Request for Proposals

Community Justice Transitional Network (CJTN) RFP
EPIN: 12827P0001

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This Request for Proposals is issued through PASSPort to those organizations with a PASSPort account and an approved Health and Human Service Prequalification. All proposals must be submitted through PASSPort Go to link to MOCS website to learn more.

IMPORTANT NOTE: This Request for Proposals is issued through the PASSPort system. All responses must be submitted via PASSPort. In order for vendors to be able to respond to this RFP in PASSPort, you must have a PASSPort account and an approved Health and Human

Services Prequalification (HHS PQL).Go to About PASSPort | MOCS and Submit the HHS Prequalification (PQL) Application to learn more.

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Basic Information

RFP Release Date	August 18th, 2026		
Proposal Due Date	September 30th, 2026, 2:00pm		
Pre-Proposal Conference	Date: September 09, 2026	Time: 12:00pm	Place: Microsoft Teams
RFP Summary	MOCJ seeks to solicit proposals to serve justice-impacted NYC residents in planning for their release and transition into community. MOCJ seeks to do this by establishing the Community Justice Transitional Network which is comprised of three components of service and six competition pools. The first component is for hybrid in-custody/in-community transition services. The second component focuses on comprehensive services in the community. The third component focuses on support for people in an acute rearrest period both in-custody and in-community with specialized and responsive care.		
Anticipated Contract Term	• 01/01/2027 – 06/30/2030 with an option to renew for up to three years. • MOCJ reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.		
Competition Pools (A separate and complete proposal is required for each proposed Competition Pool)	**Competition Pool(s) are Citywide and/<u>or</u> by borough.** • Brooklyn • Bronx • Manhattan • Queens • Staten Island • Citywide (for Special Populations) Proposers may submit to serving one or multiple boroughs, <u>but a separate and complete proposal is required for each proposed borough to be served</u> (hereinafter, "Competition Pool") unless proposing to serve citywide (which would require only one proposal). Each proposal submission should include required documents specific to each proposed Competition Pool. Proposers may only submit up to 3 proposals. If proposing to serve the catchment area of "Citywide," the program must be prepared to serve clients with returning to all five boroughs.		
Anticipated Number of Clients to be Served through this Solicitation	MOCJ anticipates procuring services for approximately 6,000 individuals in services across all contracts per fiscal year through this RFP.		
Agency Contact	MOCJProcurements@mocj.nyc.gov		
Anticipated Funding and Payment Structure	• Current Annual Funding is $28,016,800.00. Anticipated Total Funding for Initial Contract Term is: $84,050,400.00 (subject to availability of funds) • Anticipated number of contracts: 8-15 total. Approximately $3,500,000 per contract per fiscal year, if 8 contracts are awarded. Approximately $1,867,786 per contract per fiscal year, if 15 contracts are awarded. • Performance metrics will be developed in partnership with MOCJ and selected providers during the first contract term to monitor program performance.		

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	• These metrics and past program metrics may inform the payment structure during any term, which may include performance-based payment and/or incentives-based structures. • MOCJ will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest.
Questions Regarding this RFP	• Questions regarding this RFP must be transmitted via email to MOCJProcurements@mocj.nyc.gov. • MOCJ will make every effort to address questions received via the specific email address above prior to the Pre-Proposal Conference will be answered during the conference. All questions received prior to, during, or after the pre-proposal conference will be answered in an addendum. • Substantive information/responses to questions addressed at the conference will be released in an addendum/a to the RFP to all organizations that are prequalified to propose to this RFP through Passport. **The deadline for submitting questions should be no later than 10 business days before the proposal's due date.**

Proposal Submission Instructions

General Guidelines	• Proposals received after the Proposal Due Date and Time are late and shall not be accepted, except as provided under New York City's Procurement Policy Board Rules, Section 3-16(o)(5). • Please allow sufficient time to complete and submit proposals, which includes entering information, uploading documents and entering log-in credentials. The PASSPort system will only allow providers to submit proposals prior to the Proposal Due Date and Time. • Proposers are responsible for the timely electronic submission of proposals. **It is strongly recommended that proposers complete and submit their proposals at least 48 hours in advance of the Proposal Due Date and Time.** • Resources such as user guides, videos, and training dates are listed in the MOCS Resource Library. For more information about submitting a proposal through the PASSPort, please contact MOCS Service Desk. • To become eligible to submit a proposal to the upcoming RFP and all other human/client service procurements within PASSPort, vendors must first complete and submit an electronic prequalification application using the City's PASSPort System. Please visit PASSPort to create an account. https://www.nyc.gov/site/mocs/passport/about-passport.page

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	• Then, visit the following page to learn how to be added to the HHS Prequalified list – a requirement of all organizations hoping to apply to a Human Service RFP. Link: https://www.nyc.gov/site/mocs/passport/learn-passport.page
Proposal Details	
Competition Pools	The Competition Pool refers to the borough or city-wide area you wish to serve. Proposers should select the Competition Pool (i.e., borough or citywide specialized population that applies, and detail if services will be administered to a specific borough or will be administered citywide) you are proposing to serve. Proposals to this solicitation must specify which Competition Pool(s) will be served. For this solicitation, Competition Pools are defined as individual boroughs or "Citywide," meaning that a separate and distinct proposal must be submitted for each Competition Pool proposed. For example, if an organization proposes to serve the Competition Pools of Brooklyn and Manhattan, the organization must submit two separate proposals — one for each borough – in each corresponding competition pool. If an organization proposes serving the catchment area of "Citywide" for a specialized population, only one proposal is needed. MOCJ considers an organization to be eligible to serve a Competition Pool if one or more of the following conditions are met: • The prime contracted provider maintains a physical location in the Competition Pool in which the vendor applies to provide services (e.g., office space, mobile unit devoted to that borough, etc.); and/or • The prime contracted provider subcontracts with a provider based in the Competition Pool; and/or • The prime and/or subcontracted provider(s) employ staff that is/are embedded in a local institution with which there is a formal partnership relationship in the Competition Pool.
Vendor Proposal Information	
Provider Contact	• Enter a member of your organization who will serve as Primary Contact with contact's title, department if necessary, mailing, email addresses, and phone number.
Funding Request	• Enter the total **Annual** funding request.
Program Site Information	• Enter the address of the proposed site for the program, or the address of the Proposer's main office. Please specify for clarity as to the role of each site if not the same.
Required Documents	
Document Type	**Description**
Budget	Completed Proposal Budget Summary (Attachment B)

Provision of Services Form	Completed Provision of Services by Prime Contractor and Partner Providers Form (Attachment C)
Organizational Chart	Completed Organizational Chart
Letters of Reference	Attach List Of At Least Three (3) Relevant References
Annual Financial Report	Financial Audit Report or Certified Financial Statement explaining why no Financial Audit Report is currently available or required.
Key Staff Resumes	Resumes and/or Description of Qualifications for Key Staff Positions
Letters of Intent	Letters of Intent or equivalent are required from each organization with which the proposer seeks to enter into a subcontract, linkage, and/or local partnership agreement to offer services through this Solicitation.[1]
Optional Documents	
Licenses and Certifications	Copies of Relevant Licenses and Certifications (e.g., to operate specialized treatment and/or other programs; administer specific services including but not limited to validated screening and assessment instruments, evidence-based curricula, etc.)
Program Activities Schedule	Sample Program Activities Schedule (i.e., a weekly schedule of proposed activities to be conducted in the program).

[1] Proposers shall not enter into any subcontract, in whole or in part, without the prior written approval of MOCJ and in accordance with all City rules and provisions governing the formulation and execution of subcontracts. Consequently, no subcontract should be drafted or executed as part of a proposal submitted pursuant to this RFP.

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Section 1: Program Background

A. Agency Overview

The NYC Mayor's Office of Criminal Justice (MOCJ) advises the Mayor on all matters relating to the maintenance and improvement of a fair and equitable justice system. Recognizing that public safety cannot be achieved by law enforcement alone, MOCJ brings together community and institutional stakeholders to address the systemic issues that undermine the safety and stability of our neighborhoods. We work to move our city forward by providing better resources and expanding access to support and services needed to maintain healthy communities and improve public safety for all New Yorkers.

B. Background on this Solicitation

Last year approximately 14,000 people left New York City's jails and returned to their communities. Although many are successful in making the transition home, each year approximately 37% return to the city's custody within one year of release, per capita, with an average daily jail population of approximately 7,000 as of Fall 2025. Insights from research and practice show that we can do better to improve individuals' post-release outcomes in the community, particularly within the first 48 hours to 2 weeks of release. The transitional services proposed in this solicitation include continuation of a coordinated and targeted approach to service delivery by providing access to comprehensive services prior to and immediately upon release and throughout individuals' transition to life in the community, particularly based in neighborhoods with the greatest numbers of individuals released from jail—a model drawn from research on best practices in reentry services.[2] Recent New York City-specific research on the needs of justice-involved individuals shows that there is substantial need for substance use and mental health services, as well as for employment, education, housing, and physical health services.

Part of the City's progress to date in reducing both crime and incarceration involves its $34 million investment in strategies that support individuals' transition from jail to the community. These investments have included both programming for people while they are incarcerated, as well as connections to services once they are released. The previously MOCJ-funded Community Justice Re-entry Network (CJRN), comprised of 10 non-profit agencies across the 5 boroughs, has provided paid transitional employment, job training services, and a variety of supportive social services to thousands of justice-involved New Yorkers to help them stabilize in the community. From January 2020 to May 2026, the Community Justice Reentry Network (CJRN) completed more than 22,000 intakes, had more than 2,800 permanent employment placements, and more than 3,000 placements into short-term transitional employment. The Community Justice Reentry Network (CJRN) also held training sessions for more than 20,000 individuals across a wide range of categories including but not limited to: cognitive behavioral skills, construction, technology,

[2] Western, B. (2018). Homeward: Life in the Year after Prison. NEW YORK: Russell Sage Foundation; National Reentry Resource Center and Council for State Governments. (2018); Reentry Matters: Strategies and Successes of Second Chance Act Grantees, http://csgjusticecenter.org/wp content/uploads/2012/08/JR_Summit_Report_Final.pdf

leadership, and peer work. These outcomes are only the beginning of a collaborative effort between the City, non-profits, and the community to support individuals, pre- and post-release, to holistically approach public safety and reduce the jail population. Learning from the experiences of justice-involved individuals, nonprofit service provider organizations, and city agencies, this solicitation represents the next step of a coordinated focus to ease the transition from incarceration to community and to reduce recidivism.

To build on the success of the CJRN and refine service delivery, MOCJ is replacing the current service delivery structure of the CJRN and creating a coordinated system of transitional services called the "Community Justice Transitional Network" (CJTN). MOCJ is issuing this RFP to procure these in-custody and comprehensive in-community transition services.

The target population to be served by MOCJ-funded transitional services through this solicitation are all individuals leaving New York City jails (including city sentenced and detained) or other correctional institutions in NYS returning to NYC, as well as anyone with a history of justice involvement already in the community. In addition, through these services, MOCJ seeks to prioritize providing support for people in an acute rearrest pattern being released from Department of Correction (DOC) custody. The acute rearrest pattern is a metric identifying people driving jail population through concurrent charges, multiple DOC stays within the past year, which often includes concurrent health conditions, who should be prioritized for reentry services. These people may require a higher level of services with smaller caseloads for peer support specialists and case managers. MOCJ and DOC will partner to maintain a coordinated, comprehensive continuum of service delivery and care for individuals as they enter, stay, and leave jail. This will include a referral pipeline for people in acute rearrest period to providers based upon providers' available services.

Due to continued increase in the jail population, the number of individuals transitioning from jail to the community has increased over the past few years. The average daily jail population rose from 4,921 in Fiscal Year ("FY") 21 to 6,206 in FY24 (FY cycles in New York City are from July 1st-June 30th). Therefore, based on population estimates and projected uptake, MOCJ seeks to serve annually approximately 6,000 individuals leaving jail and transitioning to life in the community through this solicitation. MOCJ recognizes that the majority of individuals who will meaningfully be connected to these hybrid in-custody/in-community and comprehensive in-community services will likely be those who spend more than 7 days in jail, which accounts for approximately 50% of individuals who return to the community from jail.

For in-custody services, the intention is to move from a more generalized program model to a system in which DOC and MOCJ funded providers are responsible for assessing individuals' health-related social needs (such as employment, affordable and stable housing, healthy food, personal safety, transportation, and affordable utilities) to develop individualized service plans for both in-custody and in-community services.

Hybrid in-custody/in-community transition services that begin in jail and continue into the community must be seamlessly coordinated so that individuals can continue making progress on their goals while in jail and

following their release. To promote this continuity of services, individuals will be offered peer support and service connections by staff with lived experience in the criminal justice system to build trusting relationships that can foster interest in service engagement when needed. To this end, peer support specialists will ideally be based in their clients' neighborhoods to ensure cultural competency and to enhance capacity within communities to provide services. Hybrid services will also include the provision of basic needs immediately upon discharge from custody, whether from jail or the courthouse, to assist individuals as they are released to the community. Comprehensive services in the community will address a variety of needs that often arise as individuals transition from jail to life in the community. Services will include paid transitional employment, job training and support, behavioral health services, connections to housing, and various social services supports. To ensure that services are easily accessible to those who need them, these in-community services will be available citywide and rooted in neighborhoods with the greatest numbers of individuals released from jail (see Section 2, Part B (1) for list of neighborhoods).

C. Program Purpose and Goals

The goals and objectives for programs selected through this RFP are to reduce the likelihood of repeated criminal justice system involvement by:

1) Offering comprehensive education and employment, behavioral health, and supportive social services to individuals returning to the community from New York City jails.
2) Tailoring education and employment opportunities, behavioral health, and supportive social services to individuals' specific factors contributing to their risk of reincarceration, including health-related social needs and interests, inherently valuing individual choice and autonomy.
3) Engaging clients in services through building trusting relationships, including employing individuals with lived experience (peer support specialists) in the criminal justice system to conduct outreach and deliver services.
4) Providing services in neighborhoods with the greatest numbers of individuals released from jail by partnering with local faith-based or cultural institutions, small businesses, and other neighborhood organizations.

Applicants may submit up to 3 proposals in total. An applicant may be granted an award for up to 3 proposals across competition pools outlined in "Competition Pools" on Pg 3. The total annual amount per proposal may be up to $3.5M.

D. Reentry CJTN Program Summary

The new CJTN will connect individuals leaving jails or other detention facilities to peer support, behavioral health services, transitional and permanent employment and additional supportive services in the community to promote community stability and reduce the likelihood of further justice system involvement. This model was developed through extensive feedback from justice involved individuals, non-profit service provider organizations, city agencies, and other stakeholders around best-practice research and operational

insights. To successfully implement this service delivery model, the City seeks proposals that will create a network of comprehensive services throughout New York City using innovative partnerships between large and small service provider organizations and local neighborhood-based institutions.[3] MOCJ intends to coordinate these networks through frequent communication with providers, as well as through the use of a technology tool(s) for making referrals and tracking program participation. Please see below details on service expectations.

[3] "Neighborhood-based" refers to organizations that have strong connections to the neighborhoods they serve. This may include, but is not limited to, the organization being developed by and for community members, employing large proportions of staff who live in and/or come from that neighborhood, having a physical location in that neighborhood, and/or targeting most services toward that neighborhood.

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Section 2: Community Justice Transitional Network (CJTN)

MOCJ seeks to fund re-entry services as part of the new Community Justice Transitional Network (CJTN), which will offer holistic jail in-reach and community-based services to justice impacted individuals leaving Rikers, State prisons and those already in the community. Services will include peer mentorship and support, behavioral health (i.e., mental health and substance use), case management and other social services to support individuals around sustained community stabilization and success. Through this solicitation, MOCJ plans to award anywhere from 8 to 15 prime contractors offering transition services to serve a total of approximately 6,000 individuals per year.

Any applicant proposing to serve as a prime contractor for services through this solicitation is responsible for all three components of reentry services outlined in this RFP: (1) Hybrid In-Custody/In-Community Transition Services, (2) Comprehensive Services in the Community, and (3) Support for People in an Acute Rearrest Pattern (details below). The services included under each of the three components may be provided by the prime contractor, by a partner provider, or by both.

Each CJTN Prime Contractor is responsible for delivering the following services (may not be subcontracted):

1. Employing Transition Coordinators (TCs), Peer Supervisors and Clinical Supervisors for Peer Support Specialists for In-Custody Transition Services.

CJTN Contractor(s) may subcontract the following:

1. Employing Peer Support Specialists in different neighborhoods or city-wide areas for In-Community Transition Services.
2. Providing discrete (unique) services in different neighborhoods that are different from what is offered by the Prime Contractor.
3. Any other service required as a result of this contract that is not forbidden from being subcontracted (not on the list in the above section)

(See Section 5, Part C of this solicitation for more details on Subcontractors.)

A. Component A: Hybrid In-Custody/In-Community Transition Services

Hybrid In-custody/in-community services are envisioned to connect incarcerated individuals with Peer Support Specialists who have lived experience in the criminal justice system and are based in the neighborhoods with the greatest numbers of individuals released from jail. Peer Support Specialists can develop supportive relationships with individuals coming home that would continue throughout their transition back to the community. The goal of these hybrid services is to increase community stabilization and reduce the likelihood of further involvement with the criminal justice system.

MOCJ envisions that Peer Support Specialists can be stationed at Rikers Island at least 4 days per week to offer weekly group and individual mentorship sessions, discharge planning, workshops and other programming to be determined based on the needs of individuals in DOC custody. Peer Support Specialists can also be present at the time of discharge, to support individuals' transition into community. Providers serving in DOC facilities are expected to prioritize individuals with release dates within a month or court hearings and target them for assessment, transition planning and housing referrals. It is important that trust and rapport building begins prior to a person's release back into the community. Effective engagement strategies are essential to successful reentry for individuals returning to their communities after incarceration. These strategies should focus on building healthy pro-social relationships, addressing individual needs, and fostering a sense of ownership and empowerment. Selected providers intending to provide hybrid in-custody/in-community work should have a robust, well thought out, person-centered approach, for fostering and maintaining engagement pre and post release.

For individuals going upstate into Department of Correction and Community Supervision (DOCCS) custody, Peer Support Specialists may offer small groups and workshops to help individuals prepare for their transition. Peer Support Specialists are encouraged to maintain contact with individuals serving time in DOCCS custody to support continuity of care. Contact can be through letters, in person or virtual visits, or secured messaging, as determined by the provider and facility protocol. Transition Coordinators, and other relevant staff may support Peer Support Specialists to connect with people in DOC, Administration for Children Services (ACS) and DOCCS custody and complete comprehensive needs assessments to begin developing responsive personalized transition plans.

Addressing Needs Immediately Upon Release

Individuals are often especially in need of immediate services upon release from custody,[4] which may occur at the completion of a jail sentence, when bail is paid, or when enrolled in an Alternative to Detention (ATD) or Alternative to Incarceration (ATI) program. Release may therefore occur from jail (Rikers Island or a local borough-based jail) or from court. When an individual's release date is not known by the individual or their family, attorney, or service providers in advance, it is often difficult to coordinate service delivery and address immediate needs.

Therefore, as described above, Peer Support Specialists can be stationed in or near jails and/or courthouses (e.g., at the Perry Center on Rikers Island, in mobile units/vans parked outside borough-based jails and/or courthouses, across from the Rikers bridge, at Queensboro Plaza, etc.) throughout the five boroughs to address individuals' immediate needs at the point of release. These staff can be equipped to provide basic needs including clothing, food, transit cards (i.e.: OMNY), pre-paid/pre-programmed phones, hygiene kits, walking shoes, and transportation for additional services. Peer Support Specialists can also provide information about how and where to access longer-term services in the community (i.e. through the network of MOCJ-funded reentry services, which would be available through the referral technology tool(s)), and

[4] Western, B. (2018). Homeward: Life in the Year after Prison. NEW YORK: Russell Sage Foundation; National Reentry Resource Center and Council for State Governments. (2018).

may continue following up with clients in the community to ensure service connections are made where appropriate. Referral technology tool trainings and provider support will be provided. These immediate needs and connections to services would be available to everyone leaving jail regardless of their length of stay.

Transportation for individuals discharged from jail (both city sentenced and pretrial detention) can be provided to the service provider's offices (maybe provided by the prime or a subcontracted provider), where they may also have access to immediate needs, Peer Support Specialists, and connections to longer-term services. Transportation may also be provided to housing placements if a referral was accepted.

MOCJ recognizes that effective outreach and engagement strategies are essential to successful reentry for individuals returning to their communities after incarceration. These strategies should focus on building relationships, addressing individual needs, and fostering a sense of ownership and empowerment. Selected providers will be expected to adopt and implement key strategies (i.e. persistent engagement) that will improve not only program outcomes but also the success of the individuals being served. Proposals for this solicitation should outline the outreach and engagement strategy that will be implemented pre-release and post-enrollment to ensure continuous efforts to maintain connection with program participants. Additionally, applicants should outline how their outreach and engagement strategy will differ for those determined to be in an acute rearrest period.

Examples of key strategies:

a. Building Trust and Rapport:

Early and Continuous/Persistent Engagement: Providers should start working with individuals as early as possible before their release to build relationships and begin the reentry planning process. Providers should establish friendly, warm, and respectful relationships with individuals to foster trust while maintaining professional boundaries, ensuring the safety of everyone involved. This enables providers and individuals to establish a trusted relationship, allowing concerns to be identified and addressed before release. This also increases the likelihood that an individual will want to continue working with the provider once they are in the community. Providers should attempt multiple engagements where previous attempts have been declined or missed.

Personalized Approach: Providers should have a person-centered approach when engaging with individuals seeking services. Providers should tailor programs and support services to the individual's specific needs and circumstances. A one-size-fits-all approach is less effective in producing successful outcomes. It is important that the provider's staff help individuals feel empowered to change their own lives. Providers should encourage and share supportive resources that can be beneficial and help individuals plan and prepare for life after release. Providers should ask individuals about their goals and how they want to prioritize them — this not only fosters connection, but self-efficacy.

Trauma-Informed & Culturally Responsive Care: Provider staff should be trained to recognize and address the impact of past trauma on individuals' lives and behavior. Trauma-informed care has been shown to benefit not only the health and well-being of individuals, but also their success in the community and impact their likelihood of re-offending. Provider staff should also be trained to address needs in a culturally responsive manner that honors the unique experiences of various cultural groups.

Relationship-Based Service Delivery: Providers should focus on building a strong relationship between service providers and individuals, emphasizing empathy and support. While meeting deliverables and metric goals are important, service delivery should not be transactional in nature. Service delivery should be client focused and points of contact for clients should remain as consistent as possible throughout their interaction with the provider. Keeping people at the center and building rapport is crucial.

b. Comprehensive Support and Services in Community:

Wraparound Services: Providers should ensure that they are offering comprehensive support across various domains, including housing, employment, healthcare (behavioral, physical and mental), education, and social support. Having a holistic approach to service delivery and meeting people where they are and focusing on their immediate needs increases successful outcomes.

Address Barriers to Services: Providers should streamline access to services and minimize logistical challenges to ensure seamless delivery. For example, working with individuals under supervision may require special coordination for programming or have restrictions (e.g., curfews, etc.). Individuals may face barriers related to transportation, childcare, or disabilities that they will need help addressing before engaging in programming. Providers should also ensure that language access services are available to support individuals with limited English proficiency. Equitable access to services, through interpretation and translation, help to break down communication barriers that impact an individual's understanding and utilization of services.

Continuity of Care: Providers should ensure continuity of care and follow up by connecting individuals to relevant services and resources before and after release, based on the needs and services identified in their transition plans and assessments. Providers should ensure healthcare, medication, mental health care, and support services continue without interruption and where possible, are activated prior to release.

Supportive Alliance: Providers should build a strong supportive alliance between other service providers and individuals in community. Justice-involved community members should feel seen, heard, and supported when engaging with the Provider.

The period spanning the first 48 hours through the initial 90 days of participation is particularly critical in establishing engagement, building trust, and connecting individuals to appropriate services. Providers should prioritize intensive outreach and proactive engagement during this window to maximize the likelihood of sustained participation, reduce barriers to service connection, and improve long-term outcomes.

Providers should clearly describe their outreach approach, including the frequency, methods, and any tailored or differentiated engagement strategies used for individuals demonstrating an acute rearrest pattern or other indicators of elevated risk.

c. Community Involvement and Peer Support:

Community-Based Support: Providers should leverage community resources and organizations to provide services and support. This support should assist the individual in creating a network of resources to help overcome barriers to transitioning, improve wellbeing, and build stable productive lives.

Peer Support and Mentorship: Providers should connect individuals with peer support specialists who have shared experiences with incarceration and reentry. Peer Support Specialists, Peer Navigators and other Peer Mentors should be made available to each individual receiving services. Mentorship and peer support have been shown to help increase likelihood of successful reentry through guidance, support, and a shared understanding of the challenges faced by justice-involved community members.

Family Support: Providers should make every attempt to involve families in the reentry planning process and provide support to strengthen family bonds as much as possible. The health of familial relationships is critical to the outcome and success of the individuals being served. Providers should offer in-house services or be able to refer participants to mediation, restorative justice, healing circles, parenting, and other family reunification services.

Community Engagement: Providers should engage the wider community to raise awareness about reentry challenges and foster support for returning citizens. Providers should document relevant stories and successful outcomes that can be shared to increase support for reentry services. Providers are crucial in helping to "shape the narrative" surrounding successful reentry and the meaning of community safety.

d. Promoting Personal Growth and Well-being:

Develop Skills: Providers should offer training in interpersonal skills, such as anger management, time management, financial literacy, and goal setting.

Promote Pro-social Behaviors: Providers should address attitudes and perspectives that may contribute to disengagement or attrition. Fostering and developing pro-social relationships along with building communities of support are essential to the overall success of individuals returning to community.

Promote Hope and Well-being: Providers should foster a sense of hope and self-efficacy, recognizing that overall well-being is essential for successful reentry.

Empower Individuals: Providers should empower individuals by integrating them into the design and implementation of programs and services that directly affect them. Elevating the voices of those closest to the issue and bringing them into the solution by giving them space to provide feedback, guidance, and leadership in determining programming is invaluable.

e. Data-Driven Approach:

Measure Outcomes: Providers should track program effectiveness and use data to refine outreach and engagement strategies as often as possible. (See Supplemental C)

Focus on Success Beyond Recidivism: Providers should measure success across a broad range of domains, including educational achievement, employment and retention, housing stability, family and healthy relationships, and social integration, rather than just rearrest or recidivism.

By implementing these key strategies, selected providers can effectively engage individuals in the reentry process and increase their chances of successful reintegration into the community.

f. Coordination of Services

Given that multiple organizations will be providing services through this model, selected providers may be required to utilize a MOCJ-funded standard technology tool to track outcome metrics, program participation, and referrals across the provider network to most effectively facilitate community connections and leverage available services throughout the network of providers. In addition, proposals to this solicitation should describe a proposed model for ensuring coordination between providers—both between prime and subcontractors on one contract, as well as between prime and subcontractors across different contracts. This may include budgeting for administrative resources and/or internal staff dedicated to maintaining coordination with other providers in the network and/or subcontracting with a technical assistance organization to provide coordination support.

B. Component B: Comprehensive Services in the Community

Individuals leaving jail often have various factors contributing to likelihood of reincarceration and needs that must be addressed to effectively transition from in-custody experience to life in the community. To ensure that services are tailored and based in-communities individuals are returning to, providers should utilize a localized service model.

1) Localized Service Model

Reentry services should be accessible to neighborhoods with the greatest numbers of individuals released from jail to community. These neighborhoods may include, but are not limited to:[5]

- **Queens:** Far Rockaway, Jamaica, Corona
- **Staten Island:** Northern Staten Island
- **Manhattan:** Harlem (East, West, and Central), Washington Heights
- **Brooklyn:** Brownsville, East New York, Bedford-Stuyvesant, Cypress Hills, Flatbush, Bushwick, Crown Heights, Canarsie, East Flatbush, Coney Island/Seagate, Prospect Lefferts Gardens, East Midwood
- **Bronx:** Morrisania, Claremont, Fordham Heights, Morris Heights, Parkside, Highbridge, Longwood, Soundview, West Farms, Woodstock, Mott Haven, Castle Hill, Kingsbridge Heights, Edenwald, Parkchester

Providers are highly encouraged to incorporate partnerships with local faith-based or cultural institutions, small businesses, libraries, and/or other neighborhood organizations into program models. To have broader reach than providers' office space, providers may employ staff to be stationed at and/or embedded in local institutions (e.g., community centers, houses of worship, libraries, shelters, etc.) to conduct outreach, provide services, and offer connections to additional longer-term services.

Therefore, in addition to the hybrid services described above, MOCJ seeks proposals that will deliver all of the services listed below through the prime contracted organization and/or through a network of partner providers including subcontracts, linkage agreements, and/or local partnerships with external provider organizations and/or neighborhood-based institutions.

[5] Neighborhoods identified based on MOCJ analyses of prevalence of individuals returning to the community from jail.

2) Behavioral Health Services

Many justice-involved individuals may need or benefit from behavioral health services to enhance their ability to confidently navigate and succeed in the community long-term. If the symptoms or needs are not managed, individuals may struggle to stabilize and thrive in the community, ultimately potentially experiencing re-arrest or re-incarceration. Research on individuals involved in the criminal justice system shows that to reduce recidivism, programming must address individuals' behavioral health needs using evidence-based practices.[6]

For the purpose of this solicitation, these primary behavioral health needs are defined as follows:[7]

- **Substance use disorder**—a complex condition in which there is uncontrolled use of a substance despite harmful consequences.
- **Mental illness**—significant changes in thinking, emotion, behavior that can include distress and problems functioning socially, family, or at work.
- **Decision-making**—to help individuals reframe and reconstruct thinking patterns that support well-being, empowerment and autonomy.
- **Self-management**—to learn and practice managing daily choices and actions and to adjust daily functioning to engage in behaviors that support well-being.
- **Interpersonal skills**—to address conflict issues with family or peer relationships, or internal conflict that creates difficulties with others.

All providers selected through this solicitation would address clients' behavioral health needs either in-house directly, or by the subcontracted health care provider, or through referral to an external health care organization. This may include activities such as weekly structured group sessions, regular individual counseling, and care coordination and case management to support individuals meeting their goals. In order to provide behavioral health services, providers may hire peer support specialists, social workers, psychologists, or nurse practitioners or partners with a provider who has people on staff who meet these requirements. Programming to address behavioral health needs should be developmentally appropriate, which requires emphasizing a strength-based approach to reinforce the individual's role as a member of the community. Treatment components and frequency will vary depending on the individual client's health-related social needs. For example, individuals who have a serious mental illness will require more intensive engagement and retention practices by the program as well as support for medical management and possibly housing. Selected providers should be prepared to share their intended behavioral health curriculum and their qualifications to provide such a curriculum with MOCJ if the service is provided in-house. MOCJ is working to develop clinical standards for providers through a shared process. This will lead to MOCJ

[6] Cullen and Lero-Jonson, 2017; Cullen et al., 2017; Cullen, 2013; MacKenzie, 2006; Latessa et al., 2013; Epperson and Pettus-Davis 2017; Christy et al., 2017; Dobkin et al., 2002; Mallik-Kane and Visher, 2008; Pettus-Davis et al., 2017; Wright and Cesar, 2013; Taxman and Belenko, 2013.

[7] Individuals' risks and needs are diverse and may consist of constellations of therapeutic needs, as well as other interests, risks, and needs not mentioned here.

sponsored training and technical assistance on expanding clinical capacity to support meeting high level behavioral health needs of people transitioning to community.

For more information on these behavioral health needs, see **Supplemental A**, which includes:

- Detailed definitions of needs;
- Descriptions of the target population;
- Necessary skills for program staff to address each need (e.g., peer support specialist, social worker, psychologist, nurse practitioner); and
- Recommended treatment components.

3) Supportive Social Services

Recognizing that additional needs must often be addressed to support individuals' path toward stabilization in the community and their ability to secure and maintain employment, proposals to this solicitation should deliver all of the following supportive social services through the prime contracted organization and/or through a network of subcontracts, linkage agreements, and/or local partnerships with external provider organizations and/or neighborhood-based institutions.

- Physical healthcare
- Transitional Case Management
- Procurement of vital documents such as birth certificate, social security card, and NYCID
- Family support, mediation, and reunification (including parenting classes and working with the Administration for Children's Services (ACS) and the Office of Child Support Services (OCSS))
- Assistance identifying and securing emergency, temporary, and/or permanent housing (including through NYCHA family reunification, completing housing applications, providing connections to rental assistance, providing emergency and/or transitional housing, etc.)
- Financial literacy education
- Benefits and Medicaid enrollment
- Child-care on-site and/or connections to external child-care options
- Health education (including sexual health (e.g., HIV, Sexually Transmitted Infection (STI), and Hepatitis B and C prevention) and food and nutrition)
- Legal services
- Voting registration and civic engagement education

Reentry providers should implement evidence-based practices in all services provided, which may include, but are not limited to, principles elucidated in the Practice Guidelines developed by Dr. Taxman and the Center for Advancing Correctional Excellence (ACE!) presented in **Supplemental B.** These Practice Guidelines describe evidence-based programming that embraces strength-based practices to engage and retain individuals in services. The Practice Guidelines cover the following topics:

- Motivation and Treatment Readiness Techniques
- Promoting Healthy Living

- Healthy Relationships
- Using Incentives to Engage People and Sustain Behavior Change

4) Employment Opportunities and Services

Providers selected through this solicitation may offer clients paid short-term employment, which may include subsidized transitional employment, paid internships and training, and/or educational stipends. Job developers/employment specialists employed by the service provider organization should have small enough caseloads to develop and maintain close relationships with employers, conduct site visits at employer locations, and address emergent needs that may interfere with job retention and career growth.

Additional employment-related supportive services may include, but not be limited to:

- Direct placement in unsubsidized permanent employment
- Job training and job readiness workshops (may be paid)
- Resume writing
- Soft skills development
- Obtaining professional clothing
- Career certifications
- Rap sheet clean-up
- Assistance obtaining identification and vital documents
- Entrepreneurial Pathways (e.g., classes, compliance, business formation, potential options for microgrants)

a. Employment Retention

Providers selected through this solicitation may offer employment retention services to every client post job placement. It is important that justice impacted community members are able utilize supportive resources to minimize turnover and support long-term employment. Employment retention strategies may focus on but not be limited to:

- Creating pathways for career growth
- Addressing barriers to career goals
- Providing regular feedback and coaching
- Effective communication and conflict resolution
- Building professional and pro-social relationships on the job (e.g., mentorship, networking)
- Work-life balance
- Navigating company culture
- Addressing burnout and/or lack of motivation

MOCJ recognizes that for some individuals transitioning back to the community, connections to employment services may not be the primary need to address. Organizations may, therefore, provide service tracks and make referrals for individuals who need additional stabilizing services before employment readiness can be achieved. Such services may include, but are not limited to, mental and physical health care, substance use treatment, housing placement, and family reunification. MOCJ also recognizes that for some individuals, due to the severity of mental, physical, and/or behavioral health needs, community stabilization may not include traditional employment. MOCJ intends to provide reentry services and connections to care for this population through this solicitation as well.

5) Educational Opportunities and Services

Providers selected through this solicitation may offer clients educational services to help individuals navigate educational paths and achieve academic and career goals. Education is an important tool for empowering individuals to enhance their knowledge, skills, critical thinking abilities and support personal growth and development. Education offers individuals opportunities for social and economic mobility and supports pathways for stability. Providers may offer individualized support to ensure that individuals meet their educational goals.

Education opportunities and services may include but not be limited to:

- Basic and higher education programming and support (e.g., literacy, GED/HSE, college readiness)
- Educational counseling (i.e., career mapping and planning, transferring credits, SMART[8] goal setting, academic advising, career readiness, skill building, personal and social-emotional support)
- Internship placement
- Leveraging Social Media for Networking
- Financial Aid Counseling (i.e., student loans, grants, scholarships and fellowships)
- Certifications
- Referrals to services (i.e., reentry, tutoring, mentorship, etc.)
- Retention and completion

C. Component C: Supporting People in an Acute Rearrest Period

Reentry service providers should prioritize providing access to services for people in an acute rearrest period. An acute rearrest period indicates a recent, intense pattern of system involvement indicating destabilization with the highest risk of short-term rearrest and re-admission to jail. A person is considered to be in an acute rearrest period when they:

a) Arraigned on a felony charge while having another pending felony case;

[8] University of California. 2017. *SMART Goals: A How to Guide*. https://med.stanford.edu/content/dam/sm/s-spire/documents/How-to-write-SMART-Goals-v2.pdf

b) Arraigned on any charge while having three or more pending cases; or
c) Have had two or more warrants in the past five years.

For people in acute rearrest period about 75% are rearrested within a year, 54% are readmitted to jail. Most of the acute rearrest population moves into non-arrest periods at some point, so we know it is possible to achieve stabilization in community for many. But stabilizing faster when destabilization occurs would prevent substantial crime and jail stays. Half of the people in an acute rearrest period had no arrests at all the year before or year after, which should increase with additional reentry support from providers.

Proposers should indicate the number of individuals to be served and demonstrate how they intend to work with people who are currently destabilized in an acute rearrest period and provide them with comprehensive reentry services. The reentry services provided to people in the acute rearrest period should ensure basic needs are met including supporting complex health needs such as serious mental illnesses, substance use disorders, and co-morbid health conditions.

The services provided could include case management, medication management (including for people with serious mental illness and alcohol or opioid use disorders), individual and group therapy, connections to primary care and dental services, access to housing and transportation support, and prosocial activities to support community connection. These services should also connect people who are in an acute rearrest pattern, leaving jail with peer support specialists to help engage them in services while in jail and upon release, connect individuals to longer-term comprehensive services, and provide ongoing support.

MOCJ and DOC will identify people who are in an acute rearrest period for prioritization and the reentry service provider will be expected to use persistent engagement strategies. Selected providers will be expected to be able to serve people with serious mental illness, substance use disorders, who are housing unstable and may have additional health and social needs. The providers will plan to have behavioral health staff (social workers, peer support specialists, nurse practitioners) or partnership with licensed health care providers to be able to serve these people with complex health and safety needs.

The service providers are encouraged to leverage Medicaid reimbursement opportunities, where appropriate and consistent with applicable federal and State requirements, for eligible services provided to individuals in an acute rearrest period. Proposers should describe any existing Medicaid billing capabilities or partnerships with Medicaid-enrolled providers, where applicable, as a payment source for serving people who are in an acute rearrest period for screening, assessment, peer support, case management, and health-related social needs. MOCJ will work with the providers to develop incentive payment structures for providers billing Medicaid to support this population. If a provider is unable to bill Medicaid, MOCJ will provide support to consider options to expand clinical capacity through health care partnership or becoming a Medicaid provider.

Section 3: Citywide Competition Pool

In addition to soliciting borough-based competition pools, MOCJ seeks to solicit proposals to the Citywide competition pool that targets the unique needs of specialized populations within communities who are transitioning from incarceration or being held in correction facilities using the above-described services in Section 2. Proposers to this pool must demonstrate the ability to serve the needs of one or more of the below listed "Special Populations" across NYC.

A. Special Populations

Given the unique characteristics and needs of certain justice-involved populations, MOCJ is open to funding proposals for specific populations. Organizations proposing to serve specific populations should specify the particular services and treatment modalities intended to be used to serve that population citywide. Proposers should clearly indicate in their proposals their desire to serve a specific special population. Special population(s) may include, but are not limited to individuals in custody or community with the following characteristics or circumstances:

- Women and/or Gender Nonconforming People
- People in NYS custody
    - Those who wish to serve this population should aim to target NYS facilities with the largest concentration of individuals returning to NYC.
- Youth/Emerging Adults (up to 24 years old)
    - Those who wish to propose to serve this population should aim to serve youth and emerging adults 13-20 years old in ACS Secure Detention and/or 18-24 years old in DOC custody.
        - Selected providers proposing to serve youth and emerging adults will be expected to be able to administer family therapies, address mental health and substance use disorders, and other health and social related needs. The selected provider should plan to have clinical staff or partnerships with licensed health care providers to be able to serve young people with complex needs.
- LGBTQIA+ individuals
- Immigrants and/or English Language Learners
- Older adults (35+)
- Individuals living with intellectual, developmental and/or physical disabilities
- Individuals living with Serious Mental Illness (SMI)
- Individuals receiving Social Security Income (SSI)
- Individuals with gang and/or crew involvement
- Veterans
- Individuals required to enroll with the sex-offender registry

Section 4: Quality, Partnerships, & Data

A. Quality of Implementation

Research shows that the quality of implementation is just as significant—if not more so—as the content of a program to the clients' success. Systematic attention to how services are delivered on the ground, including providing ongoing data-informed feedback and support to staff, has been found to help clients make progress on their goals and stabilize in the community.[9] Therefore, MOCJ is focusing on how service providers implement and continually improve their programs and services to ensure that they are as effective as possible. For this RFP, proposers should submit an implementation plan including, but not limited to, specific descriptions of each of the following eight areas of implementation: (1) Adoption of Clinical Standards; (2) Fidelity; (3) Quality Assurance; (4) Engagement and Retention; (5) Staffing Patterns; (6) Management of the Program; (7) Interagency Agreements; and (8) Active Case Management Efforts. A more detailed description of each of the above areas of implementation is provided in Section 5, Part D ("Program Implementation").

In accordance with the Procurement Policy Board Rules (or PPB Rules) selected proposers will receive at minimum yearly performance evaluations from MOCJ in PASSPort. A Performance Evaluation (PE) in PASSPort is a **formal record of a vendor's performance on a contract** with the City of New York. PEs are essential for evaluating vendor responsibility and informing decisions on contract awards, extensions, renewals, and terminations.

A standard PE in PASSPort provides vendors with an overall **PE Rating** (Unsatisfactory-Excellent) and an **evaluation scorecard** that details sub-category ratings and numerical scores (0-100) in three evaluation categories:

- Timeliness of Performance
- Fiscal Administration and Accountability
- Overall Quality of Performance

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MOCJ may require additional periodic review with selected providers including but not limited to site visits to identify areas of growth, and work with the City to continually enhance program operations and performance each year.

B. Partner Providers: Subcontracts, Linkage Agreements, and Local Partnerships

To ensure that a network of services exists to address individuals' diverse, complex reentry needs, as well as to ensure that mentoring and services are provided at a local, neighborhood-based level, MOCJ will strongly favor proposals that demonstrate partnerships through subcontracting or formal cost-sharing arrangements and linkage agreements. In addition, MOCJ strongly encourages proposals that include

[9] Lowenkamp et al., 2006; Duriez et al., 2018; Duwe and Clark, 2015; Lipsey, 2009; Lipsey et al., 2010.

proposed partnerships with local faith-based or cultural institutions, small businesses, libraries, and/or other neighborhood organizations. These partnerships may involve embedding staff employed by a prime or subcontracted service provider organization in a local institution (See Section 2, Part B (1)) to provide outreach and services, though MOCJ is open to alternative partnership models.

C. Justice Training Institute

Through strategic partnership, MOCJ will offer comprehensive Training and Technical Assistance (TTA) to each selected provider. This will be accomplished through various methods and/or partnerships but will include the NYC Justice Training Institute (JTI). The JTI is a partnership with CUNY Institute of State and Local Governments to provide on-demand training hub for MOCJ-funded providers who serve people with complex health and behavioral health needs in a variety of alternative to incarceration, reentry, and reentry housing programs. The trainings will equip providers with practical skills that are rooted in evidence-informed practices to improve service engagement, care coordination, and reduce gaps in services. Training will be ongoing and include core skills, expanding clinical capacity, data and quality assurance, and leadership and supervision. This learning community of peers and experts will offer customized TTA support through group and individual sessions. Needs assessments will be used to tailor support for each initiative and respond to TTA needs that come up in the assessment.

D. Data Reporting

Reentry programs will be expected to provide individual-level, aggregate, and narrative data reports to MOCJ concerning program operations, client enrollment, and implementation. See **Supplemental C** for metrics that may be requested by MOCJ on a monthly and quarterly basis.

Section 5: Proposal Scoring Instructions, Expectations and Evaluation

A successful proposal will respond to each of the topics in the Proposal Requirements section below and will be evaluated accordingly. Each section is worth a designated number of points. Please read carefully.

A. Organizational Structure and Relevant Experience	15 Points
B. Program Model and Services	30 Points
C. Partner Providers: Subcontracts, Linkages, and Local Partnerships	15 Points
D. Program Implementation	15 Points
E. Data Reporting	15 Points
F. Budget Management	10 Points

A. Organizational Structure and Relevant Experience – 15 Points

1. Program Expectations

a. Organizational Structure

i. Contractor would have the organizational structure to ensure supervision of staff, sufficient staffing to maintain no higher than a 30:1 client to staff ratio for hybrid in-custody and in-community services and ensure services can be simultaneously rendered.

ii. Contractor would have the ability to immediately assume operation of this program and incorporate this program seamlessly into the organization's programs.

iii. Contractor would have a plan in place to employ and retain appropriately experienced and qualified management and other key staff including, but not limited to clinical, administrative, peer, fiscal/contracts, and data staff.

iv. Contractor would have facilities and/or satellite sites that are accessible by public transportation for the population to be served.

b. Service Delivery Experience

i. Contractor would have successful, recent experience meeting the service needs of individuals who have left periods of incarceration in the community.

ii. Contractor would ideally have at least two years of experience meeting the service needs of individuals in New York City Department of Correction (DOC) and/or NYS DOCCS facilities to individuals who are in jail.

iii. Contractor would ideally have at least two years of experience working in partnership with other non-profit organizations and/or neighborhood-based community institutions to meet clients' service needs.

iv. Contractor would ideally have at least two years of experience hiring, training, supervising, supporting, and retaining justice-involved individuals on staff.

v. If proposing to serve a special population through this solicitation (including, but not limited to, those listed in Section 3, Part A of the RFP), Contractor should have a minimum of two years providing specialized services for the indicated population.

2. Proposal Instructions:

a. A separate and complete proposal, including all required and optional documents (*if applicable*), must be submitted for each Competition Pool.

3. Evaluation:

a. The above *Organizational Structure and Relevant Experience* section is worth 15 points.

B. Program Model and Services - 30 Points

1. Program Expectations

i. Contractor would identify the addresses of any and all facilities in which the proposed program would deliver services and programming to reentry clients (including services provided by the prime contractor, any subcontractor(s), and any local partnerships).

ii. Contractor would describe how it would ensure that comprehensive reentry services would be provided in and/or be easily accessible to neighborhoods with the greatest numbers of individuals released from jail. These neighborhoods include, but are not limited to, those listed in Section 2, Part B (1) of the RFP.

iii. Contractor would describe how it would ensure all relevant professional qualified staff would have a professional license in Cognitive Behavioral Therapy (CBT) or other -behavior modification curricula.

iv. Contractor would describe how it would hire and train staff and provide staff with ongoing supports (e.g., Employee Assistance Programs (EAPs) and/or other support systems that include mental and physical health and wellness, connections to services, educational resources, leadership development, trainings, internal support teams, etc.).

v. Contractor would describe which assessment tool(s) it proposes to use to surface and understand the needs of the individuals it serves in this program.

vi. For *Component A: Hybrid In-Custody/In-Community Transition Services*
Contractor should have the ability to serve a minimum of 375 individuals in custody per fiscal year. Contractor would identify the annual proposed target numbers and describe each of the following program operation items:

a. The annual proposed target number for each of the following:
   1. Clients served in DOC custody by the program;
   2. Clients served in the community by the program;
   3. Clients matched with a peer navigator, life coach, or mentor in custody who would continue working together in the community post-release.

b. Proposed staffing model (including how the roles and responsibilities of Transition Coordinators, Peer Support Specialists, and Clinical Supervisors would be operationalized);
c. How individuals would be appropriately matched with Peer Support Specialists;
d. Proposed staff-to-client caseload for Transition Coordinators, Peer Support Specialists, and Clinical Supervisors based on assessed needs of clients;
e. How Transition Coordinators, Peer Support Specialists or similar staff would engage clients in custody to build relationships that will continue post-release;
f. How Transition Coordinators or similar staff would coordinate with staff employed by DOC, CHS, and DOC-contracted service providers in custody;
g. How basic needs would be provided to individuals immediately upon discharge from jail and/or court (both individuals who had been in jail on a city sentence and in pretrial detention);
h. How Transition Coordinators, Peer Support Specialists, and/or similar staff would follow up with and engage clients in the community post-release (e.g., through calls, texts, in-home meetings, family engagement, etc.);
i. How Peer Support Specialists or similar staff would provide individuals with counseling, coaching, and/or mentoring to assist individuals' reentry process in the community.
j. How Peer Support Specialists or similar staff would make referrals and connect individuals to longer-term services in the community; and
k. How Peer Support Specialists or similar staff would receive sufficient peer support and clinical supervision within the prime and/or subcontracted organization.

vii. For <u>*Component B: Comprehensive Services in the Community*</u>
Contractor should have the ability to serve a minimum of 187 individuals in community per fiscal year. Contractor would identify the annual proposed target numbers and describe each of the following program operation items:

a. The annual proposed target number for each of the following:
    1. Client enrollments in the reentry program;
    2. Clients who would receive CBT-based or other behavioral health services;
    3. Clients who would receive supportive social services (indicate how many clients would receive which type of service).
b. How the program would address individuals' behavioral health needs including but not limited to those described in Section 2 Part B (2) of the RFP. This includes how the program would incorporate evidence-based practices, interventions, and/or curriculum/a into the program model (e.g., through weekly group sessions, individual counseling, training on behavioral health techniques for employers, etc.).
c. What supportive social services would the program provide either in-house (i.e. directly by reentry program staff and/or staff from other programs within the

same organization) or through a partner provider including, but not limited to, those described in Section 2, Part B (3) of the RFP.

d. How service referrals to internal (i.e. other programs within the proposer's organization) and/or external (i.e. partner providers) organizations would be made, including how the program would ensure sufficient follow-up on referrals.
e. How does vendor monitor Client enrollments in workforce and education programs;
f. How does vendor track Clients who would receive paid short-term employment;
g. How does vendor track Clients who would be placed into non-subsidized permanent employment;
h. How does vendor monitor Client retention in permanent employment after 30, 60, 90, and 180 days;
i. How does vendor monitor Clients who would receive employment retention services;
j. How does vendor monitor Clients who would receive education retention services;
k. Clients who would receive employment-related supportive services (indicate how many clients would receive which type of service);
l. Clients who would receive education-related supportive services (indicate how many clients would receive which type of service);
m. How the program would provide educational counseling and other education retention services including, but not limited to, those described in Section 2, Part B (5) of the RFP. This includes employing guidance counselors/education specialists as well as the use of any curricula for certifications and skill building. If proposing to use a particular hard or soft skills curriculum/a, specify which one(s) and why it was chosen;

n. How the program would provide paid short-term employment and other employment services including, but not limited to, those described in Section 2, Part B (4) of the RFP. This includes employing job developers/employment specialists, as well as the use of any curricula for hard skills and/or soft skills job training/work readiness. If proposing to use a particular hard or soft skills curriculum/a, specify which one(s) and why it was chosen;
o. What employment-related supportive services the program would provide either in-house (i.e. directly by program staff and/or staff from other programs within the same organization) or through a partner provider including, but not limited to, those described in Section 2, Part B (4) of the RFP.
p. What education-related supportive services would the program provide either in-house (i.e. directly by program staff and/or staff from other programs within the same organization) or through a partner provider including, but not limited to, those described in Section 2, Part B (5) of the RFP.

viii. For *Component C: Supporting People in Acute Rearrest Period*
Contractor should have the ability to serve a minimum of 188 individuals designated as in an acute rearrest period per fiscal year. Contractor would identify the annual proposed target numbers and describe each of the following program operation items:

a. Contractor would describe how it would engage people in an acute rearrest with:
   i. Behavioral Health needs
   ii. Substance Use Disorders
   iii. Housing Insecurity
   iv. Intensive Case Management
   v. Comorbid Heath Conditions
b. Contractor would also describe all specialized care or responses unique from above sections for those in acute rearrest periods. Such as:
   i. Outreach and Engagement
   ii. Peer Support
   iii. Behavioral Health Services
   iv. Coordination of Services

ix. Contractor would describe what, if any, evidence-based practices will be used in any and all services provided.

x. For *Section 3: Specialized Populations*
If proposing to serve a special population using the Citywide Competition Pool (including, but not limited to, those listed in Section 3, Part A of the RFP), Contractor would specify which population(s) would be served and would describe the specific services and program components that would be utilized to serve this population as described above in Part B of this Section.

2. Proposal Instructions:

a. Complete Attachment C – Provision of Services by Prime Contractor and Partner Providers
b. A separate and complete proposal, including all required and optional documents, must be submitted for each Competition Pool

3. Evaluation:

a. The above *Program Model and Services* section is worth 30 points.

C. Partner Providers: Subcontracts, Linkages, and Local Partnerships – 15 Points

1. Program Expectations

To ensure that a network of services exists to address individuals' diverse, complex reentry needs, as well as to ensure that mentoring and services are provided at a local, neighborhood-based level, MOCJ will strongly favor proposals that demonstrate partnerships through subcontracting or formal cost-sharing arrangements and linkage agreements. Subcontracts should:

- Comprise of organizations applying together in order to create a comprehensive network of services covering multiple target neighborhoods and specialized needs.
- In order to ensure partnerships with organizations that are intimately familiar with the neighborhoods and communities they serve (i.e. neighborhoods with the greatest numbers of individuals released from jail), subcontractors should include organizations that are run by and employ a majority of staff who live in the neighborhood being served, , and have demonstrated skillsets necessary socially navigate the neighborhoods they serve.
- Subcontractors proposing to provide peer support services under the component of Hybrid In-Custody/In-Community Transition Services should be neighborhood-based organizations to ensure clients are brought into and supported by existing communities.
- Subcontractors proposing to provide Comprehensive In-Community Services should provide one or more discrete service that are different from the services provided by the prime contractor (e.g., employment tracks, housing, education programs, legal services, clothing, etc.)
- Subcontractors proposing to provide employment services should demonstrate relationships with employers and expertise in workforce development for people with criminal justice involvement.
- Subcontractors may provide services under one or more of the service components (i.e. (1) Hybrid In-Custody/In-Community Transition Services, and (2) Comprehensive In-Community Services).
- Subcontractors should demonstrate a commitment to hiring people with lived experience in the criminal justice system for a variety of human services roles.

In addition to subcontracts and linkage agreements, MOCJ strongly encourages proposals that include proposed partnerships with local faith-based or cultural institutions, healthcare providers, small businesses, libraries, and/or other neighborhood organizations. These partnerships may involve embedding staff employed by a prime or subcontracted service provider organization in a local institution (like the aforementioned) to provide outreach and services, though MOCJ is open to alternative partnership models. MOCJ also strongly encourages partnerships or agreements that leverage non-city funding such as Medicaid or grants.

Organizations that are proposing to provide reentry services as a prime contractor will be expected to directly provide or contract with an external back office/fiscal conduit organization or company to help support the back office/fiscal needs of subcontracted providers. Proposals should indicate whether this back-office support will be provided through an additional subcontract or directly through the prime contractor's resources and organizational infrastructure. Proposals should also indicate the proposed indirect contract rate necessary to provide that back office/fiscal support to subcontracted providers.

i. Contractor would identify the organization(s) with which it would seek to enter a subcontracting, linkage, and/or partnership relationship for the purpose of providing reentry

services to address clients' needs if awarded a contract under this solicitation and have reasoning for why the organization(s) and services was/were chosen.

ii. If proposing to enter into subcontracting and/or linkage agreement relationship(s) with other organization(s), Contractor would describe each of the program operation items.

iii. If proposing to enter local partnership relationship(s) with local faith-based or cultural institutions, small businesses, libraries, and/or other neighborhood organizations, Contractor would describe each of the program operation items.

iv. Contractor would describe the proposed model for ensuring coordination between the prime contractor and partner providers (including subcontractors, linkages, and local partnerships).

2. Proposal Instructions:

a. Complete Attachment C – Provision of Services by Prime Contractor and Partner Providers.

b. Provide Letters of Intent from each organization with which proposer seeks to enter a subcontract, linkage, and/or local partnership agreement to offer services through this Solicitation (per the "Optional Documents" chart above).

c. A separate and complete proposal, including all required and optional documents, must be submitted for each Competition Pool

3. Evaluation:

a. The above *Partner Providers: Subcontracts, Linkages, and Local Partnerships* section is worth 15 points.

D. Program Implementation – 15 Points

1. Program Expectations

Research shows that the quality of implementation is just as significant—if not more so—as the content of a program to the success clients experience. Systematic attention to how services are being delivered on the ground, including providing ongoing data-informed feedback and support to staff, has been found to help clients make progress on their goals and stabilize in the community. Therefore, MOCJ is focusing on how service providers implement and continually improve their programs and services to ensure that they are as effective as possible. For this RFP, proposers should have an implementation plan including, but not limited to, specific descriptions of each of the following eight areas of implementation:

1. **Adoption of Clinical Standards**: Program uses clinical standards to address clients' risks and needs, including appropriate client-to-staff ratios, number of hours of programming, type of programming, and use of different clinical tools. This includes a process to match clients with appropriate treatment and program staff.
2. **Fidelity**: Program has a plan to ensure adherence to evidence-based program curriculum as appropriate and is systematically tracking staff performance and providing feedback to staff on fidelity and areas of improvement.
3. **Quality Assurance**: Program has an ongoing quality assessment improvement process in place to measure that program components and staff are following program procedures through metrics,

regular reviews of cases, etc. This includes systematically assessing clients' progress and providing feedback to staff about growth and areas for clinical and administrative improvement.

4. **Engagement and Retention**: Program employs evidence-based practices to engage and retain clients, which may include the use of peers, incentives, motivation and treatment readiness, home visits, family engagement, etc. This includes tracking and using performance metrics on engagement and retention internally to provide constructive feedback to staff and offer support where appropriate.
5. **Staffing Patterns**: Program has the appropriate type and level of staff given the goals and model of the program, as well as provides a supportive environment, appropriate management, ongoing trainings, and adequate compensation for staff. Staff training courses may include core agency training, as well as any specialized training to administer validated assessment instruments and/or to incorporate evidence-based services and/or curriculum/a into the proposed program and service model.
6. **Management of the Program**: Program has sufficient type and number of supervisors and leaders to effectively manage the program. This includes having a mechanism to receive continual feedback on program operations from clients and line staff.
7. **Interagency Agreements**: Agreements are in place with other agencies and service providers to create and maintain a network of providers that will ensure clients have access to all necessary services.
8. **Active Case Management Efforts**: When referring clients to services, program ensures clients' continuing engagement through proactively making phone calls and appointments, problem-solving with clients, conducting necessary follow-up, etc.

    i. Contractor would have a robust plan in place for each of the above-mentioned eight areas of implementation.
    ii. Contractor would have strategies for periodic reviews to identify areas of growth and work with the City to continually enhance program operations and performance each year.

2. Proposal Instructions:

a. Complete Attachment C – Provision of Services by Prime Contractor and Partner Providers.
b. A separate and complete proposal, including all required and optional documents, must be submitted for each Competition Pool.

3. Evaluation:

a. The above *Program Implementation* section is worth 15 points.

E. <u>Data Reporting – 15 Points</u>

1. Program Expectations

i. Contractor would identify, maintain, and utilize a database and employ appropriate data and program staff to (1) monitor participant progress and program staff performance internally;

and (2) generate and submit individual-level identified monthly reports, as well as aggregate and narrative quarterly reports to MOCJ.

ii. Contractor would have a system in place (i.e., databases, staffing, communication, etc.) to collect data from all organizations with which it intends to enter a relationship (through subcontracts, linkage agreements, and/or partnerships). This data would be used internally within the prime contractor and subcontractor organizations to monitor and improve program and staff performance, as well as to report to MOCJ for contractual and program oversight purposes.

iii. Contractor would ensure that the program has sufficient data and program staff to perform the aforementioned activities.

iv. Contractor would have an operating system with the ability to collect and manage accurate and up-to-date individual case and program performance data, quality assurance information, and control systems.

v. Contractor would comply with any MOCJ request to obtain additional data specific to the needs of the population being served.

vi. Contractor would produce monthly reports, which would be due ten (10) calendar days following the end of the subject month, and may include aggregate and/or individual level identified client data regarding:
   - Client Demographics and Need Information
   - Program Enrollment Information
   - Assessment and Transition Plan Information
   - Service Provision Information
   - Outcomes

vii. Contractor would produce quarterly reports, which would be due on the last day of the month following the end of the subject quarter, and would include narrative information about program activities, as well as aggregate data about quality assurance and implementation.

viii. Contractor would provide data in monthly and quarterly reports and upon request by MOCJ, which may include, but is not limited to, the metrics presented in **Supplement C.**

2. Proposal Instructions:

a. Please review Supplemental C – "Potential Monthly and Quarterly Report Data".

b. A separate and complete proposal, including all required and optional documents, must be submitted for each Competition Pool.

3. Evaluation:

a. The above *Data Reporting* section is worth 15 points.

F. Budget Management – 10 Points

1. Proposal Expectations

This Request for Proposals is issued through PASSPort to those organizations with a PASSPort account and an approved Health and Human Service Prequalification. All proposals must be submitted through PASSPort Go to link to MOCS website to learn more.

Performance metrics will be developed in partnership with MOCJ and selected CJTN providers during the first contract term to monitor program performance. These metrics may inform the payment structure during the second contract term, which may be performance-based. MOCJ will consider proposals to structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest.

The City will consider alternative payment structures, which may include a line-item budget, performance-based payments, combination thereof, or incentives-based structures. Submission of such an alternate payment structure is optional, although the City encourages providers to propose an alternative payment structure they believe will most likely assure that the selected proposer will perform the work under the contract awarded from this RFP in a manner that is cost-effective for the City and will most likely achieve the goals and objectives set out herein. The City reserves the right to select any payment structure that it deems is in the City's best interests.

i. Contractor would have an annual operating budget for a program to be designed and implemented in accordance with the goals, terms, and specifications set forth in this solicitation, including any proposed startup funding request.
ii. If subcontracting, Contractor should list the associated cost included in the funding request, explaining how the cost of the assigned work for the subcontracting was calculated.
iii. It is anticipated that the payment structure of the contract(s) awarded from this solicitation will be line-item, performance based, or incentives-based. budget reimbursement supporting program start-up and operations during the term of the awarded contract.
iv. Contractor would be in sound fiscal health and maintain robust system of invoicing, and reporting as well as:
    1. Demonstrate the existence of adequate and appropriate fiscal infrastructure, including administrative support and overall contract and/or grants management.
    2. Demonstrate the administrative capacity to manage City contracts and prepare budgets and invoice submissions within PASSPort. Vendor should have the ability and staff to attend trainings when possible and meet with capacity building to insure they are familiar with PASSPort processes and procedures.
    3. Demonstrate the ability to effectively manage contracts comparable to this funding amount.
    4. Provide proof of stable fiscal health and current funding diversity of the organization to support all other functions or programming referred to or being utilized in this proposal to compliment any services proposed herein but not funded by this proposal.

2. Proposal Instructions:

a. Attach organization's most recent independent audit or certified financial statement. If the proposer does not have an audit or certified financial statement, please upload a letter explaining why.

b. Proposers should complete the two tabs in the Proposal Budget Summary (Attachment B), which include:
    1. Full annualized budget for one contract year
    2. Itemized full budget for one contract year
b. A separate and complete proposal, including all required and optional documents, must be submitted for each Competition Pool (defined in the "Basic Information" chart above).

3. Evaluation:

a. The above *Budget Management* section is worth 10 points.

G. List of Attachments

All attachments for this RFP can be found in the RFP Documents tab in the PASSPort system.

Attachments

Attachment A – General Information and Regulatory Requirements

Attachment B – Proposal Budget Summary

Attachment C – Provision of Services by Prime Contractor and Partner Providers

Supplementary Documents

Supplemental A – "Behavioral Health Services Component"

Supplemental B – "Reentry Practice Guidelines"

Supplemental C – "Potential Monthly and Quarterly Report Data"

Section 6: Basis for Contract Award and Evaluation Procedures

A. Proposal Evaluation

All proposals accepted by MOCJ will be reviewed to determine whether they are responsive or non-responsive to the requisites of this solicitation. Proposals that are determined by MOCJ to be non-responsive will be rejected. The Evaluation Committee will evaluate and rate all remaining proposals determined to be responsive. Proposals will be evaluated based on the *Evaluation Criteria* prescribed throughout this RFP. Contracts will be awarded to the responsive and responsible vendors with the highest technical score, who also offer a fair and reasonable price, and whose proposals are determined to be the most advantageous to the City. Although discussions may be conducted with proposers submitting acceptable proposals, MOCJ reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

B. Contract Award

Contracts will be awarded to vendors with the highest technical score, provided they offer a reasonable price and are found to be responsible, and their proposals are determined to be the most advantageous to the City, taking into consideration the factors which are set forth in this solicitation. The contract award will also be subject to a timely completion of negotiations. Should negotiations fail, or should the highest rated vendor fail to offer a fair and reasonable price, MOCJ reserves the right to move to the next highest rated vendor and offer them a contract, provided that price is also fair and reasonable, the vendor is found responsible, and the proposal is the most advantageous to the City. Further, MOCJ:

- Reserves the right to skip over one or more proposals to ensure appropriate distribution of awards for each borough or competition pool;
- Reserves the right to consider economies of scale for proposers who propose higher service targets and/or more intensive service levels when making a fair and reasonable determination of cost;
- Reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interests of MOCJ and the City, how many and for which competition pool or combination of competition pool, a contract will be awarded as well as the dollar value of each such contract;
- Reserves the right to award less than the full amount of funding requested and to modify the allocation of funds among competitions or contracts in the best interests of MOCJ and the City;
- Reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any;

- Reserves the right, prior to contract registration and during the term of the contract, to change the program service size, model, in custody service location, and/or adjust service population depending on the needs of the criminal justice system; and
- In the case that a proposer is eligible for award of more than one contract, MOCJ reserves the right to determine, based on the proposer's demonstrated capability, geographic areas program diversity and best interest of MOCJ and the City, respectively, how many and for which competition pool the proposer will be awarded a contract.

Contract award shall be subject to timely completion of contract negotiations between MOCJ and the selected proposer(s).

Attachments

Please note the following attachments will be uploaded to the documents tab of the RFX in PASSPort:

A. Instructions to Responding to the RFx
B. Appendix A
C. Appendix A 5.08(B) Addendum
D. Labor Peace Agreement Rider
E. Labor Peace Agreement Attestation form
F. Labor Peace Agreement Certificate form
G. Whistleblower Protection
H. Paid Sick Leave Rider
I. Executive Order 64 Rider
J. Community Hiring Rider
K. NYC-HHS-Cost-Policies-and-Procedures-Manual