes information about individuals' perception of effectiveness. This would be collected through client surveys that ask questions about whether our services made a difference and if their quality of life improved as a consequence.

As part of this structure, Howard Center will be able to determine the number of unique clients seen at the Mental Health Clinic (along with relevant demographics); track the number of assessments that result in an outpatient or higher-level care plan; and identify the number of services diverted from the ED (see section IV below). Separately, UVM Medical Center can track ED utilization by psychiatric patients, the overall length of time these patients are in the ED or whether they need to board for inpatient-level care. We will use this data to establish a baseline and then re-evaluate after implementation of the Mental Health Clinic to determine its impact on psychiatric patient visits to the ED, length of stay and the number of psychiatric boarding patients over time.

k. Timeline for development

Given the challenging climate around contracting, construction and procurement, we expect up-fitting of the facility to require between three and four months. Recruitment of the necessary staff can take place in parallel; in the early stages of implementation, we would shift Howard Center staff to work at the facility, while we recruit the necessary staff.

V. Reporting Requirements

As described earlier, Howard Center reports project outcomes based on the RBA model which asks how much was done, how well it was done, and whether anyone is better off.

Reporting metrics for this program may include:

How much

- Number of unique clients served and corresponding demographics for race, ethnicity, age, presenting concern, number of clients with a community support or CRT enrollment and those open to Developmental Disability Services programs.

- Number of services provided, including a breakdown of the following:
  - Initial assessments
  - Peer services
  - Referrals to outpatient
  - Referrals/transport to ED
  - Follow-up services
  - Nursing assessments

How well

- Number of visits with clients screened using the Columbia Suicide Severity Rating Scale
- Number of visits where suicide was indicated as a presenting concern and a corresponding safety plan was developed
- Number of follow-up services provided after initial crisis assessment

Better off

- Reduction in ED visits for psychiatric patients
- Reduction in length of stay for psychiatric patients in the ED
- Reduction in number of psychiatric patients boarding for inpatient level care in the ED

VI. References

Dillon Burns
Mental Health Services Director
Vermont Care Partners
13 Baldwin Street
Suite 100-101
Montpelier, Vermont 05602
802-825-2340
Dillon@vermontcarepartners.org

Shawn Burke
Chief of Police
South Burlington
19 Gregory Drive
South Burlington, Vermont 05403
802-846-4111
sburke@southburlingtonpolice.org

Miro Weinberger
Mayor of Burlington
City Hall, Room 34
149 Church Street
Burlington, VT 05401
802-865-7272
mayor@burlingtonvt.gov

Isabelle Desjardins, MD
Chief Medical Officer
The University of Vermont Medical Center
111 Colchester Avenue – Patrick 321
Burlington, VT 05401
Associate Professor of Psychiatry
The Robert Larner College of Medicine
University of Vermont
(802) 847 – 5372
Isabelle.Desjardins@uvmhealth.org

VII. Price Schedule

Mental Health Community Clinic			
RFP Bid Response due November 11, 2022			
	# FTEs	TOTAL Y1	TOTAL Y2
Master's Level Crisis Clinician	5.25	$ 399,171	$ 431,104
Care Coordinator	5.25	$ 334,400	$ 361,152
Peer Specialist	5.25	$ 287,567	$ 310,573
APRN	1.50	$ 224,438	$ 242,393
RN/EMT/Paramedic (Clinical Support)	2.75	$ 232,008	$ 250,569
Medical Supervision	0.30	$ 136,159	$ 147,051
Security	5.25	$ 342,342	$ 369,729
Administrative Assistant	5.25	$ 287,567	$ 310,573
Program Manager	1.00	$ 73,951	$ 79,867
Program Supervisor	2.00	$ 166,672	$ 180,005
SUBTOTAL DIRECT SALARY COSTS		$ 2,484,273	$ 2,683,015
Van Purchase		$ 60,000	$ -
Vehicle Insurance		$ 1,500	$ 1,620
Vehicle Fuel		$ 4,000	$ 4,320
Client Transportation		$ 2,500	$ 2,700
Staff Mileage		$ 1,500	$ 1,620
SUBTOTAL TRANSPORTATION COSTS		$ 69,500	$ 10,260
Client Food		$ 103,661	$ 111,954
Clinical/Medical Supplies		$ 15,000	$ 16,200
Client Incentives		$ 12,000	$ 12,960
Program Furnishings		$ 15,000	$ 16,200
General Supplies		$ 5,000	$ 5,400
General Marketing		$ 10,000	$ 10,800
SUBTOTAL CLIENT COSTS		$ 160,661	$ 173,514
Facility Fit Up		$ 300,000	$ -
Contracted Cleaning		$ 23,636	$ 25,527
Electricity		$ 12,932	$ 13,967
Fuel		$ 4,346	$ 4,694
Water/Sewer		$ 2,390	$ 2,581
HVAC/Sprinkler/Maintenance		$ 4,726	$ 5,104
Trash		$ 3,023	$ 3,265
Grounds/Snow Removal		$ 21,215	$ 22,912
Adjacent Parking Lot Lease		$ 8,500	$ 9,180
Building		$ 130,000	$ 130,000
UVMMC In-Kind Contribution (building)		$ (130,000)	$ (130,000)
SUBTOTAL FACILITIES COSTS		$ 380,768	$ 87,229
Operating (5%)		$ 139,260	$ 183,644
Indirect Expense (14.1%)		$ 412,349	$ 543,769
TOTAL ALL COSTS		$ 3,646,812	$ 3,681,431

VIII. Certificate of Compliance

CERTIFICATE OF COMPLIANCE

For a bid to be considered valid, this form must be completed in its entirety, executed by a duly authorized representative of the bidder, and submitted as part of the response to the proposal.

A. **NON-COLLUSION:** Bidder hereby certifies that the prices quoted have been arrived at without collusion and that no prior information concerning these prices has been received from or given to a competitive company. If there is sufficient evidence to warrant investigation of the bid/contract process by the Office of the Attorney General, bidder understands that this paragraph might be used as a basis for litigation.

B. **CONTRACT TERMS:** Bidder hereby acknowledges that is has read, understands and agrees to the terms of this RFP, including Attachment C: Standard State Contract Provisions, and any other contract attachments included with this RFP.

C. **WORKER CLASSIFICATION COMPLIANCE REQUIREMENT:** In accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), the following provisions and requirements apply to Bidder when the amount of its bid exceeds $250,000.00.

Self-Reporting. Bidder hereby self-reports the following information relating to past violations, convictions, suspensions, and any other information related to past performance relative to coding and classification of workers, that occurred in the previous 12 months.

Summary of Detailed Information	Date of Notification	Outcome
n/a		

Subcontractor Reporting. Bidder hereby acknowledges and agrees that if it is a successful bidder, prior to execution of any contract resulting from this RFP, Bidder will provide to the State a list of all proposed subcontractors and subcontractors' subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54), and Bidder will provide any update of such list to the State as additional subcontractors are hired. Bidder further acknowledges and agrees that the failure to submit subcontractor reporting in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54) will constitute non-compliance and may result in cancellation of contract and/or restriction from bidding on future state contracts.

D. **Executive Order 05 – 16: Climate Change Considerations in State Procurements Certification**

Bidder certifies to the following (Bidder may attach any desired explanation or substantiation. Please also note that Bidder may be asked to provide documentation for any applicable claims):

1. Bidder owns, leases or utilizes, for business purposes, space that has received:
   - ❑ Energy Star® Certification
   - ❑ LEED®, Green Globes®, or Living Buildings Challenge℠ Certification
   - ❑ Other internationally recognized building certification:

n/a

2. Bidder has received incentives or rebates from an Energy Efficiency Utility or Energy Efficiency Program in the last five years for energy efficient improvements made at bidder's place of business. Please explain:

n/a

3. Please Check all that apply:
   - ❑ Bidder can claim on-site renewable power or anaerobic-digester power ("cow-power"). Or bidder consumes renewable electricity through voluntary purchase or offset, provided no such claimed power can be double-claimed by another party.
   - ❑ Bidder uses renewable biomass or bio-fuel for the purposes of thermal (heat) energy at its place of business.
   - ❑ Bidder's heating system has modern, high-efficiency units (boilers, furnaces, stoves, etc.), having reduced emissions of particulate matter and other air pollutants.
   - ❑ Bidder tracks its energy consumption and harmful greenhouse gas emissions. What tool is used to do this? _____
   - ❑ Bidder promotes the use of plug-in electric vehicles by providing electric vehicle charging, electric fleet vehicles, preferred parking, designated parking, purchase or lease incentives, etc..
   - ❑ Bidder offers employees an option for a fossil fuel divestment retirement account.
   - ❑ Bidder offers products or services that reduce waste, conserve water, or promote energy efficiency and conservation. Please explain:

n/a

4. Please list any additional practices that promote clean energy and take action to address climate change:

As we undertake renovations at our properties we consider and use efficient products where possible and within budget constraints.

E. **Executive Order 02 – 22: Solidarity with the Ukrainian People**

☑ By checking this box, Bidder certifies that none of the goods, products, or materials offered in response to this solicitation are Russian-sourced goods or produced by Russian entities. If Bidder is unable to check the box, it shall indicate in the table below which of the applicable offerings are Russian-sourced goods and/or which are produced by Russian entities. An additional column is provided for any note or comment that you may have.

Provided Equipment or Product	Note or Comment

Bidder Name: Howard Center Contact Name: Mike Glod

Address: 208 Flynn Avenue, Suite 3J Fax Number: 802-488-6901

Burlington, VT 05401 Telephone: 802-488-6905

E-Mail: mglod@howardcenter.org

By: _____ Name: Mike Glod
Signature of Bidder (or Representative) (Type or Print)

END OF CERTIFICATE OF COMPLIANCE