



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

REQUEST FOR INFORMATION  
FOR  
FEMALE RESIDENTIAL TREATMENT SERVICES

RFI # 32901-31334  
MAY 11, 2023

**1. STATEMENT OF PURPOSE:**

The State of Tennessee, Department of Correction issues this Request for Information ("RFI") for the purpose of surveying the market to ascertain whether the vendor pool can provide residential treatment services to female, justice-involved clients currently under State supervision. We appreciate your input and participation in this process.

**2. BACKGROUND:**

The Department of Correction is seeking information regarding current Residential substance use treatment services to be provided in Chattanooga, Tennessee for females currently on probation/parole in the Chattanooga, Tennessee area. The information received by the State shall include the operation, management, treatment, and recovery services for a fifty (50) bed facility as a residential treatment facility.

**3. COMMUNICATIONS:**

3.1. Please submit your response to this RFI to:  
ARIEL EVANS, CONTRACT ADMINISTRATOR  
TENNESSEE DEPARTMENT OF CORRECTION  
320 6<sup>TH</sup> AVENUE NORTH  
NASHVILLE, TN 37243  
615.253.8106  
Email: [Ariel.Evans@tn.gov](mailto:Ariel.Evans@tn.gov)

3.2. Please feel free to contact the TENNESSEE 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 6<sup>TH</sup> AVENUE NORTH  
NASHVILLE, TN 37243  
615.253.8106  
Email: [Ariel.Evans@tn.gov](mailto:Ariel.Evans@tn.gov)

3.3. Please reference RFI # 32901-31334 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		MAY 11, 2023
2.	RFI Response Deadline		MAY 30, 2023

**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:

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**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. WHAT IS YOUR AGENCY'S EXPERIENCE IN SERVING A FEMALE-SPECIFIC, RESIDENTIAL POPULATION? (PLEASE INCLUDE ANY NATIONAL CERTIFICATIONS OR NATIONAL ACCREDITATIONS YOUR AGENCY HAS RECEIVED).

5. WHAT IS YOUR AGENCY'S EXPERIENCE IN SERVING A JUSTICE-INVOLVED RESIDENTIAL POPULATION?

6. WHAT ARE THE RACIAL AND AGE DEMOGRAPHICS FOR THE POPULATION YOUR AGENCY SERVES?

I. WHAT SERVICES DOES YOUR AGENCY PROVIDE IN COMMUNICATING WITH THOSE DEEMED LIMITED ENGLISH PROFICIENT (LEP) OR DEAF/HARD OF HEARING?

II. IS A VIDEO RELAY INTERPRETER (VRI) SYSTEM OR SOME FORM OF AN INTERPRETER SERVICE AVAILABLE? IF SO, PLEASE EXPLAIN.

7. DOES YOUR AGENCY PROVIDE TRANSPORTATION TO SERVICES? IF YES, WHAT IS THE COST TO THE PARTICIPANT?

I. DO YOU OFFER DISCOUNTS TO PARTICIPANTS FOR THE USE OF PUBLIC TRANSPORTATION?

II. PLEASE DESCRIBE THE CRITERIA THE PARTICIPANT MUST MEET TO BE ELIGIBLE TO RECEIVE YOUR AGENCY'S TRANSPORTATION SERVICE?

8. WHAT IS YOUR AGENCY'S CURRENT BUSINESS HOURS?

9. IS YOUR FACILITY/AGENCY LICENSED BY THE STATE OF TENNESSEE? IF YES, PLEASE PROVIDE A COPY OF THE MOST RECENTLY ISSUED LICENSE.

10. WHAT IS YOUR AGENCY'S HIRING PROCESS FOR NEW APPLICANTS?

I. HOW DOES YOUR AGENCY SCREEN NEW APPLICANTS?

II. DOES THE SCREENING PROCESS INCLUDE BACKGROUND CHECKS?

III. HOW MANY CLINICAL AND NON-CLINICAL STAFF DOES YOUR AGENCY EMPLOY?

IV. ARE ANNUAL BACKGROUND CHECKS REQUIRED POST-HIRE?

V. WHAT IS YOUR AGENCY'S STAFF TO PARTICIPANT RATIO? BOTH CLINICAL AND NON-CLINICAL?

- VI. WHAT IS YOUR AGENCY'S VACANCY AND TURNOVER RATES FOR THE LAST TWELVE (12) CALENDAR MONTHS FOR CLINICAL AND NON-CLINICAL STAFF?
- VII. WHAT ARE THE ROLES OF YOUR AGENCY STAFF? (I.E. ADMINISTRATIVE, CASE MANAGEMENT, TREATMENT-SPECIFIC, SPECIALIZED)
- VIII. WHAT IS THE HIGHEST LEVEL OF EDUCATION REQUIRED FOR EMPLOYMENT? (PLEASE PROVIDE A BREAKDOWN BY POSITION TYPE AVAILABLE)
- IX. ARE YOUR AGENCY'S TREATMENT PROVIDERS CLINICALLY LICENSED? IF SO, PLEASE PROVIDE SPECIFIC LICENSURE INFORMATION FOR EACH CLINICAL POSITION YOUR AGENCY EMPLOYS.

11. DOES YOUR AGENCY PROVIDE A RESIDENT HANDBOOK TO ALL NEW INCOMING RESIDENTS? IF YES, PLEASE PROVIDE A COPY.

- I. DOES THE RESIDENT HANDBOOK INCLUDE RULES AND REGULATIONS REGARDING OFFENDER CONDUCT?
- II. DOES THE RESIDENT HANDBOOK INCLUDE DISCIPLINARY REGULATIONS REGARDING VIOLATIONS OF ANY FACILITY RULES?

12. DOES YOUR AGENCY HAVE AN IMPLEMENTED EMERGENCY/DISASTER PLAN AND SAFETY PLAN IN ACCORDANCE WITH OSHA, TOSHA, AND LOCAL EMERGENCY MANAGEMENT GUIDELINES? (IF SO, PLEASE PROVIDE A COPY).

- I. DOES YOUR AGENCY PROVIDE SECURITY SERVICES AT THE RESIDENTIAL TREATMENT FACILITY? IF SO, IS THE SECURITY HIRED IN-HOUSED OR SUB-CONTRACTED?
- II. DOES THE IDENTIFIED SECURITY PERSONNEL HAVE EXPERIENCE IN WORKING WITHIN IN A FEMALE-SPECIFIC, JUSTICE-INVOLVED RESIDENTIAL FACILITY? IF YES, WHAT TRAINING DO THEY RECEIVE?
- III. WHAT TYPE OF SECURITY SERVICES DOES THE CURRENT PERSONNEL PROVIDE? (I.E. CURFEW CHECKS, WORK RELEASE SUPERVISION, ATTENDANCE VERIFICATION/LOGS, ETC)?
- IV. PLEASE INCLUDE THE CURRENT OPERATING SECURITY AND ACCESS CONTROLS PLAN/PROCEDURES.

13. DOES YOUR AGENCY PROVIDE INTAKE ORIENTATION?

- I. HOW SOON DOES A NEW RESIDENT RECEIVE ORIENTATION UPON PROGRAM ADMISSION?
- II. PLEASE PROVIDE A SAMPLE ORIENTATION SCHEUDLE.
- III. PLEASE PROVIDE A SAMPLE COPY OF ALL DOCUMENTS, POLICIES AND PROCEDURES NEW RESIDENTS RECEIVE AND ARE REVIEWED DURING ORIENTATION.

14. DOES YOUR AGENCY PROVIDE FOOD SERVICES IN HOUSE OR THOROUGH THE USAGE OF A SUB-CONTRACTOR?

- I. IF UTILIZING A SUB-CONTRACTOR, PLEASE PROVIDE THE NAME OF THE CURRENT SUB-CONTRACTOR.
- II. PLEASE PROVIDE A SAMPLE MEAL SCHEDULE
- III. DOES YOUR AGENCY HAVE A REGISTERED DIETICIAN ON STAFF? EITHER DIRECT HIRE OR SUB-CONTRACTOR. (IF YES, PLEASE PROVIDE THE TYPE OF LICENUSRE ACCEPTED)
- IV. ARE FOOD SERVICES PROVIDED IN COMPLIANCE WITH RELIGIOUS OR HEALTH-

SPECIFIC DIETARY PLANS/RESTRICTIONS?

15. DOES YOUR AGENCY PROVIDE DRUG TESTING TO RESIDENTS? 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.

- I. WHAT TYPE OF SAMPLE IS COLLECTED FROM RESIDENTS (URINALYSIS, ORAL FLUID, ETC.)?
- II. LIST ALL SUBSTANCES SCREENED IN THE DRUG TESTING PROCESS?
- III. HOW DOES YOUR AGENCY TRACK RESIDENT'S DRUG SCREENS AND RESULTS?
- IV. DOES YOUR AGENCY HAVE A DESIGNATED DRUG TESTING AREA TO CONDUCT DRUG SCREENS?
- V. WHAT TRAINING IS REQUIRED AND PROVIDED FOR STAFF WHO CONDUCT DRUG SCREENS?
- VI. WHAT TYPE OF CONFIRMATION IS OBTAINED FOR A POSITIVE DRUG SCREEN? IS AN INDEPENDENT LABORATORY UTILIZED TO CONFIRM DRUG TESTING RESULTS?
- VII. HOW ARE SCREENS STORED PENDING SHIPMENT FOR CONFIRMATION?
- VIII. WHAT IS THE CHAIN OF CUSTODY PROCESS FOR SENDING COLLECTED SPECIMENS TO THE LAB?
- IX. ARE ALL POSITIVE DRUG SCREENS SENT FOR CONFIRMATION?

16. WHAT IS YOUR AGENCY'S VISITATION PROCEDURES? PLEASE PROVIDE A COPY OF THE VISITATION POLICY.

17. WHAT IS YOUR AGENCY'S EXPERIENCE WITH FACILITATING TREATMENT SERVICES UTILIZING AN EVIDENCE-BASED THERAPEUTIC COMMUNITY MODEL?

- I. DOES THIS MODEL ENCOMPASS TRAUMA RESOLUTION/LIFE SKILLS AND FAMILY REUNIFICATION SERVICES?
- II. PLEASE PROVIDE A COPY OF THE PROGRAMMING SCHEDULE AND CURRICULUM CURRENTLY BEING FACILITATED.

18. WHAT TYPES OF EVIDENCE-BASED, FEMALE-SPECIFIC RECOVERY SKILLS DOES YOUR AGENCY PROVIDE?

- I. IS FACILITATION CONDUCTED BY DIRECT-HIRE, DEGREEED & LICENSED STAFF OR THROUGH A SUB-CONTRACTOR?

19. DOES YOUR AGENCY EMPLOY A MEDICAL DIRECTOR? IF SO:

- I. WHAT HOURS DOES THE DIRECTOR OPERATE? IF THEY OPERATE ON AN ON-CALL ROTATION/SCHEDULE?
- II. WHAT IS THE PROCESS OF NOTIFICATION FOR SERVICES NEEDED?
- III. IS THE MEDICAL DIRECTOR A DIRECT HIRE OR SUB-CONTRACTOR?
- IV. WHAT MEDICAL DESIGNATION/LICENSEURE DOES THE PROFESSIONAL POSSESS?
- V. WHAT ARE THE PROTOCOLS FOR MEDICATION DISPENSING AND INVENTORY CONTROLS FOR THE SAFEGUARDING OF MEDICATIONS AND NARCOTICS?

20. HOW DOES YOUR AGENCY HANDLE GRIEVANCES/COMPLAINTS? PLEASE PROVIDE A COPY OF ALL RELATED POLICIES AND FORMS.

21. DOES YOUR AGENCY PROVIDE CASE MANAGEMENT SERVICES TO RESIDENTS WHILE IN TREATMENT AND WHILE IN RECOVERY? IF SO, PLEASE PROVIDE THE TYPES OF

SERVICES OFFERED.
22. WHAT TYPES OF EDUCATIONAL, CAREER-READINESS OR JOB TRAINING SKILLS OR CERTIFICATES DOES YOUR AGENCY OFFER TO RESIDENTS?
23. WHAT MONTHLY STATISTICAL REPORTS ARE GENERATED FROM YOUR AGENCY'S RESIDENT MANAGEMENT SYSTEM? I. WHAT DATA IS INCLUDED? II. WHO REVIEWS THE DATA? III. HOW ARE THE REPORTS USED IN THE OPERATION OF YOUR AGENCY?

<b>COST INFORMATIONAL FORM</b>
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, 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.
4. DO THE PRICING UNITS FOR TREATMENT SERVICES INCLUDE THE COSTS OF MEALS PROVIDED TO THE RESIDENTS? IF NOT, PLEASE INCLUDE THE COST PER DAY/PER RESIDENT FOR MEAL SERVICES.
5. DOES THE PRICING INCLUDE THE COST OF A DIRECT-HIRE OR SUB-CONTRACTED MEDICAL DIRECTOR? IF NOT, PLEASE INCLUDE THE COST FOR AN ON-CALL SCHEDULE.

<b>ADDITIONAL CONSIDERATIONS</b>
1. Please provide input on alternative approaches or additional things to consider that might benefit the State: