

**State of New Hampshire
Department of Health and Human Services**

REQUEST FOR INFORMATION #
RFI-2023-HH-01-HAMPS

FOR

HAMPSTEAD HOSPITAL ADMINISTRATION

July 5, 2022



REQUEST FOR INFORMATION

1. Overview

The New Hampshire Department of Health and Human Services (Department) issues this Request for Information (RFI) to solicit information on how to ensure Hampstead Hospital and Residential Treatment Facility (HHRTF) can best serve the behavioral health needs of young individuals and their families. Specifically, the Department is seeking stakeholder input on future vision for HHRTF to enhance the service array and service delivery through the design of an efficient and effective operational model; this includes consideration of the risks and benefits associated with various operational models, as described in Section 2.4.

The Department encourages both collaborative responses (e.g., multiple organizations or individuals submitting together) and individual responses by one organization and/or person. The Department's goal is to gather information from as many providers, stakeholders, and experts as possible.

The recommendations and insights from the RFI responses will assist the Department in 1) developing long-term strategy and direction of the facility and 2) structuring a contract that provides outstanding care for individual patients, while building community-oriented systems that improve population well-being.

2. Background Information and Vision

2.1. Hampstead Hospital Past and Present

As the sole pediatric facility entirely dedicated to psychiatric inpatient care in New Hampshire, Hampstead Hospital has served an important role in New Hampshire's System of Care for young people with complex behavioral health needs. In 2019, the State moved its psychiatric beds for children from New Hampshire Hospital to Hampstead Hospital. Since that time, the Hospital has been a critical partner in providing quality care that is tailored to the needs of young people and their family/support systems.

In June 2022, the State of New Hampshire purchased Hampstead Hospital—now named Hampstead Hospital and Residential Treatment Facility (HHRTF). In order to transition the operation of the facility, the State determined it needed to immediately bring in a qualified provider to seamlessly transition services. Thus, the State entered into an agreement with a contractor for the provision of child and young adult psychiatric behavioral health services for a period of approximately two (2) years (<https://sos.nh.gov/media/vy4clfec/011a-gc-agenda-04202022.pdf>).

The current contractor is continuing current clinical services and programming, employing long-standing and new staff members, and maintaining other key facility functions. Beyond maintaining the care and clinical staff that have long existed at Hampstead, the contractor is expanding bed capacity as well as opening a 12-bed, 24/7 Psychiatric Residential Treatment Facility (PRTF). The Department is the owner and operator, responsible for all functions of this hospital; this includes ensuring quality services are provided by the contractor in compliance with all contractual



requirements as well as all federal and state laws and regulations, and billing for and collecting revenue on services rendered.

The Department is also responsible for developing the overall strategic vision for HHRTF, a process that this RFI is designed to help directly inform.

2.2. New Hampshire Children's System of Care

New Hampshire's System of Care is designed to serve many different emotional, behavioral, and mental health needs of children by expanding the State's capacity to provide early and effective home and community-based services and reduce reliance on residential and inpatient treatment unless clinically required. With the passage of New Hampshire Senate Bill 14 in 2019¹ and the federal Family First Prevention Services Act in 2018², the State has an important opportunity to continue to enhance the breadth, quantity, and quality of behavioral health services available to New Hampshire's children.

One component of the broader System of Care is providing more intensive, high-quality inpatient and residential treatment for children with the most significant, acute behavioral health needs when required. The New Hampshire 10-Year Mental Health Plan³, developed and approved in 2019, indicates the need for a robust system of inpatient and residential treatment to enhance the continuum of care for mental health treatment.

For inpatient and residential care, the Department envisions a system in which all children requiring residential treatment receive tailored services that rapidly stabilize their behaviors, treat their symptoms, and promptly return them to family-based settings. Treatment should provide children and their caregivers the skills to manage their needs safely in the community and enable children to thrive at home, in education and in future employment. To achieve this outcome goal, the Department wants to move toward a treatment landscape that:

- Prioritizes short-term treatment with the goal of rapidly reunifying children with their families and/or community support networks.
- Widens access to treatment for all who need it, enabling all children and youth to access services, regardless of their current involvement with child welfare or juvenile justice systems.
- Reduces reliance on hospital emergency departments and reduces the need for future psychiatric hospitalization.
- Provides services that are trauma-informed and use evidence-based practices to ensure the highest quality of care and the best possible outcomes for youth and children.

¹ NH SB 14 (2019) available at: [billText.aspx \(state.nh.us\)](http://billText.aspx(state.nh.us))

² Family First Services and Prevention Act (P.L.) 115-123, Title VII, available at: [PUBL123.PS \(familyfirstact.org\)](http://PUBL123.PS(familyfirstact.org)).

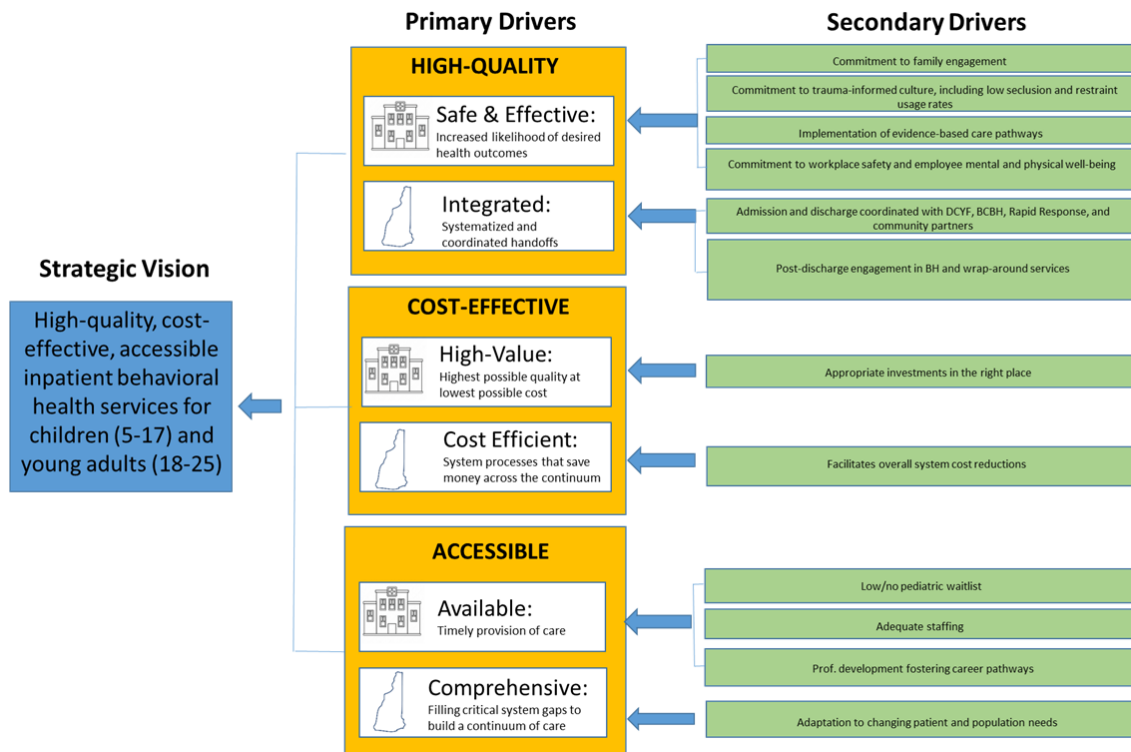
³ [10-Year Mental Health Plan | New Hampshire Department of Health and Human Services \(nh.gov\)](http://10-YearMentalHealthPlan|NewHampshireDepartmentofHealthandHumanServices(nh.gov))



- Ensures treatment is available along a continuum of care that delivers tailored treatment plans for each child according to their individual needs, and at a range of different levels of intensity.
- Coordinates effectively and seamlessly with key partner entities including the Care Management Entities (CME), the conflict free assessor (CAT), the child's school district, family and permanency teams and the Department's Division for Children, Youth, and Families (DCYF) staff to deliver treatment according to System of Care values (outlined in table below).
- Cultivates strong community networks around youth and children to support long-term thriving in community settings after discharge.
- Provides adequate funding for service delivery, recognizing the importance of paying what it takes to deliver results for high-quality programs.
- Supports and improves the transition of youth from residential treatment, into their home community, by utilizing oversight and supportive transitional services through the Care Management Entity.

2.3.A Vision for HHRTF as a Key Component of New Hampshire Children's System of Care

The Department's vision for HHRTF is to provide high-quality, cost-effective, accessible inpatient behavioral health services for children (ages 5-17) and young adults (ages 18-25). Below is a conceptual model of key primary and secondary drivers of this vision that the Department has identified. Primary driver elements that are specific to the facility are identified with a hospital-shaped icon; elements that are related to broader system reform are identified with a state-shaped icon.



The State is committed to utilizing practices and delivering services in alignment with the core vision and values of the NH Children’s System of Care outlined below.

Core Values of the NH Children’s System of Care Upheld by HRTF	
Family Driven and Youth Driven	Youth and Family driven, with the strengths and needs of the child and family determining the types and mix of services and supports provided. Family and Youth are the core of the work. Youth and Families take a leadership role at the individual service delivery level as well as policy, planning and system levels.
Community Based	Services are provided at the community level with the youth and family in their home and community. Services provided also include, system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.



<p>Culturally and Linguistically Competent</p>	<p>Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports.</p>
<p>Trauma Informed</p>	<p>Treatment and support services are delivered in a manner that is Trauma-Informed using the 6 core principles of a trauma-informed approach: 1) Safety; 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality; 5) Empowerment, Voice and Choice; and 6) Cultural, Historical, and Gender Issues.</p>

2.4. Operational Considerations

There are a variety of operational models for the Department to consider as it contemplates its future orientation to operations at HHRTF—and how its role and level of involvement will best achieve the strategic vision described above. The Department has identified a (non-exhaustive) list of possibilities, as follows:

1. **Fully state-operated** – all aspects of operation run by the State, with clinical and non-clinical personnel as state employees.
2. **Component units contracted** – certain service areas / parts / units of the facility (for example, the PRTF) operated through a contract.
3. **Contract some clinical providers** – similar to the New Hampshire Hospital/Mary Hitchcock model (<https://sos.nh.gov/media/ny0k4z2j/031-gc-agenda-03232022.pdf>), certain clinical roles contracted out.
4. **Contract full clinical services and certain non-clinical services** – similar to the first two (2) years at HHRTF, clinical operations and certain non-clinical operations (e.g. laundry, safety) contracted out
5. **Contract full clinical and non-clinical services, as well as administrative functions** – all clinical and non-clinical aspects of operation run through one (1) or more contracts.

Each of these options offers potential strengths and weaknesses. Based on existing secondary literature and other state examples of health and social service privatization, a small cross-Department team analyzed four key attributes of each model: 1) directness of oversight/public control over public funds; 2) Integration with DHHS priorities and strategy; 3) Potential operational and personnel innovation/flexibilities; and 4) Nimbleness, reduced bureaucratic complexity. The table that follows offers their qualitative assessment of the degree to which these attributes would be expected to be realized under each of the five models.



	Directness of Oversight / Public Control Over Public Funds	Integration with DHHS Priorities and Strategy	Potential Operational and Personnel Innovation/ Flexibilities	Nimbleness; Reduced Bureaucratic Complexity
1. Fully state-operated (Administration + Staffing)	HIGH	HIGH	LOW	LOW
2. Component units contracted (e.g. PRTF)	HIGH	HIGH	LOW	LOW
3. Contract (some) providers (NHH model)	HIGH	MED	LOW	LOW
4. Contract full clinical services (Hampstead 1.0)	MED	MED	MED	MED
5. Contract full clinical services & administrative functions (via one or more contractor)	LOW	LOW	HIGH	HIGH

3. RFI Questions

Respondents may respond to some or all the questions below. Responses to all questions are encouraged but are not required. Your response can be brief (a few sentences) or longer (a few paragraphs).

Please be sure to label your responses appropriately to the question you are addressing.

3.1. Facility

Q1 Quality – What types of recommendations do you have for the State to ensure behavioral health services provided at HHRTF are high quality, guaranteeing safety and effectiveness and increasing the likelihood of desirable health outcomes? What indicators of quality are most important?

Q2 Cost-Efficiency – What are the most important ways for the State to ensure behavioral health services provided at HHRTF are cost-efficient, achieving the highest possible quality at the lowest possible cost? What indicators of cost-efficiency are most important?

Q3 Accessibility – What are the most important ways for the State to ensure behavioral health services provided at HHRTF are accessible, enabling timely provision of care? What indicators of accessibility are most important?

Q4 What other opportunities, challenges, issues, or factors should DHHS consider in its vision for the delivery of behavioral healthcare at HHRTF?



Q5 Are there specific units or services that HHRTF should offer for patients that it may or may not already offer?

Q6 What other recommendations do you have for ensuring that Hampstead Hospital delivers outstanding care that improves the well-being of patients and the community?

3.2. System of Care

Q7 Quality – How can the State ensure HHRTF is supporting system integration and continuity of care, ensuring systematized and coordinated handoffs between entities supporting the child and family? What indicators of system integration are most important?

Q8 Cost Efficiency – How can the State ensure HHRTF is supporting system cost efficiency and affordability, saving costs where possible across the continuum? What indicators of cost effectiveness and cost efficiency are most important?

Q9 Accessibility – What are the current System of Care needs and how can the State ensure HHRTF is supporting accessibility and comprehensiveness of services? What indicators of system accessibility are most important?

Q10 What are some of the key relationships or partnerships that HHRTF will need to develop and/or sustain in order to successfully operate as a part of a statewide System of Care?

Q11 What other recommendations do you have for ensuring that HHRTF helps New Hampshire achieve the vision of a true System of Care for children?

3.3. Contracting Structure

Q12 What contracting model(s) – among those identified in Section 2.4, or other model(s) you may want to highlight – would be most effective? Why?

Q13 What contracting model(s) – among those identified in Section 2.4, or other model(s) you may want to highlight – would be least effective? Why?

Q14 If the State pursues a more “heavily contracted” model for HHRTF (e.g. more clinical and non-clinical functions are provided by third party contractor(s), rather than by the State), what are the most important steps DHHS needs to take to leverage the model’s strengths/opportunities and guard against risks/threats?

Q15 If DHHS pursues a less “heavily contracted” model (e.g. more clinical and non-clinical functions are directly provided by the State, rather than by contractor(s)), what are the most important steps DHHS needs to take to leverage the model’s strengths/opportunities and guard against risks/threats?

Q16 Are there additional suggestions, questions, or concerns that are important for the Department to consider with regards to developing and implementing its contracting model for HHRTF?



4. Notices

4.1. Point of Contact

The point of contact for this RFI relative to the submission of requested information is:

State of New Hampshire
 Department of Health and Human Services
 Brooke Provost – Administrator III
 Contracts & Procurement
 Email: Brooke.L.Provost@dhhs.nh.gov
 Phone: (603) 271-9673

Other state personnel are NOT authorized to discuss this RFI before the submission deadline. The State will not be held responsible for oral responses to respondents regardless of source.

4.2. RFI Timetable

Request for Information Timetable		
Item	Action	Date
1.	Release RFI	July 5, 2022
2.	Vendors Conference	July 20, 2022 at 12:00PM
3.	Vendor Questions Due	July 22, 2022 at 12:00PM
4	Department's answers to Vendor questions posted	August 10, 2022
5.	RFI Responses due	August 24, 2022 at 12:00PM

The State reserves the right to modify these dates at its sole discretion.



4.3. Vendor Questions and Answers

4.3.1 Vendor Questions

- 4.3.1.1 All questions about this RFI, including but not limited to requests for clarification, additional information or any changes to the RFI must be made in writing, citing the RFI page number and part or subpart, and submitted via email to the Contract Specialist identified in Subsection 4.1.
- 4.3.2.1 The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.
- 4.3.3.1 The Department will not acknowledge receipt of questions.
- 4.3.4.1 The questions must be submitted by e-mail; however, the Department assumes no liability for assuring accurate and complete e-mail transmissions.
- 4.3.5.1 Questions must be received by the deadline given in Subsection 4.2, RFI Timetable.

4.4. Vendors Conference

- 4.4.1 The Vendors Conference will be held on the date specified in Subsection 4.2, RFI Timetable via Zoom, please sign up to attend via the link below:

[https://nh-dhhs.zoom.us/meeting/register/tZModOugqzvwH9fVXekX1tenottUMxTsovg_n](https://nh-dhhs.zoom.us/j/92211111111)

- 4.4.2 The conference will serve as an opportunity for Vendors to ask specific questions of State staff concerning the RFI.
- 4.4.3 Attendance at the Technical Proposal Conference is not mandatory but is highly recommended. Vendors, good faith potential vendors and their representatives interested in attending the Vendors Conference are encouraged to contact the Contract Specialist specified in Subsection 4.1 to preregister for the Vendors Conference. However, same-day registration is allowed. All attendees will be required to register.

4.5. Department Answers

- 4.5.1 The Department intends to issue responses to submitted questions by the deadline specified in Subsection 4.2, RFI Timetable. Oral answers given are non-binding. Written answers to questions submitted will be posted online at (<http://www.dhhs.nh.gov/business/rfp/index.htm>). This date may be subject to change at the Departments discretion.

4.6. RFI is not an RFP



4.6.1 This RFI is for informational purposes only, and is not intended to result in a contract or vendor agreement with any respondent. This RFI is not a Request for Proposals, Bids, or Applications. The State is seeking vendor community insight and information prior to finalizing business, functional, operational, and technical requirements before considering the publishing of a Request for Proposal (RFP).

4.6.1 This RFI does not commit the State to publish an RFP or award a contract. The issuance of an RFP, as a result of information gathered from these responses, is solely at the discretion of the State. If an RFP is issued, it will be open to all qualified respondents, whether those respondents choose to submit a response to this RFI. This RFI is not a pre-qualification process.

4.6.2 Once information from this RFI is fully evaluated, and depending on funding and other factors, a Request for Proposals (RFP) may be published by the Department to select a vendor for specific work to be performed which could potentially result in a contract after the completion of the RFP scoring process. Nevertheless, the issuance of any RFP in the future does not commit the Department to award a contract.

4.7. Oral Presentations and Discussions

4.7.1 The Department may request respondents to make oral presentations based upon their submission. Any and all costs associated with an oral presentation shall be borne entirely by the Vendor. Respondents may be requested to provide demonstrations to expound upon their responses and proposed solutions.

4.8. RFI Amendment

4.8.1 The Department reserves the right to amend this RFI, as it deems appropriate prior to the submission deadline on their own initiative or in response to issues raised through vendor questions. In the event of an amendment to the RFI, the Department, at its sole discretion, may extend the submission deadline. The amended language will be posted on the Department Internet site.

4.9. Information Submissions

4.9.1 Information submitted in response to this RFI must be received by email no later than the time and date specified in Subsection 4.1. RFI responses may be addressed for delivery to the Point of Contact listed in Subsection 4.1. Responses may be marked with RFI # RFI-2023-HH-01-HAMPS.

4.9.2 There is no page limit to the RFI responses. The page limit excludes the cover page and table of contents. Respondents may include an appendix containing exhibits and diagrams. There is no page limit to the appendix.

4.10 Presentation and Identification

4.10.1 Overview

4.10.1.1 Respondents are asked to examine all documentation and other



requirements.

- 4.10.1.2 The Department requests that submissions conform to all instructions, conditions and requirements included in the RFI.
- 4.10.1.3 Submissions should be received by the date and time specified in the RFI Timetable, Subsection 4.2. Submissions may be emailed to the Procurement Coordinator at the following email addresses:
 - 4.10.1.3.1 To: contracts@dhhs.nh.gov
 - 4.10.1.3.2 Cc'd: Brooke.Provost@dhhs.nh.gov
- 4.10.1.4 The subject line may include the following information: RFI-2023-HH-01-HAMPS (email xx of xx).
- 4.10.1.5 The maximum size of file attachments per email is 10 MB. Proposals with file attachments exceeding 10 MB may be submitted via multiple emails.

4.11 Outline and Detail

~~4.11.1 Transmittal Cover Letter – The Respondent must submit a Transmittal Cover Letter in the following manner:~~

- ~~4.11.1.1 On the Respondent's organization's letterhead;~~
- ~~4.11.1.2 Identify the name, title, telephone number, and e-mail address of the person who will serve as the Respondent's representative for all matters relating to the RFI;~~

~~4.11.2 Table of Contents – The required elements of the Submission may be numbered sequentially and represented in the Table of Contents.~~

4.12 Non-Collusion

- 4.12.1 Respondents shall ensure that their response does not preclude the Department from obtaining the best possible competitive proposal, if the Department publishes a Request for Proposals.

4.13 Property of Department

- 4.13.1 All material property submitted and received in response to this RFI will become the property of DHHS and will not be returned to the Respondent. The Department reserves the right to use any information presented in any submission provided that its use does not violate any copyrights or other provisions of law.

4.14 RFI Response Withdrawal

- 4.14.1 Prior to the Closing Date for receipt of submissions, a submission may be withdrawn by submitting a written request for its withdrawal to Point of Contact identified in Section 4.1.

4.15 Public Disclosure

- 4.15.1 Any information submitted as part of a response to this RFI may be subject



to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, should an RFP be published by the Department, and a contract awarded, that information will be made accessible to the public online via the website Transparent New Hampshire (www.nh.gov/transparentnh/). However, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas are exempt from public disclosure under RSA 91-A:5, IV.

- 4.15.2 Insofar as a Vendor seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Vendor may clearly identify in writing the information it claims to be confidential and explain the reasons such information may be considered confidential. This may be done by separate letter identifying by page number and RFI section number the specific information the Vendor claims to be exempt from public disclosure pursuant to RSA 91-A:5.
- 4.15.3 Each Vendor acknowledges that the Department is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. The Department shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event the Department receives a request for the information identified by a Vendor as confidential, the Department shall notify the Vendor and specify the date the Department intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Vendor's responsibility and at the Vendor's sole expense. If the Vendor fails to obtain a court order from a court of competent jurisdiction enjoining the disclosure, the Department may release the information on the date the Department specifies in their notice to the Vendor without incurring any liability to the Vendor. The Respondents are strongly encouraged to provide a redacted copy of their Proposal.

4.16 Liability

- 4.16.1 Respondents agree that in no event shall the State be either responsible for or held liable for any costs incurred by a Vendor in the preparation or submittal of or otherwise in connection with their submission.