

**RHODE ISLAND DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
REQUEST FOR PROPOSAL
WOMEN IN TRANSITION PROJECT**

WOMEN IN TRANSITION PROJECT

The Rhode Island Department of Health's Family Planning Program is soliciting proposals from qualified non-profit community based health care organizations to provide core required family planning outreach and clinical and education services and follow-up to sentenced women incarcerated at the Rhode Island Department of Corrections (RIDOC), who are transitioning back to the community for a 12-month period (1/1/2010 – 12/31/2010).

The Rhode Island Department of Health seeks to identify one (1) Vendor, located in Providence or Cranston, who will provide the above referenced services to the targeted population. Services must be provided in accordance with the federal Title X statute and regulations and the U.S. Department of Health & Human Services, Office of Population Affairs' (OPA's) *Program Guidelines for Project Grants for Family Planning Services* (revised January 1, 2001), *2009 Family Planning Program Priorities, Legislative Mandates, & Key Issues*, and policies included in *The Title X Program Instruction Series*. These documents can be downloaded from the OPA website:

<http://hhs.gov/opa/familyplanning/toolsdocs/index.html>

PROCUREMENT OBJECTIVE

The objective of this RFP is to procure the services of a qualified non-profit community based health care organizations, such as a hospital-based clinic, community health center, or a family planning specialty agency, located in Providence, Pawtucket, Woonsocket, Warwick or Cranston that has experience providing primarily low-income, culturally diverse women with family planning outreach, family planning clinical and education services, and referral and follow-up for other services designed to improve the health and well-being of the targeted population.

Where does the Rhode Island Department of Corrections population come from? The top five communities are: Providence 29.4%, Pawtucket 8.7%, Woonsocket 6.7%, Warwick 5.5% and Cranston 4.7%. Source RIDOC (2008)

Although all women can benefit from receiving family planning services, women being discharged from prison face multiple challenges including, but not limited to, homelessness, loss of health insurance, loss of custody of their children, substance abuse, mental health concerns, food insecurity, sexual abuse, unemployment, lack of education, and transportation. Therefore, additional weight will be given to applicants who are able to ensure that discharged women who present for family planning services receive referrals for these complex needs.

Because the project targets primarily discharged women who reside in Urban and Urban ring communities – a racially, ethnically, and linguistically diverse population – it is critical that the selected Vendor demonstrates cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices, as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.

The Rhode Island Department of Health anticipates spending up to \$40,000 for the first year of this project (January 1, 2010-December 31, 2010). A portion of this funding must be used to support contraceptives for incarcerated women about to be discharged from the RIDOC. This amount may be increased based upon federal awards received through the OPA. Consideration will be given to modifying the contract amount based on need for service within the contract's scope of work, contractor's performance, and the availability of funding. Services are expected to begin on January 1, 2010 and will replace previously funded Title X family planning initiatives that end on December 31, 2009. Funding is earmarked for family planning outreach, family planning clinical and education services, and referrals for services designed to address the targeted population's complex needs.

The Vendor is required to recruit and retain qualified staff to perform all activities in Tasks 1-4 as described in the Scope of Work section of this RFP. Title X funds awarded by the Family Planning Program through this RFP are intended to provide the awarded applicant with a core infrastructure for providing the specified services to the targeted population. In order to earn the full agreement amount, minimum numbers of clients, as specified in the application, must be served during the proposed project period. The awarded applicant is required to provide outreach and core required family planning clinical and educational services, including follow-up, to the targeted population for the full project year even if it has met the minimum number of clients to be served. Reimbursements will be made at less than 100% of the actual cost of providing services.

BACKGROUND

The Family Planning Program, authorized under Title X of the Public Health Services Act, is administered at the federal level by the Office of Population Affairs (OPA) with funds allocated by the Health Resources and Services Administration (HRSA).

The Title X Program is the only federal program dedicated solely to the provision of family planning services. With respect to services for adult women, the program is designed to:

1. Assuring the delivery of quality family planning and related preventive health services, where evidence exists that those services should lead to improvement in the overall health of individuals, with priority for services to individuals from low-income families;
2. Expanding access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning

methods, infertility services, and services for adolescents, including adolescent abstinence counseling. The broad range of services does not include abortion as a method of family planning;

3. Providing preventive health care services in accordance with nationally recognized standards of care. This includes, but not limited to, breast and cervical cancer screening and prevention services; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and, other related preventive health services;

4. Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as a part of family planning services, as appropriate;

5. Assuring compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;

6. Encouraging participation of families, parents, and/or legal guardians in the decision of minors to seek family planning services; and providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities; and

7. Addressing the comprehensive family planning and other health needs of individuals, families, and communities through outreach to hard-to-reach and /or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.

WOMEN IN TRANSITION PROJECT RATIONALE

The number of female commitments to the RIDOC was about 2,510 in 2008. Of these 2,510 women, 512 were sentenced inmates¹. Seventy-four (74%) of the 512 sentenced commitments were 6 months or less and 58% were committed for non-violent offenses. The majority of female RIDOC offenders are white (63%), single (71%), and mothers (63%). The median educational level of female inmates is 12th grade, and 28% were employed at the time they became incarcerated. Sixty-one (61%) will return to RIDOC as awaiting trial inmates and 46% will return as sentenced offenders within 3 years of release.

Women entering the correctional system represent a population already at high risk for communicable diseases, substance abuse, physical and/or sexual abuse, and mental health problems. Approximately 50% of incarcerated women in Rhode Island's prison report using cocaine, 28.1% report using heroin, and 17.2% report binge drinking in the previous three months². About 50-75% have a major psychiatric illness and 56% reported

¹ Rhode Island Department of Corrections, Annual Commitment and Release Report, CY2008.

having had an STD. Sixty-five percent (65%) reported a history of physical abuse and 52% reported a history of sexual abuse. Thirty-two percent (32%) report having exchanged money for sex or drugs.

Many of the women are incarcerated multiple times and the recidivism rate is about 60%. Approximately 85% of the women are either uninsured or underinsured for health care and receive very little primary care. Most of the medical care that they receive outside of the prison takes place in emergency rooms or urgent care facilities.

With increasing numbers of women entering and exiting the prison system in Rhode Island, there is a compelling need to ensure that mechanisms are in place that can adequately address their family planning and other complex needs. Pregnancies are often unplanned and high risk in this population. Seventy-four percent (74%) of Rhode Island's female inmates reported ever having been pregnant, and the majority of female inmates are mothers although they may not have custody of their children. Twenty-seven percent (27%) of pregnancies among incarcerated women in Rhode Island occur within 12 weeks of a prior discharge and, therefore, may have been prevented³.

WOMEN IN TRANSITION PROJECT DESCRIPTION

The Vendor will provide outreach and core required family planning outreach, family planning clinical and educational services, and referral and follow-up for other services designed to meet the complex needs of incarcerated women, including women transitioning back into the community.

SCOPE OF WORK

The Vendor must encompass the scope of work described below:

Task 1: Engage in outreach activities at the RIDOC designed to increase awareness about the availability of family planning and other available services among the targeted population.

Planned outreach activities at the RIDOC serve to facilitate awareness of and access to family planning and other available services among the targeted population.

The Vendor will be required to:

- Establish and implement planned outreach activities at the RIDOC to increase awareness of services among the targeted population.

2Rhode Island Department of Corrections, Population Report FY 2008

3 Rosenguard, C, Clarke, J, DaSilva, K, et al., *Correlates of Partner-Specific Condom Use Intentions Among Incarcerated Women in Rhode Island*, Perspectives on Sexual and Reproductive Health, March 2005, Volume 37- Number 1, pages 32-38.

4Rhode Island Department of Corrections, 2001.

Outreach activities will include, but not necessarily be limited to, informing incarcerated women about the availability of clinical and education family planning and other available services through the distribution of printed informational materials at the RIDOC and through in-person meetings with incarcerated women.

- Schedule appointments for women transitioning back into the community at the Vendor's community-based health care site for core required family planning clinical and education services and other services.

Task 2: **Provide core required family planning education services to incarcerated women incarcerated at the RIDOC, in accordance with state and federal Title X requirements.**

The Vendor will be responsible for providing core required family planning education services to women who are incarcerated at the RIDOC regardless of their residency upon discharge.

The Vendor will be required to:

- Provide core required family planning education services to a minimum of 200 sentenced women incarcerated at the RIDOC regardless of their residency upon discharge.
- Provide core required family planning education services to the targeted population at the RIDOC for the full project year even if it has met the minimum number of clients to be served.
- Document all core required family planning education services provided at the RIDOC in the client's medical record at the RIDOC.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System. This data may include encounters for clinical services provided by RIDOC clinical staff.

Task 3 **Provide core required family planning clinical and education services to women transitioning back into the community, in accordance with federal and state Title X requirements.**

The Vendor will be responsible for providing core required clinical and education services to all women transitioning back into the community through the Vendor's community-based health care site.

The Vendor will be required to:

- Provide core required clinical and education services to a minimum of 20 women transitioning back to the community through the Vendor's community-based health care site.

- Provide core required clinical and education services to the targeted population regardless of age, citizenship status, or residency.
- Provide core required clinical and education services to the targeted population for the full project year even if it has met the minimum number of clients to be served.
- Provide referral and follow-up for other services designed to address the complex needs of the targeted population.
- Provide a broad range of acceptable and medically approved family planning methods.
- Coordinate with the RIDOC to ensure that the RIDOC has access to contraceptive supplies for incarcerated women transitioning back to the community.
- Submit Family Planning Encounter Record (FPER) data to the Region I Data System.
- Submit a list of women who were scheduled for core required family planning clinical and education services that includes visit outcome data (e.g. client kept appointment, client cancelled appointment, client failed to keep appointment due to not being released or being re-incarcerated, or client failed to show up for scheduled appointment, and referrals and follow-up to other needed services) to the Rhode Island Department of Health on a monthly basis.

Task 4

Provide follow-up services for women with scheduled appointments for core required clinical and education services through the Vendor's community-based health care site that do not keep their appointments.

Women transitioning back to the community may not, for a variety of reasons, keep their scheduled appointments; it is important that vigorous follow-up efforts occur in an attempt to re-engage them into seeking core required family planning clinical and education services.

The Vendor will be required to:

- Obtain a minimum of four (4) contacts (e.g. names, addresses, and phone numbers) from incarcerated women at the time of the first education visit at the RIDOC and include the information in the client's RIDOC record. Contacts may include, but not be limited to, friends, relatives, DCYF caseworkers, social services agencies such as Crossroads or Amos House, counselors, probation officers, etc.).
- Provide women transitioning back to the community with an appointment card with their visit date for family planning clinical and education services to be provided through the Vendor's community-based health care site.
- Send a letter to the women reminding them of their visit one week before their scheduled appointment (letters should be sent to multiple addresses).

- Initiate a telephone call to the women one or two days before the scheduled appointment to confirm the appointment (calls should be made to multiple phone numbers).
- Send a letter to women who fail to show up for their scheduled appointments encouraging them to call to reschedule their appointment (the letter should be sent to multiple addresses).
- Call women who fail to show up for their scheduled appointments at least once a week until someone confirms that the woman is in residential treatment, out-of-town, or unable to be located or until the woman is contacted and rescheduled (calls should be made to multiple phone numbers).
- Submit follow-up reports to the Rhode Island Department of Health on a monthly basis.

MINIMUM VENDOR REQUIREMENTS

The successful Vendor will have the requisite experience and resources to carry out the activities detailed in the scope of work section of this RFP. More specifically, the Vendor must:

- Be a non-profit community based health care organization, such as a hospital-based clinic, community health center, or family planning specialty agency, located in Providence with proven experience in delivering services to primarily low-income, racially and ethnically diverse women.
- Have a system for ensuring that the targeted population receives referral and follow-up for other services designed to address their complex needs.
- Demonstrate cultural and linguistic competence through clearly defined values, behaviors, attitudes, policies, structures, and practices as well as through the employment of bi-lingual and bi-cultural staff at all levels of the agency.
- Provide a sufficient number of dedicated on-site and/or consulting staff with expertise and credentials to carry out Tasks 1-4.

VENDOR RESPONSIBILITIES

The Vendor selected as a result of this RFP will:

- Be responsible to the Administrator of the Rhode Island Department of Health's Family Planning Program.
- Identify a Project Director as well as other appropriate staff to support the tasks outlined in this RFP.
- Ensure that the Project Coordinator reports to the Medical Director at the RIDOC's Women's Division when the Project Coordinator is working on-site at the RIDOC.

- Provide office space, equipment, utilities, and supplies necessary for the management of the project.
- Cover all travel costs for contractor staff, including in-state and out-of-state travel necessary to carry out the tasks within the contract.
- Ensure that all printed informational materials offered to the targeted population are reviewed and approved in accordance with federal Title X requirements.
- Develop policies and procedures for charging, billing, and collecting of client fees for core required family planning services provided by the project, in accordance with federal and state Title X requirements.
- Develop a quality assurance plan that provides for the ongoing evaluation of family planning project personnel and services.
- Utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based clinical services.
- Comply with all project reporting requirements.
- Submit monthly invoices utilizing the Family Planning Program's approved reporting and billing forms.
- Appoint appropriate staff to serve on the Family Planning Program's Family Planning Advisory Council (FPAC) and its associated subcommittees.
- Allow a team or person authorized by the Family Planning Program to periodically conduct comprehensive site reviews to assure that the Vendor conforms with existing federal and state Title X requirements and to take corrective actions if contracted services are not found to be in compliance.
- Serve each client without regard to the client's age, residency, or citizenship status.
- Provide a 10% match in non-federal revenue sources.

CONTRACT TERMS

A total of \$40,000 will be available during FY2010 (1/1/2010-12/31/10). Of this amount \$4,000 will be earmarked for contraceptive supplies and the remaining funds will be earmarked for clinical and educational services and referral and follow-up for services designed to address the targeted population's complex needs. The Rhode Island Department of Health will renew this project on an annual basis for up to four additional 12-month terms, depending on contractor performance and availability of funding. The Rhode Island Department of Health reserves the right, at any time during the term of the resultant award pursuant to this solicitation, to expand the base engagement to include additional family planning and follow-up services.

PROPOSAL SUBMISSION & CONTENT

This section contains the administrative procedures and instructions for preparation and submission of the proposal. This section contains all of the information and forms

