

INPATIENT AND OUTPATIENT PSYCHIATRIC SERVICES

RFP

RESPONSE TO VENDOR QUESTIONS

**VENDOR: LIBERTY HEALTHCARE CORPORATION**

1. Page 1; Section 1; Paragraph 1

Is there current incumbents providing the requested services? If so, what are the names of the current vendors and which services are they providing?

**Dartmouth Medical School – Department of Psychiatry.**

2. Page 4; Sections 3.1.1.2 and 3.1.1.3

The RFP requires that the vendor must propose on all services. Yet the requirement for an Academic Fellowship capability limits competition primarily to academic institutions. This requirement significantly limits competition and discourages behavioral health companies that would typically compete for these services, including those with extensive experience providing psychiatric, forensic and sex offender treatment for this population. It appears that there is a disproportionate value (25 points) placed on this comparatively small component of the entire program. The RFP competition could be improved if the academic component was scored separately or eliminated during this phase of the procurement and deferred until a vendor has been selected. As part of the negotiations phase, the selected vendor could be required to work with the Department to form an academic affiliation for the program.

**This is not a question – therefore NHDOC cannot respond.**

3. Page 11; Section 6.5; Paragraph 1

Why are current resumes of key personnel only required for social service and non-profit agencies?

**This is a requirement of the Governor and Executive Council to authorize the award of a contract.**

4. Page 11; Section 6.5; Paragraph 1 and Page 7; Section 4.4.6.6; Paragraph 2

Please provide a comprehensive list of all positions for which resumes are required.

**All positions directly related to the contract for services.**

5. Page 19; Section 1; Paragraph 1 (**should create matrix similar to page 19**)

Please provide a comprehensive matrix of all current staff in place providing the requested services.

**Medical Director - vacant.**

**General Population (Men): Staff Psychiatrist - vacant**

**Chief Psychiatrist – New**

**ARNP - 2.2 FTE existing and , 8 new requested**

**General Population (Female):**

**Chief Psychiatrist – New**

**PhDTherapist - New**

**Master Therapist - New.**

**Court Appointed Forensic Psychiatrist – 1 FTE existing**

**Staff Psychiatrist and support person (both new)**

**Sex Offender Program refer to exhibit A paragraph 6.3 PG 22 of 51. Substance Abuse – all positions requested are new**

**SPU: existing – .8 FTE Psychiatrist, .6 ARNP, Vacant 1.2 FTE Psychiatrist .4 ARNP, currently no forensic Fellows**

**RTU – all positions are new**

6. Page 19; Section 1; Paragraph 1

What has been the vacancy rate for all current positions? **Refer to question 5**

7. Page 19; Section 1; Paragraph 1

Please indicate which positions are currently vacant. **Refer to question 5**

8. Page 19-20; Section 1

How many administrative support staff are currently state employees and how many are contracted positions? How many total administrative support staff are currently engaged for all psychiatric services?

**There are not contracted positions. State positions include one FTE one SPU, one FTE Mental Health, one FTE RTU. The one FTE for court Forensic Evaluations will be reassigned once contracted position is in place.**

9. Pages 19-23; Sections 1-8

Except for the .5 Staff Psychiatrist working at the RTU, are all psychiatrist positions full-time, working on-site 40 hours per week?

**The NHDOC recognizes the need for psychiatry to maintain CME and other professional development activities. To fulfill those needs, please specify in your response the amount of service hours per week per position per site.**

10. Pages 19-23; Sections 1-8

Please indicate which requested staff positions are proposed (not currently in place) and which would be new positions to the program. **Refer to question 5**

11. Page 21; Section 3; Paragraph 3.1

Please provide the historical experience for On-Call Psychiatry. How many calls are received in a month? How often has the On-Call Psychiatrist been needed to return on grounds, on average per month?

**Refer to exhibit B paragraph 4.1 to 4.4 Pg 31 of 51.**

12. Page 27; Section-Exhibit B; Estimated Budget/Method of Payment

What is the total annual budget allocation for all requested services?

**4.7 million**

13. Page 29; Section-Exhibit B; Estimated Budget/Method of Payment

Is a separate Estimated Staff Budget page required for every staff member?

**No by treatment service**

**VENDOR: DARTMOUTH MEDICAL SCHOOL, DEPARTMENT OF PSYCHIATRY**

14. General Population Behavioral Health Programs: Section 2.3.1, page 2

Are you referring to the evaluation of cognitive functioning when referring to **psychological evaluations?**

**Yes**

15. Comprehensive Substance Use Disorders Program: Section 2.8.1, page 3

References psychiatric support of contracted Academy Programs

How many Academy Programs are there? **8 programs**

Who do the Academy programs serve? **Majority are individuals on probation**

Please describe the Academy programs from a clinical perspective. **Its focus is more teaching and compliance. It is similar to a drug court model.**

Where are the Academy programs located? **Every county except Carroll, Coos and Belknap**

By “psychiatric support” do you mean seeing these residents and providing psychiatric care or is a consulting relationship to the staff of the Academy Programs? **Consulting Relationship to staff and to advise NHDOC on matters that will improve treatment services.**

16. Program Structure/Plan of Operations: Section 4.4.6, page 7 and Proposal Check Sheet page 1 of 2 page 16

Section 4.4.6 requires a Program Structure/Plan of Operations. Exhibit A Scope of Services requests a response to each of the sections described in Exhibit A. Is the Program Structure/Plan of Operations response different from the Scope of Services section of the proposal?

If these are separate responses, how do they differ?

**The scope of services exhibit A describes the estimated number of staff to compliment non-vendor/plan of operations. Exhibit A should be reviewed in conjunction with paragraph 2 page 1 of 51 outline of minimum required services and performances measures to formulate your response.**

17. Documents Necessary for Contract Approval: Section 6.9, 6.10, 6.11, 6.13, 6.14, page 10 and 11 and Proposal Check Sheet page 1 of 2, page 16

Section 6.9, 6.10, 6.11, 6.13 and 6.14 call for these attachments to be submitted after the vendor is selected. The Proposal Check Sheet calls for these same attachments to be submitted with the proposal. Are these documents to be submitted both with the proposal and after selected?

**All documents listed as attachments need to be submitted with the Proposal. The placement of those documents are at the Vendor's discretion.**

18. Exhibit A Scope of Services Chart, page 19

In programs other than the SPU and RTU, how many inmates are expected to need care in each treatment service?

**Sex Offender Treatment – 120 during each cycle (Total Current Prison Population expected to need treatment @728)**  
**General Population (Female) – 72 Psychiatry**  
**36 – Individual/Group therapy**  
**General Population (Male) - 700 Psychiatry**  
**423 Individual/Group therapy**  
**Substance Abuse Treatment – Unknown (New Service Area)**

19. Exhibit A Scope of Services, page 19

Will the DOC employ the administrative staff identified by the vendor or should the vendor's proposal include employing the administrative support positions that are identified?

**There is only one Administrative Support Staff requested in RFP: Exhibit A paragraph 5- Court Appointed Forensic Psychiatry Evaluation.**

20. Exhibit A Scope of Services, Section 2.2, page 20

We understand that the RTU staffing that is listed is mandated by the court order. Can the proposed staffing pattern of the SPU be altered to optimally meet the overall goals of the contract?

**Yes with justification**

21. General Population Behavioral Health Program for Male Offenders Section 4.1, page 21

Who are the outpatients who remain the responsibility of the DOC?  
How many outpatients who remain the responsibility of the DOC are there?

**Outpatient is defined as general prison population inmates that are currently confined either in the prison or half-way house. Please refer to exhibit A PG 20 of 51 for approximate census totals by facility**

22. For Male Offenders: Section 4.2 page 21

Is the Chief Psychiatrist the clinical leader of the entire clinical program including having clinical authority over the non-vendor clinical staff?

Can the proposed staffing pattern of the General Population Behavioral Health Program for Male Offenders be altered to optimally meet the overall goals of the contract?

**Yes with justification**

23. For Female Offenders Section 4.5, page 21

Is the Chief Psychiatrist the clinical leader of the entire clinical program including having clinical authority over non-vendor clinical staff?

**Yes**

24. General Population Behavioral Health Program, page 21

What is meant by “standardized appointment scheduling”?

**Defined as an electronic scheduling system maintained by NHDOC administrative support staff to ensure optimum use of provider time and reporting ability.**

Does this mean the NHDOC will provide a total of 8 hours administrative support for all four prison sites and the two minimum security units?

**Although the amount of administration support will vary from facility to facility, it will be the responsibility of NHDOC to maintain a system that supports standardized appointment scheduling.**

25. Comprehensive Sex Offender Evaluation and Treatment Program, Section 6.2.1, page 22

Is the DOC asking for development of a sex offender treatment program for female sexual offenders?

**Yes**

How many female sexual offenders fall under the responsibility of the NHDOC?

**As of this date 8**

26. Description of Male Sex Offender Treatment Programs, Section 6.4.1, page 22

Is it the DOC’s intent that the vendor will present a redesigned sex offender program in this proposal or work to enhance the existing program?

**It is the intent of the RFP to use vendor services to enhance the existing Sex Offender Program. It should be noted, however, that once a service provider is in place any significant deficiencies identified in the program should be reported to NHDOC with a plan to correct the deficiency. Also, consideration should be given to how the existing Sex Offender Program will impact sexually violent predators that will be civilly committed in the SPU.**

27. Current Staffing Section 6.3, page 22 and Proposed Staffing Section 6.5, page 23

Will the proposed staffing be added to the current staffing or will the current staffing be replaced by the proposed staffing?

**The current staffing will not be replaced by the proposed staffing. It will be in addition to 6.3 page 22.**

Is the Chief Psychiatrist the clinical leader of the entire clinical program including having clinical authority over non-vendor clinical staff?

**Yes**

28. Comprehensive Substance Use Disorders Program: Section 7.2, page 23

Do the Masters Social Work Case Managers replace existing substance abuse clinical staff or are they in addition to existing staff?

**They are additional to existing staff.**

Do the case managers have to be MSWs or is the DOC open to case managers from other discipline?

**The DOC is open to case managers from other disciplines.**

29. Reporting Requirements: Section 9.1.3, page 24

Refers to “information regarding psychological assessments”

**Reported Axis 1 & 2**

What type of information will be requested?

**Caseloads with the multi-axial diagnosis  
Number diagnosed with co-occurring disorders  
Clients by diagnoses**

Are you referring only to assessments done by psychologists?

**No**

30. Exhibit B Estimated Budget/Method of Payment Page 3 of 6, page 29

Is the direction to submit one worksheet for each type of position in each treatment section? **No**

Is it acceptable to submit one worksheet for each type of position that will be over the entire contract such as the Director of Psychiatry?

**Sheet per treatment service**

**VENDOR: MHM CORRECTIONAL SERVICES, INC.**

31. Exhibit A, Number 2, page 20, number 4, page 21, number 5, page 21, number 6, page 22 and number 7, page 23.

Are any of the proposed positions that the contractor is required to provide as indicated in Exhibit A of the RFP covered under Collective Bargaining Agreements?

**No**

If so, please provide a copy of the Collective Bargaining Agreement(s) and benefits afforded to union staff.

32. Number 3, Procurement Timetable, page 4.

Is there an opportunity to tour any or all of the facilities?

**Yes, we will notify bidders of schedule.**

33. Number 4.4 Proposal Outline, page 6 and Proposed Checklist, page 16

The Proposal Outline numbering format on page 6 does not include the list of attachments as per page 16 of the RFP. Are all attachments from 1-6 to be addressed and if so, where shall the attachments be placed within the context of the Proposal Outline instructions on page 6?

**See #17**

34. Number 6, Documents Necessary for Contract Approval, pages 10-11

Page 10 states that "Following selection, selected agencies will be required to submit the following documents for contract approval." Does this mean that the required items from 6.1 through 6.14 are required for inclusion in the bid, and that prior to contract negotiation some of these documents may be subject to a Best and Final negotiation? Please advise.

**All are to be submitted with the agency's Proposal.**

35. Page 3, number 2.9.1 references performance measures

Are these performance measures subject to a penalty if the contractor does not meet the specified indicator?

**It would be construed as not fulfilling all elements of the contract and could be subject to any remedial action allowable in the agreement.**

36. Exhibit B-page 29

The scoring seems to be heavily weighted toward academic Directives. Will a vendor's proposals to develop such programs within NH along with vendor's efforts to include such practices in other contracts be considered equally to those programs offered through academic agencies that will also bid on this RFP?

**Same as question 2**

37. Are the services in Exhibit A, section 2, 3, 4,5,6,7 provided by the current vendor? If not which services are not provided under the current agreement?

**Currently general prison population mental health services is not delineated by gender. Currently, SPU and RTU residents are not delineated. They will be by the time the new contract goes into effect. Court appointed competency evaluations as existing services. New services requested include Sex Offender Treatment and Substance Abuse Treatment as outlined in Exhibit A paragraph 6 and 7 pages 23 and 24. There is an existing vacant position for a psychiatric medical director in the current contract and in this RFP is identified in exhibit A paragraph 8 page 23 of 51.**

38. Exhibit A, 9.1 through 9.3, page 24

Does the Department have current formulas or examples of the current reporting requirements that can be provided to the bidders as an example of this requirement?

Sample Report



*NH Department of Corrections: Division of Medical and Forensic Services*

## *Current Caseload by Clinician*

<i>Clinician</i>	<i>Inmate Name</i>	<i>DOB</i>	<i>Unit</i>	<i>Axis I</i>	<i>Axis II</i>	<i>Tx Start Date</i>
<i>Betsy Kizis, M.A.</i>	██████	██████	6/1/66	HNK	Depression	
	██████	██████	3/31/70	HNK		04/25/05
	██████	██████	5/14/61	HNK	Depression	
	██████	██████	6/25/70	MSU		04/25/05
	██████	██████	02/08/52	HNK	Bipolar Disorder	04/22/05
	██████	██████	01/29/48	HNK		04/25/05
	██████	██████	08/19/78	HNK		04/25/05
	██████	██████	8/19/78	MCS		04/25/05
	██████	██████	5/15/67	MCN		4/25/05
	██████	██████	6/21/65	HNK	R/O Depression	04/25/05
	██████	██████	7/23/81	HNK		04/25/05

*Total by Clinician:* 11

**VENDOR: GEO CARE, INC.**

39. Exhibit B (page 3 of 6) discusses “Proposal for Treatment Section.” Does this section need to be completed for each of the following;

- a) Inpatient Forensic Psychiatric Services
- b) Residential Treatment Unit
- c) General Outpatient Behavioral Health Services
- d) Comprehensive Sex Offender Evaluation and Treatment
- e) Comprehensive Substance Abuse Disorders Treatment Program

**Yes**

40. Exhibit B (page 3 of 6) discusses “Position(s).” Does this form need to be filled out separately for each position?

**No. Refer to question 39. This is the same as question 13.**

41. Exhibit B (page 5 of 6) discusses “On-Call Schedule and Estimated Budgets.” Year 1 is 274 days, not 365; will this sheet be revised to reflect this?

**The break down of weekdays, weekends and holidays totals 365. Holidays will be consistent to state holidays.**

**New Year’s Day**

**Martin Luther King, Jr./ Civil Rights Day**

**President’s Day**

**Memorial Day**

**Fourth of July**

**Labor Day**

**Veterans Day**

**Thanksgiving Day**

**Day after Thanksgiving**

**Christmas**

42. In reference to Exhibit B (page 3 of 6) regarding “attached vendor provided detailed worksheets here”, is this the expected location of the annual cost breakdown for each treatment services?

**Yes**

43. In reference to Exhibit B (page 3 of 6)-“Definitions”, regarding “indicate merit increases in your proposal by percentages.” Where are the percentages to be listed?

**The percentages listed would be the inflation factors associated with the previous year’s compensation which could included percentage estimates for merit if the organization considered those benefits.**

44. In reference to Exhibit b (page 3 of 6)-“Definitions” regarding “Preference will be given to Vendor’s with the lowest indirect cost percentages.” What sort of preferences will be given? Extra Points?

**Please refer to exhibit B RFP scoring sheet page 28 of 51. Under costs points scored for indirect cost percentage can not exceed 5 points.**

45. In reference to 4.4.7a regarding “Budget Form (provided)”, please clarify which form is to be used.

**Page 29 of 51**

46. In reference to 4.4.7b “Budget Narrative”, please provide a list of the major categories that are expected to be priced out.

**Please refer to exhibit B page 29 of 51**

47. In reference to 4.4.8, “Budget Worksheets (vendor provides these)”, is this where the Vendor provides a breakdown of the costs to provide services?

**Page 29 of 51 and Page 30 – 31 of 51**

48. Is the vendor expected to provide a budget worksheet of each treatment service for each year? If so, how many years?

**Total of 6 years**

49. Please provide a list of the major categories that should be listed in the Vendor’s budget worksheet.

**Refer to question 46**

50. How much detail must the Vendor’s budget worksheet provide?

**Please refer to Page 29 of 51 and pages 30-31 of 51**

51. Please provide a breakdown of the costs associated with each treatment service over the past three (3) years. (See page 14 of RFP, Treatment Services Section or refer to Question 1 for list of categories)

1. SPU	SFY 2005	3,264,900
	SFY 2006	3,400,098
	SFY 2007	3,604,157
2. Mental Health	SFY 2005	812,127
	SFY 2006	939,253
	SFY 2007	1,005,404
3. Psych Contract	SFY 2005	1,235,975
	SFY 2006	1,276,662
	SFY 2007	1,321,537

52. Please provide the number of restraints and seclusions within each applicable treatment services for each of the past three (3) years. (See page 14 of RFP, Treatment Services Section or refer to Question 1 for list of categories)

**Secure Psychiatric Unit only – Averages 2 a month for the past 3 years**

53. Please provide the number of suicides within each applicable treatment service for each of the past three (3) years. (See page 14 of RFP, Treatment Services Section or refer to Question 1 for list of categories)

**FY 2005 – 3**

**FY 2006 – 0**

**FY 2007 - 0**

54. What is the capacity of each of the facilities listed (RFP page 14)?

**Please refer to exhibit A page 20 of 51.**

55. Please provide a copy of any consent decrees or court orders affecting services.

**Holliday Court Order**

56. Please provide information on all existing lawsuits and settlement agreements.

**Please refer to question # 55 for settlement agreement information. Information on all existing must be obtained through Department of Administrative Services.**

57. Please provide a copy of the current medical, mental health and dental plans offered to the mental health staff and the associated costs paid by employees.

**All employee benefit information must be obtained through Department of Administrative Services.**

58. Please provide a list of all benefits provided to existing mental health staff.

**Please refer to question 57**

59. Is the current mental health clinical staff unionized? If so, please provide a copy of all existing union contracts related to the mental health employees.

**Yes. Request for existing union contracts must be obtained through State Personnel Services.**

60. Does the NHDOC expect to have its own mental health staff after this contract is awarded? If so provide a list of those job titles and total FTE's for those job titles.

**Yes. Please refer to exhibit A current NHDOC Mental Health staff PG 20 of 51. For Sex Offender Program please refer to Exhibit A paragraph 6.3 page 22 of 51.**

61. Can the Vendor hire the existing employees onto its payroll?

**Please clarify if “existing employees” is defined as Provider or Non Vendor employees.**

62. How many interns, practicum students, residents and/or fellows are presently involved in training and are supervised by the current contractor's clinicians?

**Historically, it has been one fellow per year. The current contractor does not provide interns, practicum students, or residents.**

63. Please provide a list of the current vacancies for mental health staff.

**1 FTE ARNP Berlin**

**1 FTE Psychiatric Social Worker**

**2 FTE Senior Psychiatric Social Worker**

**1 FTE CMHC**

64. Are residency slots/rotations required?

**Exhibit B Psychiatric request for proposal scoring sheet item IV academic directives assigns points to a residency program. If a residency program is not included in the RFP – no points will be assigned.**

65. Please provide the current average salary and benefits for each job title listed in Exhibit A.

**Please specify weather it is NH DOC mental health staff or current psychiatric provider positions.**

66. If the population increases, will the Vendor’s compensation be increased proportionately? Likewise if the population decreases, will the Vendor’s compensation be decreased proportionately?

**No**

67. Is the Vendor expected to pay for medications?

**No**

68. Is the vendor expected to pay for any equipment? If so, which equipment.

**The NH DOC will be providing basic office supplies. All other equipment, instrumentation testing and reference material necessary for the contract provider to carry out their duties will be a contractual expense.**

69. Please provide a detailed breakdown of the non-personnel costs incurred for the provision of mental health services, broken down separately for each prison facility identified in the RFP.

**Please refer to question # 51**

70. How much was spent annually over the past three (3) years on medication for inmates’ mental illnesses broken down separately by each prison facility identified in the RFP?

<b>Fiscal Year</b>	<b>Cost of Psych Meds Dispensed</b>	<b>Number of Psych Meds Dispensed</b>
FY 07 thru March	\$1,035,400.	17,704
2006	\$1,058,600.	19,030
2005	\$861,700.	18,105
2004	\$698,300.	16,399

71. Please provide the annual amounts of paybacks (broken down by category) for the past three (3) years.

**Please define paybacks**

72. Please provide a list of all contracts and services that are subcontracted or outsourced by the current vendor or NHDOC.

**There are no subcontracted services.**

73. Please provide a copy of each facility's mental health services budget/costs for the past five (5) years.

**See question 51**

74. Has the current health services vendor incurred any financial penalties or other sanctions for failure to meet mental health performance levels in the past three (3) years? If so, please specify the cause and amount of damages for each of the following years as applicable 2003, 2004, 2005, 2006 and to date.

**No financial penalties**

75. What is the current per diem reimbursement per inmate bed?

**There is no per diem reimbursement.**

76. Explain the level of service that is required for a "call-back."

**Travel to the site and psychiatric assessment of offender**

77. How many instances have you had to access on-call –psychiatric coverage?

**The NHDOC pays a per diem rate for on-call coverage. Average call back statistics are specified in exhibit B paragraph 4: on call schedule and estimated budget pages 31 of 51.**

78. Are there forensic fellowship and residency services currently in place? If so, please explain which services are in place.

**Please refer to question # 62**

79. Please provide the number of inmates on psychotropic medication at each facility identified in the RFP.

**Laconia Facility – 63**  
**Concord Facility – 600**  
**Goffstown – 72**  
**Berlin - 150**

80. Please provide a list of current mental health classification levels and the number of inmates on the mental health caseload at each treatment level for each facility identified in the RFP.

### ***MH Intake Codes With Referral Rates By Date Span***

*New Hampshire Department of Corrections: Mental Health Services  
 Between 01/01/04 and 04/12/07*

	<i>Total Intakes per MH Code</i>	<i>Percent of Total Intakes</i>	<i>Percent Referred per MH Code</i>
I : No MH Needs	639	61.4%	1.4%
IN : Non-critical psychological problems in past not requiring treatment at present	4	0.4%	25.0%
IP : Non-critical psychological problems in past not requiring treatment at present;	3	0.3%	66.7%

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appropriate for regular residential and program placements:  
Psychopharmacological maintenance

1S : Documented/reported suicide indication in past not currently a problem	4	0.4%	25.0%
1S/M : Documented suicide issues in the past not now; monitor for adjustment	1	0.1%	100.0%
2 : MH Alert: Hx of Psychiatric Illness currently in remission, not require program assignment, I/M or staff referral for non critical MH issues	108	10.4%	16.7%
2M : MH Alert: Monitor for adjustment	108	10.4%	95.4%
2M/P : MH Alert: Monitor for adjustment/needs meds	36	3.5%	100.0%
2M/P/S : MH Alert: Monitor for adjustment/needs meds/suicide attempt in past monitor initial adjustment and critical events or suicidal ideation in present with intent and plan	4	0.4%	75.0%
2M/S : MH Alert: Monitor for adjustment/suicide attempt in monitor initial adjustment and	1	0.1%	0.0%

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critical events

2P : MH Alert: Needs Meds/Psychopharmacological maintenance	121	11.6%	92.6%
2S : MH Alert: Monitor initial adjustment and critical events if suicide ideation/attempt in the past	2	0.2%	100.0%
2S/P : MH Alert: Suicide attempt in past monitor initial adjustment and critical events/Needs Meds	2	0.2%	50.0%
3 : Moderate to Mild Impairment: In need of ongoing care, meds, and/or therapy Referral for appropriate service would be made	2	0.2%	100.0%
3P : Moderate to Mild Impairment: In need of ongoing care, meds, and/or therapy: Psychopharmacological maintenance	1	0.1%	100.0%
3Q : Moderate to Mild Impairment: In need of ongoing care, meds, and/or therapy: Needs further assessment	5	0.5%	100.0%
<b>Total Intakes:</b>	1041		

**Percent Referred:** 28.5%

*Report Developed By: Helen Hanks, MM  
Tuesday, April 24, 2007*

*"The mission of Mental Health Services is to provide quality, non-judgmental mental health services to offenders under the supervision of the New Hampshire Department of Corrections while fostering positive communication about mental health among corrections staff."*

81. Please provide a summary of psychiatric diagnoses for those inmates served with mental illnesses.

**NH Department of Corrections: General Mental Health Services**

Axis I Diagnoses	Percentage of Cases Reviewed with an Axis I
Major Depressive Disorder	17.6%
Deferred	12.3%
Depression Nos	12.3%
Anxiety Disorder Nos	10.6%
Adjustment Disorder Nos	6.0%
Borderline Personality Disorder	6.0%
PTSD	5.6%
Bipolar Disorder	4.9%
Rule Out	3.9%

82. Please provide a five (5) year history of inmate mental health services utilization data.

**FY 2004 – 26 % referral rate to mental health services**  
**FY 2005 – 27% referral rate to mental health services**  
**FY 2006 – 28 % referral rate to mental health services**  
**FY 2007 to date - @ 30% referral rate to mental health services**

83. Please list the top ten (10) most frequently prescribed/used psychiatric medications.

**Top Ten Psych Drugs by Number of Prescriptions Filled March 2007**

(top down)

Quetiapine - Seroquel: Anti-psychotic  
Trazodone : Antidepressant  
Fluoxetine : Antidepressant  
Diphenhydramine: Antihistamine  
Sertraline : Antidepressant  
Gabapentin: Anticonvulsant  
Bupropion – Wellbutrin: Antidepressant  
Escitalopram – Lexapro: Antidepressant  
Hydroxyzine: Antihistamine  
Divalproex Sodium: Anticonvulsant

84. Are SSRI's or anti-androgen medications currently used with the sex offender population? If so, with what frequency?

**No**

85. What QIM's are currently being utilized? Please provide data associated with these QIM's over the past three (3) years.

**American Correctional Association Guidelines for Accreditation – Recent accreditation in 2006**

86. What psychological testing is required at intake? **Only a biopsychosocial assessment**

- a) What is the timeframe within which testing is to be administered? **Initial screening to be completed with 14 days of booking date**

- b) Who administers psychological tests? **Master's level or higher clinical staff under the supervision of the chief of mental health (Licensed Ph.D.)**

87. How often and by who are mental health clinical quality reviews done, and what are the approximate time frames for said reviews?

**Every 2 years for the prison mental health services, annually for the secure psychiatric unit by an independent reviewer**

88. What are the criteria used to identify an individual for Approach 1-Intensive Sex Offender Treatment?

**Risk assessments such as the VASOR and Static 99**

89. Please describe the current philosophy or approach to providing sex offender treatment.

**See RFP 6.4 pg. 22 of 51**

90. What is the number of treatment hours offered at each of the various levels (Approach 1, 2 and 3)?

**Approach 1 – 12 hours a day, 7 days a week for 18 months**

**Approach 2 – 2 hours a week open-ended until discharged by clinician**

**Approach 3 – 4 hours a week for 6 months**

91. Does the program house civilly committed sexually violent predators or are all inmates under criminal statutes?

**The program will treat sexually violent predators in the SPU**

92. Is a private company currently providing mental health services? If so, please provide a copy of the existing contract for services identified in this RFP.

**Only psychiatric services is outsourced**

93. Will the selected mental health vendor be considered a health care provider that has contractually agreed to act as an agent of the DOC and thus is protected by sovereign immunity?

**NH Statute only recognizes indemnification for employees of the state of NH and Dartmouth medical school.**

94. What was the average daily census for each month, for each facility, for the past three (3) years?

Year													
Location:	AHC	HOSP	CCC	CMP	CONC	CRT	ESCP	HOC	LRF	NCF	NHSPW	NHSPM	SPU
2005	30	3	151	80	42	10	8	10	247	543	84	1405	38
2006	22	1	153	75	42	7	7	8	263	543	107	1463	48
2007	37	0	153	72	50	18	6	8	294	567	123	1510	45

Definitions for Locations:

AHC – At Home Confinement

HOSP – Hospital

CCC – Community Corrections

CMP – Compact

CONC – Concurrent sentence being served out of our State

ESCP – Escape

HOC – County House of Corrections

LRF – Lakes Region Facility

NHSPW – Goffstown Women’s Facility

NHSPM – Concord Men’s Facility

SPU –Secure Psychiatric Unit

95. In which section should the cost for psychiatric medical director be included?

**Sep. item/sheet exhibit B**