

Agency Name: _____

PO #: _____

DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services

SECTION A – GOALS AND OBJECTIVES

Program Goals

This Scope of Services focuses on the Community Reentry Support Centers program model. The goal of the Community Reentry Support Centers program is to foster the successful reentry of returning citizens into communities, avoid engagement in criminal activities and recidivism, and succeed in life. This is achieved by providing returning citizens with support centers – a central location where they can receive connections to employment assistance and other comprehensive services and supports that are specific to their needs via telephone and in-person.

Target Population

The target population for this program, regardless of age, gender, race or ethnicity, is for returning citizens residing in Chicago who are or have had any justice involvement (i.e. arrest record or felony criminal background). Delegate agencies should demonstrate a clear understanding of this target population. This includes describing how individualized supports would be provided, that address participants' specific needs.

Overview

DFSS is committed to moving beyond measuring *how many* people receive services, to focus on whether Chicagoans are *better off* after receiving services. As part of this outcome-oriented approach, DFSS has implemented a Strategic Framework that guides how the department measures, reports on, and reviews its priorities and outcome goals, and uses them to drive contracting, decision-making and greater collaboration.

The Workforce Services Division at DFSS seeks to improve employment outcomes for high-need populations in Chicago. These high-need populations face increased hurdles in both securing and retaining a job and require additional supports. As a result, DFSS provides a range of workforce services, including job readiness services, career counseling, life skills, job placement assistance, financial coaching and case management services through its network of community-based delegate agencies.

SECTION B – PERFORMANCE MEASUREMENT

Performance Measures

To track progress toward achieving our goal and assess success of the program, DFSS will monitor a set of performance measures that may include but are not limited to:

- Percentage and number of returning citizens who obtain job interviews.
- Percentage and number of returning citizens who obtain a job and are retained for 30 days.
- Percentage and number of returning citizens who receive referrals for services and resources.
- Percentage and number of returning citizens who receive follow-up assistance after initial referral.

Agency Name: _____

PO #: _____

DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services

To monitor and recognize intermediate progress toward the above performance indicators, DFSS also intends to track output metrics that may include, but are not limited to:

- Number of incoming calls to dedicated phone line.
- Number of callers who are returning citizens.
- Number of returning citizens who are homeless or at risk of homelessness.
- Number of returning citizens who have limited-English proficiency.
- Number of returning citizens requesting State IDs.
- Number of returning citizens requesting driver's licenses.
- Number of returning citizens seeking information on education and acquiring a GED.
- Number of presentations at job fairs, resource fairs and other related events.
- Number of staff who participate in informational workshops on financial literacy, anger management, etc. to stay current with the latest information.

Data Reporting

As part of DFSS' commitment to become more outcomes-oriented, the Workforce Services Division seeks to actively and regularly collaborate with delegate agencies to enhance contract management, improve results, and adjust program delivery and policy based on learning what works. Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate program results and performance, and drive program improvements and policy decisions.

As such, DFSS reserves the right to request/collect key data and metrics from delegate agencies, including client-level demographic, performance, and service data, and set expectations for what this collaboration, including key performance objectives, will look like. Delegate agencies will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol(s) specified by DFSS. Delegate agencies agree to make reasonable efforts to collect additional data related to performance as requested by DFSS.

To the extent possible, DFSS will collect performance data from the **Enterprise Case Management System (ECM version 6.0)**. Delegate Agencies are expected to use ECM.

Requirements include:

- Enter data into ECM within 2 days of client interaction and adhere to required data standards based on program model as outlined in ECM v6.0.

Where ECM data is insufficient, DFSS reserves the right to request/collect other key data and metrics from delegate agencies, including client-level demographic, performance, and service data. Requested data shall include, but may not be limited to, aggregate and individual-level information on:

- Clients referred for services, enrolled in services, and discharged from services.
- Activities undertaken by the delegate agency to service clients referred for services, and the timeliness of those activities.
- Findings of assessments completed by the delegate agency while delivering services.
- Client employment outcomes at the 30, 60, 90 and 180-day benchmarks.
- Utilization and spending against contract award.

Agency Name: _____

PO #: _____

DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services

Meetings

Delegate agencies will be required to attend quarterly meetings as they are scheduled for the fiscal year. Other meetings may take place according to a schedule to be determined by DFSS, with reasonable notice provided for delegates.

Meetings shall include at a minimum the Delegate agency's Chief Executive Officer, or designee. DFSS Deputy Commissioner, Director, Workforce Supervisor and Program Coordinator(s) Each party may be represented by additional representatives as such party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from delegate agencies will attend all meetings as requested by the Department. Meetings may take place individually or jointly with other delegate agencies.

At such meetings, the parties may discuss and review:

- a.) Program data and reports particularly related to the goals outlined in this agreement
- b.) Collaboratively design and implement operational changes to continuously improve processes and outcomes
- c.) Strategies on broader systems changes to improve service delivery and coordination between services
- d.) Best practices, and effectively address any challenges experienced by delegate agencies and the target population.

Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) To review program performance and develop strategies to improve program quality throughout the term of the contract. In the event of under-performance at the end of the first, second or third quarter (as deemed appropriate by the DFSS Program Manager/Liaison) the delegate agency must submit a Corrective Action Plan (CAP) in writing to indicate how they will improve performance by the next quarter.
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.
- c) Any other purposes identified by DFSS.

Agency Name: _____

PO #: _____

DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services

SECTION C – CORE ELEMENTS

Program Requirements

The following are requirements for this program:

Serve as a “Clearing House” of information and services available to the reentry population.

- Operate a program in or near communities receiving high numbers of returning citizens.
- Provide a dedicated phone line with hours of operation from 8:30 am to 5:00 pm, Monday through Friday. Voice mail must be available for calls after 5:00 pm.
- Have technical and staff capability to receive large numbers of calls and the ability to refer these returning citizens to the appropriate service(s). Facilitate at a minimum 2,400 calls annually per Center.
- Respond in a timely manner or within one business day via phone or in-person to requests from the public about services available to returning citizens.

Provide information and referral to support services, including the gathering and communication of available resources, and follow-up.

- Provide a screening and initial assessment tool to determine a returning citizen’s specific needs and support services.
- Maintain a network of providers to assist in serving all participants.
- Maintain working relationships with the Cook County Sheriff’s Office, Community Support and Advisory Councils (CSACs), and the Illinois Department of Corrections (IDOC).
- Maintain linkage and coordination with the larger Workforce Innovation and Opportunity Act (WIOA) funded system administered by the Chicago Cook Workforce Partnership.
- Staff should attend informational workshops (i.e. financial literacy, anger management, criminal record sealing, and expungement, etc.) on a quarterly basis at a minimum to stay current with the latest information.
- Follow-up with referred individuals monthly.

Delegate agency must connect clients to support services. These services may be delivered directly by the delegate agency or through existing partnerships with other community-based organizations. These services must include, but are not limited to:

- Employment assistance and strategies for presenting a criminal record to future employers.
- Housing, including emergency housing.
- Substance use services.
- Mental health services.
- Legal assistance, including information on sealing or expunging criminal records.
- Family reunification and child support assistance.
- Public benefits assessment and enrollment.
- Mentoring, including support groups.
- Education and training.

Agency Name: _____
PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services**

Conduct outreach and marketing activities to inform potential clients of available resources.

- Distribute flyers and fact sheets (specifically including hours of operation) throughout the community, including local law enforcement offices, community bulletin boards, Chicago Public Library facilities, and area retail stores.
- Conduct monthly outreach to local justice-related and law enforcement offices, police districts, probation officers, aldermanic offices, area community-based organizations, and other community partners.
- Represent the Community Reentry Support Centers at such venues as returning citizen job fairs, City of Chicago Violence Reduction Strategy events for gang members, and other public service events.
- Develop and maintain a marketing plan to advertise available resources.

SECTION D – PAYMENT STRUCTURE

Method of Payment

Under the CDBG contract, agencies/contractors shall request reimbursement for services performed by submitting monthly vouchers using the City's web-based **eProcurement** system. All new and existing delegate agencies are required to register under the **iSupplier portal** at:

www.cityofchicago.org/eProcurement

Vouchers must be submitted 15 calendar days after the end of the month in which services were performed. All vouchers must include the required support documents to receive compensation. Submit ECM report(s) with voucher. Vouchers submitted after the monthly deadline will result in a delayed payment.

Line Item Budget

In order to receive payment for services provided under this CDBG contract, agencies will be reimbursed for expenses based on a line item voucher submittal.

Agency Name: _____
 PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
 WORKFORCE SERVICES DIVISION
 Community Reentry Support Centers
 2020 Scope of Services**

SECTION E – PROGRAM AND DELEGATE INFORMATION

Please complete the following program and agency information. Also, complete and sign/date the Work Program CHART (Page 9) that indicates delegate agency quarterly projections, program activities and program deliverables for the 2020 program year.

Program Overview

Program Model: **Community Reentry Support Center**
 Program Name:
 PO Number:
 Grant Amount:
 Contract Term: **January 1, 2020 through December 31, 2020**

Delegate Agency Contact Information

Agency Name:
 Agency Address:
 City, State, Zip Code:

Program Staff Contact Name:
 Program Staff Title:
 Program Staff Contact Phone:
 Program Staff Contact Email:

Executive Director Name:	Fiscal Contact Name:
Executive Director Phone:	Fiscal Contact Phone:
Executive Director Email:	Fiscal Contact Email:

Administration Office Hours:

Facility/Site Information

List name of facility(ies) and address(es) where services are provided. Also include amount of contract allocated per site and estimated number of clients to be served at each site.

Facility/Site Name	Address	Days of Operation	Hours of Operation	Estimated Amount of Contract allocated for this site	Estimated # of Clients to be served at this site

Agency Name: _____

PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services**

In what Ward(s), Community Area(s), and Census Tract(s) are facility/sites providing services?

Ward(s):

Community Area(s):

Census Tract(s):

Indicate Program Service Area:

- This program will provide services citywide to all eligible individuals. Or,
- This program will primarily serve the following Ward(s), Community Area(s) and Census Tract(s).

Ward(s):

Community Area(s):

Census Tract(s):

What are the approximate boundaries of the area from which your clients are drawn? Specify by street name.

North:

South:

East:

West:

Agency Name: _____

PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services**

Description of Program

Provide a brief narrative statement of this program including the scope, target population problems addressed, and anticipated outcomes. Ensure that your Scope/Work Program incorporates the previously discussed elements of Sections A, B and C. If relevant, describe coordination with other sources/partners. This section is expected to describe the program at full operational capacity.

Agency Name: _____
 PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
 WORKFORCE SERVICES DIVISION
 Community Reentry Support Centers
 2020 Scope of Services**

WORK PROGRAM

Delegate Agency Name: _____
 Program Name: _____

(1) Program Activities: Describe the activities that will accomplish program deliverables	(2) Program Deliverables: State what quantifiable units will be used to measure the progress of the proposed program. Example: classes held	(3) Planned Output by Quarter and Year Total: List the projected quantifiable units for each program deliverable.					(4) Performance Measures
(5) Total Unduplicated Clients/Units:		1 st Q	2 nd Q	3 rd Q	4 th Q	Total	

Signature of Authorized Agency Official and Date: _____

Signature of DFSS Official and Date: _____

Agency Name: _____
PO #: _____

**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
WORKFORCE SERVICES DIVISION
Community Reentry Support Centers
2020 Scope of Services**

SECTION F – SUBMITTAL AND APPROVAL

ACKNOWLEDGEMENT

- By checking this box your agency certifies that it has read and understands Sections A, B, C, and D of this document.

a) Applicant signature <i>(Original must be signed in blue ink)</i>	
b) Name (typed)	
c) Date submitted	
d) DFSS Staff signature	
e) Name (typed)	
f) Date approved	

Source Documents

Provided below are hyperlinks to source documents. Please read and understand funding source rules and regulations:

U.S. Department of Housing and Urban Development (HUD)

<https://www.hudexchange.info/>

CDBG Regulations: <http://www.ecfr.gov/cgi-bin/text-idx?SID=7db635ac5b5e89240f57194fa0125f1f&mc=true&node=pt24.3.570&rgn=div5>

CDBG Eligible and Ineligible Activities: (570.201-eligible activities; 570.207- ineligible activities) <http://www.ecfr.gov/cgi-bin/text-idx?SID=7db635ac5b5e89240f57194fa0125f1f&mc=true&node=pt24.3.570&rgn=div5>