



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32952-13006  
AMENDMENT # SIX  
FOR COMMUNITY-BASED TREATMENT SERVICES  
FOR OFFENDERS**

**DATE: APRIL 26, 2022**

**RFP # 32952-13006 IS AMENDED AS FOLLOWS:**

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE (all dates are state business days)
1. RFGP Issued		January 27, 2022
2. Pre-Response Conference (Conducted via WebEx virtual platform)	10:00 a.m.	February 1, 2022
3. Notice of Intent to Respond Deadline		February 4, 2022
4. Deadline for Potential Proposer Questions	4:30 p.m.	February 11, 2022
5. State Issues Responses to Proposer Questions	4:30 p.m.	March 9, 2022
6. Deadline for Additional Potential Proposer Questions	4:30p.m.	March 18, 2022
7. State Issues Responses to Potential Proposer Additional Questions	4:30 p.m.	April 14, 2022
8. TDOC Day Reporting Center Tours Jackson DRC (April 18, 2022) 1:00pm-3:00pm (CST) Murfreesboro DRC (April 19, 2022) 1:30pm-3:30pm (CST) Knoxville DRC (April 21, 2022) 2:00pm-4:00pm (EST)		April 18,2022-April 21, 2022
9. Grant Proposal Deadline	2:00 p.m.	May 6, 2022
10. Qualifications Evidence Evaluations Completed	4:30 p.m.	May 20, 2022
11. Budget Proposals Opened	2:00 p.m.	May 24, 2022
12. Award Notice Released <u>and</u> RFGP Files Opened for Public Inspection	2:00 p.m.	June 1, 2022

13. Open File Period Ends	4:30 p.m.	June 10, 2022
14. Grantee Signature Deadline	4:30 p.m.	June 17, 2022
15. Contract Signed by the State	2:00 p.m.	June 24, 2022
16. Grant Contract Start Date		July 1, 2022

**2. State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
		1. May we see a sample schedule of all evidence-based programs and service offerings?	Please reference RFGP Attachment 6.2., Item Reference B.DRC.3. It is the Respondent's responsibility to provide a sample schedule of all evidence-based programs and service offerings for evaluation as part of the proposal.
		2. How is the participant success within the assigned program measured?	The State measures participant success by the completion of each required phase of the program as structured.
		3. How is offender non-compliance with treatment addressed and documented?	Offender non-compliance is documented within the State's defined OMS and addressed with the current supervising PPO and the sentencing judge.
		4. May we see an example of the sanction process and the evidence-based research to develop it?	It is the Respondent's responsibility to provide a narrative detailing how they will meet the RFGP requirements.
		5. May we see an example curriculum being administered to Day Reporting Center participants?	It is the Respondent's responsibility to provide a sample curriculum for proposed program offerings and how it will meet the RFGP requirements.
		6. Does the Knoxville DRC/CRC maintain a facility license through TDMHSAS? If so, what category/categories of licensure does it maintain?	DRC Directors and Clinical Directors are licensed through TDMHSAS and TN Health-Related Boards. Because TDOC DRCs and CRCs are divisions of the TN Department of Correction they are not licensed. TDOC is requiring however, that all grant partners providing treatment services be licensed through TDMHSAS and the TN Health Related Boards.
		7. The FAQ page indicates that the Knoxville DRC/CRC is open	The DRC/CRC gives priority in service delivery and assistance to

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		to the public, does that mean anyone can walk in and receive any services at any time? Or are there restrictions/eligibility requirements?	former and current offenders under supervision by TDOC.
		8. What are the operating hours each day of the week?	All TDOC DRCs provide programming and treatment services on a standard schedule of 8am-4:30pm Monday through Thursday with the exception of State-approved holidays. On Friday's, the DRCs are open for staff to complete administrative duties.
		9. Approximately how many individuals does it currently serve on a weekly basis?	The State is providing as an update to RFGP Attachment Eight monthly referral numbers for each TDOC owned DRC for fiscal year 2021.
		10. How many of the total individuals served are part of the corrections population (as opposed to general members of the public)?	All clients served at DRCs and CRCs are current or former offenders. Members of the general public are not serviced by TDOC DRCs and CRCs.
		11. How many licensed clinical staff members does the Knoxville DRC/CRC currently employ or utilize through subcontractor providers?	At TDOC's Knoxville DRC, there is one (1) position that must hold a valid license through TDMHSAS and TN Health-Related Boards. There are several additional staff members at the TDOC Knoxville DRC that hold a valid license, but it is not a requirement of their current positions.  Respondent's proposals must detail a number of licensed clinical staff that meet the ratios and standards detailed in the RFGP.
		12. How many total square feet is the Knoxville DRC/CRC building?	The square footage of TDOCs Knoxville DRC is approximately 12,000 square feet.  Respondents must provide adequate square footage to support the number of offenders the respondent proposes to serve.
		13. How many square feet of the building is dedicated to meeting space for delivery of therapy and treatment programming (i.e., not dedicated personnel offices)?	9,000 square feet is dedicated to programming and treatment services.  Respondents must provide adequate square footage to support the number of offenders the respondent proposes to serve.
		14. During the presentation, the Knoxville DRC Director stated that her program has a LADAC	Please see the State's response to Question #66 in RFGP #32952-13006 Amendment Two.

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		<p>on staff who teaches the Living in Balance program to DRC participants. The Director also stated that nearly all DRC participants have co-occurring disorders. However, the RFGP expressly forbids LADACs from working in a DRC, and the cited reason was because they cannot treat individuals with co-occurring disorders. Due to this information presented, there seems to be a conflict. Will the State please resolve this discrepancy?</p> <p>Here are some specific questions, if that helps you any:</p> <p>Was the omission of LADACs from the list of allowable DRC staff an error?</p> <p>If not, then is the Knoxville DRC subject to different requirements than the DRCs contemplated in the RFGP?</p> <p>And if so, why?</p> <p>What are the substantive differences between a LADAC delivering substance abuse treatment (and no other kind of treatment) in a DRC versus an IOP?</p>	<p>Living In Balance is an EBP curriculum for Relapse Prevention programming as part of substance use treatment services. LADACs are allowed to facilitate approved EBP related to substance use treatment services only.</p> <p>The State will allow for LADACs to operate under the scope of their licensure for substance use related treatment services as outlined by the TN Health-Related Boards within DRCs under the supervision of a licensed behavioral health professional as outlined and required within the RFGP. Only licensed behavioral health professionals as outlined with the RFGP are allowed to assess and treat behavioral and co-occurring disorders. All final hiring decisions are at the discretion of the State.</p>
			<p>The State is providing additional definitions for clarification in relation to treatment services:</p> <p><b>Behavioral Health Treatment</b> – the treatment of various types of behavioral disorders as defined and outlined in the DSM V, involving but not limited to psychotherapy conducted by a mental health professional or a combination of psychotropic medication and therapy.</p>

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			<p><b>Substance Use Treatment</b> – the treatment and assessment of diagnoses involving alcohol and drug use disorders, which are provided by a licensed clinical professional. Treatment components include behavioral counseling, medication, applicable/approved medical devices, applications used to treat withdrawal symptoms, deliver skills training, the evaluation and treatment for co-occurring behavioral health issues, provide follow-up care, and relapse prevention. All treatment guidelines are established by SAMHSA and ASAM and only approved diagnoses as defined and outlined in the DSM V will be treated.</p> <p><a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a></p> <p><a href="https://www.asam.org/">https://www.asam.org/</a></p> <p><b>Treatment</b> – application of medicines, psychotherapy, surgery or other approved modalities to a patient OR to a disease or symptom(s).</p>

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.