



**THE KENT COUNTY OFFICE OF
COMMUNITY CORRECTIONS
REQUEST FOR PROPOSALS**

for

**FY 2013 – 2014
COMMUNITY CORRECTIONS FUNDING**

Prospective Applicants are required to follow the **Proposal Content** instructions completely (Section II of the RFP Document). ***Proposals that do not follow the format (per the Proposal Content document) will not be accepted.***

The Kent County Office of Community Corrections will accept program proposals and applications for FY 2014 (October 1, 2013 – September 30, 2014) Community Corrections funding through **Friday, April 12, 2013 by 5:00 PM.**

CONTRACT REQUIREMENTS

Selected programs must be willing to sign a contract with the Kent County Office of Community Corrections (KCOCC), which shall include certain provision, among which are the following:

- A. The contract shall consist of (1) the Request for Proposal (RFP) and any addenda which may be subsequently issued, (2) the proposal submitted by the contractor of the RFP and (3) the contract boilerplate.
- B. The contract shall be administered by KCOCC. The contractor will submit monthly reports agreed to by the KCOCC. Other reports may be required as identified by KCOCC staff. An example of this additional reporting may include information pertaining to the intermediate goals that each agency will be required to establish and track throughout the duration of OCC funding.
- C. The relationship of the contractor to the KCOCC will be that of independent contractor. The contractor will be solely and entirely responsible for its acts and for the acts of its agents, employees, and sub-contractors during the performance of the contract.
 - 1. The contractor shall not assign or transfer any interest in this contract without the prior written consent of the KCOCC.
 - 2. The contractor will retain all appropriate service and financial records for a period of at least three years after the end of the contract period.
 - 3. All award recipients are required to submit, on a monthly basis, the Activity Report Form, and Enrollment and Termination forms. A provider may be required to submit a detailed invoice as back up documentation to their monthly Activity Report Form.

Additional RFP Information

1. Kent County reserves the right not to award a contract as a result of the Community Corrections funding process.
2. Kent County is not liable for any cost incurred in completing or responding to this RFP.
3. Respondents to the RFP may be asked to clarify certain aspects of the proposal or program for the proposal review committee (Alternative Sentencing & Evaluation Committee) and the staff of the Kent County Office of Community Corrections. Programs may be asked to provide accreditation information, employee credentials, and references. Respondents must demonstrate a willingness to modify components of the proposal or the program to meet the needs of the local correctional system.
4. An award of Community Corrections funding may be dependent on the willingness of the program to work with staff of the Community Corrections Advisory board to implement a Quality Assurance/Improvement Plan. This plan will include, among other items, specific steps to ensure that the program is reaching the Community Corrections targeted population, mutually acceptable program specific monitoring criteria, and mutually acceptable measures of client outcomes (e.g. client satisfaction, referral source satisfaction, treatment responsiveness).
5. Respondents to the RFP should disclose any personal or professional interests with members of the Community Corrections Advisory Board or its staff. Please note that such an interest does not necessarily proscribe an award of community corrections funding.
6. The Community Corrections funding process has been designed to maximize input from the widest array of local criminal justice and correctional policy makers and practitioners. The decision to award funds is dependent on a host of factors designed to ensure that scarce community correction resources achieve maximum value and reach specific Kent County criminal justice needs. Proposals that are not funded will be notified via regular mail. Any appeal of the denial of funding should be in writing, directed to the Coordinator of the Kent County Office of Community Corrections, and postmarked no later than 7 business days from the date the Alternative Sentencing & Evaluation Committee's recommendation.
7. Questions regarding this request for proposals may be directed to the Office of Community Corrections at 632-5367 (Andrew Verheek) or 632-5318 (Barb DeVos). Programs will be contacted by regular mail regarding the acceptance or rejection of their proposal. If the proposal is accepted, it will be included in the Kent County Community Corrections application to the Michigan Department of Corrections/Office of Community Corrections for Fiscal Year 2014 funding. Inclusion in this grant application does not guarantee funding for Fiscal Year 2014.

RFP PREPARATION GUIDELINES

SECTION I

- A. Proposal Submission Parameters
- B. Purpose of RFP
- C. Scope of Services
- D. Service Documentation
- E. Local P.A. 511 Target Population-Eligibility Guidelines

SECTION II

- A. Proposal Content
- B. Format of Proposals
- C. Program Proposal Requirements

SECTION I

A. PROPOSAL SUBMISSION PARAMETERS

I. Community Corrections Application for Continuation Funding

Local units of government which have appointed a Community Corrections Advisory Board (CCAB) and have developed a comprehensive corrections plan which has been approved by the State Community Corrections Board may apply for Fiscal Year 2014 funding.

II. Types of Programs and Activities Eligible for Funding

The priority for Fiscal Year 2014 (October 1, 2013 – September 30, 2014) is the funding of local services and programs which have a demonstrable impact on prison commitment rates and improved jail utilization.

III. Local Community Corrections Sanctions and Services

Funds shall be used for the expansion of existing services and/or the development of new and innovative services within Kent County.

Pursuant to the requirements of the State Community Corrections Board, funding priorities include:

- Cognitive-based programs which have been shown to reduce prison commitments
- Improvement of utilization of the Kent County Correctional Facility
- Appropriately target high risk/high need offenders for programming that is consistent with the principles of effective intervention.

IV. Funding Restrictions

Grant recipients may not use community corrections funds for the following:

- A. To replace historical spending by local units of government for community corrections programs.
- B. For capital construction.
- C. To create services that can already be obtained at the local level.

B. PURPOSE OF THE RFP

The Kent County Community Corrections Advisory Board/Office of Community Corrections (CCAB/OCC) invites proposals for funding from local agencies demonstrating an ability to serve Public Act 511 eligible offenders that exhibit high risk/high need characteristics.

The Kent County Community Corrections Advisory Board has been in place since 1989 with Kent County establishing a local Office of Community Corrections (OCC) in 1990. The CCAB/OCC must make an application to the State Community Corrections Advisory Board for local program funding on an annual basis.

Public Act 511, The Community Corrections Act, was passed in 1988 to divert non-violent/low-risk offenders from prison by placing them in community programs which provide the courts with a continuum of sanctioning options ranging from least to most restrictive. While **prison diversion** is the primary goal of the Act, the State recognizes the need to **improve jail utilization** to free jail beds for more serious offenders that will be diverted from prison. In addition, the State promotes the use of **evidence-based rehabilitation services** to offenders to strengthen offender accountability (e.g. substance use, mental health counseling, job training and placement, and educational services).

Felony offenders demonstrating high risk and need factors are more responsive to correctional interventions and more likely to benefit from them. **Programs should target offenders possessing high risk and needs (as identified by an objective risk/need assessment tool) for enrollment. Funded agencies will utilize the COMPAS risk/needs assessment instrument and sentencing guideline scores to determine felony offender placement within programming. Proposals should also include information on programs/treatment services that are behavioral in nature (i.e., cognitive behavioral, social learning models, cognitive restructuring, etc.).**

C. SCOPE OF SERVICES:

The Kent County Community Corrections Advisory Board/Office of Community Corrections (CCAB/OCC) invites proposals from local programs for the following types of services:

A. Substance Abuse Treatment: May include individual and/or group treatment, day treatment, and substance abuse education/prevention. Providers will conduct comprehensive assessments, individualized treatment plans with goals and measurable treatment objectives. These services may be provided in a wide array of settings. Services which incorporate the concepts of cognitive behavioral restructuring should be highlighted. It is expected that staff will be appropriately credentialed and trained. Treatment services should be grounded in an evidence-based model of treatment (CBT, Motivational Interviewing, or other similarly structured program) as well as address offender readiness for change and willingness to engage in substance abuse treatment.

B. Vocational Training and Job Placement: Provides participatory training in vocational skills, instruction regarding employability skills, job placement and monitoring. These services may be provided in a wide array of settings. Services which incorporate the concepts of cognitive behavioral restructuring should be highlighted. It is expected that staff will be appropriately credentialed and trained.

C. Educational Services: Provides education services in adult basic education, GED, high school completion, life role competencies, etc. These services may be provided in a wide array of settings. Services which incorporate the concepts of cognitive behavioral restructuring should be highlighted.

D. Drunk Driving Jail Reduction/Community Treatment. May include individual and/or group treatment, day treatment, and substance abuse education/prevention programs that are based on a CBT model. Providers will conduct comprehensive assessments, individualized treatment plans with goals and measurable treatment objectives. These services may be provided in a wide array of settings. Services, which incorporate the concepts of cognitive behavioral restructuring, should be highlighted. It is expected that staff will be appropriately credentialed and trained. **Programming is to be provided exclusively to sentenced OUIL III offenders that meet specific established criteria.**

E. Mental Health Treatment: May include assessments, individual and/or group therapy, day treatment, and substance abuse education/prevention. Providers will conduct comprehensive assessments and individualized treatment plans in which treatment goals and measurable treatment objectives are specified. Treatment focus may address anger management and treatment of sex offenders for instance. These services may be provided in a wide array of settings and times. Services, which incorporate the concepts of cognitive behavioral restructuring, should be highlighted. It is expected that staff will be appropriately credentialed and trained.

D. SERVICE DOCUMENTATION

Programs receiving funding through KCOCC will submit monthly invoices including participant enrollment and termination forms and information regarding successful and unsuccessful completions. The provider agrees to document start and stop times for sessions of therapy for all services provided. In addition, each funded agency will be asked to track Intermediate Goals for all enrolled offenders and submit them for review to KCOCC on an agreed upon timeline.

Program evaluations may be completed by Kent County OCC staff and/or MOCA staff in order to verify program attendance, participation and progress in the program by enrolled offenders. It would be helpful in completing a review of the program to have the following information available for each currently or formerly enrolled offender:

- Documentation of program eligibility
- COMPAS if available
- Assessment results if applicable
- Individual treatment plan and client goals
- Signed attendance sheet including start and stop times for all program sessions, individual or group that the client attended
- Case notes documenting the individual's participation and progress in the program as well as the implementation of the treatment plan and the individual's response to treatment
- Pre and post tests if applicable
- Discharge summary and recommendations for additional treatment if appropriate for successful and unsuccessful terminations

E. LOCAL P.A. 511 TARGET POPULATION ELIGIBILITY GUIDELINES

BASIC OFFENDER ELIGIBILITY GUIDELINES

- Offenders must be convicted of a felony in the County of Kent and/or State of Michigan.
- Offenders are not eligible if criminal history includes 2 or more violent or assaultive felony convictions within 5 years of the instant offense.
- Enrollment should be in lieu of an incarcerative sentence or as a reduction to an incarcerative sentence.
- Offender must be supervised by Pretrial Services, on Circuit Court Probation and/or serving a sentence at the Kent County Correctional Facility during their enrollment in the P.A. 511 funding program.
- Offenders who have served their entire jail sentence are not eligible for enrollment into P.A. 511 funded programming unless enrollment is due to an official probation violation.
- Offenders enrolled with a **probation violation** must have been formally violated (i.e., an **Amended Probation Order** signed by the judge must be completed and available upon request).

SPECIFIC SENTENCING GUIDELINE ELIGIBILITY CRITERIA

- The SGL score must be **0 - 9** or greater.
- **Probation violators** with an SGL score of **0 - 6** or greater on the original offense.
- **OUIL 3rd programming** must target offenders convicted of an OUIL 3rd offense (257.6256D) with a Lockout or Straddle Cell Sentencing Guideline Score where the PRV is less than 35.
- **Pretrial offenders** must score above average to high for a non-violent felony charge or average to high for a violent felony charge on the Praxis Instrument.
- **Offenders with non-eligible SGL scores may be enrolled in programming based upon their risk/need scores on a case-by-case basis and with approval from Kent OCC staff.**

NON-ELIGIBLE VIOLENT OFFENSES

| <u>PACC CODE</u> | <u>MAX.</u> | <u>OFFENSE DESCRIPTION</u> |
|------------------|---------------|--|
| 750.72 | 240 | Arson, dwelling |
| 750.83 | Life or years | Assault w/intent to commit murder |
| 750.89 | Life or years | Assault w/intent to rob armed |
| 750.136B2 | 180 | Child Abuse, 1 st degree** |
| 750.316 | Life | Murder, 1 st degree** |
| 750.317 | Life or years | Murder, 2 nd degree |
| 750.321 | 180 | Manslaughter |
| 750.329 | 180 | Manslaughter, death from wound |
| 750.349 | Life or years | Kidnapping |
| 750.520b | Life or years | Criminal Sexual Conduct, 1 st degree (CSC 1 st)** |
| 750.520d | 180 | Criminal Sexual Conduct, 3 rd degree (CSC 3 rd)** |
| 750.529 | Life or years | Robbery armed** |
| 750.531 | Life or years | Bank robbery |

**Mandatory Prison Sentence

SECTION II

A. PROPOSAL CONTENT:

Proposals will be evaluated by the Alternative Sentencing and Evaluation Committee, the Kent County Community Corrections Advisory Board and the Kent County Office of Community Corrections using a system based on criteria which include the following:

- < the need for the services proposed
- < the expected effect the program will have on the prison commitment rate and jail utilization
- < program performance during the most recent contract year (for programs currently or previously funded by the Kent County OCC). Performance includes program utilization, program success rate, and cost effectiveness
- < expected budget utilization
- < inclusion of qualitative and quantitative methods to assess concrete outcomes in the lives of the participants that will manifest themselves as “successful completion” and intermediate achievement data.

B. FORMAT OF PROPOSALS:

- < Proposals must be typed, single-spaced, on 8-1/2" x 11 white paper, one side only.
- < Pages must be consecutively numbered.
- < A table of contents must be included in the proposal immediately after the title page.
- < Proposals must be stapled in upper left corner of page. Special covers are discouraged and will not be presented to the proposal review committee.
- < An original and two copies of each completed proposal must be submitted. An electronic copy of the application must also be submitted to KCOCC at Andrew.Verheek@kentcountymi.gov or Barb.DeVos@kentcountymi.gov

Proposals are to be structured as follows (See also Section VIII):

- 1. Cover letter**
- 2. Application for Kent County Community Corrections Act Funds and Program Summary**
- 3. Table of Contents**
- 4. Program Proposal Requirements**
 - A. Type of Service Provided**
 - B. Target Population**
 - C. Program Specific Eligibility Criteria**
 - D. Program Outcomes**
 - E. Operational Procedures**
 - F. Credentials and Licensures**
 - G. Community Linkages**
 - H. Program Adherence to Evidence-Based Practices**
 - I. Mission Statement and Community Corrections Philosophy**
 - J. Other Funding Sources**
 - K. Program Design**
 - L. Implementation and Financial Plan**
 - M. Proposal Summary**
- 5. Program Specific Questions (Case Management, Group Programming, or Supervision Services)**
- 6. Optional Information that the provider would like to include in the proposal.**

C. PROGRAM PROPOSAL REQUIREMENTS:

A. Type of Service Provided

Please check or list which services listed below are applicable to your program in relation to your application for funds.

- | | |
|--|---|
| <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Drunk Driving Jail Reduction/Community Treatment |
| <input type="checkbox"/> Non-core Residential Services | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Vocational Training and Job Placement |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Day Reporting |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Other |

B. Target Population

Based on the purpose of the RFP (see page 6) define your **primary** target population for your proposed services in general terms (e.g. sentenced felons, unsentenced felons, probation violators, OUIL III offenders, pretrial felony inmates, etc.).

C. Program Specific Eligibility Criteria

Specify the eligibility criteria for your program in terms of offender characteristics i.e. the *specific requirements* for entry into your program outside of the Kent County Eligibility Criteria. Kent County Eligibility Criteria (see page 9) should be considered the minimum basis for eligibility and does NOT need to be included in the description. Please include applicable COMPAS criteria that will be utilized in determining program eligibility.

D. Program Outcomes

1. Describe the *overall* program goals and objectives and how they will be measured and reported to KCOCC. Include specific information relating to client treatment goals and objectives identifying the desired outcomes for the clients. Outcomes for both the Successfully Terminated and Unsuccessfully Terminated client should be tracked.
2. Not all clients that are terminated unsuccessfully are unsuccessful. They may have attained certain skills or knowledge while enrolled in the program but failed to complete successfully. Describe the *intermediate* goals and objectives for all clients and how they will be measured and reported to KCOCC.

E. Operational Procedures

1. Program Referrals

- a. How are offenders referred to the program? Include all referral sources including but not limited to the probation agents, PSI, PV, court, etc.
- b. Identify who is responsible for confirming that all enrolled offenders are P.A. 511 eligible and describe the process. **Note:** Programs will not be reimbursed for offenders not meeting Kent County P.A. 511 eligibility criteria.
- c. What steps will your program take to ensure at least an **80%** utilization of your program?

2. Successful and Unsuccessful Completions

a. Define successful completion for your program. Include the procedures which illustrate how and when offenders complete program objectives and requirements (refer to previously stated program and client outcomes where appropriate).

b. Please describe the program policies and procedure(s) for *unsuccessful* terminations.

3. Reporting Responsibilities

Describe how the offender's progress within the program will be reported to the probation officer or referral source. Include frequency of reporting positive and negative progress and types of reports provided such as intake, assessment results, progress notes, discharge summary etc.

F. Credentials and Licensures

Provide a list of all credentials and licensures for the program seeking funding. In addition, what credentials and licenses will be required of participating staff? Finally, what training will be required of participating staff?

G. Community Linkages

List all other community based sanctions and services your program utilizes including both OCC and non-OCC funded programs.

H. Program Adherence to Evidence-Based Practices

Explain how the programming provided by your agency adheres to the principles of effective intervention and evidence-based practices.

I. Mission Statement and Community Corrections Philosophy

Provide your organization's Mission Statement and explain how your organization and its proposal fits into the Community Corrections philosophy regarding diversion?

J. Other Funding Sources

Please list all other funding sources including Client Self Pay for the services you are proposing to KCOCC and the level of funding. If there are no other funding sources please indicate that also.

K. Program Design

Complete and attach **one** of the three Program Design questionnaires attached to this document. Programming is anticipated to be in one of the following areas: Group Programming, Case Management, or Supervision Services.

L. Implementation and Financial Plan

Provide an Implementation and Financial Plan (see example below) that includes your programs:

- a. projected number of enrollments,**
- b. projected number of service units, and**
- c. cost per unit of service**
- d. projected cost on a monthly and annual basis**

If you are proposing multiple services, itemize your plan by service type. The plan should reveal any anticipated fluctuation in service levels (for example, a new program may anticipate that the number of units of service provided in the first few months will be lower and gradually increase over the subsequent months as the number of referrals becomes more stabilized).

Example

Implementation and Financial Plan

| Service Type (Cost per unit) | October | | | November | | | December | | | January... | | | ...Total | | |
|---------------------------------|--------------|--------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|--------------|--------------|---------------|
| | # of Enr. | # of unit | total cost |
| Enrollments | 5 | -- | -- | 4 | -- | -- | 5 | -- | -- | 6 | -- | -- | 20 | -- | -- |
| Assessment (\$10) | -- | 5 | 50 | -- | 7 | 70 | -- | 9 | 90 | -- | 10 | 100 | -- | 31 | 310 |
| Education (\$25) | -- | 3 | 75 | -- | 5 | 125 | -- | 8 | 200 | -- | 9 | 225 | -- | 25 | 625 |
| Totals | 5 | 8 | 125 | 4 | 12 | 195 | 5 | 17 | 290 | 6 | 19 | 325 | 20 | 56 | 935 |

Reimbursements for services will be provided by the Kent County OCC based on the monthly billing your program submits. It is expected that invoices for actual expenses will very closely match the projected expenses presented in the Implementation Plan. **Your projected budget must be calculated by multiplying the number of units of service by the cost per unit of service.**

M. Proposal Summary

All proposals must include the following:

| | | |
|--|--|----|
| Requested Budget FY 2014 | | \$ |
| Program Capacity* | Annually | |
| | Monthly | |
| | Daily | |
| Projected # of Participants (#of new enrollments plus any clients carried over from FY current) | Annually | |
| | Monthly | |
| | Daily | |
| Termination Rate | Projected Annual Terminations (Closed Cases) | |
| | Projected # of Successful Completions** | |
| | Projected Completion Rate (# of Successful Completions/Total Terminations) | |
| Cost Effectiveness and Efficiency | Projected Cost Per Offender (FY 2014 Requested Amount /Total annual # of program participants) | |
| | Projected Average # Days in Program Per Offender | |
| | Projected Actual Cost Per Day Per Offender (Actual Cost Per offender /Average # of Days in Program) | |

* Program Capacity is the maximum number of clients your program can accommodate yearly, monthly, and daily. This is based on the number of staff of your program, maximum number of clients allowed in planned group sessions, and your program structure.

** A successful completion is a client who has completed your program according to your program completion criteria. If the client leaves your program due to other circumstances (e.g. probation violation, passed away, etc.) but was doing well in your program, this is not considered a successful completion. These cases should be included in the “other” termination category.

Case Management

Please answer the following questions **only** if you are applying for funding for Case Management Services.

ASSESSMENT:

1. Is an assessment (not screening) required to determine eligibility? Explain.
2. Is an assessment (not screening) used in case/treatment planning? Explain.

PROGRAM DESIGN:

1. Does Case Management include goal or task setting?
2. If referrals are made to other programs are they:
 - P.A. 511 funded
 - Non-P.A. 511 funded
 - Both P.A. 511 and Non-P.A. 511 funded
3. What is the frequency of reporting/contact with the offender?
4. How is the frequency of reporting/contact determined?
5. What happens during a typical session with an offender and how long is it estimated to take?
6. Does the program assist offenders with securing identification and/or refer to additional social or supportive services such as health care or clothing assistance?
7. Does the program monitor for new criminal activity?
8. Does the program provide drug/alcohol testing? If so, explain the frequency and cost of testing.
9. How are delivered services (for billing purposes) and offender progress and participation documented by the service provider?
10. Why can probation officers not provide this level of service?

Group Programming

*Please complete the following questions **only** if you are applying for funding for Group Programming.*

ASSESSMENT:

1. Is a risk and/or need assessment (includes substance abuse or mental health assessment) required prior to referral or admission to this program? Explain.
2. If an assessment is required, who completes the assessment?
3. Does the substance abuse assessment (if applicable) result in recommended level of treatment per American Society of Addiction Medicine (ASAM) criteria? Explain.
4. Is there a process to ensure that offenders receive the recommended level of treatment per the assessment?

PROGRAM DESIGN:

1. What is the name of the curriculum used (if applicable)?
2. What skills are taught in this program?
3. Explain in detail the various phases or components of your program and how and an offender will transition between them.
4. How many sessions will there be per week per group?
5. How many groups will be in session at a time?
6. How long will the sessions last?
7. How many sessions, on average, are anticipated for program completion?
8. Are individual sessions part of the program? If so how many sessions are included per participant and are they billed separately?
9. When would individual sessions be used?

Supervision Services

*Please answer the following questions **only** if you are applying for funding for Supervision Services.*

ASSESSMENT:

1. Is an assessment required to determine program eligibility? Explain.

PROGRAM DESIGN:

1. List the various ways offenders are supervised (office visits, EMS, telephone reporting, field contacts etc.)
2. What is the frequency of reporting/contact with the offender?
3. How is frequency of reporting/contact determined?
4. What happens during a typical “report” and how long is it estimated to take?
5. Does the program design include collateral contacts with family, employer, school, treatment provider, etc.? If yes, explain.
6. Does the program assist the offender with securing identification and/or refer to additional social or supportive services? If yes, explain.
7. Does the program monitor for new criminal activity? If yes, explain how this is accomplished.
8. Does the program provide drug and/or alcohol testing? If yes, explain including frequency and cost.