

**Responses to Questions  
State of Louisiana  
Department of Health and Hospitals  
Office of Behavioral Health  
Request For Information (RFI)  
For  
Provision of Forensic Services**

1. Pg # 13, Item # 9 states, “*Additional materials may be included as attachments and must be clearly labeled as such. These may include annual reports, marketing materials, case studies, research papers, etc.*” Will attachments count toward the 20 page maximum requirement? *Attachments such as those mentioned will not count toward the 20 page maximum; however, any narrative describing the respondent and services to be provided will count toward the 20 page maximum.*
2. What degree/credentials are the District Forensic Coordinators (DFC) required to have? *Please see the following Civil Service link for Mental Health Program Director B which describes qualifications, duties and salary range:*  
<http://agency.governmentjobs.com/louisiana/default.cfm?action=viewclassspec&classS pecID=714534&agency=1546&viewOnly=yes>
3. Please provide copies of all federal court requirements related to the services described in the RFI. *There is no binding order from the court regarding requirements for forensic services. The original order was vacated. OBH is currently developing a plan to be presented to the court in December. The plan will provide a method for transferring individuals from the jail to the hospital more quickly. The actual number of days for transfer has not yet been determined. There will be a time frame from Judge Vance upon final determination.*
4. How many county jails are served by the DFCs? *There is a jail in each of the 64 parishes. Occasionally, an offender housed in the state prison may receive a new charge and will receive services from the District Forensic Coordinator in the prison.*
5. Do the DFCs have any input into the clinical treatment of the detainees they are involved with in any of the jail systems? *Many of the DFCs have good relationships with the jail staff and may consult with the psychiatrist regarding behavior and/or medication; however, the psychiatrist may or may not consider the DFC’s input.*
6. Once competency is restored for those hospitalized and they are returned to jail, what services are provided by the DFCs and how often are these provided? *Once competency has been restored and the individual is returned to the jail, the DFCs monitor them on at least a monthly basis to ensure they maintain competency.*
7. Is the secure forensic facility a part of ELMHS? *Yes, it is a part of ELMHS.*

8. Are all of the psychiatrists at ELMHS forensic psychiatrists? If not, how many are? *All psychiatrists who treat the forensic patients are forensic psychiatrists.*
9. Do psychologists perform any of the ITP evaluations and testify in court? *Yes, ELMHS contracts with a psychologist who does perform competency evaluations when the DFC believes the individual has regained competency in the jail. This may also be completed by a contract psychiatrist. Do psychologists perform any ITP evaluations and testify in court? ITP evaluations are performed by a psychiatrist/psychologist team on the inpatient units and either or both can testify in court provided they meet the state qualifications for sanity commission members. (See state requirements for sanity commission members at <http://www.legis.state.la.us/lss/newWin.asp?doc=509580>.) ELMHS contracts both psychiatrists and psychologists to perform follow up evaluations on individuals who are in the community or in jail in certain circumstances. Presently there is one full time psychologist and several part time psychiatrists performing community work for both adult and juvenile services.*
10. How is telemedicine used in competency restoration? *Tulane University School of Medicine Department of Psychiatry forensic psychiatrists provide telemedicine services for forensic clients. Competency restoration is only a limited component of the telemedicine directed care.*
11. pg 6. How many days per week do individuals receive community based competency restoration? How many hours per day? *The recommended number of sessions for community or jail-based competency restoration is two to three sessions per week. The length of the sessions would depend on the ability of the client to participate.*
12. pg 6. When is the secure forensic facility expected to reach capacity of 82 patients? *The secure forensic facility currently has 42 beds filled. The third unit will possibly be open by November 30, 2010, but the date the facility will be at capacity is not yet determined.*
13. What, if any, barriers are there to placing individuals in this level of care? *Barriers to placing individuals in the SFF include but are not limited to: their ability to function with a smaller staff to resident ratio (1:15), their level of security, approval of the court, physical/medical limitations, and they must be NGBRI clients.*
14. pg 6. Are there transitional residential facility beds designated for forensically committed individuals? *Yes, transitional residential beds are provided by contract for approximately 60 males and 4 females.*
15. pg 6. What percent of individuals are determined to be non-restorable? *Generally, 33% of jail-based competency cases are restored. Those who are not restored are placed in the hospital where approximately 40% are determined unrestorable.*

16. pg 7. How many Tulane psychiatrists and what percent of their time is *spent on work with forensic patients? This will be provided in the RFP, if an RFP is issued to obtain these or similar services.*
17. **pg 10. How many NGBRI individuals were returned to the hospital for failure to follow conditions of release in the past 3 years? *This information is currently unavailable.***
18. pg 13. What physical illnesses does the state consider as interfering with competency? ***Any physical illness which interferes with the patient's ability to participate in the competency restoration process, e.g., they are so ill that they have to spend time in the hospital.***
  - a) How often in the past 3 years was incompetency secondary to physical illness? ***Patients in ELMHS for incompetency are there primarily for psychiatric disorders. While many have serious physical disorders, they are not typically related to the incompetency.***
  - b) What percent of ITP commitments are secondary to mental retardation? ***Approximately 30% of ITP commitments are secondary to mental retardation.***
19. Please provide a detailed description of the benefits provided to current staff delivering the services described in the RFI, including but not limited to Medical, Dental, 401(b), pension plans, vacation, sick time, and recognized holidays. ***All state civil service employees have the opportunity to participate in the state insurance plan, as well as the state retirement system. Vacation and sick time varies with the length of service. All state agencies adhere to the policy on approved state holidays. Please see the following links for additional information: Office of Group Benefits***  
[https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/EXPLORE\\_OGB](https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/EXPLORE_OGB);  
State Holidays [http://www.doa.louisiana.gov/OHR/useful\\_info/holiday2009.htm](http://www.doa.louisiana.gov/OHR/useful_info/holiday2009.htm);  
Policies regarding leave, etc. <http://www.doa.louisiana.gov/ohr/policies/policies1.htm>;  
Retirement <http://www.lasersonline.org/site.php>
20. Are there any recognized labor unions affiliated with the staff currently providing the services requested in this RFI? If so, please provide copies of the union contracts. ***There is a labor union in which many (Correctional Guards Therapeutic) CGTs are members.***
21. Please provide copies of any regular monitoring or audit reports that the Department has conducted on the operations described in the RFI for each of the past 3 fiscal years. ***ORYX data may be made available during the RFP process.***
22. Please provide the staffing for the New Orleans Forensic Aftercare Clinic (FAC). ***The FAC has a number of staff including one Tulane psychiatrist, a Tulane psychologist and intern, three OBH social workers, a nurse and a case monitor. Two DFCs (Orleans and Jefferson ) are also housed in the FAC facility.***

23. Please provide a copy of the contract with Tulane University School of Medicine for psychiatric services and the current census of the civil patients served by the Tulane department of psychiatry. ***This will be provided during the RFP process. The total amount of the contract is available on the DHH website.***
24. Please provide a copy of the contract with the provider for the transitional residential facility. ***This will be provided during the RFP process. The total amount of the contract is available on the DHH website.***
25. Please provide the median and mean length of stay for the following populations:
- Inpatient Competency Restoration
  - Outpatient Competency Restoration
  - Jail-Based Competency Restoration
  - Not Guilty By Reason of Insanity (Hospitalized)
  - Not Guilty By Reason of Insanity (Community-Based)
  - Inpatient Juvenile Competency Restoration
  - Outpatient Juvenile Competency Restoration
  - Non-restorable individuals on the civil unit
- OBH presently does not keep the median and mean length of stay. Jail based restoration is 90 days or less. However, the average length of stay for inpatient competency restoration is about 110 days. The NGBRI general average is not available.***
26. For the ELMHS and New Orleans Forensic Aftercare Clinic (FAC) described in the RFI, please provide the following: ***The facility in which the Forensic Aftercare Clinic operates is rented space. A lease would have to be negotiated with the owner.***
- a) Basic floor plan/layout  
***This will be provided during the RFP process.***
- b) Total square footage  
***This will be provided during the RFP process.***
- c) Year the facility was constructed  
***Unknown***
27. Please provide a list of the ORYX measures being used by ELMHS and its performance in these measures each month for the past 2 years. ***This information is not relevant to this RFI and may be provided during the RFP process if warranted.***
28. Please provide a list of the performance measures currently used by DHH and the applicable outcomes for each of the past 2 years. ***This information is not relevant to this RFI and may be provided during the RFP process if warranted.***
29. Page 8 of the RFI says “...the Office of Behavioral Health seeks a provider with the ability to refine the current services, develop new services as needed and provide administrative and financial responsibility for all Louisiana State Forensic programs.” Does the state have more inpatient forensic beds than the 235 at ELMHS? If so, is the state also planning for the provider to assist with the operation of those beds? ***All forensic beds are***

*on the ELMHS campus. There are 235 beds licensed to Feliciana Forensic Facility. In addition, there are 75 competency restoration beds operated by the forensic program on several Oakcrest units plus 20 pre-discharge beds operated by the forensic program on Gabriel III which are actually licensed to Eas Hospital (administrative branch of ELMHS). Further, OBH is opening an additional 25 competency restoration beds on another Oakcrest unit this month. This makes the total forensic operated beds at the Jackson campus---- 235 + 75+ 20+ 25=355*

30. In the past several months OBH has issued several RFP's for various inpatient and community based services: SFF at ELMHS and CSH, Forensic Coordinators and Assertive Community Treatment teams, and Intensive Case Management services, etc. Please detail the status of each of these, if contracts were awarded, and to whom. If it was determined that the proposals submitted were "too expensive", can you please provide what the target figures were so we could consider this information in our response to the RFI? *The RFPs for SFF at ELMHS and CLSH were cancelled due to the high cost proposed by all providers. The amount estimated for funding the SFF is not relevant to this RFI. The Assertive Community Treatment and Forensic Coordinator contracts were recently awarded to NHS. Contracts for Intensive Case Management were awarded to Easter Seals, VOA Acadiana, Options and NHS.*
31. Would OBH consider total system outsourcing? What would be the department's key considerations and objections to doing so? *This is not relevant to the RFI process.*
32. What sources of funding are currently being used to fund these programs? What new funding streams does the department hope to maximize? *State General Funds and DSH (Medicaid UCC) funds are currently being used to fund these programs.*
33. Are contracts related to outsourcing of forensic services required to comply with a cap on administrative costs? If so, what is the maximum cap amount? *Currently, there is no fixed, pre-determined cap on costs.*