

**State of Louisiana  
Department of Health & Hospitals  
Office of Behavioral Health**

**Request For Information (RFI)  
For  
Provision of Forensic Services**

**October 12, 2010**

Version: 1.0

Date: 10/12/2010

RFI Number: XXX

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## Confidentiality

The designation of certain information as trade secrets and/or privileged, confidential, or proprietary information shall only apply to the technical portions of this Request for Information. *Any response to this request marked as copyrighted or marked as privileged, confidential, or proprietary **in its entirety** is subject to rejection without further consideration or recourse based on the professional opinions of Department of Health & Hospitals (DHH) legal staff.*

Respondents should bear in mind that while trade secrets and other proprietary information submitted in conjunction with this RFI may not be subject to public disclosure, **the submitting party must claim protections at the time of submission.** The following guidelines provide accurate instructions to mark adequately certain information as privileged, confidential, or proprietary.

- The respondent must clearly designate the part of the response that contains a trade secret and/or privileged or confidential proprietary information as “confidential” in order to claim protection, if any, from disclosure. The respondent shall mark the cover sheet of the response with the following legend, specifying the section(s) of the response sought to be restricted in accordance with the conditions of the legend:

*“The data contained in pages \_\_\_\_\_ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana’s right to use or disclose data obtained from any source, including the proposer, without restrictions.”*

- Further, to protect such data, respondents should identify and mark each page containing such data as “CONFIDENTIAL.” A watermark or footnote delineating each page containing such data as “confidential” will satisfy this requirement.

Respondents must be prepared to defend the reasons why material should be held as confidential. If another respondent or entity seeks to review copies of a respondent’s confidential data, DHH will notify the owner of the asserted data of the request. If the owner of the asserted data does not want the information disclosed, it must take legal action as necessary to restrain DHH from releasing information DHH believes to be public record.

If the response contains confidential information, the respondent should submit a redacted copy of the response. Without the submission of a redacted copy, DHH may consider the entire response to be public record. When submitting the redacted copy, it should be clearly marked on the cover as a “REDACTED COPY.” The redacted copy should also state which sections or information have been removed.”

## Introduction

### About the Office of Behavioral Health

**Mission.** The mission of the Office of Behavioral Health is to promote recovery and resiliency through services and supports in the community that are preventive, accessible, comprehensive and dynamic.

**Vision.** The Office of Behavioral Health ensures care and support that improves quality of life for those who are impacted by behavioral health challenges.

#### **Guiding Principles.**

- We can and will make a difference in the lives of children and adults in the state of Louisiana.
- People recover from both mental illness and addiction when given the proper care and a supportive environment.
- The services of the system will respond to the needs of individuals, families and communities, including culturally and linguistically diverse services.
- Individuals, families and communities will be welcomed into the system of services and supports with a “no wrong door” approach.
- We respect the dignity of individuals, families and communities and the workforce that serves them.
- Through a cooperative spirit of partnerships and collaborations, the needs of individuals, families and communities will be met by a workforce that is ethical, competent and committed to the welfare of the people it serves.
- We will utilize the unique skills of professionals with appropriate competencies, credentials and certifications.
- Mental illness and addiction are health care issues and must be seamlessly integrated into a comprehensive physical and behavioral health care system that includes primary care settings.
- Many people we serve suffer from both mental illness and addiction. As we provide care, we must understand, identify and treat both illnesses as primary conditions.
- The system of care will be easily accessible and comprehensive and will fully integrate a continuum of prevention and treatment services to all age groups. It will be designed to be evidence-based, responsive to changing needs, and built on a foundation of continuous quality improvement.
- We will measure our results to demonstrate both improved outcomes for the people we serve and fiscal responsibility to our funders. We will prioritize de-stigmatizing historical biases and prejudices against those with mental illness and substance use disorders, and those who provide services, through efforts to increase access to treatment. We will

do this by reducing financial barriers, addressing provider bias, integrating care and increasing the willingness and ability of individuals to seek and receive treatment.

## **About the Forensic System (Flow Chart Attachment #1)**

The Forensic System in Louisiana is composed of several different administrative units. The forensic inpatient program is housed at East Louisiana Mental Health System (ELMHS) with patients in both the ELMHS civil unit and Feliciana Forensic Facility. These consist of patients who are incompetent to proceed to trial (ITP or pre-trial), those who have been determined to be unrestorable, and those who are not guilty by reason of insanity (NGBRI). In addition, the Department of Health and Hospitals (DHH) funds the Community Forensics Services program which provides services to individuals who are ITP and in jail either for competency restoration, or individuals who are ITP or NGBRI and awaiting hospitalization. The Community Forensics Program also provides services to NGBRI individuals on conditional release after discharge from the hospital, and individuals who are ITP and allowed to remain in the community,

### **Community Forensics Services (CFS)**

The Community Forensics Services Program is directed by an attorney and employs District Forensic Coordinators (DFCs) for every region in the state. There are currently nine DFCs in the state who provide jail-based competency restoration, community-based competency restoration for ITPs, and case management and monitoring for those NGBRIs who are conditionally released by the Court. In addition, they maintain regular communication with the Court regarding the status of the individual.

Defendants who are ITP are typically ordered to DHH custody for either the 90-day jail-based competency restoration program or to the inpatient competency restoration program. Those ordered to inpatient competency restoration remain in jail until a hospital bed is available. The wait time for hospitalization is currently over 100 days; however, a recent federal judgment against DHH has made it imperative that the waiting list be shortened significantly. While in jail, all ITP defendants receive services from the District Forensic Coordinator (DFC) in that region. Traditionally, approximately 30% of ITPs have been restored while in jail. The remaining 70% have been hospitalized... Of those hospitalized, 60% have typically been restored in the hospital within 110 to 120 days of admission. Because of demanding schedules, DFCs usually have time to work with defendants who are in jail on average once or twice per month for competency restoration. The goal is for defendants to receive competency restoration two to three times a week, which would increase the number of individuals who could be restored while in jail; thus removing them from the hospital waiting list. Preliminary estimates are that this would require the addition of seven additional DFCs throughout the state. OBH currently is in the process of adding SEVEN additional DFCs to provide the necessary.

In addition to the DFCs, the New Orleans Forensic Aftercare Clinic (FAC) falls under the umbrella of Community Forensic Services and works with the Court to meet the treatment and safety needs of conditionally released individuals, as well as community based ITPs. The FAC

employs District Forensic Coordinators, a Substance Abuse Counselor, social workers, case monitors, psychiatrists, and psychologists. These individuals provide competency restoration, treatment planning and treatment, case monitoring, and referrals to additional services (i.e., housing and medical). They also inform the Court of the individual's adherence to the court order.

### **Inpatient Forensics Program**

ELMHS Forensics Division consists of ASSA, the maximum security and admissions units with 75 beds. The CRU minimum-security units have 72 beds, and the ITU medium security units have 88 beds for a total of 235 beds. All units are currently at capacity. In addition, DHH has recently developed and is in the process of implementing a secure forensic facility (SFF), which is designed to serve patients who are able to function with fewer staff. Currently the facility has 25 patients with a capacity for 82.

Individuals ordered to the hospital for NGBRI or ISP services are first placed in the ASSA where they are evaluated and appropriate placement is determined. They are then transferred to the unit that best meet their needs. NGBRI patients are reviewed a minimum of every two years and recommended for continued hospitalization or discharge to the community. If discharge is recommended, the Court may agree or may order continued commitment. When both the hospital and the Court agree that the patient is ready for discharge, the Court orders conditional release usually for five years. The individual may be discharged to a family member, but is typically released to a transitional residential facility in the community. Upon release, the DFC, who provides monitoring and tracking of the individual in the community, makes regular reports to the Court as to the status of the individual.

Individuals committed to DHH, who are designated ITP, are placed on the waiting list in jail until they can be transferred to Feliciana Forensic Facility, where they receive mental health treatment—including psychiatric treatment—as well as competency restoration treatment. Once competency is restored and the Court agrees, the individual is returned to jail to await trial. The DFC provides services to this individual in jail, monitoring mental status and assisting the individual in maintaining competence. Because psychiatric treatment is less intensive in the jail, these defendants may decompensate and have to be returned to the hospital prior to trial.

For many ITPs, competency restoration is not possible. In these cases, an evaluation is completed to determine if a) the patient should be civilly committed or, if not committable, b) released with notification of the court. This procedure is in accord with Louisiana Code of Criminal Procedure Article 648(B). If committed, the patient is transferred to a civil unit and remains there until the hospital treatment team determines inpatient treatment is no longer needed. The patient is then released to the community and no longer receives services from DHH. (Please see Attachment 1 for a diagrammatic representation of the DHH forensic program services.)

The ELMS Forensic Division employs a full staff of psychiatrists, physicians, nurses, social workers, recreation therapists, other treatment staff and direct care staff who develop treatment

plans, assess the patient and communicate with the Court regarding the status of the resident. The psychiatric services are provided by contract with Tulane University School of Medicine, department of psychiatry. At present the Tulane contract includes a Chief of Staff, three Assistant Clinical Directors and 18 psychiatrist positions that take care of over 600 forensic and civil patients on two campuses. Clinicians evaluate, treat, testify in court and report and publish outcomes and findings. ELMHS is the first state facility in the country to study the use of telemedicine in competency evaluation and restoration and to use jail-based competency restoration. Psychiatrists, psychologists, nurses and social workers are trained in collaboration with all of the major university systems in the state. Tulane sponsors and stages a major teaching conference each year, the French Quarter Symposium, which attracts national speakers in forensic psychiatry and trains psychiatrists and mental health professionals throughout the state.

ELMHS in collaboration with Tulane University has been able to maintain JCAHO accreditation for the hospital and ACGME accreditation for the training program.

### **Juvenile Competency Restoration**

The juvenile competency restoration program has one DHH employee as the coordinator and currently utilizes employees of the Regional Mental Health Centers, Developmental Disability programs, and inpatient facilities to provide competency restoration services (to juveniles). Juveniles who are found incompetent to proceed are either ordered to outpatient competency restoration or to DHH custody for inpatient competency restoration. Those in the outpatient program are served at the local mental health center or offices for developmental disabilities and receive restoration services at least once per week. Competency is typically restored within 90 days. The competency restoration provider communicates with the courts on a monthly basis concerning the juvenile's status. Additional time may be requested when the youth has not yet become competent; however, youth who are unlikely to become competent are referred back to the court. For youth who are in need of closer supervision than the home can provide or who are in need of inpatient mental health or development disability services are placed in a state hospital or residential facility for individuals with development disabilities until they become competent. Louisiana Children's Code mandates that DHH train and certify juvenile competency restoration providers throughout the state. These providers must be recertified every two years. Currently there are 68 certified juvenile competency restoration providers. [NOTE: DHH, the Louisiana Department of Education, the Louisiana Office of Juvenile Justice and the Louisiana Department of Children and Family Services are collaborating to develop a Comprehensive System of Care (CSoC) to provide mental health services to youth at risk of out of home placement as well as other selected consumers. Some ancillary services often associated with juvenile competency restoration, such as psychiatric hospitalization, will be provided within the CSoC. To date the CSoC planning group has not decided whether the actual juvenile competency restoration services, themselves, will be provided by CSoC.]

### **Statement of Need**

Individuals diagnosed with behavioral health issues (i.e., mental health and addictive disorders) and determined by the courts to be ITP or NGBRI are ordered to competency restoration and/or treatment either in the community, in jail, or in a secure forensic facility. Adults ordered to DHH custody for inpatient treatment are typically placed in the jail to await a forensic hospital bed, which may take up to one year. District Forensic Coordinators (DFCs) are responsible for attempting to restore individuals to competency while in jail, thereby diverting them from the hospital. As previously noted, DFCs are currently unable to meet with clients frequently enough to restore competency to more than a third of the jail based competency clients. In addition, many individuals in the jail needing competency restoration are psychotic and refuse to comply with treatment. Jails do not force clients to comply, meaning these individuals do not have their treatment needs sufficiently met and are unable to benefit from competency restoration services. This situation exacerbates clients' mental deterioration and increases their need for an inpatient bed where treatment can be administered without consent and where individuals receive the recommended 2-3 times a week competency restoration services. These deficiencies result in a backlog of individuals who are in jail waiting to be transferred to the hospital. Once individuals are moved to the hospital, they often remain at the hospital level of care for an extended period after reaching maximum benefit, due to limited placement options in the community, reluctance of the courts to release serious offenders to the community and their inability to be restored to competency.

DHH is currently going through a three phase plan to address issues identified in a recent federal lawsuit related to the long waiting period from jail to hospital. In phase 1, 51 individuals were moved from jail to the hospital. Phase 2 is scheduled to be completed by November 2010 for 60 clients with 10 remaining to be hospitalized in December. Phase 3 is a continuing process with an anticipated 13 to 14 clients per month being transferred from jails to the hospital. This process has required an evaluation of all hospitalized patients who could possibly be considered for discharge to a less restrictive setting, such as the transitional residential facility managed by a contract provider. Transfer of hospital patients to step-down residential care provides additional hospital beds for jail-based restoration clients.

*The DHH goal is to provide more comprehensive and effective services for these individuals that will prepare them for transition to a less restrictive environment and/or back to the Court in a shorter period. To this end, 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. This includes but is not limited to:*

- *Administering the Forensics Services Program, including all legal aspects such as communicating with the courts, writing court orders, testifying in court, and recruiting psychologists and psychiatrists to provide hospital-based, community-based and jail-based competency evaluations and patient care. This includes:*
  - *Managing the current DFCs and hiring additional DFCs to provide all services within their job descriptions with the frequency recommended by the most recent research and best practices*
  - *Administering the Forensic Aftercare Clinic in New Orleans*



- *Administering all community-based forensic procedures*
  - *Administering all aspects of the state forensic facility (FFF)*
  - *Providing both mental health and physical care services to hospitalized patients, including usual and necessary services to maintain hospital accreditation status and to ensure treatment focus on patient recovery*
  - *Developing a method for ensuring that individuals committed to DHH who are housed in local jails comply with treatment*
  - *Developing relationships with providers to increase the number of community resources for housing, etc. for conditionally released individuals*
  - *Developing an MOU with OBH and with community partners who provide residential services so that Lockhart in-patients who are civilly committed can have access to civil intermediate hospital beds and step-down residential beds to facilitate patient flow necessary to handle demand for hospital services.*

## Purpose of the RFI

The Louisiana Department of Health & Hospitals, Office of Behavioral Health, issues this Request for Information (RFI) with the intent to determine the interest and capabilities of provider organizations to provide forensic services on behalf of the state.

This document describes the basic components of the current forensic system and requests information regarding a provider's thoughts, interest and ability to meet the La. forensic requirements, the expectations of the Office of Behavioral Health, the Department of Health & Hospitals, and Federal Court requirements. The RFI will be used for planning purposes only, and should not be construed as a Request for Proposals (RFP). This document does not represent a solicitation for offers from private parties or other entities. Should an RFP be issued, response or non-response to this RFI will not in any way be considered in the evaluation and award of the RFP.

## Scope

The scope of work indicated by this Request for Information is to provide a system of care for individuals remanded to DHH custody who are designated Not Guilty by Reason of Insanity (NGBRI) or Incompetent to Proceed (ITP) or who have been civilly committed after restoration attempts have failed and who are either community-based or in the hospital. These services include a Community Forensics Program for adults, forensic hospital services for adults needing secure, supervised living arrangements, and both outpatient and inpatient juvenile competency restoration. As noted in the "About the Forensic System" section, the components of the system must include:

***Inpatient Competency Restoration.*** Individuals found "Incompetent to Proceed" and ordered by the Court into DHH custody are placed in a hospital setting for psychiatric treatment with the goal of competency restoration. Treatment continues until the individual either regains competency or is determined to be unrestorable. Individuals who are unable to regain

competency return to the Court for a change of status. There are currently 112 individuals who are receiving inpatient competency restoration.

***Outpatient Competency Restoration.*** The Court finds some individuals “Incompetent to Proceed” whose conditions do not warrant inpatient treatment. Typically, these individuals do not present a danger to themselves or others. Conditional release to the community where they are provided outpatient services through DHH, with the goal of competency restoration is possible for these individuals. The District Forensic Coordinator (DFC) provides competency restoration and coordinates services for these individuals. Eighteen individuals are currently receiving outpatient competency restoration.

***Jail-Based Competency Restoration.*** The District Forensic Coordinator provides competency restoration services for those individuals found “Incompetent to Proceed” and ordered to the 90-day jail-based competency restoration program. Individuals who regain competency within the span of the 90-day program return to the Court. Individuals who do not regain competency most often transfer to Inpatient Competency Restoration services. Approximately 150 individuals are currently receiving jail-based competency restoration services.

***Not Guilty By Reason of Insanity (Hospitalized).*** Individuals found “Not Guilty By Reason of Insanity” (NGBRI) by the Court, whose conditions warrant inpatient treatment, are placed in a hospital setting until their treatment is complete. Upon discharge from the hospital setting, they most often are placed on supervised probation through the local Probation and Parole office, and receive case management services from the District Forensic Coordinator for a specified time. Failure to follow the conditions of their release may result in a return to the hospital setting. Currently 130 NGBRIs are hospitalized.

***Not Guilty By Reason of Insanity (Community-Based).*** Individuals found “Not Guilty By Reason of Insanity” (NGBRI) by the Court, whose conditions do not warrant inpatient treatment, are placed in supervised probation in the community. The District Forensic Coordinator monitors these individuals for a specified time. Currently 18 NGBRI are receiving services in the community.

***Inpatient Juvenile Competency Restoration.*** When the Court believes a direct return to the community is inappropriate, the Court may order juveniles found “Incompetent to Proceed” into DHH custody. These youth find placement in a hospital setting or a facility for youth with developmental disabilities, where they receive treatment services and education, with the goal of competency restoration. Once the youth have completed competency restoration, they return to the Court. There are currently 6 youth receiving competency restoration services in either the hospital or developmental disability facility.

***Outpatient Juvenile Competency Restoration.*** The Court may order Juveniles found “Incompetent to Proceed” to attend outpatient juvenile competency restoration without placement in DHH custody. These youth receive competency restoration services in the community through DHH juvenile competency restoration providers. Once these youth have completed the competency restoration program, they return to the Court. Five youth are currently receiving outpatient restoration services.

## Requirements

In addition to the components noted above, the forensic program should, at a minimum, include the following services for NGBRI, ITP, and unrestorable incompetent individuals (who are civilly committed):

- 1) Secure, supervised psychiatric setting for adult NGBRI and ISP patients with adequate staff to meet treatment needs and legal/competency requirements
  - Primary medical care
  - Specialty medical care through community partners
  - Psychiatric care
  - Multiple assessments
    - Psychiatric
    - Psychosocial
    - Nursing
    - Chemical dependence
    - Risk assessment
  - Integrated Treatment of mental illness, addictive disorders, and developmental disabilities
    - Pharmacotherapy (all pharmacy services)
    - Individual therapy
    - Group therapy
  - Competency Restoration
  - Communication with the court
  - Discharge and aftercare planning
  - Assistance with ID and benefits at discharge
- 2) Adult community forensic services program that provides:
  - Multiple assessments:
    - Psychiatric
    - Psychosocial
    - Nursing
    - Chemical dependence
    - Risk assessment
    - Psychological testing
  - Integrated treatment of mental illness, addictive disorders, and developmental disabilities
    - Pharmacotherapy
    - Individual therapy
    - Group therapy
    - Drug screens (hair tests)
    - Referrals for more intensive substance abuse treatment
    - Monitor ongoing recovery programs (i.e., presence of a sponsor and regular 12 step meeting attendance)
    - Medication assistance
    - Referral for primary physician care
  - Case monitoring and supervision
    - Home visits
    - Crisis intervention
    - In-office

- Assistance with ID and benefits
    - Competency restoration
      - 90-day jail-based competency restoration
      - Community based
    - Communication with the legal system, including Judges, District Attorneys and Probation Officers
    - Continuity of care
      - Discharge and aftercare planning
- 3) Juvenile competency restoration program
- Outpatient
  - Inpatient psychiatric hospital
  - Inpatient developmental disability facility

## RFI Response

Companies interested in responding to this RFI must submit a capability statement of no more than 20 pages that details the ability to meet the statement of need. The following information is required in the response:

- |                        |   |
|------------------------|---|
| • Date of Submission   | • Printed Name & Title of Authorized Representative |
| • Name of Organization | • Signature of Authorized Representative            |
| • Mailing Address      |   |
| • Contact Information  |   |

For your convenience, a sample cover page has been appended to the final section of this RFI document. Although this cover page is not required, its use is recommended to ensure uniformity of response and submission of all required information noted above.

## Outline

1. Respondents should demonstrate comprehensive experience in working with adult and juvenile forensic clients with serious mental illness and/or co-occurring substance abuse and developmental disabilities in community, jail, and inpatient settings.
2. Respondents should demonstrate knowledge and prior implementation of evidence-based programs for forensic clients.
3. Respondents should demonstrate organizational viability, providing examples of specific customers, contact information, and assessments of program performance.

4. Respondents should demonstrate capacity to recruit staff and implement community, jail-based, and inpatient programs on a rapid timeframe.
5. Respondents should provide biographical information of Principals involved in the organization.
6. Respondents should demonstrate where applicable current involvement and linkages with court, law enforcement and probation system and other relevant community organizations in the communities they currently serve.
7. Respondents should demonstrate the necessary structure for governance, administrative, and budgetary stability.
8. Respondents should discuss previous experience integrating services with academic teaching programs for physicians and other clinicians.
9. 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.

## Abbreviations and Terminology

<b>Community-Based</b>	<i>Refers to treatment services provided in the community rather than a hospital or other inpatient setting.</i>
<b>Competency</b>	<i>Legal term allowing the postponement of criminal proceedings for those defendants who are unable to participate in their defense on account of mental illness, mental retardation, or physical illness.</i>
<b>Competency Restoration</b>	<i>A formal treatment and/or educational process designed to help defendants involved in criminal proceedings regain the ability to participate in their own defense.</i>
<b>DFC</b>	<i>Master’s level mental health professional who provides both jail based and community based competency restoration, as well as client monitoring and tracking.</i>
<b>DHH</b>	<i>Department of Health &amp; Hospitals</i>
<b>Inpatient</b>	<i>Treatment services offered in a hospital.</i>
<b>ITP</b>	<i>Incompetent To Proceed (see “competency” above)</i>
<b>NGBRI</b>	<i>Not Guilty By Reason of Insanity. Refers to a judgment by the Court that an individual is not mentally competent to stand for sentencing and/or punitive measures.</i>
<b>Outpatient</b>	<i>Treatment services delivered in a community-based setting such as an outpatient clinic. Patients attend these services as scheduled and required by the Court.</i>
<b>OBH</b>	<i>Office of Behavioral Health</i>
<b>RFI</b>	<i>Request for Information</i>
<b>RFP</b>	<i>Request for Proposals</i>

## RFI Procedure

If your organization is interested in providing information on your ability to perform the requested services for the Office of Behavioral Health's Forensic System, please submit an electronic Microsoft Word copy of your response to the contact listed below. The Department may invite qualified organizations to make oral presentations and participate in an individual question-and-answer session concerning their responses. Organizations should indicate in their responses whether they are willing to participate in these sessions. All organizations who have the interest and capacity to fulfill the activities specified in this RFI should respond **no later than 4:00 P.M. (Central Time) on Friday, November 30, 2010.**

### How to Deliver the Response

In response to this Request For Information, please send a Microsoft Word-formatted response via email to [sue.austin@la.gov](mailto:sue.austin@la.gov). Please direct questions regarding this Request for Information to the following point of contact:

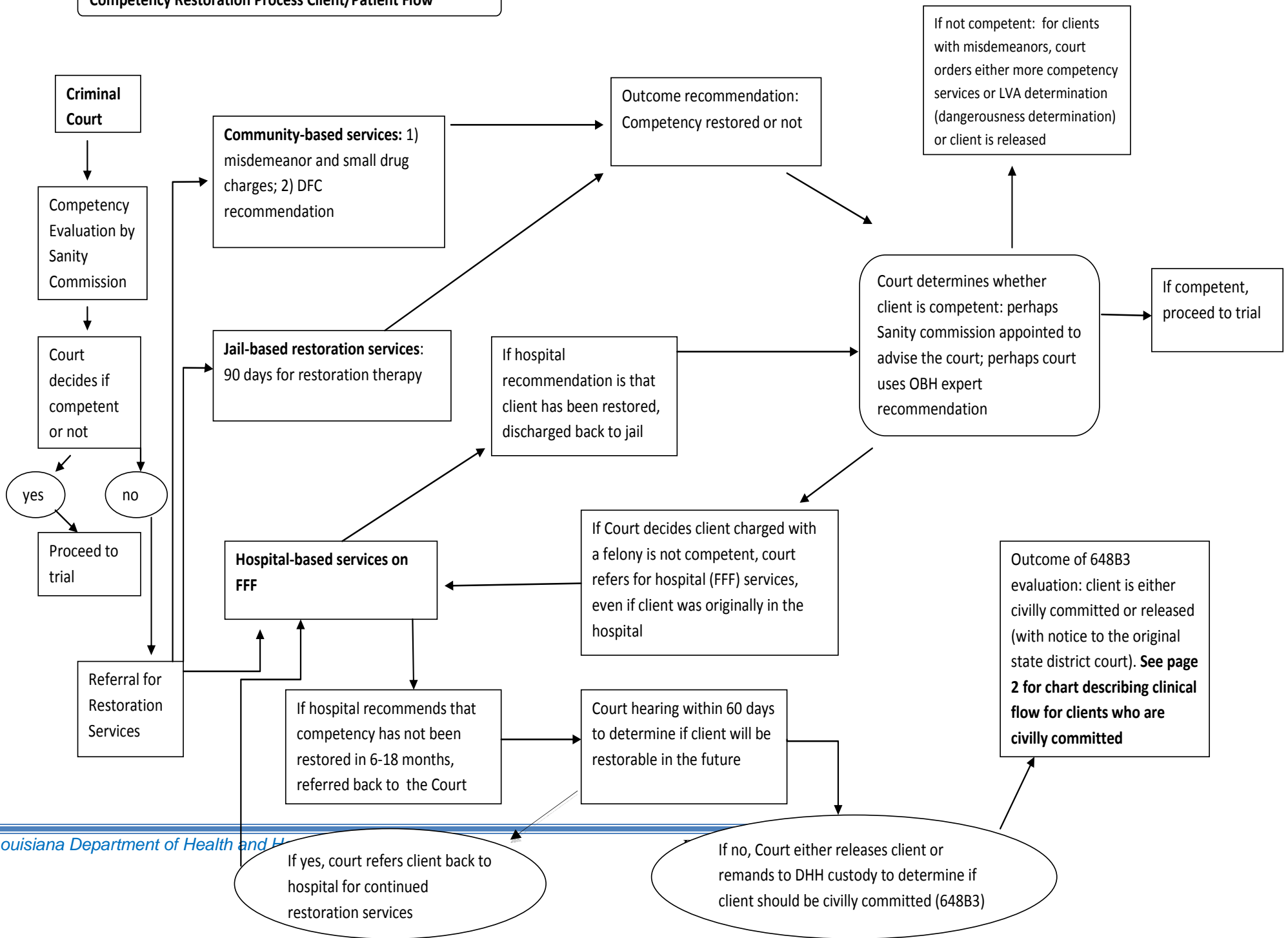
Sue Austin, Ph.D.  
*Forensic Coordinator Adult and Juvenile Services*  
(225) 342-9965  
[Sue.austin@la.gov](mailto:Sue.austin@la.gov)

### Timeframe

The following table designates the target dates for the request for Information (RFI) process. Please note that this RFI does not constitute a solicitation of offers from private providers or other entities. The purpose of an RFI is to gather information and gauge interest in a Request for Proposals process. The dates listed below are target dates, and subject to change without notification.

October 12, 2010	RFI distributed to potentially interested parties
October 22, 2010	Last day for RFI questions
November 12, 2010	Responses posted by DHH/OBH to questions
November 30, 2010	Last day for submission of responses to RFI

**Competency Restoration Process Client/Patient Flow**



## **Name of Organization**

Response to  
Office of Behavioral Health  
Request For Information  
For

## **Provision of Forensic Services**

Submitted on:

**Month 00, 2010**

## **REDACTED COPY**

*The data contained in pages \_\_\_\_\_ of this response have been submitted in confidence and contain trade secrets and/or privileged or confidential information, and such data shall only be disclosed for evaluation purposes. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the proposer, without restrictions.*

Name of Organization  
00000 Mailing Address  
City, ST 00000-0000  
Phone: (xxx) xxx-xxxx  
Fax: (xxx) xxx-xxxx  
Email: main@provider-email.com



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**Name of Authorized Representative, Title**