



**STATE OF TENNESSEE
DEPARTMENT OF CORRECTION**

**REQUEST FOR INFORMATION
FOR
COMMUNITY-BASED TREATMENT SERVICES FOR OFFENDERS**

**RFI # 32952-13005
AUGUST 3, 2021**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Correction issues this Request for Information (“RFI”) for the purpose of community-based treatment services for offenders throughout the State. We appreciate your input and participation in this process.

2. BACKGROUND:

Pursuant to the Community Corrections Act of 1985, which established an alternative to incarceration for non-violent felony offenders and other felony offenders with designated “special needs” that could be best served in the community, rather than in a correctional institution. Tenn. Code Ann. § 40-36- 106. provides the Tennessee Department of Correction with the ability to offer community-based alternatives in lieu of incarceration, thereby reserving secure confinement facilities for violent felony offenders. As of June 30, 2021, the Department of Correction is responsible for the supervision of 7,654 offenders sentenced to community corrections. Passed in the State legislature, the Alternatives to Incarceration Act (HB0784/SB0767) and its companion bill known as the Re-Entry Success Act (HB0785/SB0768) allows the Department of Correction to contract with entities and organizations, including local governments to create or operate community-based alternatives to incarceration. The Department of Correction is seeking information regarding current community-based treatment services ranging from Residential Inpatient to Community-Based outpatient and could include Day Reporting Center Services available to its current and future offender population.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI to:
ARIEL EVANS, CONTRACT ADMINISTRATOR
TENNESSEE DEPARTMENT OF CORRECTION
320 SIXTH AVENUE NORTH, NASHVILLE, TN 37243
615.253.8106
Email: Ariel.Evans@tn.gov

3.2. Please feel free to contact the DEPARTMENT OF CORRECTION with any questions regarding this RFI. The main point of contact will be:
 ARIEL EVANS, CONTRACT ADMINISTRATOR
 TENNESSEE DEPARTMENT OF CORRECTION
 320 SIXTH AVENUE NORTH, NASHVILLE, TN 37243
 615.253.8106
 Email: Ariel.Evans@tn.gov

3.3. Please reference RFI #32952-13005 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		AUGUST 3, 2021
2.	RFI Response Deadline		AUGUST 24, 2021

5. GENERAL INFORMATION:

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #32952-13005

TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

3. BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS

4. I. **Demographics / Operations**

A. What geographic area is your agency currently servicing?

B. What is the gender breakdown for the population your agency serves?

C. What are the racial demographics for the population your agency serves?

D. What are the age demographics for the population your agency serves?

E. Where is your agency's office(s) located?

i. Are the office(s) accessible via public transportation?

ii. Do you offer discounts to participants for the use of public transportation?

iii. Does your agency provide transportation to participants? If yes, what is the cost to the participant?

iv. Please describe any specific criteria the participant must meet to be eligible to receive your agency's transportation service?

F. What are your agency's current business hours?

G. What are the greatest service needs in your area for justice-involved citizens? Please provide detail.

H. If you're a residential facility, is your facility licensed by the State?

II. **Staffing**

A. What is your agency's hiring process for new applicants?

a. How does your agency screen new employees?

- b. Does the screening process include background checks?
- c. Are annual background checks required post-hire?
- B. Does your agency hire felons or applicants with any prior criminal records?
- C. How many staff does your agency employ?
- D. What is your agency's staff to participant ratio?
- E. What are your agency's vacancy and turnover rates for the last 12 months?
- F. What are the roles of your agency staff? (IE Administrative, Case Carriers, Specialized Positions, Treatment)
- G. What is the highest level of education required for employment? (Breakdown position types)
- H. Does your agency have clinically licensed staff? (provide specific licensure requirement information)

II. Training

A. Please outline your agency's training program for employees who supervise or provide programming and/or services to participants?

1. Please outline initial on-board training.

- a. Caseload Carrying Officer
- b. Support Staff
- c. Specialized Positions
- d. Clinical Staff

2. Please outline ongoing annual in-service training.

- a. Caseload Carrying Officer
- b. Support Staff
- c. Specialized Positions
- d. Clinical Staff

B. What, if any, certifications are staff required to maintain?

- a. How is the certification verified?
- b. How is re-certification monitored and tracked?

C. What training or continuing education is provided or required by your agency to ensure your staff's field of expertise is maintained?

- a. How are these documented and monitored?
- b. Is it provided within your agency or by outside resources?
- c. Is the cost of continuing education paid for by the agency, or is it individual pay?
- d. How does your clinical staff receive the required continuing education hours to maintain licensure?

III. Programs and Services Offerings

A. What types of program and participant services does your agency provide?

1. For example:

- a. Supervision
- b. Day Reporting Center
- c. Residential Treatment Center
- d. Community Resource Center
- e. Outpatient Treatment Center
- f. Inpatient Treatment Facility
- g. Restitution Center
- h. Co-Occurring Disorder Services
- i. Are there any other programs or participant services offered by your agency?

IV. Programs and Services Offerings

B. What types of program and participant services does your agency provide?

1. For example:

- a. Supervision
- b. Day Reporting Center
- c. Residential Treatment Center
- d. Community Resource Center
- e. Outpatient Treatment Center
- f. Inpatient Treatment Facility
- g. Restitution Center
- h. Co-Occurring Disorder Services
- i. Are there any other programs or participant services offered by your agency?

C. What is your agency's source of participant referrals? For example, court, state probation, or private sector, or other community partners.

D. What type of Risk and Need Assessment (RNA) instrument does your agency use?

E. Please provide a detailed summary of the risk and needs assessment administered by your agency. Please include answers to the questions below as part of your detailed summary.

- 1. Is the RNA a validated instrument?
- 2. Is the RNA evidence-based?
- 3. How is the RNA outcome used in the treatment, services, or supervision of participants?
- 4. How is the RNA administered to the participant? Please describe the risk needs assessment process?
- 5. What are the requirements for staff who administer the RNA instrument? What education level and training is required to be certified to administer the RNA instrument?

6. What are your agency's training and certification process?
 7. Is there a quality assurance process in place to ensure the fidelity of the RNA process? If so, please describe the process. At what level is this process managed?
- F. Does your agency provide participant supervision services? If so, please provide a detailed summary of supervision services offered. Please include answers to the questions below as part of your detailed summary.
1. How long has your agency provided supervision services?
 2. What supervision model does your agency utilize?
 - a) Please include a description outlining supervision levels or phases.
 - b) Please include details regarding the different levels of supervision and how participants may transition through the different levels of supervision.
 - c) Please include details regarding the different types of interactions staff may have with participants on supervision. For example, in-person reporting, virtual reporting, home visits, and/or office visits.
 3. Is your agency's supervision model based on evidence-based practices? Please reference current research in which your agency's supervision model is based upon.
 4. How does your agency utilize the risk and needs assessment within your supervision model?
 5. How does your agency address participant non-compliance with supervision?
 6. Does your agency offer any specialized supervision functions such as electronic monitoring, curfew monitoring, or specialty court supervision? Please provide details.
 7. What are the associated fees assessed to the participant for supervision services.
 8. How does your agency monitor and track the delivery and quality of supervision services rendered to the participant?
- G. What type of programs and services does your agency currently provide? Please provide a detailed summary of the program and services offered. Please include answers to the questions below as part of your detailed summary.
1. How long has your agency provided these programs and services?
 2. What programs and services are referred to outside agencies?
 3. What, if any, is the cost to the participant?
 4. Do you accept insurance to cover program and service costs?
 5. What program curriculum do you utilize?
 - a) Is specific training required in order for staff to facilitate the curriculums provided?
 - b) Are the programs and services evidence-based?
 - c) How is quality assurance of curriculum delivery monitored and maintained?
 6. What outcome measures are monitored and tracked to ensure program or service delivery and fidelity?
 7. How does your agency deliver programs and services (in-person, virtual)?
 - a) If in-person, is it delivered in a group setting or individually?

b) If offered virtually, what platforms are used to deliver the program or services?

H. Does your agency offer MAT (Medically Assisted Treatment)? If so, please provide a detailed summary of the MAT program(s) offered. Please include answers to the questions below as part of your detailed summary.

1. Define what MAT means to your agency.
2. How long have you been providing MAT services?
3. Do you refer any portion of MAT to outside agencies?
4. What, if any, is the cost to the participant?
5. Do you accept insurance to cover programming costs?
6. How does your agency track and monitor the delivery of service for MAT programs?

I. Does your agency offer inpatient or outpatient treatment options? If so, please provide a detailed summary of the treatment programs offered. Please include answers to the questions below as part of your detailed summary.

1. Define what inpatient/outpatient treatment means to your agency.
2. How long has your agency provided this service?
3. What inpatient/outpatient treatment services are referred to outside agencies?
4. What, if any, is the cost to the participant?
5. Do you accept insurance to cover programming costs?
6. If you provide inpatient residential treatment, if so, please provide the following information:
 - a. What is the capacity of your residential treatment facility?
 - b. What is the eligibility criteria for acceptance into your residential facility? Is there any population that you do not serve in this facility?
 - c. How many staff are employed within the facility?
 - d. Do you have any staff who are clinically licensed providing services to the participants? If yes, describe what services they provide and your minimum licensing requirement for the position. List the specific clinical license for all staff currently providing services in this program.
 - e. What is the staff to participant ratio within your facility?
 - f. Is your residential treatment facility gender-specific or co-ed?
 - g. Is programming offered onsite or by outside resources?
 - h. Are participant meals prepared onsite?
 - i. Does your facility have a full kitchen for meal preparation?
 - j. Do you have a Registered Dietician on staff?
 - k. Do you provide medical diets?
 - l. Do you have a licensed nurse on staff?
 - m. How are participant medications stored and distributed, and by whom are they distributed?
 - n. How are medications stored and accounted for?
7. How does your agency track and monitor the delivery of service for inpatient/outpatient

services offered?

J. Does your agency provide aftercare programs? If so, please provide a detailed summary of the aftercare programs offered. Please include answers to the questions below as part of the detailed summary.

1. Define what aftercare means to your agency?
2. How long has your agency provided this service?
3. What aftercare is referred to outside agencies?
4. What, if any, is the cost to the participant?
5. Do you accept insurance to cover programming costs?
6. How does your agency track and monitor the delivery of aftercare services provided to participants?

K. Does your agency provide drug testing to participants? If so, please provide a detailed summary of the drug testing process. Please include answers to the questions below as part of the detailed summary.

1. What type of drug testing is offered for participants (urinalysis, oral fluid, etc.)?
2. List all substances screened in the drug testing process.
3. How are positive drug screen results addressed, and do they factor into the participant's program and services requirements?
4. How does your agency track participant's drug screens and results?
5. What are the associated costs to the participant for drug testing?
6. Does your agency have a designated drug testing area to conduct drug screens?
7. Does your agency have dedicated staff to conduct drug screens?
8. What training is required and provided for staff who conduct drug screens?
9. What type of confirmation is obtained for a positive drug screen? Is an independent laboratory utilized to confirm drug testing results?
10. How are drug screens stored pending shipment for confirmation?
11. What is the chain of custody process for sending drug screens to the lab?
12. Are all positive drug screens sent for confirmation?

L. Does your agency have any Day Reporting Center (DRC) model and/or Community Resource Center (CRC) model? If so, please provide a detailed summary of the DRC and/or CRC model. Please include answers to the questions below as part of the detailed summary.

1. Define what a Day Reporting Center and/or Community Resource Center means to your agency.
2. How long has your agency provided this service?
3. What participant population does your agency service (felony or misdemeanor)?
 - a. Is there a population that is prohibited from service?
 - b. Are there programs and services available for dual diagnosis participants?

4. What is your agency's source for participant referrals? For example, court, specialty courts, state probation, private sector, or other community partners.
 5. Is there a referral process and/or evaluation process for acceptance into your agency's DRC or CRC? If so, please describe the process in detail.
 6. What are the eligibility criteria for your agency's DRC/CRC?
 7. What programs and services are offered within your agency's DRC and CRC models?
 8. Describe the structure of the programs offered within your agency and whether or not it is evidence-based.
 9. How does your agency track and monitor the delivery of services within the DRC/CRC model?
- M. What is your agency's process for discharging a participant who has successfully completed the program in which they are enrolled and/or the term of supervision?
- N. What is your agency's process for terminating a participant who has unsuccessfully completed the program or services to which they are enrolled in and/or the term of supervision?
- O. Does your agency offer any other evidence-based programs or services not already mentioned? If so, please provide a detailed summary of the program or service offered.

VI. Participant Management System

- A. What type of participant management system does your agency utilize to document, track, and monitor all aspects of participant activity?
- B. How does your agency ensure the security and integrity of the participant management system and the participant information contained within?
- C. Is your agency's participant management system paperless, or does your agency utilize hard copy files for the participant as well as the participant management system?
- D. Program and Services Documentation:
 1. How does your agency document the supervision, programs, and services offered by your agency?
 2. How does your agency document participant referrals for programs and services?
 3. How does your agency document participant performance in supervision, programs, and services?
 4. What is your quality assurance review and audit process for your supervision, program, and service delivery?

VII. Reporting & Outcome Measure Monitoring

- A. What monthly statistical reports are generated from your agency's participant management system?
 - a. What data is included?
 - b. Who reviews the data?

- c. How are the reports used in the operation of your agency?
- B. How does your agency monitor and track participant's performance within programs?
 - a. What data is included?
 - b. Who reviews the data?
- c. How are the reports used in the operation of your agency?
- C. How does your agency track participant success post-program discharge or termination?
 - a. What data is included?
 - b. Who reviews the data?
- c. How are the reports used in the operation of your agency?

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2. Describe the typical price range for similar services or goods
3. What is your agency's process and policy for handling participants who do not pay fees as required?
4. Does your agency have a process for waiving participant fees? (Indigent) How does your agency define indigency?
5. Does your agency have a process for handling diversion supervision fees?
6. What, if any, services are provided by your agency at an additional cost to participants that has not already been outlined? If so, please provide a list of the services and associated costs?

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: