STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR INFORMATION
FOR
MENTAL HEALTH TRAIN-THE-TRAINER PROGRAM

RFI # 34349-08623
July 19, 2022

1. STATEMENT OF PURPOSE:

The State of Tennessee, Tennessee Department of Health issues this Request for Information ("RFI") for the purpose of informing the Department of the marketplace for train-the-trainer programs to certify public health workers, first responders, and other community partners to respond to mental health and substance abuse issues or crises and provide mental health and substance abuse education to the public health workforce and community. We appreciate your input and participation in this process.

2. BACKGROUND:

The Tennessee Department of Health is seeking to procure services for an evidence-based, train-the-trainer educational program to equip a minimum of 150 public health workers and community partners, such as first responders and educators, with the fundamental knowledge of mental health illness and crisis in adults and youth, as well as the tools to respond to crisis situations and refer to appropriate professional help if needed. Individuals who complete the train-the-trainer program should be certified as trainers/instructors able to provide mental health and substance abuse education and training to peers, community members, and other organizations. After completing the train-the-trainer course, the certified trainer/instructor must have the ability to provide a renewable participant certification to those trained. Train-the-trainer courses are sought in all three Grand Divisions of Tennessee (East, Middle, and West), and the vendor should possess resources to provide simultaneous courses across the state if needed.

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI to:

Simeon Ayton, Sourcing Account Specialist
Division of General Services
Central Procurement Office
WRS Tennessee Tower, 3rd Floor
312 Rosa L. Parks Avenue
Nashville, TN 37243-1102
3.2. Please feel free to contact the Department of Health with any questions regarding this RFI. The main point of contact will be:
Liz Harris, CEDEP Strategic Initiatives Director
Tennessee Department of Health
Division of Communicable and Environmental Diseases and Emergency Preparedness
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway
Nashville, TN 37243
Liz.Harris@tn.gov

3.3. Please reference RFI #34349-08623 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time Zone)</th>
<th>DATE (all dates are State business days)</th>
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</thead>
<tbody>
<tr>
<td>1. RFI Issued</td>
<td></td>
<td>July 19, 2022</td>
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<tr>
<td>2. RFI Response Deadline</td>
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<td>August 2, 2022</td>
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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 #34349-08623**

**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**

   **Vendor Background and Experience**
   
   1) Describe the types of mental health and substance abuse trainings produced through your company and the years of experience your organization has had delivering and supporting a train-the-trainer mental health program. In your response, indicate if your company provides train-the-trainer courses for mental health and substance abuse in adults and youth or adults-only.

   2) What populations has your company served in the U.S. and/or world-wide? Please highlight any experience providing services to public health professionals at the national, state, regional, and/or local level. Include any experience providing services to first responders, educators, or other healthcare professionals.

   3) Provide the evidence base/research for your company’s mental health training program and instructional materials. Please include references to any studies demonstrating the training/program’s effectiveness.

   4) Describe the professional background of your company’s train-the-trainer program instructors, including relevant education, training, and average years of experience.

   **Vendor Program, Resources, and Capacity**
   
   1) Briefly describe the format and length of your company’s train-the-trainer program and the participant course led by certified trainers/instructors. For each, please provide a syllabus or a description of the course content and a summary of the tools or techniques taught to address mental health and crisis intervention.

   2) Describe the educational materials that accompany your train-the-trainer program or course (i.e. instructor manuals, workbooks, online materials). Please include a brief description of the contents, length, and topics covered.

   3) Describe the educational materials for participants attending an educational session provided by a certified trainer/instructor. Please include a brief description of the contents, length, and topics covered.

   4) What is the trainer/instructor certification process after completion of the course (i.e. knowledge test, training check-off, etc.)? Please also detail the requirements for maintaining a
5) Describe the space and equipment the State would need to provide your company to facilitate a train-the-trainer course.

6) How much notice does your company need in advance to schedule a train-the-trainer course?

7) How many participants are able to be trained in a train-the-trainer course?

8) Describe your company’s capacity to provide train-the-trainer courses simultaneously at three separate locations in east, middle, and west Tennessee.

9) Are there any limitations on your company’s ability to provide instructional or participant training materials as classes are scheduled? Please include any time, quantity, or shipping limitations/considerations.

10) Describe your company’s method for providing educational/instructional material updates and the types of ongoing support your company offers for certified trainers/instructors.

11) Describe any mental health trainings or resources your company has developed for specific populations, such as first responders. Please list the population and provide a description of the training/resources.

12) Describe how your company evaluates your training program’s effectiveness.

13) If you are able to, please provide references from clients/companies you have provided these types of services to.

14) Has your training been endorsed or supported by any national mental health or substance abuse organizations such as SAMHSA or NAMI?

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

ADDITIONAL CONSIDERATIONS

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