

# Mental Health Study: Request for Proposals

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for the Children, Families, Health, and Human Services Interim Committee  
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## Background

The Legislative Council in late September assigned a mental health study to the Children, Families, Health, and Human Services Interim Committee (CFHHS). The 2007 Legislature appropriated \$200,000 for the study, and the Legislative Council approved a proposal to use the funds to hire a consulting firm to conduct the major elements of the study.

As part of this process, the CFHHS Committee must approve a Request for Proposals (RFP), which will be issued by the Department of Administration both to identified vendors and also broadly through the department's RFP distribution process. An evaluation committee will then review and score the proposals that are submitted and make a recommendation to the interim committee, which will award a contract.

## Timeline

The Department of Administration suggests that RFPs be open for four to six weeks, to allow vendors enough time to prepare a complete proposal. The following timeline is proposed for the mental health study RFP:

- *Nov. 16, 2007:* CFHHS to review and adopt language for the RFP
- *Nov. 19-23:* Department of Administration to issue the RFP
- *Mid-December 2007:* Department of Administration and CFHHS staff will participate in a pre-proposal conference call with interested vendors, to answer questions about the RFP
- *Jan. 4, 2008:* Deadline for submission of RFPs
- *Mid-January 2008:* Evaluation committee review and scoring of proposals
- *Jan. 25, 2008:* CFHHS to award a contract

The dates in this timeline are tentative. The deadline for submission, time period for evaluation, and final decision date could all be revised if the committee prefers; the contract could be awarded in advance of the committee's January 25 meeting date by scheduling a conference call meeting solely for the purpose of discussing the proposals and awarding the contract.

## RFP Language

The state uses a standard template for its RFPs, with three sections that are specifically tailored to each contract to be awarded.

Staff drafted proposed language for those sections by using Senate Joint Resolution 27 from the regular session and the study plan presented to the Legislative Council as starting points and then working with representatives of various state agencies and advocacy groups to refine the language. The interested parties suggested ideas for the RFP and then met on October 22 to discuss revisions to the first draft. A second version of the draft was circulated in late October.

Attached is the draft language. Items to note include:

- P. 4: Additional meeting proposed beyond September 15, 2008.
- P. 5: Proposed cap on the amount of assistance that state agencies must provide.
- P. 7: Total budget for services -- proposed reduction to cover extra committee meeting.

## Mental Health Study RFP -- Draft Language

### Section 3: Scope of Project

*For section 3, the agency provides a detailed explanation of the services sought.*

#### Project Overview/Need

Montana provides publicly funded mental health services through a number of interrelated federal, state, and local agencies and programs that rely on many levels of private mental health providers. In addition, the state must provide services in a vast geographic area, much of which is rural and meets the definition of a frontier area for health services.

While the 2007 Legislature made significant additional investment into providing mental health services for Montana's citizens, a common belief exists that many mental health needs are still unmet. However, no systematic study has been undertaken to determine the extent of mental health needs and the capacity of the current mental health providers to serve those needs. As a result, there is no certainty that state and local government dollars are being used in the most effective programs or in a systematic way or that the services being purchased have measurable treatment outcomes or use evidence-based practices.

Many state programs, such as Medicaid and CHIP, receive federal matching funds. The federal Mental Health Block Grant also imposes certain requirements on state programs. Other state and local government dollars, such as state general fund money, are spent in areas not traditionally related to "health" and may qualify for, but not be counted toward, matching funds for mental health services. The state also may not be taking advantage of various leveraging options allowed by Medicaid or other federal funding sources, such as the Mental Health Block Grant or the Indian Health Service.

The goal of the study is to evaluate mental health services in the state to determine the extent to which Montana's publicly funded system is fully using existing state and federal resources and whether new resources may be found or additional services are needed. The resources relate directly to the adequacy of the mental health service array and the capacity of the mental health providers in the state to provide the necessary services in a timely manner to all residents, regardless of where they live.

The results will be used to transform the mental health system in keeping with the goals of the President's New Freedom Commission on Mental Health for a consumer- and family-driven system of care and to create a comprehensive, statewide public mental health system that:

- involves collaboration among federal, state, and local agencies to provide an integrated continuum of mental health and supportive services, with an adequate provider community to offer timely access to services;
- addresses mental health needs with evidence-based practices and measurable outcomes with the goal of recovery; and
- coordinates resources and funding mechanisms to maximize efficiencies, federal resources, public and private partnerships, and other funding opportunities.

### Scope of Project

The Montana Legislature is seeking the services of a professional consulting firm proficient in mental health services and funding options to:

- Conduct a needs assessment to determine mental health needs in Montana, inventory the services that exist to meet those needs, compare existing services with a best-practices continuum of care for a rural, frontier state, and identify gaps in services.
- Inventory the federal, state, and local funds currently being spent on publicly funded mental health services and identify additional resources that may be available.
- Evaluate the quality and appropriateness of Montana's existing publicly funded mental health services and whether the state has the capacity to serve children and adults, including veterans, individuals with co-occurring disorders, and individuals in the adult criminal and juvenile justice systems who have mental health needs.
- Make recommendations for policy considerations and funding options.

As part of the study, the contractor must identify how recommendations from this study could be incorporated into the studies underway in the Law and Justice Interim Committee that involve mental health and the adult criminal justice and juvenile justice systems.

Professional consulting services must include performance of the following tasks:

**Task 1:** Conduct a needs assessment and resource mapping of Montana's publicly funded mental health services to identify any gaps in services or in the provider community. This task must include the following elements:

**1.1.** Analyze existing data and resources to quantify the number and geographic location of Montanans in need of mental health services and the level of services needed for adults with serious mental illness and for children with serious emotional disturbance, functional impairment, or in the children's system of care. This analysis must include individuals who:

**1.1.a.** Are eligible to be served by the publicly funded mental health system rather than a private insurer;

**1.1.b.** Are served in the adult criminal justice and juvenile justice systems;

**1.1.c.** Have a co-occurring substance abuse problem; or

**1.1.d.** Are unserved.

**1.2.** Inventory the mental health services and providers currently available to Montanans in need of publicly funded mental health services, including those individuals who are in the adult criminal justice and juvenile justice systems, and the corresponding eligibility criteria people must meet to receive those services.

**1.3.** Identify the gaps that exist between current services and providers and the needs, recognizing the unique circumstances posed by Montana's rural, frontier nature; and

**1.4.** Identify barriers to providing services, including policy and financial barriers, provider shortages, or lack of coordination among services or agencies.

**Task 2:** Inventory the federal, state, and local funds currently being spent on publicly funded mental health services and identify additional resources that may be available. This task must include the following elements:

**2.1.** A comprehensive list of federal, state, and local funding resources currently committed to providing publicly funded mental health services in Montana, including an evaluation of existing collaborative efforts and options to improve collaboration among the funding resources.

**2.2.** A detailed strategy for how federal, state, and local funds may be used to leverage additional federal or state funds and for coordinated efforts that would be needed to maximize those funds.

**Task 3:** Identify ways in which Montana's existing publicly funded mental health services could be better integrated or coordinated to serve children and adults with mental health needs, including veterans, individuals with co-occurring disorders, and individuals in the adult criminal and juvenile justice systems who have mental health needs. This task must include the following elements:

**3.1.** Provide an overview of a model system that is relevant to Montana and that encompasses a best-practices, integrated continuum of care for a rural, frontier state.

**3.2.** Include an assessment of how the use of electronic communication/telemedicine may fit into that system.

The contractor must provide the following products:

**Product 1:** Offer to the Law and Justice Interim Committee (LJIC) any data, analysis, or suggestions generated as part of this study that would assist in that committee's studies involving mental health: the SJR 24 study of prison population growth and alternative sentencing, the HJR 26 study of mental health issues in the criminal and juvenile justice systems, and the SJR 6 study of the juvenile justice system. The LJIC is specifically interested in any data, analysis, or suggestions that would help answer the following questions:

**1.1.** How many adult and juveniles in Montana's adult criminal and juvenile justice systems have a specifically diagnosed mental illness by diagnosis and by justice system component (i.e., (a) how many enter pre-booking detention, (b) how many are charged and processed through the court system, (c) how many are convicted and sentenced, (d) how many enter community-based corrections programs, (e) how many enter prison or a youth correctional facility and, of those, how many entered directly and how many entered because of failure in community corrections programs, (f) how many return to prison or to a youth correctional facility after release, and of those, how many return because of a failure in a community corrections program and how many return because of a new offense?).

**1.2.** (a) How many adults and juveniles enter the adult criminal or juvenile justice system with a diagnosed mental illness (by diagnosis), (b) how many are diagnosed (and at what point are they diagnosed) with a mental illness after entering the system; (c) how many in the system may have a mental illness but are not identified as having a mental

illness; and (d) whether adequate screening processes are in place to identify mental health needs?

**1.3.** What are the population projections with respect to the number of mentally ill adults and juveniles who will enter the adult criminal and juvenile justice systems (by diagnosis, by county, and by justice system component)?

**1.4.** The type and location of treatments services available to mentally ill adults and juveniles in the justice system and an assessment of whether and at what point in the continuum of care, as defined in 46-1-1203, MCA, additional treatment options may be needed.

**Product 2:** Receive direction from and provide regular reports on study activities and preliminary findings to the Children, Families, Health, and Human Services Interim Committee (CFHHS) during the following meeting dates:

- March 17-18, 2008
- June 2008 (date to be determined)
- August 22, 2008
- A final meeting held before October 31, 2008

The RFP should detail the information that will be available and provided at each of the first three meetings and the most cost-effective reporting method, which may be written reports, conference calls, or another method proposed by the consultant.

**Product 3:** Orally present the findings of a final written report before the CFHHS Committee at a time determined by the committee prior to Oct. 31, 2008, detailing:

**3.1.** The analysis of the number and geographical distribution of Montanans in need of mental health services, including those in the publicly funded system, those who are covered by private insurance, and those who are unserved.

**3.2.** The services needed to meet the mental health needs of Montanans in a way that recognizes the rural, frontier nature of the state, including the number of consumers it would take to sustain program offerings identified as necessary to meet service needs.

**3.3.** The inventory of available mental health services and any gaps in services or the provider community identified through the needs assessment and resource mapping.

**3.4.** The recommendations and strategy for funding resources and any sources identified as available but untapped or that could be leveraged or used more cost-effectively for publicly funded mental health services, particularly federal funds that could be leveraged through dollars the state is spending.

**3.5.** Recommendations for potential changes in the publicly funded system that would result in a more integrated continuum of care for mental health consumers and a model for best practices, including collaborations and partnerships that could be formed among local, state, tribal, and private agencies to meet Montana's mental health needs.

**3.6. Recommendations for addressing financial, policy, and other barriers to providing publicly funded mental health services.**

The recommendations should be prioritized to indicate which may be the most affordable and sustainable and which may be accomplished most quickly.

**Resources**

During the contract period, the vendor must work with the following agencies and interested parties to gather information necessary to completing the tasks:

- The Addictive and Mental Disorders Division of the Department of Public Health and Human Services (DPHHS)
- The Health Resources Division/Children’s Mental Health Bureau of DPHHS and the system of care components
- The Department of Corrections
- The Governor’s Office of Budget and Program Planning
- The Governor’s Policy Advisor on Families
- The Mental Disabilities Board of Visitors
- The Mental Health Ombudsman’s Office
- Community Mental Health Centers
- The Child and Family Services Division of DPHHS
- The Board of Crime Control
- Criminal justice system resources, including juvenile and adult probation and parole offices and district courts

The vendor also is encouraged to contact the following as needed or as possible:

- The Mental Health Oversight Advisory Committee
- The Office of Public Instruction
- The Veterans' Affairs Division of the Montana Department of Military Affairs
- The U.S. Department of Veterans Affairs.
- Professional mental health service providers in a representative sampling of urban and rural areas
- Consumers of mental health services, through contact with any of the Service Area Authorities or Local Advisory Councils
- Advocates for mental health consumers and providers, including the Montana Mental Health Association and the Montana Advocacy Program

Assistance from any of the public agencies listed above is capped at 40 hours of staff time.

Additional resources available to the contractor will include:

- The Jan. 15, 2001, Technical Assistance Collaborative, Inc., report entitled *“Improving Montana’s Mental Health System – Final Report,”* and the DPHHS 2007 evaluation of legislative progress on the report’s recommendations.
- Those resources outlined on pages 5 through 8 of the *“Study Plan for \$200,000 Mental Health Study Appropriation,”* available on the Legislative Services Division Web site under both the Legislative Council and Children, Families, Health, and Human Services Interim Committee links.

**Staff Resources:** Legislative staff available as resources for the vendor will include, at a minimum, assistance from two research analysts to consult with state agency personnel and members of the mental health community, as necessary as the study progresses. In addition, staff will compile materials developed by various state agencies for the vendor's use.

#### **Section 4 – Offeror Qualifications/Informational Requirements**

*Material in regular type is standard RFP language; boldfaced material reflects staff recommendations.*

**4.1.1 References.** Offeror shall provide a minimum of **three** references that are using supplies and/or services of the type proposed in this RFP. The references may include state government or universities where the offeror, preferably within the last **(five)** years, has successfully completed **(mental health needs assessments and resource mapping, reviews of mental health funding sources, and/or research on best-practices mental health models and continuums of care)**. At a minimum, the offeror shall provide the company name, the location where the supplies and/or services were provided, contact person(s), customer's telephone number, e-mail address, and a complete description of the service type, and dates the services were provided. These references may be contacted to verify offeror's ability to perform the contract. The State reserves the right to use any information or additional references deemed necessary to establish the ability of the offeror to perform the conditions of the contract. Negative references may be grounds for proposal disqualification.

**4.1.2 Resumes/Company Profile and Experience.** Offeror shall specify how long the individual/company submitting the proposal has been in the business of providing supplies and/or services similar to those requested in this RFP and under what company name. Offeror should provide a complete description of any relevant past projects, including the supply/service type and dates the supplies and/or services were provided. A resume or summary of qualifications, work experience, education, skills, etc., which emphasizes previous experience in this area should be provided for all key personnel who will be involved with any aspects of the contract. **Samples of reports similar to the one sought by the RFP and completed as part of previous contracts must be submitted as part of the response.**

**4.1.3 Ability to Meet Supply Specifications.** Offeror shall provide information as to its ability to meet the following supply specifications, as more specifically detailed above in Section 3.

**4.1.4 Method of Providing Services.** Offeror shall provide a work plan and the methods to be used that will convincingly demonstrate to the State what the offeror intends to do; the timeframes necessary to accomplish the work; and how the work will be accomplished to meet the contract requirements as more specifically detailed above in Section 3. Offeror must specifically address each of the following requirements as defined in this RFP:

- **The resources available to gather data needed from many sources within the available timeframe.**
- **Sources that will be used to develop information on best practices and continuums of care for rural/frontier mental health systems.**
- **The methodology for identifying needs and service gaps.**

**Section 5: Cost Proposal**

Section 5 should include the estimated budget, if possible, for the project so the offeror can provide a realistic cost proposal within that range.

Total budget for the project may not exceed \$195,000. The offeror may invoice the state on a monthly basis for services provided. The offeror should present in the RFP an itemized budget indicating how the offeror would provide the specified services within the allowable budget.

**Section 6.1 – Evaluation Criteria**

Identify the major criteria that are critical to the success of the RFP. In most cases, this should correspond to the Offeror Qualifications/Informational Requirements set out Section 4.1 of the RFP. Some commonly used criteria are: qualifications, relevant experience, quality of work, references, service, physical facilities, human resources, cost, technical capabilities, industry standards, and proposed timelines. RFPs can only be evaluated on stated criteria, so include everything to be measured and ensure that the criteria are measurable. Once you have determined the major categories, reference those sections of the RFP that set out the specific criteria that will be evaluated and determine point assignments.

Category	Section of RFP	% of points for a possible points
References (Complete Contact Information Provided) A. Work reference relates to work specified in this section and Section 3	4.1.1	15% of points
Resumes/Company Profile & Experience A. Years of Experience B. Past Projects C. Staff Qualifications D. Samples of Previous Reports	4.1.2	25 % of points
Ability to Meet Specifications A. Staff availability B. Other resources	4.1.3	15% of points
Method of Providing Services A. Timeframes Outlined B. Description of how the tasks outlined in Section 3 will be accomplished C. Resources available for data gathering D. Sources used for best practices/continuums of care E. Methodology for identifying needs and service gaps	4.1.4	25% of points
Cost Proposal	5	20% of points

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