STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

REQUEST FOR INFORMATION
FOR
VALIDATED RISK NEEDS ASSESSMENT

RFI # 32901-31361
May 1, 2024

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Correction issues this Request for Information ("RFI") for the purpose of validated risk and needs assessment (RNA) to determine a person's risk to reoffend and the needs that, when addressed, reduce the risk to reoffend through the use of an actuarial assessment tool that assesses both static and dynamic factors that drive criminal behavior. We appreciate your input and participation in this process.

BACKGROUND:

The Tennessee Department of Correction (TDOC) is seeking information regarding a validated risk and needs assessment (RNA). The Public Safety Act of 2016 (Public Chapter 906 – attached) required the TDOC to select and implement a validated RNA to be used across the criminal justice system to identify factors that lead to criminal behavior and help determine their risk for reoffending.

The results shall help inform treatment plans based on criminogenic domains and the data be used to identify reentry services and programs that best meet the individual needs both in our facilities and in the community. The current RNA has administrative users or staff members that have access to administer the RNA to approximately 112,000 individuals, including all of TDOC (19,000 inmates and 66,000 offenders on probation and parole), community corrections providers/grantees (approximately 1,300 offenders), courts as well as any local jail (25,000 inmates) that chooses to implement the system.

2. COMMUNICATIONS:

2.1.   Please submit your response to this RFI to:
LENI CHICK, CONTRACT ADMINISTRATOR
TENNESSEE DEPARTMENT OF CORRECTION
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243
(615) 253-8259
Email: leni.chick@tn.gov

2.2.   Please feel free to contact the TENNESSEE DEPARTMENT OF CORRECTION with any questions regarding this RFI. The main point of contact will be:
LENI CHICK, CONTRACT ADMINISTRATOR
TENNESSEE DEPARTMENT OF CORRECTION
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243
(615) 253-8259
Email: leni.chick@tn.gov

2.3.   Please reference RFI # 32901-31361 with all communications to this RFI.

3. RFI SCHEDULE OF EVENTS:

	EVENT	TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		May 1, 2024
2.	RFI Response Deadline	4:30 P.M.	May 31, 2024

4. GENERAL INFORMATION:

4.1.   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.

4.2.   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.

4.3. The State will <u>not</u> pay for any costs associated with responding to this RFI.

5. 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. How long has your company been in existence?
5. Where is your system/solution currently deployed?
6. How many offenders can the system/solution serve?
7. What is the minimum number of staff/user accounts/access your system/solution can hold?
8. What is the maximum number of staff/user accounts/access your system/solution can hold?
9. Is the system/solution scalable to allow for an unlimited number of sites, users, offenders?
10. Describe how the predictive validity of your system/solution has been established
11. Describe, in detail, the predictive models provided by your system/solution.
12. Describe the Criminal Conviction Record (CCR) functionality available within your system/solution.
13. Describe the various types of evidence-based assessment modules available in your system/solution.
14. Describe your system/solution case planning module – include goals and action steps, pre/post test capabilities, etc.
15. Does your system include an entity that approves parole? If so, what information is available for that entity?
16. Describe how your system/solution would utilize recommended programming/treatment for an offender based on their RNA results. Describe how you will demonstrate that these recommendations are evidence-based.
17. What is the average time to complete an assessment of an offender? How many questions are included in the assessment?
18. Where is your system/solution hosted?
19. Would your system/solution be capable of interfacing with a mainframe legacy system and/or a cloud-based system?
20. What type of certification(s) does your system/solution have – for example, is it CJIS compliant?
21. Would Tennessee data be on a server separated from your other clients/customers?

22. Describe the training available for your system/solution. Is the training available in person, virtual, webinars, etc.?
23. Can TDOC staff be trained and/or certified to facilitate ongoing training to staff at TDOC independently? How frequently are trainers required to attend boosters or updated trainings?
24. Describe the tech support that your system/solution provides – is it on-line, telephone, etc.?
25. Is the tech support available twenty-four (24) hours a day, seven (7) days per week?
26. Describe the types of reports your system/solution currently provides – for example, assessments, reassessments, subjects, programs/pathways.
27. Can custom reports be requested or configured by State users?
28. Is the proposed system/solution readily adaptable to accommodate new programming or supervision requirements brought about by changes in State law?
29. How often is the system/solution upgraded? (How often are system updates made?)
30. What other correctional agencies are presently using your system/solution?
31. Describe the various assessments that your solution provides.

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.
3. Describe your cost structure – is it based on enrollment numbers, device downloads, hosting costs, licensing fees, maintenance, support services, etc.?

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