CA0977944

SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET

Referred to Commission Committee (name) **LAW ENFORCEMENT, FIRE, CORRECTIONS & COURTS**

For Commission Action on (date): 6/1/09

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF $250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS IN AN AMOUNT NOT TO EXCEED $250,000.00. SPONSORED BY COMMISIONER SIDNEY CHISM

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

___X___ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: $_____: County CIP Funds: $_____

State Grant Funds: $_____: State Gas Tax Funds: $_____

Federal Grant Funds: $_____

Other funds (Specify source and amount): **Fines and fees**: ~~$250,000, Z05025510 00~~

Other pass-thru funds (Specify source and amount): $ 250,000, Z05025510 00

Originating Department: Shelby County Drug Court

APPROVAL:

	(Type your name & phone #.)	(Initials)	(Date)
Dept. Head:	Angela Parkerson 545-2823	a.p.	5-28-09
Elected Official:	Judge Tim Dwyer 545-5192	TJD	5-28-09
Division Director:			
CIP – A&F Director:			
Finance Dept.:	Michael A. Swift 545-4449	MAS	6/5/09
County Attorney:	Mary L Bright	mlb	5-29-09
CAO/Mayor:	Jim Huntzicker 545-4514	JH	6/5/09

AS 6/1/09

URichards 6/2/09

SUMMARY SHEET

I. Description of Item

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF $250,000 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS NOT TO EXCEED $250,000.00. SPONSORED BY COMMISIONER SIDNEY CHISM

II. Source and Amount of Funding

Funds will be made available by a State of Tennessee pass through grant from account 850-700502-6678, Outside Contracts in an amount not to exceed $250,000.00.

III. Contract Items

A. Type of Contract: This is a professional services contract for residential drug treatment.

B. Terms: The contractor will provide residential drug treatment. Contract commenced on 7/1/09 and ends on 6/30/10, the contract provides for two (2) one (1) year options for renewal.

IV. Additional Information Relevant to Approval of this Item

- Shelby County Drug Court recommends approval of this resolution.

ITEM # _____ PREPARED BY Anita Johnson

COMMISSIONER _____ APPROVED BY: _____

RESOLUTION TO APPROVE A CONTRACT WITH COCAINE ALCOHOL AWARENESS PROGRAM, INC IN THE AMOUNT OF $250,000.00 FOR THE PROVISION OF RESIDENTIAL TREATMENT SERVICES AND APPROPRIATION OF SAID FUNDS. THIS ITEM REQUIRES EXPENDITURES OF PASS THROUGH STATE OF TENNESSEE GRANT FUNDS IN AN AMOUNT NOT TO EXCEED $250,000.00. SPONSORED BY COMMISIONER SIDNEY CHISM

WHEREAS, Shelby County Drug Court desires to provide residential drug treatment to clients of the Shelby County Drug Court Program; and

WHEREAS, the department requested and received sealed bid #09-003-63 on April 9, 2009, with the bestbid meeting specifications being submitted by Cocaine and Alcohol Awareness Program, Inc. in the total amount not to exceed $250,000.00; and

WHEREAS, The period of award is from July 1, 2009 through June 30, 2010, with the option to renew for two (2) additional one (1) year periods.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, that the expenditure of funds to Cocaine and Alcohol Awareness Program, Inc. in the total estimated amount not to exceed $250,000.00 for the purchase of residential treatment services is hereby approved.

BE IT FURTHER RESOLVED, that the two (2) one-year options to renew to renew are hereby approved subject to the adoption of the appropriate year's Operating Budget;

BE IT FURTHER RESOLVED, That the Purchasing Department is authorized to issue purchase orders for the purchase of residential treatment from the FY 2009/2010 Operating Budget subject to the availability of funds in account number 850-700502-6678 at the time the purchase order is issued.

BE IT FURTHER RESOLVED, That the Shelby County Mayor and the Director of Administration and Finance are hereby authorized to issue their warrant or warrants not to exceed $250,000.00 for the purposes contained in this resolution to Cocaine and Alcohol Awareness Program, Inc.

_____
A C Wharton, Jr., County Mayor

Date: _____

ATTEST:

_____
Clerk of County Commission

ADOPTED: _____

GRATUITY DISCLOSURE FORM

Shelby County Ethics Commission

INSTRUCTIONS: This form is for all persons receiving any Shelby County Government contract, land use approval or financial grant money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouses and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.

1. **NAME**

   Cocaine Alcohol Awareness Program Inc. (CAAP)

2. **DATE OF GRATUITY**

   N/A

3. **NATURE AND PURPOSE OF THE GRATUITY**

   N/A

4. **NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY**

   N/A

5. **NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

   N/A

6. **ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

   N/A

7. **DESCRIPTION OF THE GRATUITY**

N/A

8. **COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)**

N/A

9. **The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Government Code of Ethics.**

Signature

May 28, 2009

Date

Albert Richardson

Print Name

TWALLIE A. HAMILTON
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

MY COMMISSION EXPIRES:
November 29, 2009

A copy of your completed form will be placed on the Shelby County Internet website.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID OK
COCAC-2

DATE (MM/DD/YYYY)
05/28/09

PRODUCER

Regions Insurance, Inc.
6000 Poplar Avenue, Suite 300
Memphis TN 38119
Phone: 901-684-3290 Fax: 901-684-3260

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Cocaine Alcohol Awareness Program
4041 Knight Arnold Road
Memphis TN 38118

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	National Liability & Fire Ins	
INSURER B:	Philadelphia	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$ 1,000,000
B	X	X COMMERCIAL GENERAL LIABILITY	PHPK401813	03/26/09	03/26/10	DAMAGE TO RENTED PREMISES (Ea occurence)	$ 100,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	$ 5,000
B		Directors &	PHSD398914	03/26/09	03/26/10	PERSONAL & ADV INJURY	$ 1,000,000
		Officers Liabilit	$1,000,000/$2,000,000			GENERAL AGGREGATE	$ 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$ 3,000,000
		AUTOMOBILE LIABILITY					
B		X ANY AUTO	PHPK401813	03/26/09	03/26/10	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
B		X HIRED AUTOS				BODILY INJURY (Per accident)	$
B		X NON-OWNED AUTOS					
B		X $500 ded Comp				PROPERTY DAMAGE (Per accident)	$
		X $1,000 Ded Coll					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$ 5,000,000
B		X OCCUR CLAIMS MADE	PHUB267189	03/26/09	03/26/10	AGGREGATE	$ 5,000,000
							$
		DEDUCTIBLE					$
		X RETENTION $10,000					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	
A		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC-2009-77154-00	01/05/09	01/05/10	E.L. EACH ACCIDENT	$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
		OTHER					
B		Professional Liab	PHPK401813	03/26/09	03/26/10	Occurrenc	$1,000,000
B		Employee Dishonest	PHPK401813	03/26/09	03/26/10	Aggregate	$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Memphis is listed as an Additional Insured.

CERTIFICATE HOLDER

City of Memphis
125 Mid America Mall
Memphis TN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:

© ACORD CORPORATION 1988

CONTRACT NO. CA 097794

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED, SIGNED BY THE DEPARTMENT HEAD AND DIVISION DIRECTOR AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Shelby County Drug Court

2. Preparer's Name, Telephone #, and E-Mail Address:
Angela Parkerson, 545-2823, angela.parkerson@shelbycountytn.gov

3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
Residential Treatment Services

4. NAME, ADDRESS, VENDOR NUMBER, AND EOC NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:
Cocaine and Alcohol Awareness Program
4041 Knight Arnold Suite 300
Memphis, TN 38118
VENDOR NO. 33561
EOC NO. EOC-S-0210-14234

5. COST OF ITEM OR SERVICE REQUESTED: $75,000

6. TERM OF PROPOSED CONTRACT/AGREEMENT: 07/01/2009-06/30/2010

7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**
545-704122-6678 AMOUNT $75,000

8. COMMODITY CODE:

9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
PLEASE ATTACH APPROVAL DOCUMENTS
a. ☒ Bid/RFP Process - # & Date 09-003-63, 4/9/09
b. ☐ Emergency/Sole Source

10. LOSB/MBE INFORMATION: Please check the appropriate description
☐ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
☐ MALE ☐ FEMALE
☐ WBE (WOMEN OWNED BUSINESS ENTERPRISE)
☐ LOSB (LOCALLY OWNED SMALL BUSINESS)
ANNUAL SALES DOES NOT EXCEED $3 MILLION
☒ N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY:

Angela Parkerson 5-29-09
DEPARTMENT HEAD DATE

Judge Jim Dwyer 5-29-2009
ELECTED OFFICIAL

DIVISION DIRECTOR DATE

Purchasing Department
160 N. Main, Suite 550
Memphis, TN 38103
(901) 545-4365
Fax: (901) 545-4531

Shelby County
Tennessee

A C Wharton, Jr., Mayor

Memorandum

To: **Honorable A C Wharton, Jr.**
Shelby County Mayor

From: **Clifton Davis, Administrator**
Purchasing Department

Date: **April 30, 2009**

Re: **RFP #09-003-63, Residential Alcohol & Drug Treatment Services – Shelby County Drug Court**

Three (3) companies submitted proposals indicating their interest in providing the above-described services.

	Evaluation Score	EOC Rating	Consultant Fees
1. **Serenity Recovery Centers**	94.20	D	**$245,100.00**
2. **Cocaine Alcohol Awareness Program**	91.60	A	**$121,176.00**
3. True Test Collection of Memphis	7.00	D	N/A

An evaluation committee comprised of five (5) members from the Shelby County Drug Court and Purchasing evaluated the proposal responses and determined that the proposal submitted by **Serenity Recovery Centers** was the most responsive to the request for proposal. During the evaluation, the committee determined that contracting with multiple vendors would fulfill the need to provide the required services. It is the recommendation of the evaluation committee, with the concurrence of the Purchasing Department, that both **Cocaine Alcohol Awareness Program** and **Serenity Recovery Centers** be awarded the contract.

Serenity Recovery Centers was more detailed in their methodology for treating alcohol and drug dependency and uses an intense educational program which gave them the highest score of 94.20. Cocaine Alcohol Awareness Program met the required services and received an overall score of 91.60. True Test Collection of Memphis did not provide for any treatment or counseling services in their response.

Therefore, Serenity Recovery Centers and Cocaine Alcohol Awareness Program are both recommended for awards based on receiving the top overall evaluation scores on the RFP, competitive pricing for services required and a satisfactory prior work experience relationship with Shelby County Government.

A copy of the department's recommendation letter is attached.

EOC Rating Codes:
A Compliance – 90% or more
B Compliance – 80%-89.9%
C Compliance - 50%-79.9%
D Less than 15 employees (automatically qualify)
E Approval by EOC Board of Appeals
F Exception granted by CAO or Administrator of EOC

Please indicate your approval or disapproval of this selection in the space provided below:

APPROVED: ✓

APPROVED WITH CHANGES: _____

DISAPPROVED: _____

DATE: 5/3/09

A C WHARTON, JR., MAYOR

cc: Angela Parkerson, Shelby County Drug Court

RFP: #09-0003-63
Residential Alcohol & Drug Treatment Services

	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
	(Minor w		
Cumulative Totals for Evaluation Team	(0 = did not meet require		
CATEGORIES			
Totals			
Angela Parkerson	97.00	97.00	0.00
Debra Antoine	82.00	89.00	4.00
Kyle Eaton	97.00	97.00	19.00
Anita Johnson	94.00	95.00	9.00
Debbie Cairncross	88.00	93.00	4.00
Highest Score Selected Vendor	91.60	94.20	7.20

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC. **CID:** 26935

Other name (DBA):
Vendor Number: Owner Code: WM
Company Type: Service
Commodity: ALCOHOL & DRUG ABUSE TREATMENT CENTER
Firm Type: Independent
Certified:
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: Fax: EMail:
KnowAs:
Additional Notes:

EnteredBy: Enter
DateEntered: 2/20/2007
EditBy: Doris
DateEdit: 2/20/2007

Compliance History

Compliance Date 02/09/2009 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-S-0210-14234
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 2/9/2009
Expires: 2/28/2010 **Current**
Status:
Survey Number: 0

Compliance Date 02/13/2008 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-S-0209-12384
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 2/13/2008
Expires: 2/28/2009 **Expired**
Status:
Survey Number: 0

Compliance Date 02/20/2007 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-S-0208-10792
Number: Last Edited By: doris.vestermickens
Percent: Date Last Edited: 2/20/2007
Expires: 2/29/2008 **Expired**
Status:
Survey Number: 0

Contacts:

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC. **CID:** 26935

Contact First Name:		Active Contact	
Contact Last Name:		Entered By:	
Contact Title:	ALBERT RICHARDSON, EXEC. DIR.	Date Entered:	
Contact Phone:	9013600442	Last Edited By:	
Contact Date:	02/20/2007	Edit Date:	
Contact Notes:			

Contact First Name:		Inactive Contact	
Contact Last Name:		Entered By:	
Contact Title:		Date Entered:	
Contact Phone:		Last Edited By:	
Contact Date:	02/20/2007	Edit Date:	
Contact Notes:	PARENT CO.: SAME AS ABOVE		

Mailing Addresses:

Address:	4041 KNIGHT ARNOLD RD., STE. 300		
MailCity:	MEMPHIS	ST: TN	Zip: 38118-2128
County:		Active Mailing Address	
Entered By:		Last Edited By:	
Date Entered:		Edit Date:	

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES

Company Name: COCAINE ALCOHOL AWARENESS PROGRAM, INC. **CID:** 26935

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
14262	Office And Clerical	Male	0	0	0	0	10
14262	Office And Clerical	Female	15	0	0	0	0
14262	Officials And Managers	Male	5	0	0	0	0
14262	Officials And Managers	Female	8	0	0	0	0
14262	Professionals	Male	3	0	0	0	1
14262	Professionals	Female	7	0	0	0	0
14262	Service Workers	Female	1	0	0	0	0

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: SERENITY RECOVERY CENTERS **CID: 27212**

Other name (DBA):
Vendor Number: Owner Code: O
Company Type: Service
Commodity: SUBSTANCE ABUSE TREATMENT
Firm Type: Independent
Certified:
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: Fax: EMail:
KnowAs:
Additional Notes:

EnteredBy: Enter
DateEntered: 4/26/2007
EditBy: Enter
DateEdit: 4/26/2007

Compliance History

Compliance Date 04/08/2009 ☐ Compliance
Compliace Code D ☐ Certificate
EOC Number: EOC-S-0410-14662
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 4/8/2009
Expires: 4/30/2010 **Current**
Status:
Survey Number: 0

Compliance Date 04/11/2008 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-S-0409-12693
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 4/11/2008
Expires: 4/30/2009 **Current**
Status:
Survey Number: 0

Compliance Date 04/27/2007 ☐ Compliance
Compliace Code A ☐ Certificate
EOC Number: EOC-S-0408-11155
Number: Last Edited By: doris.vestermickens
Percent: Date Last Edited: 4/27/2007
Expires: 4/30/2008 **Expired**
Status:
Survey Number: 0

Contacts:

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: SERENITY RECOVERY CENTERS **CID: 27212**

Contact First Name:		Active Contact	
Contact Last Name:		Entered By:	
Contact Title:	ALLEN L. RICHARDSON, EXEC. DIR.	Date Entered:	
Contact Phone:	9015211131	Last Edited By:	
Contact Date:	04/26/2007	Edit Date:	
Contact Notes:			

Mailing Addresses:

Address:	1094 POPLAR AVE.		
MailCity:	MEMPHIS	ST: TN	Zip: 38105
County:		Active Mailing Address	
Entered By:		Last Edited By:	
Date Entered:		Edit Date:	

Equal Opportunity Compliance

Company Details

Bid Number: 10900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: SERENITY RECOVERY CENTERS **CID:** 27212

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
14771	Laborers (Unskilled)	Male	1	0	0	0	0
14771	Office And Clerical	Male	0	0	0	0	2
14771	Officials And Managers	Male	0	0	0	0	1
14771	Officials And Managers	Female	1	0	0	0	1
14771	Professionals	Male	3	0	0	0	0
14771	Professionals	Female	0	0	0	0	2

Equal Opportunity Compliance

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS **CID:** 26557

Other name (DBA):
Vendor Number: Owner Code: BM
Commodity: ALCOHOL AND DRUG SCREENING SERVICES
Firm Type: Minority
Certified:
County: MEMPHIS-TN-AR-MS, TN: 42.90%
Phone: Fax: EMail:
KnowAs:
Additional Notes:

Company Type:
Vendor
Service
LOSB

EnteredBy: Enter
DateEntered: 6/14/2005
EditBy: Enter
DateEdit: 6/14/2005

Compliance History

Compliance Date 11/19/2008 ☐ Compliance
Compliace Code D ☐ Certificate
EOC Number: LOSB-VS-1109-13787
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 11/19/2008
Expires: 11/30/2009 **Current**
Status:
Survey Number: 0

Compliance Date 07/13/2007 ☐ Compliance
Compliace Code D ☐ Certificate
EOC Number: LOSB-VS-0708-11595
Number: Last Edited By: doris.vester
Percent: Date Last Edited: 7/13/2007
Expires: 7/31/2008 **Expired**
Status:
Survey Number: 0

Compliance Date 06/09/2006 ☐ Compliance
Compliace Code D ☐ Certificate
EOC Number: LOSB-VS-0607-10109
Number: Last Edited By: doris.vestermickens
Percent: Date Last Edited: 6/9/2006
Expires: 6/30/2007 **Expired**
Status:
Survey Number: 0

Equal Opportunity Compliance

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS **CID: 26557**

Compliance Date 06/17/2005 ☐ Compliance

Compliace Code D ☐ Certificate

EOC Number: LOSB-VS-0606-09103

Number: Last Edited By: dmickens

Percent: Date Last Edited: 6/17/2005

Expires: 6/30/2006 Expired

Status:

Survey Number: 0

Contacts:

Contact First Name: Active Contact

Contact Last Name: Entered By:

Contact Title: LONELL MORRIS, OWNER Date Entered:

Contact Phone: 9013241934 Last Edited By:

Contact Date: 06/14/2005 Edit Date:

Contact Notes:

Mailing Addresses:

Address: 3355 POPLAR AVE., #100

MailCity: MEMPHIS ST: TN Zip: 38111

County: Active Mailing Address

Entered By: Last Edited By:

Date Entered: Edit Date:

Equal Opportunity Compliance

Company Details

Bid Number: I0900363 **RESIDENTIAL ALCOHOL & DRUG TREATMENT SERVCIES**

Company Name: LONELL MORRIS dba TRUE TEST COLLECTION of MEMPHIS **CID:** 26557

Survey	Job Description	Sex	African American	Indian/ Alaskan	Asian	Hispanic	White
13742	Officials And Managers	Male	2	0	0	0	0
13742	Technicians	Female	1	0	0	0	0

			COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
Shelby County Purchasing Department					
RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.					
Due: April 09, 2009, no later than 3:00 p.m.			**Minor weight=maximum score for each requirement)**		
Department: Shelby County Drug Court					
Angela Parkerson			**(0 = did not meet requirement)**		
CATEGORIES	**Major Weights**	**Minor Weights**			
MINIMUM REQUIREMENTS	28.0		**28.00**	**28.00**	**0.00**
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	
Possess the minimum insurance requirements		4.0	4	4	
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	
Provide treatment services in a confidential and professional manner		4.0	4	4	
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	
REQUIRED SERVICES	47.00		**44.00**	**44.00**	**0.00**
Availability to Drug Court staff		2.00	2	2	
Conduct initial assessments for level of substance abuse		5.00	5	5	
Provide individual and group therapy sessions		4.00	4	4	
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	
Maintain all drug screen testing in case file		4.00	4	4	
Ability to provide parenting/family counseling		3.00	3	3	
Develop and monitor treatment plans, goals, and objectives		4.00	3	3	
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	
Designated staff present for weekly status reporting and hearings		2.00	2	2	
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	
Policy for Limited English Proficient clients		3.00	3	3	
Survey client satsifaction and report client status info six (6) months after program discharge		2.00	1	1	
REFERENCES	10.00		**10.00**	**10.00**	**0.00**
Did the respondent list creditable reference for same/like services		10.00	10	10	
COST	15.00		**15.00**	**15.00**	**0.00**
Initial cost for the 1st year of services		15.00	15	15	
SCORE			**COCAINE ALCOHOL AWARENESS PROGRAM**	**SERENITY RECOVERY CENTERS**	**TRUE TEST COLLECTION OF MPHS**
Minor (unweighted)			**97**	**97**	**0**
Major (weighted)	**100.00**				
TOTAL			**97.00**	**97.00**	**0.00**

Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debra Antoine

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
MINIMUM REQUIREMENTS	28.0		**24.00**	**24.00**	**4.00**
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	0	0	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		**43.00**	**45.00**	**0.00**
Availability to Drug Court staff		2.00	1	1	0
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	3	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	0
Maintain all drug screen testing in case file		4.00	4	4	0
Ability to provide parenting/family counseling		3.00	3	3	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	0
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	0
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satsifaction and report client status info six (6) months after program discharge		2.00	1	2	0
REFERENCES	10.00		**0.00**	**10.00**	**0.00**
Did the respondent list creditable reference for same/like services		10.00	0	10	0
COST	15.00		**15.00**	**10.00**	**0.00**
Initial cost for the 1st year of services		15.00	15	10	0
SCORE			**COCAINE ALCOHOL AWARENESS PROGRAM**	**SERENITY RECOVERY CENTERS**	**TRUE TEST COLLECTION OF MPHS**
Minor (unweighted)			**82**	**89**	**4**
Major (weighted)	**100.00**				
TOTAL			**82.00**	**89.00**	**4.00**

Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Kyle Eaton

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
MINIMUM REQUIREMENTS	28.0		**28.00**	**28.00**	**10.00**
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	4	4	2
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	4
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		**44.00**	**45.00**	**5.00**
Availability to Drug Court staff		2.00	2	2	2
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	1
Maintain all drug screen testing in case file		4.00	4	4	0
Ability to provide parenting/family counseling		3.00	3	3	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	1
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	1
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satsifaction and report client status info six (6) months after program discharge		2.00	0	1	0
REFERENCES	10.00		**10.00**	**10.00**	**2.00**
Did the respondent list creditable reference for same/like services		10.00	10	10	2
COST	15.00		**15.00**	**14.00**	**2.00**
Initial cost for the 1st year of services		15.00	15	14	2
SCORE			**COCAINE ALCOHOL AWARENESS PROGRAM**	**SERENITY RECOVERY CENTERS**	**TRUE TEST COLLECTION OF MPHS**
Minor (unweighted)			**97**	**97**	**19**
Major (weighted)	**100.00**				
TOTAL			**97.00**	**97.00**	**19.00**

Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Anita Johnson

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
MINIMUM REQUIREMENTS	28.0		**26.00**	**28.00**	**3.00**
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	3	4	3
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	3	4	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		**44.00**	**44.00**	**3.00**
Availability to Drug Court staff		2.00	2	2	0
Conduct initial assessments for level of substance abuse		5.00	5	5	0
Provide individual and group therapy sessions		4.00	4	4	0
Urinalysis and breathalyzer testing at random intervals		4.00	3	3	3
Maintain all drug screen testing in case file		4.00	3	4	0
Ability to provide parenting/family counseling		3.00	3	2	0
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	0
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	0
Designated staff present for weekly status reporting and hearings		2.00	2	2	0
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	0
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	4	0
Policy for Limited English Proficient clients		3.00	3	3	0
Survey client satsifaction and report client status info six (6) months after program discharge		2.00	1	2	0
REFERENCES	10.00		**10.00**	**10.00**	**1.00**
Did the respondent list creditable reference for same/like services		10.00	10	10	1
COST	15.00		**14.00**	**13.00**	**2.00**
Initial cost for the 1st year of services		15.00	14	13	2
SCORE			**COCAINE ALCOHOL AWARENESS PROGRAM**	**SERENITY RECOVERY CENTERS**	**TRUE TEST COLLECTION OF MPHS**
Minor (unweighted)			94	95	9
Major (weighted)	100.00				
TOTAL			94.00	95.00	9.00

Shelby County Purchasing Department

RFP: #09-003-63 Residential Alcohol & Drug Treatment Svc.

Due: April 09, 2009, no later than 3:00 p.m.

Department: Shelby County Drug Court

Debbie Cairncross

Minor weight=maximum score for each requirement)

(0 = did not meet requirement)

CATEGORIES	Major Weights	Minor Weights	COCAINE ALCOHOL AWARENESS PROGRAM	SERENITY RECOVERY CENTERS	TRUE TEST COLLECTION OF MPHS
MINIMUM REQUIREMENTS	28.0		**25.00**	**25.00**	**4.00**
Minimum of three (3) years experience as a State-Licensed provider of adult chemically dependent treatment services		4.0	4	4	0
Possess the appropriate licenses and certifications required to perform the Services		4.0	4	4	0
Possess the minimum insurance requirements		4.0	4	4	4
Possess a Tennessee State certification for residential treatment of non-		4.0	4	4	0
Provide treatment services in a confidential and professional manner		4.0	1	1	0
Obtain an Equal Opportunity compliance (EOC) certification		4.0	4	4	0
Adhere to all Title VI requirements; provide proof (if necessary)		4.0	4	4	0
REQUIRED SERVICES	47.00		**46.00**	**46.00**	**0.00**
Availability to Drug Court staff		2.00	2	1	
Conduct initial assessments for level of substance abuse		5.00	5	5	
Provide individual and group therapy sessions		4.00	4	4	
Urinalysis and breathalyzer testing at random intervals		4.00	4	4	
Maintain all drug screen testing in case file		4.00	4	4	
Ability to provide parenting/family counseling		3.00	3	3	
Develop and monitor treatment plans, goals, and objectives		4.00	4	4	
Maintain case file on all treatment diagnosis, planning, and progress		5.00	5	5	
Designated staff present for weekly status reporting and hearings		2.00	2	2	
Provide weekly progress reports in adherence to specified deadlines		4.00	4	4	
Utilize electronic communications via email, fax, and web based case mgmt system		5.00	5	5	
Policy for Limited English Proficient clients		3.00	3	3	
Survey client satsifaction and report client status info six (6) months after program discharge		2.00	1	2	
REFERENCES	10.00		**2.00**	**10.00**	**0.00**
Did the respondent list creditable reference for same/like services		10.00	2	10	0
COST	15.00		**15.00**	**12.00**	**0.00**
Initial cost for the 1st year of services		15.00	15	12	0
SCORE			**COCAINE ALCOHOL AWARENESS PROGRAM**	**SERENITY RECOVERY CENTERS**	**TRUE TEST COLLECTION OF MPHS**
Minor (unweighted)			**88**	**93**	**4**
Major (weighted)	**100.00**				
TOTAL			**88.00**	**93.00**	**4.00**