

REQUEST FOR QUALIFICATIONS (RFQ)
YCDF Inmate Services – Mental Health, SUD, Co-Occurring, Re-Entry, and Care Coordination
Yellowstone County Detention Facility, Montana

May 2026

NOTICE OF REQUEST FOR QUALIFICATIONS

Notice is hereby given that the Board of County Commissioners of Yellowstone County is requesting Statements of Qualifications from organizations seeking approval to access inmates within the Yellowstone County Detention Facility (YCDF) for the provision of mental health, substance use disorder (SUD), co-occurring disorder services, re-entry planning, and care coordination.

This RFQ is issued for the purpose of establishing a pool of approved service providers eligible to operate within YCDF. This RFQ does not result in a contract, guarantee of work, or financial compensation from Yellowstone County.

Proposals should be submitted to the Board of County Commissioners, P.O. Box 35000, Billings, MT 59107 or delivered to their office at the John Ostlund Building, 2825 3rd Ave N., Billings, MT 59101. All proposals should be labeled "RFQ- YCDF Inmate Services." Limited scope submittals must clearly identify the specialty service(s) being proposed.

Envelopes must be labeled in the lower right-hand corner and submitted with:

One (1) original copy

Three (3) additional copies

All proposals must be received and time-stamped no later than **3:00 p.m. on June 15, 2026**. Late submissions will not be opened or considered.

Questions regarding proposal specifications should be directed to Melissa Williams at mwilliams@yellowstonecountymt.gov. Questions regarding submission procedures should be directed to Matt Kessler, Purchasing Agent, mkessler@yellowstonecountymt.gov.

PURPOSE AND INTENT

The purpose of this RFQ is to establish a vetted and approved list of providers authorized to request access to inmates at the Yellowstone County Detention Facility. The RFQ is intended to ensure continuity of service across current and future funding streams, standardize access to the facility, and limit entry to qualified organizations. All approved providers must demonstrate that they are appropriately trained, credentialed, and capable of operating within a correctional environment.

Approval through this RFQ:

- **Does not guarantee access to the facility**
- **Does not guarantee referrals, utilization, or funding**
- **Does not establish a contractual relationship with Yellowstone County**

All approved providers remain subject to:

- Individual staff clearance by the Yellowstone County Sheriff's Office
- Facility rules, policies, and operational control
- Revocation of approval at any time at the discretion of the County or Sheriff's Office

FACILITY OVERVIEW/PROJECT REQUIREMENTS

The Yellowstone County Detention Facility is located at 3165 King Avenue East, Billings, MT 59101. The facility serves pre-trial detainees and inmates awaiting placement post-sentencing, including federal and Department of Corrections populations.

SCOPE OF SERVICES

Yellowstone County is seeking qualified organizations to provide one or more of the following services:

- Mental Health Evaluation Services
- Substance Use Disorder (SUD) Services
- Co-Occurring Disorder Assessment Services
- Re-Entry Planning and Transition Services
- Care Coordination/Case Management

Respondents may apply for **all services or a limited scope of services**.

Example Service Model – Care Coordination

Care coordination services may include:

- Engagement with inmates during incarceration
- Identification of re-entry needs and stabilization planning
- Coordination of housing, treatment, benefits, and community services
- Warm handoffs to community providers
- Post-release follow-up

OPERATIONAL REQUIREMENTS

Respondents must demonstrate the ability to operate within a correctional environment under the direction of facility staff and to coordinate effectively with jail command staff, medical personnel, and other approved providers. Respondents must maintain compliance with all applicable federal and state laws, including HIPAA, and must be able to provide services in-person and/or via telehealth using approved systems.

Respondents must also demonstrate the ability to immediately notify jail command staff and appropriate personnel in crisis or high-risk situations. The respondent must provide sufficiently trained personnel to ensure continuity of care that meets Montana and Federal laws, ACA standards, and Montana Jail Standards governing behavioral health care to inmates.

Respondents must describe:

- a. Referral intake and processing methods
- b. Triage and service prioritization
- c. Development and implementation of service or treatment plans
- d. Coordination with internal and external providers
- e. Re-entry and aftercare planning processes
- f. Grievance response procedures

ACCESS AND SECURITY

Approval under this RFQ is organizational only and does not extend to individual staff. All staff must submit to background checks and receive clearance from the Sheriff's Office prior to entering the facility. Staff must complete all required facility training and comply with all entry, supervision, and exit protocols.

The County reserves the right to deny or revoke access for any individual or organization, limit the number of approved providers based on operational need, and restrict services based on coordination requirements, duplication of services, or safety concerns.

MINIMUM QUALIFICATIONS

To be considered, respondents must demonstrate:

1. Appropriate licensure and credentials for services proposed
2. Relevant experience in behavioral health, SUD, co-occurring, or justice-involved populations
3. Ability to coordinate services within a multi-provider correctional environment
4. Capacity to operate safely within a detention facility
5. Willingness to comply with all Sheriff's Office and facility requirements
6. Individual responsibility in obtaining credentials or certifications from any state, local, or federal entity who may offer reimbursement for services rendered

Failure to meet these conditions may result in disqualification.

SUBMISSION REQUIREMENTS

Respondents must provide the following:

1. Company Background

Provide a brief history of the company including:

- a. Years in business under present name and previous names.
- b. Type of organization (corporation, partnership, or limited liability corporation, etc.).
- c. Names of officers of the company or regional executive.
- d. Head office address and address of office where contract will be administered.
- e. Number of key employees available to perform the service.

2. Company Expertise

Provide a brief explanation of why your organization is qualified to provide proposed services for the Yellowstone County Detention Facility. What makes your organization stand out in the industry?

3. Standardization of Care

- a. Describe your experience in providing evidence-based/standardized care.
- b. Identify the plan to ensure continuity of care.
- c. Respondents must comply with PREA standards.

4. Proposed Staffing

Respondents must identify staff roles and responsibilities, provide documentation of credentials and licenses, and demonstrate relevant experience aligned with the services proposed. Respondents must also describe their background check procedures and outline their supervision structure to ensure accountability and oversight.

5. Proposed Services

INMATE IDENTIFICATION, REFERRAL, and COORDINATION

The respondent must provide a description of the proposed mechanism for receiving and processing referrals of inmates for services. The description should include documentation procedures and indicate the method for self-referral by inmates as well as referrals by medical, security, and administrative staff and family members of inmates.

PROPOSED SUD/MENTAL HEALTH/CO-OCCURRING DISORDER SERVICES

Provide a detailed description of the services you are proposing to provide. Submit a complete plan that details essential elements of how behavioral health services will be delivered.

The proposer must describe its proposed mechanism for triaging inmate referrals and developing treatment plans for services. Inmates receiving behavioral health services should have a treatment plan that provides diagnostic information, outlines the services to be provided, and the timeframes and frequencies for follow-up services.

The respondent must describe its plan for delivering outpatient mental health services to inmates in the general population. The description should include the types of services to be provided and the professional disciplines providing the services.

PROPOSED CARE COORDINATION/CASE MANAGEMENT/RE-ENTRY

The Care Coordinator position combines case management, re-entry, care coordination, and peer support functions to provide referrals, warm handoffs, and ongoing support both during incarceration and post-release for individuals with behavioral health needs. The Care Coordinator meets with individuals while they are incarcerated, assesses needs for successful community integration, and actively engages individuals in planning and service connection.

The Care Coordinator provides solution-focused interventions, ongoing support, monitoring, advocacy, and linkage to services, including housing, benefits, medical care, and treatment. Services may continue post-release to support stabilization and access to community resources.

Proposer must outline the plan for inmate's discharge and aftercare planning process. Proposer must act as liaison and describe these efforts with community service agencies. The respondent will need to develop a strong working relationship with community mental health providers for the coordination of referrals and sharing of information as necessary to provide a continuum of care.

The care coordinator:

- Meets with the target population while they are incarcerated.
- Helps to determine needs for successful community integration.
- Actively engages the individual.
- Provides solution-focused interventions.
- Provides support, monitoring, advocacy, linkage to services, and referrals according to needs. Needs may include stable housing, social security, and medical insurance applications, benefits, medical appointments, and others.
- May continue to provide resources to individuals upon release to foster stabilization in the community and access to services

Respondents must describe their approach to coordinating with jail staff, collaborating with other approved providers operating within the facility, and maintaining effective partnerships with community-based organizations to support continuity of care.

6. Quality Control

Describe your quality control methods and standards. Include a discussion of the methods used to identify and prevent service deficiencies before the quality level becomes unacceptable.

7. Inmate Grievances

Describe your firm’s approach to addressing inmate grievances.

8.Customer Base and References

Provide a list of jails, facilities and/or similar institutions that your firm is under contract with for jail medical services. Provide a list of similar customers for which your firm provided the proposed services in the past but no longer have as clients. For each facility or institution explain the services provided.

List three references from clients currently under contract with your firm. References should include services of similar make-up and size to the Yellowstone County Detention Facility.

Respondent must list of all contracts of similar service that have been terminated or have not been renewed in the past three years, including sufficient contact information for the contract administrator and jail command staff representative.

Although the intent is to check references for finalist firms, the County reserves the right to investigate the respondent’s past performance in similar settings and its compliance with contractual obligations. References should be prepared to speak to a county representative regarding the firm’s service and operations.

9. Legal Disclosure

Provide a list of any civil or administrative cases filed against the corporation or an employee, officer, or agent of the corporations in the past three years, including the case name and number, the jurisdiction where it was filed, the date it was filed, the date resolved, the resolution of the case, and a copy of the complaint filed I the case. This includes both federal and state cases. Failure to include a case will be grounds for rejecting the proposal.

Provide the following information for each reference:

Name of organization:

Number of beds:

Term of service to client: Beginning date: ___ Ending date: ____

Location of client:

Contact name and title:

Contact’s Telephone number and email address:

10. INSURANCE REQUIREMENTS

The respondent will be required to maintain general liability insurance in the amount of no less than one million five hundred thousand dollars (\$1,500,000) per occurrence and three million (\$3,000,000) in the aggregate. Respondents will be required to provide three million dollars (\$3,000,000) professional liability insurance (medical malpractice).

In accordance with 39-71-401, MCA and 39-71-405 MCA, Respondent will be required to provide statutory workers’ compensation insurance for its employees, including Employer’s Liability limits of \$1,000,000.00 while performing work under any contract resulting from this RFP. Respondents will be required to provide proof of compliance in the form of workers’ compensation insurance or documentation of corporate officer status and maintain such insurance or corporate officer status for the duration of the contract.

All insurance policies required must be from an insurance carrier licensed to do business in the State of Montana. The respondent will be required to furnish proof of required insurance to the County prior to commencing work from this RFQ. The County must be listed as an additional insured on a primary and non-contributing basis on the general liability insurance certificate for this Agreement unless otherwise specified by the County.

EVALUATION & APPROVAL PROCESS

Submissions will be reviewed by the Yellowstone County Sheriff, with guidance from legal counsel as needed.

Approval will be based on:

1. Qualifications and experience
2. Alignment with facility needs
3. Ability to coordinate within a multi-provider environment
4. Operational feasibility within a correctional setting
5. Respondents' understanding and responsiveness to the intent of the RFQ

The County may:

- Approve, deny, or request clarification
- Limit approvals based on need
- Require modifications prior to approval

Approval is valid for **two (2) years**, unless revoked or otherwise modified.

GENERAL CONDITIONS

This RFQ does not obligate the County to enter into any agreement, does not guarantee access, funding, or referrals, and allows the County to reject any or all submissions. All respondents agree to comply with applicable Montana laws and facility requirements.

This RFQ shall not commit the County to enter into any agreement, to pay any expenses incurred in preparation of any response to this request, or to procure or contract for any supplies, goods or services. The County reserves the right to accept or reject any and all responses received as a result of this RFQ if it is in the County's best interest to do so. By offering to perform services under this procurement, Respondents agree to be bound by the laws of the State of Montana, including but not limited to: applicable wage rates, gross receipts taxes, building codes, Equal Opportunity Employment practices, and safety.

Only the RFQ responses of those firms which are adjudged, by the determination of the selection committee, as qualified, will be opened and reviewed following this RFQ process.

RESPONDENT QUESTIONS

Any questions or requests for clarification or interpretation of this RFQ must be addressed by email "mwilliams@yellowstonecountymt.gov" on or before June 2nd 2026 by 12:00 PM. Questions submitted must include "Clear reference to the section, page, and item in question."

Questions received after the deadline will not be considered.

The County will provide a formal written addendum by June 4th 2026 to questions received by the deadline. No other form of interpretation, correction, or change to this RFQ will be binding upon the County. Any addendum will be posted on the County's website <https://www.yellowstonecountymt.gov/purchasing/>, An Acknowledgment of Addendum must accompany the RFQ response.

- Company name and address.
- Contact information, including name, email address, and telephone number.

Mandatory Requirements of the RFQ

To be eligible for consideration, a Respondent must provide all information requested in Section 5. A proposal that fails to provide any information requested may be deemed nonresponsive or be subject to deduction of points during scoring.

Understanding of Specifications and Requirements

By submitting a response to this RFQ, the Respondent attests to an understanding of the specifications and requirements described herein and agrees to comply with such.

Respondent Signature

The proposal must be signed by an individual legally authorized to bind the Respondent. The Respondent's signature is a guarantee that the proposal has been developed without collusion. The offeror shall provide proof of authority of the person signing the RFQ upon the County's request.

Modification or Withdrawal of Proposal

The Respondent may not modify, withdraw, or cancel a proposal for a 120-day period following the RFQ due date.

Prior to the RFQ due date, proposals submitted early may be withdrawn only by written notice to the procurement officer and must be signed by the Respondent's authorized representative. Withdrawn proposals may be resubmitted up to the RFQ due date and are subject to the full requirements of the RFQ.

PROPOSAL REQUIREMENTS

Proposal Organization

Proposals must be organized into sections that follow the format of this RFQ. Pages must be consecutively numbered.

Compliance with Instructions

Scoring points may be deducted for failure to comply with these instructions. Furthermore, a proposal may be deemed nonresponsive and disqualified from consideration if it does not follow the response format, is difficult to read or understand, or is missing required information.

Extraneous or Outside Information

Selection and contract award will be based on the proposal and the evaluation of other information outlined in this RFQ. Responses may not include references to information located on internet websites, in libraries, or at other external locations unless specifically requested in the RFQ. Such information will not be considered, will have no bearing on any award, and may result in the Respondents disqualification from further consideration.

Copies Required and Deadline for Receipt of Proposals

One original proposal, and 2 hard copies, including a single side printing must be submitted to the Board of Yellowstone County Commissioners.

Proposals must be sealed, labeled with the proposal’s name. The offeror is solely responsible for assuring delivery by the deadline.

Late Proposals

Regardless of cause, late proposals will not be accepted and will be automatically disqualified from consideration.

Preparation Costs

The offeror is solely responsible for all costs incurred prior to contract execution.

Other Considerations

The County encourages double sided printing and the use of materials (e.g., paper, dividers, binders, brochures, etc.) that contain post-consumer recycled materials.

The Board of County Commissioners reserves the right to reject any or all proposals received, to waive informalities to evaluate the proposals submitted, and to accept the proposal that best serves the interests of Yellowstone County.

Done by order of the Board of County Commissioners of Yellowstone County, MT this 19th day of May 2026.

Board of County Commissioners
Yellowstone County, Montana

Mark Morse, Chair

Attest:

Jeff Martin
Clerk & Recorder