



Request for Quote

Comprehensive Investigation and Implementation Plan for the Transfer of Bridgewater State Hospital from the Department of Correction to the Department of Mental Health

PRF76 Management Consultants, Program Coordinators and Planners Services; Category 8

October 7, 2026

COMMBUYS # BD-27-1022-DMH08-8210C-134282

Procurement Activity	Date	Time
Bid Release Date	October 7, 2026	4:00 pm
Deadline for Quotes/Bid Responses ("Bid Opening Date/Time" in COMMBUYS)	October 28, 2026	3:00 pm
Notification of Apparent Successful Bidder(s) (Estimated)	November 4, 2026	
Estimated Contract Start Date	November 11, 2026	

Scope of Work:
**Comprehensive Investigation and Implementation Plan for the Transfer of
Bridgewater State Hospital from the Department of Correction to the
Department of Mental Health**

1. Background

Pursuant to legislative mandate, the Department of Mental Health (DMH), in consultation with the Department of Correction (DOC), will conduct a comprehensive investigation into the steps necessary to transfer the oversight and management of Bridgewater State Hospital (BSH) from DOC to DMH.

Thereafter, no later than **June 30, 2027**, DMH will submit an implementation plan detailing the findings and recommendations of that comprehensive investigation to the Joint Committee on Mental Health, Substance Use and Recovery, the Joint Committee on Public Safety and Homeland Security, and the House and Senate Committees on Ways and Means for consideration.

DMH shall retain a consultant to assist in the development of findings and recommendations that will be incorporated into an implementation plan. The consultant shall provide project management, research, analysis, facilitation, and provide technical expertise necessary to support DMH's development of an implementation plan that meets all requirements of the legislative mandate as set forth below, including but not limited to an estimated timeline for the implementation of a secure transition of oversight and management of BSH by DMH no later than December 31, 2028.

The comprehensive investigation and implementation plan will evaluate and address current BSH operations and identify options for DMH to align and incorporate BSH into the DMH system while mitigating risks and threats that may arise through system reconfiguration.

DMH will utilize the deliverables produced pursuant to this Statement of Work (SOW) to develop a final implementation plan in consultation with the Department of Correction. The implementation plan shall include, but not be limited to, an assessment of the impact DMH oversight would have on access to services, proposes enhancements to staff training on the lawful use of restraints and seclusion, and analysis of the current staffing ratios. DMH will form and lead an interagency taskforce to coordinate the project management necessary to timely file an approved Implementation Plan with the Legislature. The interagency taskforce will include senior representatives from EOHHS, EOPSS/DOC and DCAMM.

2. Project Objectives

The Consultant shall:

1. Conduct a comprehensive operational, clinical, fiscal, and organizational assessment of Bridgewater State Hospital, consistent with the mandate set forth in st. 2026, c. 137, § 1A, 5011-0100, and as set forth below.
2. Evaluate the therapeutic environment at BSH and identify methods by which the environment could be modified to support the current clinical mental health services and supports at the existing location. Identify and compare the clinical mental health services and support that persons served receive at high-security DMH operated inpatient facilities, and at high-security mental health facilities in other states, as compared to clinical mental health services and supports persons served have at BSH. Provide a cost estimate, if any, for providing persons served at BSH with comparable mental health services and supports as provided to persons served at high-security DMH facilities and at high-security mental health facilities in other states.
3. Identify and evaluate options enabling DMH to assume oversight and management of the operations of BSH on or before December 31, 2028. The evaluation of options shall include detailed findings and recommendations on dependencies and contingencies necessary to effectuate a safe and secure transfer of oversight and management from DOC to DMH.
4. Develop an implementation roadmap that enables transfer of oversight no later than **December 31, 2028**, without construction or designation of a new facility.
5. Produce all analyses, recommendations, legislative proposals, and implementation materials required under the legislation and necessary for a successful transition of the management of BSH to DMH.

3. Scope of Services

The Consultant shall perform the following tasks and produce deliverables associated with each task according to the proposed phased engagement.

Table 1. Summary of Tasks and Deliverables

Project Phase	Tasks	Deliverables
Phase 1 – Initiation and Engagement	1. Project Management (Ongoing through all phases)	• Detailed Work Plan • Project Governance and Management Plan
	2. Stakeholder Engagement	• Stakeholder Engagement Plan • Stakeholder Engagement Summary, including Feedback Matrix

Phase 2 – Current State Assessment	3. Clinical Services and Operations Current State Assessment	• Clinical Services and Operations Current State Assessment, including the analysis of the following components: ○ Administrative Operations ○ Clinical Operations ○ Forensic Operations ○ Security Operations ○ Workforce and Training ○ Administrative Operations
	4. Clinical Environment of Care Assessment	• Environment of Care Needs Assessment, if any
	5. Building structural and system assessment	• Physical plant and system engineering study and needs assessment [note: DMH and DCAMM must approve or qualify any contractor or subcontractor to perform engineering study of physical plant and system]
	6. Legal and Regulatory Analysis of impediments to improving delivery of clinical services to persons served	• Legal and Regulatory Analysis and Recommendations based on national best practices for clinical services.
Phase 3 – Future State Design and Road . Development	7. Transition Implementation Plan and Roadmap	• Draft Transition Implementation Plan • Tactical Implementation Roadmap
	8. Fiscal Analysis	• Fiscal Impact Analysis • Annual Cost Model
	9. Commonwealth Impact Analysis	• Resident Impact Analysis

The following is a detailed summary of tasks and deliverables. All tasks and deliverables should incorporate wherever possible:

- Benchmarks for psychiatric facility with comparable security in other states and Joint Commission standards of care
- Equity and patient-centered care considerations

Task 1. Project Management

The Consultant shall establish and maintain overall project management throughout the engagement to ensure successful and on-time completion of all deliverables as well as regular communication with DMH leadership.

Project management responsibilities include, but are not limited to, the below:

- Conduct project kickoff meeting with DMH leadership to confirm planned timeline, deliverables, workstreams, and communication structure
- Participate and assist with preparation for meetings of the DMH interagency taskforce comprising state agency leaders from Executive Office of Health and Human Services (EOHHS), Executive Office of Public Safety and Security (EOPSS), DOC, and Division of Capital Asset Management and Maintenance (DCAMM).
- Develop and maintain a detailed project work plan and schedule identifying “critical path” activities, workstreams, milestones, regular review of progress with DMH leadership, and agency decision points necessary for DMH to meet legislative deadlines
- Coordinate review and approval of interim and final deliverables
- Provide administrative support for meetings, including agenda, presentation materials, meetings summaries, and follow-up action tracking
- Identify project risks and develop mitigation strategies
- Ensure consistency, quality, and integration across all project workstreams and deliverables

Deliverables

- Detailed Work Plan: Project work plan and schedule identifying “critical path” activities, workstreams, milestones, regular review of progress with DMH leadership, and agency decision points in order to meet legislative deadlines
- Project Governance and Management Plan: Matrix and schedule establishing structures for regular decision-making and review and approval of deliverables with DMH, as well as a structure for day-to-day project execution and oversight

Task 2. Stakeholder and SME Engagement

Subject to prior approval by DMH, the Consultant shall develop and implement a comprehensive engagement strategy to ensure that the investigation and deliverables produced pursuant to this SOW incorporate subject matter expertise and reflect input

from external stakeholder and advocacy groups. The Consultant shall engage subject matter experts (SME) from DMH, EOHHS, EOPSS, DOC, BSH and DCAMM and external SMEs through interviews, facilitated discussions and focus groups, as appropriate. The Consultant shall also engage and solicit input from external stakeholders through interviews, facilitated discussions and focus groups, as appropriate.

External Stakeholders shall include:

- Vendor of BSH clinical services and forensic services
- Forensic psychologists/psychiatrists
- Patients and family representatives
- Disability rights organizations
- Mental health advocacy organizations
- Trial Court / Committing courts
- District Attorneys' Offices
- MA Sheriffs

Activities include:

- Engage SMEs and stakeholders via interviews, to identify priorities of relevant parties, areas of consensus, and areas of divergence or implementation concerns that require management and alignment
- Present feedback from SMEs and stakeholders to DMH leadership early in the engagement, to identify criteria to guide analyses and roadmap development
- Ensure analyses, recommendations, implementation plans, and other deliverables reflect and incorporate priorities and plans for DMH's broader behavioral health service continuum

Deliverables

- Stakeholder Engagement Summary: Based on interviews and other research, identify priorities of relevant parties, areas of consensus, and areas of divergence or implementation concerns. Summary should include a Consensus and Issue Matrix
- Summary of Preliminary DMH Service System Vision and Priorities: Develop summary of priorities and plans for DMH's broader behavioral health service continuum that will be incorporated into the engagement's analyses, recommendations, and final roadmap as appropriate

Task 3. Clinical Services and Operations Current State Assessment

The Consultant shall conduct a comprehensive assessment of the organizational, operational, clinical, forensic, workforce / staffing, and security current state at BSH to establish a baseline for transition planning.

The assessment shall include document review, interviews, site observations, data analysis, workflow mapping, policy and Standard Operating Procedure (SOP) review, and comparison with DMH-operated inpatient hospitals and national best practices for forensic psychiatric hospitals.

Assessment shall include, at minimum:

- **Governance and Administration:** Evaluate the existing governance structure, organizational reporting relationships, operational authority, accountability mechanisms, and decision-making processes. Identify responsibilities currently assigned to DOC and determine which functions would require transition to DMH.
- **Clinical Operations:** Evaluate existing psychiatric, medical, nursing, psychology, social work, rehabilitation, pharmacy, and ancillary clinical services. Assess patient flow, admission and discharge processes, continuity of care, quality improvement activities, patient safety systems, and compliance with applicable standards of care. Evaluate against Joint Commission standards, if applicable, best practices for strict security psychiatric facilities, including but not limited to best practices for psychiatric emergency-intake facilities, and relevant DMH practices, identifying gaps that would need to be ameliorated to align BSH with DMH's service system and recommendations to address them.
- **Forensic Operation:** Evaluation of existing staffing, evaluation processes and procedures including testimony requirements, overview of any competency restoration services, overview of post-doctoral program and didactic trainings, identifying any gaps between the practice in this setting compared to that of other similar psychiatric units and what policy/practices would need to be aligned.
- **Security Operations:** Assess custody operations, perimeter security, internal movement procedures, emergency response protocols, security staffing, and coordination between clinical and security personnel.
- **Workforce and Training:** Conduct a comprehensive workforce assessment including staffing levels, vacancy rates, turnover, overtime utilization, position classifications, labor agreements, recruitment challenges, supervisory structure, and staff training and development practices. Workforce assessment should consider applicable Joint Commission standards, relevant DMH practices, and other best practices to identify gap areas to be addressed in the implementation roadmap.

- **Administrative Operations:** Assess facility management, finance, procurement, contracting, information technology, records management, environmental services, dietary services, maintenance, transportation, and other support functions, identifying roles and responsibilities that DMH could assume immediately upon the transition of BSH oversight on or before December 31, 2028, and projections for roles and responsibilities that DMH may assume in the years immediately after the transition.
 - Assessment of information technology and patient records management should consider DMH's existing and planned data and analytics capabilities and systems as well as EOHHS' plans to replace the Department of Public Health (DPH) and DMH's electronic medical records system.

Deliverables

- Clinical Services and Operations Current State Assessment, including components listed above. Each section should include a gap analysis, if any, highlight implications of findings for the transition, and recommendations for actions to include in the implementation roadmap.

Task 4. Environment of Care Assessment

The Consultant shall evaluate the physical condition of the BSH environment of care infrastructure, building systems, environmental conditions, safety deficiencies, clinical space utilization, security infrastructure, and accessibility.

The Environment of Care Assessment shall include:

- Facility-required maintenance, repairs and capital improvements necessary to achieve best practices for therapeutic care environments, meet DPH and Joint Commission standards, and ensure staff and patient safety.

Deliverables

- Environment of Care Assessment

Task 5. Physical plant and system engineering study

The Consultant shall perform or engage qualified engineers to perform a comprehensive study of the physical plant and systems (e.g., roofs, HVAC, Water/Sewer, Life Safety, etc.). DMH and DCAMM must approve or qualify any engineering contractor or subcontractor retained by the Consultant to perform engineering studies of the physical plant.

Deliverables

- Physical Plant and Systems Engineering Report

Task 6. Legal and Regulatory Analysis

The Consultant shall conduct a comprehensive legal and regulatory analysis to identify all statutory, regulatory, and policy amendments/actions necessary to (1) support the transfer of oversight and management of BSH from DOC to DMH, including the statutory amendments to state laws (e.g., G.L. c. 123) to enable placement of BSH under DMH; (2) incorporate BSH into the DMH hospital system, and (3) propose additional statutory changes to provide a safe and improved therapeutic environment for BSH/DMH providers and patients.

The analysis shall identify existing legal authorities governing the operation of BSH, evaluate legal barriers and opportunities associated with the proposed transfer, and recommend legislative, regulatory, and administrative actions necessary to implement the transition while maintaining continuity of operations, protecting patient rights, and ensuring public safety.

The Consultant shall work closely with DMH, DOC, EOHHS, and EOPSS legal counsel throughout the project to validate findings and recommendations.

Deliverables

- Legal and Regulatory Analysis and Recommendations, including:
 - Review of applicable statutes
 - Review of applicable regulations
 - Identification of legal issues
 - Draft proposed legislation or other legal language as needed
 - Recommended regulatory amendments
 - Recommend operational changes required as a consequence of the legal review findings

Task 7. Transition Implementation Plan

The Consultant shall develop a draft transition implementation plan for DMH that meets legislative requirements, as well as an actionable, detailed implementation roadmap with tactical steps and timelines for DMH and DOC leadership to follow to execute the implementation plan. The implementation schedule shall demonstrate a feasible transition of oversight and management by **December 31, 2028**.

The transition implementation plan should recommend a comprehensive future-state operating model describing how BSH would function under DMH oversight as well as the phases of work required to achieve this operating model. The operating model shall address options for administrative, operational, clinical, fiscal, regulatory, and governance functions that would allow for the successful transfer of oversight of BSH to DMH from DOC.

Deliverables

- Transition Implementation Plan: This report shall include findings and recommendations from the comprehensive investigation performed pursuant to this SOW, which shall include at least the following eight (8) requirements:
 - (i) an estimated timeline for the implementation of a secure transition of oversight and management of the operations of Bridgewater state hospital by no later than December 31, 2028, without requiring the designation or construction of a new facility;
 - (ii) the potential impact that Department of Mental Health oversight would have on access to clinical mental health services and supports for residents;
 - (iii) drafts of legislation necessary to facilitate the transfer of oversight and management of the hospital;
 - (iv) proposed enhancements, if any, to staff training to ensure compliance with the legal requirements regarding the use of restraints and seclusion on patients in a residential mental health care facility;
 - (v) an analysis of current staffing ratios;
 - (vi) proposed measures to reduce and prevent mold growth and improve air quality;
 - (vii) the fiscal impacts associated with the transfer of oversight and management; and
 - (viii) any additional measures, if any, to provide a safe and improved therapeutic environment for providers and residents of the hospital.
- Tactical Implementation Roadmap: The roadmap should include timelines, milestones, contingencies, dependencies, phases of work, key roles and responsibilities, risk mitigation strategies, and stakeholder engagement plans to safely and effectively transition BSH oversight and management to DMH by December 31, 2028. The roadmap should also include strategic recommendations for administrative actions and legislative proposals to improve the therapeutic environment at BSH and incorporation of BSH into the DMH care continuum. The roadmap should include, but not be limited to:
 - Recommended actions for transition of oversight and management of BSH

- Recommended actions for operational and administrative services
- Recommended actions for workforce
- Recommended actions for clinical services
- Recommend strategies to mitigate risk
- Implementation plan contingencies and dependencies

Task 8. Fiscal Analysis

The Consultant shall conduct a comprehensive analysis of the fiscal impact of the transition. The analysis should review current operating budgets, staffing expenditures, contract costs, maintenance costs, capital investments, and reimbursement opportunities, incorporating the financial implications of recommendations from previous analyses. It should also incorporate a recommended operating model, i.e., contractor-run or state-operated models, that can be safely implemented to effectuate the transition by December 31, 2028.

This analysis should be accompanied by a cost model that estimates annual costs of the transition, thereby calculating projected budgetary need for the transition for both short- and long-term time horizons.

The fiscal impact analysis and cost model shall include:

- Transition costs
- One-time implementation costs
- Ongoing operating costs
- Capital investment needs and physical plant improvements costs
- Information technology costs
- Facility costs
- Training costs
- Costs of implementation recommendations included in prior clinical services and operations, facilities, legal and regulatory analyses, and finalized transition plan recommendations

Deliverables

- Fiscal Impact Analysis
- Multi-Year Cost Model

Task 9. Impact Analysis

The Consultant shall conduct a comprehensive analysis of the potential impact that DMH oversight and management of BSH would have on Persons Served access to clinical mental health services and supports. The analysis shall evaluate how a transition from DOC oversight to DMH oversight may affect the quality, accessibility, continuity, coordination, and delivery of behavioral health services, while maintaining the facility's and DMH's mission and ensuring public safety. The analysis shall identify opportunities to improve clinical outcomes and patient experience, as well as operational, legal, fiscal, and workforce considerations that may affect implementation.

The impact analysis should incorporate the current state of DMH's service continuum, criminal justice system, Trial Court, and other relevant systems.

Findings from the analysis should be included in the transition implementation plan.

Deliverables

- Resident Impact Analysis

4. Proposed Timeline of Key Tasks, Interim Deliverables, and Final Deliverables

Phase 1 – Initiation (Month 1)

- Project kickoff
- Governance establishment
- Meeting with DMH interagency taskforce
- Deliverables:
 - Detailed Work Plan
 - Project Governance and Management Plan

Phase 1 – Initial Stakeholder Engagement (Months 1-2)

- Stakeholder mapping
- Initial stakeholder outreach and engagement
- Deliverables:
 - Stakeholder Engagement Summary
 - Summary of Preliminary DMH Service System Vision and Priorities

Phase 2 – Discovery and Assessment (Months 1–5)

- Information gathering and analysis
- Engagement of key SMEs, both internal and external
- Deliverables:
 - Clinical Services and Operations Current State Assessment
 - Environment of Care Needs Assessment
 - Physical Plant and Systems Engineering Report
 - Legal and Regulatory Analysis and Recommendations

Phase 3 – Future State Design (Months 5–6)

- Future state recommendation for BSH operation
- Financial modeling based on recommended options
- Deliverables:
 - Draft Transition Implementation Plan
 - Draft Tactical Implementation Roadmap
 - Projected Startup Costs and One-time Investments Fiscal Impact Analysis
 - Projected Three-Year Operating Cost Models for BSH
 - Resident Impact Analysis

Phase 4 – Final Planning (Months 6–7)

- Produce draft legislative report
- Finalize agency and stakeholder reviews
- Final revisions
- Deliverables:
 - Proposed Transition Implementation Plan – ***Final Deliverable***
 - Proposed Tactical Implementation Roadmap – ***Final Deliverable***

Phase 5 – Legislative Submission (To DMH no later than June 10, 2027)

- Presentation to DMH leadership

5. Required Expertise

The Consultant team, including the team’s subcontracted or consulted SMEs, should demonstrate expertise in:

- Behavioral health systems
- Forensic mental health
- Psychiatric hospitals
- Correctional health care

- Healthcare finance
- Healthcare workforce planning
- Strategic planning
- Project management
- Stakeholder facilitation

The Consultant shall provide DMH a list of key staff and subcontractors identifying professional credentials and prior project experience. Subject to DMH prior approval, the Consultant shall engage a forensic psychiatrist or psychologist with Massachusetts system experience. The Consultant shall provide DMH prompt notice of any changes in key staff or subcontractors. Preference should be given to teams with demonstrated experience supporting state agencies in large-scale health care governance transitions, forensic behavioral health systems, and/or correctional-to-healthcare operational transformations.