

Michigan Works! West Central
Request for Proposal
*Region 4 OS Reentry Services
Health and Behavioral Health
Service Provider*

July 1, 2026 – September 30, 2028

The Region 4 OS Reentry Program is seeking proposals from qualified providers to deliver health and behavioral health services to justice-impacted individuals residing in Kent County. The purpose of this Request for Proposals (RFP) is to identify experienced, community-based organizations capable of providing trauma-informed, evidence-based, and culturally responsive services that address physical health, mental health, and substance use needs that often present significant barriers to successful reentry. Through this RFP, OS Reentry aims to strengthen coordinated care, improve access to essential health supports, and promote stability, wellness, and long-term success for participants as they transition back into the community.

INQUIRES AND PROPOSALS SHOULD BE DIRECTED TO:

Name: Chelsea Augustson
Title: Director of Reentry Services
Entity: Michigan Works! West Central
Address: 240 E. Church Ave, Reed City MI 49677
Phone: (231) 679-8761
Email: caugustson@MWWC.org

ALL PROPOSALS ARE DUE BY 3:30 PM ON MONDAY, JUNE 8, 2026

Michigan Works! West Central is funded by State and Federal funds and governed by local Workforce Development Boards and Local Elected Officials. More details available on the Legal Disclaimer page at MWWC.org/legal-disclaimer. Michigan Works! West Central is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Michigan Relay Service: 711 | Supported by the State of Michigan.

I. GENERAL INFORMATION:

A. Purpose

This Request for Proposal (RFP) is for the purpose of entering into a contract with a Service Provider(s) to provide Health and Behavioral Health Services to formally incarcerated individuals in Kent County. The goal of these services will be directed toward justice impacted individuals identified as high risk in any or all these areas and to help them successfully reintegrate into the community and reduce recidivism.

B. Minimum Qualifications

Community, faith-based, public, or private nonprofit organizations, private-for-profit organizations, and sole-proprietors are encouraged to apply, as well as female and minority owned agencies. The following criteria is preferred to be considered as a possible service provider:

1. Demonstrated experience-providing services to justice impacted individuals and similar moderate-to-high risk criminal justice system participants.
2. Demonstrated history and experience in providing reintegration assistance to justice impacted individuals with a clear understanding of the employment challenges faced by this population.
3. Verification of an existing service delivery location within the service area that has the capacity and minimum operational requirements to implement services immediately upon contract award is preferred.
4. All Bidders responding to any section of this service area must demonstrate a documented history and organizational capacity to provide health and/or behavioral health services to justice-impacted individuals. This includes experience delivering trauma-informed, evidence-based care addressing physical health, mental health, and/or substance use challenges, as well as the ability to coordinate services that reduce barriers to treatment engagement, improve continuity of care, and support overall participant stability and wellness.

If your organization meets the above preferred Minimum Qualifications and you can provide attachments as requested, with your response to the RFP, please proceed with the Instructions on Proposal Submission section of the RFP below. (Any RFP response submitted without the above attachments, and/or not meeting the minimum qualification standards will be deemed non-responsive and discarded).

C. Health and Behavioral Health Parameters

1. Cognitive Behavioral Groups

Cognitive Behavioral Groups consists of the evidenced based cognitive behavioral program. The structured approach includes a written curriculum and there shall be documentation regarding what formally incarcerated are supposed to learn and what is supposed to change. Success tracking to one or more of the following: Cognitive Restructuring, Problem Solving, Social Skills Development, and/or Moral Development. All the above must be tied to address COMPAS assessment results for the formally incarcerated individuals.

2. Batterer Intervention and/ or Anger Management Services

Batterer Intervention Services includes both domestic violence risk assessment/intake and battered prevention/intervention programming. Both types of services must adhere to Batterer Intervention Standards for the State of Michigan created by the 1998 Governor's Task Force on Batterer Intervention Standards. Group and individual services must be gender-specific, with group services that do not allow female and male enrollees to co-mingle.

3. Assessments

Assessment of mental health need must be made by a Mental Health Professional as defined by the Mental Health Code (MCL 330.1100b). An assessment can be defined as a mental health assessment/intake to address mental health treatment and needs. Or Psychological Assessment a psychological evaluation, or psychological testing administered by a psychologist.

4. Group and/or Trauma-Informed Counseling

Group Counseling is the preferred method of treatment and includes group psycho-therapeutic treatment, integrated dual-disordered treatment, or trauma recovery treatment when mental illness is the primary diagnosis, or trauma recovery treatment. Group and individual services must be gender-specific, with group services that do not allow female and male enrollees to co-mingle.

5. Individual Counseling and/or Trauma-Informed Counseling

If a Mental Health Professional makes the determination that group therapy is not appropriate or is not available in the community for the OS Participant, Individual Counseling is allowable. This type of counseling is to be brief solution-focused outpatient counseling, regular psychotherapeutic treatment, or integrated dual-disordered treatment when mental illness is the primary diagnosis.

6. Family Counseling

Family Counseling and Support Services require an assessment of need. Services Providers are expected to provide counseling that is cognitive based. All short-term family counseling must be specific to the unique needs of the

client, accommodate new admissions at any time and be facilitated by qualified and trained staff.

7. Psychiatric Evaluation

Psychiatric evaluations may be used to determine the appropriate level of mental health care, pharmaceutical treatment or to establish a diagnosis. This service may include initial drug testing and medication monitoring.

D. Instructions on Proposal Submission

1. Pre-Bid Notice

All prospective bidders **MUST** electronically submit the pre-bid notice form no later than 3:30 p.m. on Monday, May 18, 2026, to Chelsea Augustson at caugustson@MWWC.org

2. Closing Submission Date

Bids must be submitted no later than 3:30 p.m. on Monday, June 8, 2026.

3. Inquires

Inquiries concerning this RFP should be submitted in writing and directed to Chelsea Augustson at caugustson@MWWC.org no later than 3:30 p.m. on Wednesday, April 22, 2026. All questions and answers will be posted on the Michigan Works! West Central website, MWWC.org no later than 3:30 p.m. on Friday, April 24, 2026.

4. Conditions of Proposal

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the Offeror and will not be reimbursed by Michigan Works! West Central.

All contracts will be cost reimbursement based. Bidders should prepare an offer based on their ability to deliver the proposed services.

This is a contracted position and the party's agreement does not create an employer-employee relationship between the Health and Behavioral Health Service Provider and Michigan Works! West Central, the Region 4 Steering Team, or Michigan Department of Corrections.

5. Small Businesses, Minority Owned Firms and Women's Business Enterprises

Efforts will be made by Michigan Works! West Central to utilize small businesses, minority-owned firms and women's business enterprises.

6. Equal Opportunity and Nondiscrimination

All Contracts require and assure compliance with Equal Opportunity and Nondiscrimination requirements. Service Providers are required to comply with these requirements in the course of operating program services, including assurances of nondiscrimination in the provision of benefits, services and activities, in employment practices and in all terms, conditions and privileges of employment.

7. Debarred or Suspended

Debarred or Suspended generally applies to entities that are either under investigation for acting improperly with federal or state funding; or have been found to have acted improperly with federal or state funding.

8. Prevention of Fraud and Program Abuse

To ensure the integrity of the programs, special efforts are necessary to prevent fraud and other program abuses. Fraud includes deceitful practices and intentional misconduct, such as willful misrepresentation in accounting for the use of program funds. "Abuse" is a general term, which encompasses improper conduct that may or may not be fraudulent in nature. Possible problem areas could include the following: conflict of interest, kickbacks, commingling of funds, charging fees to participants or employers, nepotism, child labor, political patronage, political activities, sectarian activities, unionization, and anti-unionization activities/work stoppages, and maintenance of effort. Proposals that are found to violate the abuse standards will not be funded. Bidders who receive contracts will be required to report immediately any violations in these areas or in problem areas that may later be defined.

9. Insurance Requirements

According to Michigan Department of Corrections contract with Michigan Works! West Central, the Provider is required to obtain and maintain adequate insurance at his/her own expense and to provide a copy and produce certificates of insurance evidencing coverage when requested by Michigan Works! West Central. All policies shall provide 30 days' notice prior to cancellation except in the case of non-payment of premium which shall be 10 days.

- Insurance Requirements General Liability Insurance with limits not less than:
 - \$1,000,000 Each Occurrence
 - \$2,000,000 General Aggregate
 - \$2,000,000 for Products/Completed Operations Aggregate
 - \$1,000,000 Personal & Advertising Limit

Michigan Works! West Central shall be named as an additional insured per ISO for CG2010 and CG2037 or equivalent as well as contain waiver of subrogation in favor of Michigan Works! West Central.

The following insurance requirements do not apply to independent contractors:

- *Insurance Requirements for Automobile Liability*
Subcontractors shall maintain automobile liability insurance with limits of not less than \$1,000,000 for owned, non-owned and hired autos used by Subcontractors in their work for Michigan Works! West Central. Michigan Works! West Central shall be named additional insured on such policy.
- *Insurance Requirements for Workers' Compensation & Employers Liability*
Subcontractors shall maintain Workers' Compensation as required by statute as well as Employer's Liability with limits of no less than \$500,000 Accident-Each employee, \$500,000 Disease-Policy Limit, \$500,000 Disease-Each employee.

10. Instructions to Potential Bidders

- a. Complete the *Region 4 OS Reentry Program Pre-Bid Sheet*, Attachment A to this document.
- b. Complete the *Region 4 OS Reentry Program Cover Sheet*, Attachment B to this document.
- c. Complete the *Region 4 OS Reentry Program Conflict of Interest Disclosure*, Attachment C to this document.
- d. Complete the *Region 4 OS Reentry program Health and Behavioral Health Provider information*, Attachment D to this document.
- e. Proposal must include sufficient detailed information to allow review pursuant to the Statement of Work questions identified in Section II. Statement of Work.

E. Time Period for Activities

A two-year and three-month contract will be awarded, contingent upon acceptable performance, continued funding and authorization for activities, and no major changes in legislation or programs. The contract time period will be July 1, 2026, to Sept. 30, 2028.

II. Statement of Work

Provide answers to the following questions (use affirmative language such as will or shall):

1. **Organizational Background and Alignment:** Describe your organization's background and experience serving justice-impacted individuals. Include how your services align with and support the goals of the Region 4 Offender Success (OS) Reentry Services program.
2. **Service Delivery Approach:** Explain how your organization will deliver authorized health and/or behavioral health services to eligible OS Reentry participants, including service types, delivery methods, and coordination with OS Reentry partners.
3. **Assessment and Engagement Process:** Describe how your organization assesses participant needs to determine the appropriate level of support. Include what occurs during an initial meeting with a justice-impacted individual and how this informs service planning.
4. **Organizational Capacity and Compliance:** Describe your organization's capacity to provide services under this Agreement, including:
 - i. Professional licensure, certifications, and credentials of staff delivering services;
 - ii. Staff screening and approval processes, including procedures related to justice-involved employees; and
 - iii. Your ability to maintain, track, and provide required documentation to the Administrative Entity throughout the contract period.
5. **Additional Relevant Information:** Provide any additional information that would be beneficial for reviewers to understand the strengths, capabilities, or unique qualifications of your organization or sole proprietorship.

III. Proposal Evaluation

A. Submission of Proposal

All proposals shall be submitted via email to Chelsea Augustson, Director of Reentry Services at caugustson@MWWC.org. **Proposals are due no later than 3:30 p.m. on Monday, June 8, 2026.**

B. Non-responsive Proposals

Proposals may be judged non-responsive and removed from further consideration if any of the following occur:

1. The proposal is not received timely in accordance with the terms of this RFP.
2. The proposal does not follow the specified format.
3. The proposal is not adequate to form a judgement by reviewers.

C. Evaluation

Evaluation of each proposal will be based on the following criteria:

Factors	Points
Bidders' capacity and experience in providing H&BH services to justice impacted individuals	20
Plan for providing H&BH services to justice-impacted individuals	20
Plan for assessing participant needs to determine level of support	20
Plan for data collection and measurement of program outcomes	20
Staffing levels and cost of services provided	20
Maximum Points	100

D. Review Process

Michigan Works! West Central reserves the right to make an award without further discussion of the proposals submitted. Michigan Works! West Central will award the contract to the responsible Offeror that best meets the goals of this RFP.

1. Right to Reject

Michigan Works! West Central reserves the right to reject any and all proposals received in response to this RFP. A contract for an accepted proposal will be based upon the factors described in this RFP.

2. Notification of Award

Upon conclusion of final negotiations with the successful bidder, all those who submitted proposals in response to this Request for Proposal will be informed, in writing, of the decision.

3. Performance

Service Provider will have a demonstrated ability to work with formally incarcerated individuals after incarceration reentering the community or subsequent experience in the service area they will be providing. The Service Provider will contract with Michigan Works! West Central. The contracted services will be provided in keeping with the goals, objectives, and restrictions incumbent on the Region 4 OS Reentry Services program.

4. Hold Harmless

The Service Provider will hold Michigan Works! West Central, its employees, agents, partners, officers, and directors harmless for any loss or liability.

Region 4 OS Reentry Program Pre-Bid Notice

All prospective bidders must complete this form and email it to Chelsea Augustson, caugustson@MWWC.org.

Pre-Bid Notice must be received by 3:30 p.m. Monday, May 18, 2026. Do not submit this form if you do not intend to bid.

1. Name of Agency: _____

2. Contact Person: _____

3. Phone Number: _____ Email: _____

Please select the services to be provided.

<input type="checkbox"/>	Anger Management and/or Batterer Intervention
<input type="checkbox"/>	Assessments
<input type="checkbox"/>	Cognitive Behavioral Therapy
<input type="checkbox"/>	Family Counseling
<input type="checkbox"/>	Psychiatric Evaluation
<input type="checkbox"/>	Group Counseling and/or Trauma Counseling
<input type="checkbox"/>	Individual Counseling

SIGNATURE OF AUTHORIZED OFFICIAL: _____

TYPE NAME AND TITLE: _____

DATE: _____

**Region 4 OS Reentry Program
Cover Sheet
July 1, 2026 – September 30, 2028**

PROPOSING AGENCY: _____

ADDRESS: _____

PROPOSAL CONTACT PERSON: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

ACCEPTANCE OF THE CONDITIONS OF THE REQUEST FOR PROPOSAL

By signing this request for proposal application, I acknowledge that this agency hereby accepts all the terms and conditions set forth in this document, I also certify that I am authorized to submit and sign this proposal on behalf of the submitting organization; that the quotation is accurate and true to the best of my knowledge; and that the submitting organization is an Equal Opportunity Employer.

The enclosed description of services and rates quoted will be valid for the period:

July 1, 2026, through September 30, 2028

SIGNATURE OF AUTHORIZED OFFICIAL: _____

TYPE NAME AND TITLE: _____

DATE: _____

**Region 4 OS Reentry
Health and Behavioral Health Provider Information**

Service(s) to be provided: _____

Provider Name: _____

Provider Phone Number: _____

Provider Email Address: _____

Provider Address: _____

Proposing therapy/class: _____

Is Provider licensed? (attach copy) _____ Yes _____ No

Is Provider insured? (attach copy) _____ Yes _____ No

Able to provide separate classes (one for males and one for females)? _____ Yes _____ No

In the case of no separate classes, able to provide individual sessions? _____ Yes _____ No

Years providing services to formally incarcerated individuals? _____ Yes _____ No

Pricing

Session price per individual: _____

Class price (8 or greater): _____

Please note: Each proposed therapy bid on must have its own form.