

## Request for Qualifications (RFQ) for Forensic Re-Entry

Beaver County Behavioral Health (BCBH) (a unit of the County of Beaver, PA) is charged with the responsibility to encourage a seamless system of care that is accessible, continuously available and emphasizes health promotion, prevention, early intervention, resiliency, recovery and rehabilitation.

- To create opportunities and environments that empower those we serve to succeed in the accomplishment of their goals and reconnect themselves with family, friends and community
- To ensure the availability of a workforce and provider network, sufficient in size and skill, to meet the behavioral health needs of Beaver County residents
- To ensure care that is safe, person-centered, effective, efficient, equitable and timely

### Services Required

BCBH is seeking proposals identifying potential providers of forensic/reentry case management, who can demonstrate expertise and experience in the areas below. Describe your capacity/experience in each area.

1. Completing case management screens and assessments that:
  - a. Comply with Pennsylvania case management requirements
  - b. Meet the requirements of the Beaver County Court system
  - c. Clearly assess for mental health, substance use and co-occurring mental health and substance use disorders
2. Developing service and reentry plans that:
  - a. Demonstrate an understanding of criminogenic risk factors
  - b. Include appropriate natural supports
3. Working within an institutional setting, as demonstrated by:
  - a. The ability to pass background checks
  - b. A willingness to have employees screened and approved by the jail administration
  - c. Compliance with all security requirements
  - d. Compliance with all institutional regulations
4. Working with a justice involved population, as evidenced by:
  - a. An understanding of the court process
  - b. An understanding of the requirements associated with sex offender registration
5. Working with the court system as evidenced by:
  - a. The ability to meet deadlines on court-ordered screens
  - b. A working knowledge of probation and parole procedures
6. Developing partnerships that will support successful community reentry, as evidenced by:
  - a. Knowledge of services and resources available in Beaver County
  - b. An understanding of Critical Time Intervention case management
7. Connecting released offenders to resources that will assist with issues, such as benefits acquisition and housing supports, as evidenced by:
  - a. Familiarity with the Medicaid suspension process
  - b. Knowledge of the Medical Assistance Application process
  - c. Connections to Career Link and other vocational options

- d. An understanding of the System of Care principles
8. Working with independent evaluators to assure quality services and performance improvements, as evidenced by:
- a. Familiarity with data collection expectations
  - b. Experience using unique identifiers and reporting de-identified data
  - c. Experience using tracking client specific data elements
  - d. An understanding of the performance improvement processes

### **Request for Qualifications**

In an effort to ensure the agency has the necessary qualifications and to determine the most qualified applicant to be considered, please forward the following information:

1. A description of the agency, its services and its qualifications. Information provided in this section should include:
  - a. The number of staff available to BCBH, which meet the state requirements for providers of case management
  - b. The types of case management provided by your agency
  - c. The number of staff who are with experienced in jail-based case management/re-entry services
  - d. The number of staff experienced in case management of justice-related individuals with co-occurring mental health and substance use disorders
  - e. The number of staff experienced in the Beaver County system of care
  - f. The number of similar engagements performed by the agency
2. Describe, in detail, the efforts your agency will undertake to satisfy the services required. Describe any additional services, which your agency may offer, that will distinguish your agency from other proposers. Provide a description of any value added services that are included within the response.
3. Describe how your agency regularly makes suggestions to clients for improvements in service delivery.
4. Please provide not-for-profit/governmental references from clients for whom you provide similar services.
5. Identify any changes made to program activity, data collection, reporting or invoicing that your organization was required to make as the result of an external audit.

### **Reimbursement:**

Services will be reimbursed using comparable HealthChoices rates.

### **Term**

Successful completion of this RFQ will place your organization on a Qualified Provider list for five years from the date of notification.

### **Submission**

All proposals must be emailed or delivered no later than **XXXX**. Incomplete or late proposals will be rejected. Return your completed proposal to Danielle Rombach at 1040 8th Avenue, Beaver Falls, PA 15010 or [hiring.bcbh@gmail.com](mailto:hiring.bcbh@gmail.com). If you have any questions, please contact Danielle Rombach at 724-847-6225.