

REQUEST FOR INFORMATION

***FORENSIC SUPERVISED TRANSITIONAL RESIDENTIAL
AFTERCARE PROGRAM FOR FORENSIC CLIENTS
TO BE LOCATED IN NEW ORLEANS, LA***

**STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF BEHAVIORAL HEALTH
Eastern Louisiana Mental Health System**

GENERAL INFORMATION

Background

Eastern Louisiana Mental Health System (ELMHS) is a 24 hour health care facility with multi-treatment and administrative areas, over 700 licensed beds, located in 2 geographic areas, in addition to several outreach programs located throughout the state of Louisiana.

Purpose of RFI

Louisiana State Department of Health and Hospitals (DHH), Eastern Louisiana Mental Health System is issuing this Request For Information for the purpose of eliciting responses from qualified contractors interested in providing a **Forensic Supervised Transitional Residential Aftercare (FSTRA) Program** with an array of services to **conditionally released, and/or other selected, Forensic clients of ELMHS.**

Scope of Work

Project Overview

Persons suffering from mental illness and who have been ordered to Eastern Louisiana Mental Health System by the courts for treatment often are limited as to options for placement when a conditional release may be possible. Many of these clients remain at the hospital for extended periods of time after reaching maximum benefit, therefore occupying a needed bed. In turn, the forensic clients in jails throughout the state who are in need of inpatient services must wait longer for a bed to open. Due to this situation, a Forensic Supervised Transitional Residential Aftercare program with an array of services is needed to provide options for these clients to obtain a conditional release from the courts and to prepare them for transition to a less restrictive environment. Although many of these clients may be very functional when their mental illness is being managed, the courts are most often reluctant to grant a full release prior to the client being observed in such a setting.

The purpose of this program is to provide appropriate, supervised housing while continuing with such services as daily living skills, symptoms management, legal rights, etc. Cooperation/communication with Community Forensic Services (CFS) and the District Forensic Coordinators (DFC) will be an integral part of the client's treatment.

The services to be provided are described below.

Geographic Area Served:

This residential service is available to individuals with forensic involvement, who reside in the State of Louisiana, or who are referred to the program by ELMHS Community Forensic Services.

Population Served:

Applicants must qualify as a member of the target population by meeting the definition of forensically involved and diagnosed with behavioral health condition of serious and persistent mental illness as defined below:

Diagnostic Criteria: Severe non-organic mental illnesses (including, but not limited to, schizophrenia, schizoaffective disorders, mood disorders, severe personality disorders, and co-occurring mental and substance abuse disorders) that substantially interfere with a person's ability to carry out such primary aspects of daily living as self-care, household management, interpersonal relationships, work or school.

Disability: Impaired role functioning as a result of mental illness as indicated by limitations in at least two functional areas:

1. Unemployed or has markedly limited skills and a poor work history, or if retired, is unable to engage in normal activities to manage income.
2. Employed in a sheltered setting
3. Requires public financial assistance for out of hospital maintenance, e.g., SSI, and/or is unable to procure such without help. (Does not apply to regular retirement benefits)
4. Severely lacks social support systems in the natural environment, e.g., no close friends or group affiliations, lives alone, highly transient, or homeless
5. Requires assistance in basic life skills, e.g., must be reminded to take medicine, must have transportation arranged for them, needs assistance in household management tasks
6. Exhibits social behavior which results in demand for intervention by the mental and/or judicial/legal system
7. Has a severe and/or persistent behavioral health, mental or emotional disability which results in a substantial handicap to employment; that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, and for whom vocational rehabilitation services can reasonably be expected to be of benefit to the individual in terms of employability; and who have been court ordered to

forensic inpatient care, and who are recommended by ELMHS for transition to a forensic supervised transitional residential and aftercare program. Requests for transfer to the FSTRA Program will be made by ELMHS CFS to the court of origin and will occur upon an order from that court.

Duration: Must meet at least one of the following indicators of duration:

1. Psychiatric hospitalizations of at least six months (cumulative total) in the last five years
2. Two or more hospitalizations for mental disorders in the last twelve month period
3. A single episode of continuous structural supportive residential care other than hospitalization for duration of at least six months
4. A previous psychiatric evaluation or psychiatric documentation indicating a history of treatment for severe psychiatric disability of at least six months duration.

Applicants must also meet the following criteria:

1. The applicant must be legally adjudicated Not Guilty By Reason Of Insanity (NGBRI) and be on a conditional release status with monthly monitoring provided by Community Forensic Services (CFS); or Incompetent to Proceed with court ordered monthly monitoring by CFS **or** judicially civilly committed under provisions of 648B with court ordered monthly monitoring by CFS; others may be considered at the discretion of OBH and the contractor.
2. The applicant with forensic involvement must have the potential to adjust to a structured group living environment or independent living environment and an approved day program.
3. The applicant with forensic involvement must be able to accept responsibility for his or her medication with supervision.
4. The applicant with forensic involvement must agree to a person-centered service plan with resident specific goals operationally defined to measure achievement toward the goals prepared collaboratively with Community Forensic Services, Forensic Aftercare Clinic and any other person(s) requested by the forensic resident or the District Forensic Coordinator.
5. The applicant must be willing to participate in addictions treatment when warranted.
6. The applicant must have completed an assessment by the OBH staff and determined appropriate for the residential program.

Duration of Residential Treatment

Residents will be expected to step-down to a less secure setting one year after admission and to independent living eighteen months after admission. Decision regarding step-down will be made by the treatment team in collaboration with ELMHS Community Forensic Services staff.

Referral Process

A referral packet initiated by the ELMHS District Forensic Coordinator responsible for the particular site in which the person is currently residing must be reviewed by the receiving DHH ELMHS District Forensic Coordinator to determine eligibility for group home placement. The client will be referred from the courts (through court approved inpatient discharge orders) or diverted directly from court (without the need for inpatient treatment) through DHH ELMHS Community Forensic Services.

The referral packet requires submission of a completed Mental Health Residential Referral Form approved by the Office of Behavioral Health and the following evaluations:

1. A psychiatric or psychological evaluation completed by a licensed physician, psychiatrist or psychologist. Evidence of the assignment of a DSM-V primary diagnosis within the past year must be included. **Some applicants who have a Not Guilty by Reason of Insanity (NGBRI) status may have only a diagnosis of Antisocial Personality Disorder.**
2. A psychosocial evaluation which includes disability information from the past six months to document duration and disability.

Once an applicant has been accepted into the FSTRA Program, an admissions packet will be forwarded to the program contractor and will contain, in addition to the psychiatric and psychosocial evaluations, the following:

1. A full discharge assessment including an interim service plan, progress update, and current psychiatric evaluation.
2. Medication management plan.
3. In the case of NGBRIs, an order of conditional release or commitment.
4. In the case of a person found incompetent to proceed, an order of commitment.

Program Goals

To provide secure supervised living arrangements in New Orleans, Louisiana for **22 – 28 residents** with forensic involvement; **of which 6 may be female clients**. Living arrangements must provide, at a minimum, assistance in development of daily living skills and pre-vocational adjustment in preparation for step-down to a less secure setting one year after admission and independent living eighteen months after admission. The resident's care is guided by individualized, person-centered service plan which is a part of the conditions of court-ordered discharges or diversion from hospital or jail setting. The ultimate goal for the resident is to successfully complete the requirements of conditional release and become independent for transition to the community of the residents choice, as appropriate.

Deliverables / Program Objectives

The contractor shall:

1. Provide secure supervised transitional living arrangements, in a Forensic Supervised Transitional Residential Aftercare (FSTRA) licensed facility, which will allocate 22 – 28 beds of which 6 may be female clients in the state of Louisiana, specifically for these residents with forensic involvement statewide. Location of the housing must be conducive to healthy living and support all requirements within the contract. These living arrangements will provide separate rooms for activities such as living, eating, cooking and adequate space for recreation and a specific area for private conversation between individual residents, District Forensic Coordinators, Forensic Aftercare Clinic staff, Probation Officers, family/friends and staff persons.
2. Notify the District Forensic Coordinator from the resident's region of origin of impending release, in order to assist in discharge planning prior to the resident's release and adhere to the following discharge criteria:

Planned Discharge will be defined as follows:

- a. Incompetent to Proceed: A resident with forensic involvement discharged from the program into a safe and less restrictive environment according to time frames established in individualized person-centered service plans and by agreement of the resident, Forensic Aftercare provider, and Community Forensic Services.

- b. NGBRI Status: A resident with forensic involvement discharged from the program into a safe and less restrictive environment according to time frames established in individualized person-centered service plans and by agreement of the resident, Forensic Aftercare provider, Probation Officer, and Community Forensic Services.
- c. 648B Judicially Civilly Committed: A resident with forensic involvement discharged from the program into a safe and less restrictive environment according to time frames established in individualized person-centered service plans and by agreement of the resident, Forensic Aftercare provider, Probation Officer, and Community Forensic Services.

OR

- a. Incompetent to Proceed: A resident with forensic involvement discharged into a more appropriate secure level of care environment as determined by the Level of Care Utilization System (LOCUS) or any other level of care instrument approved by OBH when demonstrating lack of success in meeting the goals outlined in the individualized, person-centered Service Plan and with full knowledge of the resident, Provider, and Community Forensic Services.
- b. NGBRI Status: A resident with forensic involvement discharged into a more appropriate level of care environment as determined by the Level of Care Utilization System (LOCUS) or any other level of care instrument by OBH when demonstrating lack of success in meeting the goals outlined in the individualized, person-centered Service Plan with full knowledge of the resident, Provider, Probation Officer, and Community Forensic Services.
- c. 648B Judicially Civilly Committed: A resident with forensic involvement discharged into a more appropriate level of care environment as determined by the Level of Care Utilization System (LOCUS) or any other level of care instrument by OBH when demonstrating lack of success in meeting the goals outlined in the individualized, person-centered Service Plan with full knowledge of the resident, Provider, and Community Forensic Services.

Emergency Discharge

The Contractor will immediately report to the Community Forensic Services, Probation Officer, state level forensic coordinator, and provider(s) of behavioral health services any program violations (i.e. illegal drugs, suspected or confirmed weapon possession or access, gross deterioration of behavior, or non-compliance with medication). The Contractor in collaboration with Probation Officer and community forensic staff as appropriate will be responsible for the relocation of the resident to an appropriate DHH ELMHS secure placement.

3. Maintain appropriate license with the State of Louisiana.
4. Maintain a 22 – 28 bed residence of which 6 may be female clients with all rooms on one floor that is self-contained, segregated from any residents of the larger facility at all times, and has its own staff.
5. Ensure the security of the program by providing doors that can be locked, adequate video cameras to monitor all movement of residents, adequate staff to maintain effective observation of the residents at all times, and anti-climb fencing approved by OBH.
6. Attend all meetings as scheduled.
7. Immediately contact the Community Forensic representative (District Forensic Coordinator-DFC or FAC staff) and state level forensic coordinator when there is an issue of non-compliance with programming on the part of the resident or when there is reason to believe that the resident's mental or physical health is deteriorating.
8. Provider will develop and submit all policies and procedures to OBH for approval within 30 days of start of operation including but not limited to Complaint and Grievance Policy.
9. Contractor shall work closely with the Forensic Aftercare Clinic and other local providers to ensure that all mental health needs are met for 22 – 28 residents, of which 6 may be female clients.
10. Permit access to all OBH/CFS/FAC staff for the provision of services and/or monitoring the program and facility.
11. Provide all transportation throughout the state to ensure that residents are present for any scheduled court appearances.

12. Provide two offices on-site for FAC staff to see residents when needed.
13. Make group rooms available to FAC staff.
14. Ensure that designated staff participates in Correctional Guard – Therapeutic (CGT) training; the training provided by ELMHS in order to train all staff assigned to this program.
15. Conduct background checks on all new employees and again at two year intervals for all employees to ensure that employees have not been convicted of a felony or abuse related misdemeanor. All employees will be drug screened prior to employment and thereafter pursuant to DHH/OBH policy available at <http://dhhinet01/intranet/dhhppm/policies/8134-98.pdf>.
16. Maintain staffing in compliance with applicable licensing regulations for 24 hours/ 7 days a week operation.
17. Ensure staff members who meet legal requirements to administer medication are supervised by a Registered Nurse (RN) on staff of Contractor. Staff who administers medication must participate in education and training for medication management, administration and supervision.
18. Offer vocational services and adult education based on assessed individual needs. Contractor shall offer, at a minimum, community orientation, personal hygiene support, money management skills, medication management skills, re-socialization skills, nutritional assessments and services as needed, and conflict resolution skills.
19. Pursue obtaining social security and other benefits and entitlements that will enhance the likelihood of client's successful reentry into the community. Efforts to obtain benefits shall be documented in the client's file and available for OBH review upon request.
20. Report to ELMHS Contract Monitor on all of the requirements of the program as specified in the Contract Monitoring section of the contract.
21. Assist in money management, offering training and supervision to residents in establishing bank accounts, making deposits and withdrawals consistent with a goal of saving at a minimum one half (1/2) of resident's income (e.g., SSI, SSDI, outside employment) for future planning and subsequent residential placement options, and at a minimum one fourth (1/4) for the residents personal use. Resident

accounts will be monitored on a monthly basis by an OBH designee. Resident's money must be released to the resident by the contractor within 48 hours of discharge from the program.

22. Evaluate the effectiveness of the rehabilitation process of residents. The resident's level of functioning shall be evaluated by utilizing an instrument approved by OBH.
23. Develop, test and maintain Disaster Recovery and Continuity plans and procedures to ensure continued delivery of services and essential functions despite damage, loss or disruption of information technology due to the unexpected occurrence of a natural or man-made emergency or disaster. Disaster recovery plans must be updated annually and submitted to DHH for approval.
24. Adhere to the following services grid:

SERVICE/TASK	STAFF POSITION PROVIDING SERVICES	FREQUENCY
Interview resident to determine appropriateness for placement	Contract Staff/ELMHS staff as needed	Within 48 hours of receiving referral packet
Notification of acceptance or rejection into program	Contractor designee	Within 48 hours of interview
Resident visits facility	Contractor designee/ELMHS staff	As requested
Accept transfer of resident from ELMHS	Contractor /ELMHS staff	Immediately upon Judge's agreement to discharge (when a bed is available)
Provide 24/7 supervision	Minimum three (3) direct care staff during day and two (2) awake staff during night	24 hours a day, 7 days a week
Provide a functional security system on all points of ingress and egress with 24 hour-7 day per week monitoring by awake staff	Contractor awake staff	24 hours a day, 7 days a week
Resident Orientation	Staff	Within 24 hours of arrival
Submit for OBH approval an assessment instrument with validity and reliability measures	Contractor Staff	Within 15 days of effective start date of contract
Evaluate resident using the approved assessment instrument	Contractor Staff and/or FAC staff	Within 14 days of admission to the program
Development of Person Centered Individualized Service Plan with participant signatures	Multidisciplinary Team (Mental Health Professional, Forensic Psychiatrist, DFC, Nurse, Provider Staff, Family, Resident, Probation Officer when applicable)	Within 14 days of admission
Maintain documentation on	Contractor Staff	Daily

progress toward treatment goals; behavior; medication compliance and any other documentation required by OBH		
Discharge Plan/Update	Multidisciplinary Team (Mental Health Professional, Forensic Psychiatrist, DFC, Nurse, Provider Staff, Family, Resident, Probation Officer when applicable)	Tentative plan within 30 days of entry; Monthly review; revision as needed minimum every 90 days
Resident Contact with Family	Case Manager/Resident	When applicable per Individualized Service Plan
Resident Contact with DFC	DFC	As per Individualized Service Plan (Minimum monthly and during ISP plan update and staffing)
Review & Modification of Individualized Service Plan	Multidisciplinary Team (Mental Health Professional, Forensic Psychiatrist, DFC, Nurse, Provider Staff, Family, Resident, Probation Officer when applicable)	Monthly
Individual Counseling	Local mental health center	When applicable per Individualized Service Plan
Group Counseling	Contractor -Master's level Mental Health Professional (MHP) supervised by a licensed MHP	When applicable per Individualized Service Plan
Specialized Counseling, i.e., sex offender, etc.	Appropriate outside referral	When applicable per Individualized Service Plan
Addictions Counseling and Assessment	Contractor Addictions Counselor	When applicable per Individualized Service Plan
Behavior Management	Staff	Daily as defined in Behavior Management System
Social Activity/Structured Recreation (i.e., movie, outing, etc)	Staff	Minimum 1 time weekly
Meals – nutritionally healthy approved by physician, nutritionist or registered dietitian, and meeting the resident's physical health status	Staff	Breakfast, Lunch and Dinner daily (at least two of which must be a hot meal)
Menus posted on bulletin board accessible to residents	Contractor Outreach Staff	Weekly
Medication Administration (administration/supervision, education and training)	Contractor LPN supervised by RN as appropriate for license	Per Individualized Service Plan
Vocational Services (training/resume writing/job search, etc. – may be on or off site)based on vocational assessment approved by OBH	Staff, Teachers, Vocational Centers	Daily
Educational Groups (daily living, community orientation, personal hygiene, money management,	Staff supervised by licensed Mental Health Professional	As indicated in ISP (Per schedule approved by OBH contract monitor and DFC,

conflict resolution, legal rights, symptoms management, vocational adjustment, and other groups to assist resident in integrating into the community)		minimum one-hour weekly)
Develop a level system for movement through the program	Contractor Staff in conjunction with ELMHS/FAC Staff (psychologist, psychiatrist)	Within 30 days of commencement of contract
Documentation of movement through the level system	Contractor Staff	Documented daily; submitted to ELMHS in quarterly report
Assist residents in opening and maintaining bank account (save ¼ income for future, ¼ for living expenses; Maintain records of residents account	Contractor Staff	Ongoing to be monitored monthly by OBH
Assist resident in securing resources necessary to reach goals in ISP, i.e., vocational, mental health, financial, housing, etc.	Contractor Staff	Ongoing, as identified in ISP
Incident reports to Community Forensic Services of any incident including, but not limited to abuse/neglect, elopement, and any program violations (i.e. illegal drugs, suspected or confirmed weapon possession or access, gross deterioration of behavior, or non-compliance with medication).	Responsible Contractor Outreach staff	Immediate verbal notification; written incident report with action taken within 2 hrs. of incident; complete written incident report within 24 hours of any incident involving resident (resident on resident, resident on staff, staff on resident) To be submitted to ELMHS and OBH staff as designated.
Preparation for discharge (more intense work with resident on practicing skills needed for transition to less structured environment)	Contractor Staff	Daily beginning 90 days prior to discharge
Account for and return resident's money	Contractor Staff	Immediately upon discharge from facility
Transportation to Behavioral Health services, court, and all other related services	Contractor Staff	As needed
Emergency Transportation for medical/behavioral health emergencies	Contractor Staff	At all times including weekends
Multidisciplinary Team Meetings	Multidisciplinary Team (minimum of Mental Health Professional, FAC staff, DFC, Resident, Family)	Minimum every 90 days
Medical	Contractor responsible for obtaining medical services through local Physician, Nurse, Nurse Practitioner	As needed
Competency Restoration	DFC	Minimum 3 X weekly per individual service plan
Psychiatric/Psychological Consultation	Psychiatrist/Psychologist from FAC	As needed; minimum 1 x month

Mental Status Examination – conduct and submit to CFS	Psychiatrist/Psychologist from FAC	Monthly
Consult with DFC regarding disposition, services, pass request, etc.	Multidisciplinary Team, Forensic Psychiatrist	As needed or requested
Recommitment Assessment – submit to CFS	Psychiatrist/Psychologist from FAC	At least 45 days prior to 6 month recommitment date
Physician’s Report to Court (PRC) for Recommitment	Psychiatrist/Psychologist from FAC	15 days prior to court date
Additional Program Requirements		
Satisfaction Surveys	Resident	Yearly and upon discharge
Monthly report to Contract Monitor including invoice detailing services (frequency, duration and modality)	Contractor Staff	Monthly
Quarterly Progress Report to ELMHS Community Forensic Services re resident’s progress toward conditional release requirements and independent living	Resident, Multidisciplinary Team	Quarterly
Annual Written Report	Program Director	Annually
Aftercare/follow-up	Contractor Staff	Twice monthly for first quarter post discharge, then monthly thereafter up to one year using the Level of Care Utilization System (LOCUS) instrument

Staffing Requirements

1. Contractor will provide an on-site RN to provide daily nursing services.
2. OBH will provide psychiatric services, including service planning, medication management, and assessment for 22 – 28 residents, of which 6 may be female clients.
3. Contractor will provide an on-site licensed addictions counselor who will treat residents with addictive disorders according to an evidenced based or best practices addictions treatment model.
4. Contractor will ensure that all clinical staff maintains licensure in their respective field. Copy of current license will be contained in each clinical staff member’s personnel file.
5. Contractor will hire direct service staff that has at a minimum a high school diploma and six (6) months experience in working with adults with a serious and persistent behavioral health diagnosis. The provider shall have at a minimum, a 1 to 15 (one direct care staff person to 15 residents) ratio with no fewer than three (3) direct

care staff on duty at any given time. The provider must also provide, as needed, consultations with a registered dietician.

6. Contractor will provide a full time program director with twenty-four (24)-hour availability to program staff.
7. Appropriate staff to provide all therapies required by clients' individualized treatment plans (i.e., nutrition, medical education, adult education, vocational training, basic life skills, social skills, conflict resolution skills, group therapy, etc.) will be on staff.
8. Adequate staff who meet the licensing requirements to supervise self-administration of medication.

Orientation and Training Requirements

1. During the first week of hire and prior to providing services, Contractor will provide its staff a 20 hour documented orientation to program components, training in proper fire and emergency safety procedures (e.g., CPR, Heimlich Maneuver, First Aid, Crisis Management, Risk Reduction), effective communication skills for forensic, behavior health residents, and HIPAA at a minimum.
2. The orientation program will be submitted to OBH for approval within one week of the start date of the contract.
3. Recovery-oriented training curriculum will be developed in collaboration with OBH and Contractor and evaluated by provider and Community Forensic Services on an annual basis.
4. All staff will be required to participate in all trainings and intervention programs as developed by provider and approved by OBH within 30 days of the start of program.
5. Documentation of successful completion of orientation requirements and annual training requirements will be contained in each staff member's personnel file.

Record Keeping

Components of Resident Records

1. All information obtained at the time of admission;

2. A copy of the admission agreement established in collaboration with OBH designated staff and state level forensic coordinator and executed by the resident and the provider;
3. Source documents to include Social Security Card, Identification Card, and Birth Certificate secured within 45 days of admission to the program;
4. A copy of the resident's individual, person-centered service plan of care and all updates demonstrating positive movement toward resident goals. Service Plans to be updated at a minimum quarterly;
5. A copy of resident's discharge plan and all updates documented at least quarterly and finalized 90 days prior to release;
6. Fiscal data of resident's banking account, documentation of vocational training, and documentation of educational opportunities pursued by the resident;
7. Reports of any incidents involving the resident, whether it is with staff or another resident.
8. A copy of resident's activity log.
9. Progress notes of group, educational and vocational participation.
10. Medication log
11. Behavior Log

Complaint Records

Reports of any resident complaints or grievances and the conclusions or dispositions of these reports as set forth in program Complaint & Grievance policy shall be maintained separately from the resident record and maintained by the Program Director. These records will be available to the contract monitor during monitoring visits.

Outcomes

Performance Measures

The Contractor shall be required to meet or exceed the following performance measures:

1. Contractor must provide a housing option for forensic, adult

residents, which enables each resident the opportunity to function outside of inpatient or residential institutions as documented by individual service plan review and progress notes demonstrating progress toward treatment goals.

2. Contractor must demonstrate the effectiveness of the rehabilitation process of those residents who are “planned discharges”. Contractor will accomplish the evaluation of effectiveness by follow-up contact twice a month for the first quarter post discharge and then monthly thereafter up to one year. The resident’s level of functioning will be evaluated by utilizing the Level of Care Utilization System (LOCUS) instrument. All evaluations must be available for OBH review.
3. At least 80% of the residents served in the program will achieve a “planned discharge” within the time frame of resident’s conditional release in collaboration with treatment team, judicial system, and contractor and documented by contractor in resident’s file and quarterly report.
4. 90% of residents’ complaints or grievances will be successfully resolved as evidenced by documentation in resident chart and quarterly reports.
5. 80% of the residents who are “planned discharges” will progress to a less restrictive living situation with consideration of resident’s choice of placement as appropriate. This will be documented by contractor and OBH DFC through quarterly follow-up contact reports for a period of one year.
6. 75% of residents will meet service plan goals as documented in person-centered service plan, progress notes, quarterly summaries of progress and ratings on standardized measures of progress.
7. 100% of residents will live in a safe environment as evidenced by no increase in the number and severity of incidents when compared to an historical benchmark established by OBH. This historical benchmark will involve the average number of incidents and average severity over a five year period selected by OBH. Contractor will maintain effective tracking of incidents with timely interventions/corrective actions that reduce the trend line.
8. 90% of residents will remain drug-free while participating in the program as evidenced by routine drug screens conducted by contractor and submitted to FAC. Drug screens shall be conducted at least quarterly if drug use is suspected by contractor. The drug screen results shall be submitted to FAC.

9. 80% of eligible residents, as determined by the treating staff, will be employed or actively seeking employment as evidenced by log of activities in resident file and documentation in quarterly report
10. 80% of those residents, who are receiving wages and/or benefits, will have achieved a level of independent living skills sufficient to secure and maintain a bank account, as evidenced by documentation in resident file and quarterly report.
11. 85% of all residents will indicate satisfaction with the program as evidenced by an overall satisfactory rating (as defined within the evaluation on an instrument approved by OBH and Contractor), which is completed annually and upon discharge and submitted to OBH in annual report.
12. No fewer than 40% of residents will demonstrate, upon completion of medication education, knowledge of mental illness and medication management (purpose, benefits, side effects, appropriate use and self-management of symptoms) as evidenced by a passing score (80%) on post-test during the first year. The actual success rate the first year will be used as the baseline by which future years will be compared. 80% of residents who do not have developmental disabilities will demonstrate knowledge and expertise in activities of daily living as measured by standardized ADL measure [i.e., Client's Assessment of Strengths, Interests and Goals (CASIG) upon completion of subject area training.
13. 80% of residents will demonstrate, upon completion of medication education, knowledge of mental illness and medication (purpose, benefits, side effects, appropriate use and self-management of symptoms) as evidenced by a passing score (80%) on post-test during the second and third year of the contract.
14. 80% of residents will meet treatment plan goals as documented in person-centered treatment plan, progress notes, quarterly summaries of progress and ratings on standardized measures of progress.

Liquidated Damages

In the event the Contractor fails to meet the performance standards specified within the contract, the liquidated damages defined below may be assessed. If assessed, the liquidated damages will be used to reduce the Department's payments to the Contractor or if the liquidated damages exceed amounts due from the Department, the Contractor will be required to make cash payments for the amount in excess.

1. Late submission of any required report - \$50 per working day, per report.
2. Failure to fill vacant contractually required key staff positions within 90 days - \$500 per working day from 91st day of vacancy until filled with an employee approved by the Department.
3. Failure to maintain all client files and perform all file updates according to the requirements in the contract, as evidenced in client files when reviewed during monitoring site visit - \$100 per client.
4. Late submission of invoices beginning 10 business days after the stated due date - \$50 per working day per invoice.

The decision to impose liquidated damages may include consideration of some or all of the following factors:

1. The duration of the violation;
2. Whether the violation (or one that is substantially similar) has previously occurred;
3. The Contractor's history of compliance;
4. The severity of the violation and whether it imposes an immediate threat to the health or safety of the consumers.
5. The "good faith" exercised by the Contractor in attempting to stay in compliance

Program Monitoring

The Secure Supervised Transitional/Residential program will be closely monitored to assure compliance with DHH/OBH policy as well as applicable state and federal regulations. Monitoring compliance will be performed by the OBH Contract Monitor. Monitoring will be accomplished through varied on-site and off-site analysis of program records, invoices, reports, etc.

The contract monitor shall:

1. On a monthly basis,
 - a. Review monthly invoice detailing services, itemized by frequency, duration, and modality of services for all clients served
 - b. Review all statistical data submitted by provider and required by OBH, including but not limited to # employed, working on GED, opening bank account, etc.
 - c. Review any incidents involving consumer safety- Programmatic and Staff response to any incidents.
 - d. Review facilities for compliance with security requirements, staff-resident ration, and security of medication.
2. On a quarterly basis,

- a. Conduct on-site monitoring to ensure compliance with program requirements, and those services provided are appropriate to meet the needs of the Forensic residents.
 - b. Review quarterly progress reports
 - c. Review resident case files

 - d. Review of any changes to the following:
 - 1) Organizational Structure
 - 2) Administration and/or Personnel
 - 3) Administrative or Programmatic Policy and/or Procedure
 - e. Evaluate contractor's compliance with contract outcomes, develop corrective action plans to address any problems and review/revise contract as warranted.
 - f. Review of Satisfaction Surveys on all discharged residents
3. On an annual basis,
- a. Review annual outcome report
 - b. Complete annual performance evaluation
 - c. Review yearly Satisfaction Surveys

Invitation to Respond

If your organization is interested in providing information on your ability to perform the requested services of a **Forensic Supervised Transitional Residential Aftercare Program for Forensic Clients** as described above, please submit a printed as well as electronic (PDF) format copy of your response by 4:30pm CST on October 15, 2013 to the RFI Coordinator:

*Renee Mascarella Lane
Contract Administrator
Eastern Louisiana Mental Health System
Department of Health and Hospitals
4502 Highway 951
P. O. Box 498
Jackson, LA 70748
225-634-0227
Renee.Mascarella@la.gov*

