

Request for Letter of Interest (RFLOI) 20000001

Department of Health & Social Services Division of Behavioral Health Reentry Program Services

The Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH), is seeking letters of interest from qualified parties capable and interested in providing reentry services through a reentry program to individuals released from correctional institutions.

Service Areas and Communities: Anchorage, Alaska

Expected Duration of Contract: July 1, 2020 – June 30, 2021 (1 year). Funding for this project is subject to legislative appropriation.

I. About the Project

Background:

Recidivism reduction programming promotes rehabilitation through transitional support services for individuals recently released from correctional facilities. The department seeks to provide community-based services that provide linkage to care for those who have been released from correctional institutions, with the goal of reducing recidivism rates. Common linkages to care include: treatment, housing, and employment services.

Major goals include:

- Reinvestment in evidence-based, community-based reentry services
- Enhancement of public safety through collaboration among stakeholders
- The realization of appropriate and responsible cost savings

II. Scope of Work

The Department of Health and Social Services, Division of Behavioral Health (DBH), in cooperation with the Alaska Criminal Justice Commission (ACJC), the Department of Corrections (DOC), and the contractor will provide a recidivism reduction program providing reentry services in Anchorage, Alaska for probationers, parolees, or individuals who are within six (6) months of release from a correctional institution. The goal of the program is to increase public safety by reducing the amount of repeat felony crimes committed by offenders returning to the community.

The contractor will work directly with established community providers, DBH and DOC, and the ACJC to provide the following through the operation of a reentry center:

- Assistance toward obtaining safe, sober, and stable housing
- Job readiness training and job search assistance
- Case management utilizing risk assessment scores
- Comprehensive community support services
- Substance abuse and mental health treatment services (either in-house or by referral)
- Program coordination including:
 - Participant tracking and reporting
 - Participation in programmatic meetings
 - Coordination with community providers
 - Participation in pre-release planning with DOC
 - Updates to DOC probation/parole offices
- Further development of reentry program services

Stable housing and employment are two significant factors in reducing recidivism; emphasis must be placed on providing these services as part of this program.

Outcomes

The above will be implemented in order to achieve the following outcomes:

• Alignment of program structure and deliverable implementation with the nationally accepted, evidence-based components of the Risk-Needs-Responsivity (RNR) Principles, specifically:

- Match the intensity of individuals' interventions to their level of risk for criminal activity (Risk Principle)
- Target criminogenic needs—factors that contribute to the likelihood of new criminal activity (Need Principle)
- Account for barriers to reentry success such as an individual's abilities and learning styles when designing supervision and service strategies (Responsivity Principle)
- Utilization of risk assessments and reentry plans, when available and provided by DOC staff, to apply RNR Principles when designing service strategies for this contract.
- Frontload resources focus community supervision resources in the first days, weeks, and months when offenders are most likely to violate conditions or commit a new crime.
- Development of additional reentry program services that can be used to implement the program in other communities in the future.

III. Deliverables

The contractor shall serve participants referred through multiple sources, including but not limited to:

- Institutional Probation Officers (IPO's)
- Furlough Probation Officers / Community Residential Centers (CRC's)
- Field Probation Officers, including Electronic Monitoring (EM)
- Reentry Coalition case managers
- Walk-ins or community referrals

The contractor will provide the following deliverables to approximately 1500 individuals through reentry services:

1. Safe, Sober, and Stable Housing

The contractor will provide immediate, transitional housing for reentrants that would otherwise be homeless. The contractor will help the reentrant find employment, apply for benefits, or reunite with healthy family members with the primary goal being self-sufficiency.

When a reentrant gains employment, the contractor will assist the reentrant in obtaining permanent stable housing. The contractor will facilitate short-term rental or utility payments as needed and appropriate to an individual reentrant (actual costs of these payments are reimbursable by the State). Participant placements are limited to a one year maximum.

2. Job Readiness/ Job Search

The contractor, in conjunction with the Department of Labor and Workforce Development (DOLWD) and other community job training programs, will provide job search assistance based on individual strengths and weaknesses. Reentrants should begin participation in job readiness training and job search upon intake.

3. Case Management Services

Through pre-release applications and in-reach partnerships with DOC and reentry coalitions, the contractor connect with the reentrant for service assessment a minimum of 90-days prior to release from prison or jail.

Pre-release planning should include information about the risks and needs of a reentrant through the LSI-R and/or Offender Management Plans (OMP). If no such assessments or plans are available, case management will begin with a thorough intake interview the day of release. Participant data from this interview and ongoing service, including case notes, must be captured and easily accessible by staff and approved oversight agencies. The above references both electronic and paper participant files and documents.

Case management services will be collaboration based, and will begin at the moment an application is received. The contractor will maintain collaborative relationships with community service providers, and act as coordinators for services that are referred to outside organizations.

When a participant has completed the program, program completion case notes must be completed. When identified, participants who are rearrested or remanded must be clearly noted in case management notes as having a program non-completion.

4. Comprehensive Community Support Services

The contractor will communicate and collaborate, as needed, with community stakeholders and partners, including but not limited to:

- DBH Program Director
- Half-way house case coordinators
- Field probation officers
- DOC's Reentry Coordinator
- Reentry coalition coordinators and case managers
- Housing providers
- Employers
- Community support agencies
- Community reentry programs

All interested partners should be encouraged to attend case management meetings and to join any relevant community coalitions or provider meetings.

5. Medicaid and Public Assistance Enrollment

The contractor will utilize appropriate partnering agencies to ensure that all eligible program participants are enrolled in Medicaid and Public Assistance. The program will provide assistance and support for:

- Determining eligibility, the application process, and any follow up necessary to confirm enrollment, during the timeframe that the participant is engaged in the program.
- Assist with identification of appropriate medical, substance abuse, and mental health treatment referrals (as listed below).
- Assist elderly and disabled individuals identify long-term services and supports.

6. Substance Abuse and/or Mental Health Treatment

The contractor will coordinate services for reentrants that require substance abuse and/or mental health treatment services. The contractor will participate in getting timely assessments and treatment to reentrants by:

- Engaging with community providers to assist participants in securing Medication-Assisted Treatment (MAT)
- Referring reentrants to substance use and/or mental health community providers
- Continuing to develop connections to provider agencies that accept direct referrals for treatment

Services administered to participants who are Medicaid eligible should be billed to Medicaid.

7. Program Coordination/Assessment

The contractor will provide a range of program coordination services in order to meet the program goals and outcomes in the scope of work. Program coordination will occur in conjunction with the Department of Health and Social Services, Division of Behavioral Health program director.

This includes, but is not limited to:

- Provision of monthly qualitative and quantitative reports, generated from client data, and submitted along with the monthly invoice
- Meet both telephonically and in person with the program director on a regular basis
- Participation in stakeholder meetings to address programmatic issues with the program director, the Department of Corrections (DOC), and/or the Alaska Criminal Justice Commission (ACJC) as requested
- Coordination with community providers involved in contract deliverables to ensure:
 - Participant progress is tracked and documented
 - o Participant barriers are identified and addressed
 - o Updates about the status of referrals are tracked and documented
 - Outcomes and requirements of the Recidivism Reduction Program are clearly understood by partnering community providers
- Communication of updates to probation/parole offices, including furlough and electronic monitoring (EM) officers, as requested by DOC or when a participant is, or is in danger of, violating program rules
- Engagement with the Department of Corrections process for pre-release planning, including going to the jail facilities to meet with inmates directly
- The contractor will provide additional program coordination and in-reach services as needed
- The contractor will work with the program director and reentry coalition coordinators and case managers to streamline pre-release planning and case management procedures

8. File Management/Data Tracking

Part of the State's commitment to the expansion of this program includes ensuring the following goals are met:

- Program continuity into the future
- The ability to expand the program statewide
- Minimization of the 'silo affect', so that the program expands in an integrated way, and movement of program participants throughout the state is accommodated
- The ability to continually assess and improve the program over time

The State has identified the necessity of a statewide, state-operated, data tracking system as key to achieving these goals.

Participant and program data shall be entered into AKAIMS. The vendor will work with the State to establish a protocol for entering data into the system starting with the most recent program participants.

The contractor is expected to assist in the development of this system by:

- Continuing to track data in a secure and insured file management system that is accessible by the program director.
- Provide input about adjustments or additions to the file management system that will increase data-tracking performance and consistency.

9. Enhancement of the Program Model

The contractor will continually develop the recidivism reduction program to be a template for other reentry programs in the state by striving to achieve the following:

- Build a reentry model that is sustainable and utilizes evidence-based practices and procedures that can be replicated
- Monitor the effectiveness of the reentry program model, including sharing program development and operational insights with reentry coalitions and service providers across the state of Alaska
- Gather raw data that can be analyzed and assessed by stakeholders to improve outcomes
- Develop, monitor, and adapt timelines for participant services, including pre-release planning, intake, post-transition planning, and case closures
- Develop a long-term communications plan that clarifies the process in which partner service agencies will update the contractor about participant program status
- Remain active in the Anchorage Reentry Coalition and other community stakeholder groups

10. Reimbursable Costs

Costs related to deliverables 1-7 are reimbursable if they assist participants in meeting the program goals. The following comprehensive community support services that address hurdles to effective programming have been preapproved:

- Food cards *
- Bus passes
- Identification
- Clothing vouchers
- Parenting classes
- Initial Medication-Assisted Treatment (MAT) appointments**

* Whenever applicable, participants should be signed up for public assistance.

**Whenever applicable, Medicaid and/or a participant's insurance should be billed for these services.

The project director may choose to add items to the pre-approved list, by sending formal notification of the updated list to the vendor and contract administrator, listing the effective date.

Additional items not on the pre-approved list must be approved by the project director in advance in order to qualify for reimbursement.

Anticipated Annual Budget:

For deliverables 1-9, the Division of Behavioral Health anticipates an annual budget within the range of \$450,000 - \$525,000, which does not include reimbursable expenses detailed in Deliverable 10.

The typical contract term is for 1-year, with potential annual renewal options.

IV. Experience and Minimum Qualifications:

Interested parties must demonstrate the following minimum prior experience in their letter of interest:

- 1. A minimum of two years of experience performing the full range of reentry services and data-tracking, as outlined in the 'Scope' and 'Deliverables' sections above.
- 2. Documented ability to perform the above services for at least 1500 individuals.
- 3. A minimum of two years of experience facilitating weekly collaborative case management meetings with multiple local provider agencies.
- 4. Experience and completed training utilizing the LSI-R tool facilitated by the Alaska Department of Corrections to assess individual client risk and needs, as well as programming level.
- 5. Applicants must be able to have a location suitable for reentry services, including for individuals that have committed high-risk offenses and/or are currently under supervision with the Department of Corrections, by the expected start date of the contract. The location must be accessible to individuals releasing from local correctional facilities, preferably near a high-use bus line.
- 6. Proposers that plan to directly provide substance abuse and/or mental health treatment intervention services must also meet the following:
 - a. Hold a DHSS Division of Behavioral Health approval as a Community Behavioral Health Services Provider, as defined in 7 AAC 70.030, for the provision of both clinic and rehabilitation services.
 - b. Have at least three years of experience providing the same or similar types of services in Alaska.

V. How to Participate:

Interested proposers must submit an electronic response, 2 pages maximum, with the following information: (PDF format is preferable)

- Proposer Name (business name or individual)
- Authorized signer
- Mailing address
- Physical address
- Phone number
- Email address

- A description of how the applicant meets or exceeds the experience requirements, including information about how client numbers are tracked. Proposer should list the client data-tracking systems used to track clients, as well as state whether or not the proposer tracks any DOC identifiers, such as the Alaska Corrections Offender Management System (ACOMS) number.
- A statement confirming that, if awarded, all case management staff will complete training on the LSI-R tool prior to the start of the contract.
- A statement confirming that, if awarded, all case management staff will complete DHSS HIPAA training prior to the start of the contract.
- A statement confirming that the firm can provide the project deliverables within the annual estimated budget provided.

This Request for Letters of Interest does not constitute a formal solicitation. The purpose of the RFLOI is to determine if there are qualified offerors out there who would be interested in bidding on these services. The State will use this information to potentially develop a future solicitation

The State of Alaska is not responsible for any costs associated with the preparation of responses. The issuance of the Request for Letters of Interest provides no guarantee that the State of Alaska will proceed with a formal solicitation.

Submission Details:

Proposers must submit an electronic response (PDF preferred) by 2:00 pm Alaska Prevailing Time on **Friday September 6, 2019.**

Responses should be addressed to the attention of:

Katy Hogan Procurement Officer Alaska Department of Health and Social Services 907.465.1625 <u>katy.hogan@alaska.gov</u>

Bidders/Offerors with Disabilities:

The State of Alaska complies with Title II of the Americans with Disabilities Act of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to submit a Letter of Interest should contact the Procurement Officer named above, no later than August 20, 2019.