

State of Hawaii
Department of Health
Child and Adolescent Mental Health Division

Request for Proposals

460-15-04

Emergency Mental Health Services for Children, Youth and Families

January 6, 2015

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*



STATE OF HAWAII
DEPARTMENT OF HEALTH
CHILD & ADOLESCENT MENTAL HEALTH DIVISION
3627 KILAUEA AVENUE, ROOM 101
HONOLULU, HAWAII 96816

January 6, 2015

REQUEST FOR PROPOSALS

Behavioral Health Services for Children, Youth and Families

RFP No. HTH 460-15-04

The Department of Health, Child and Adolescent Mental Health Division (“CAMHD”), is requesting proposals from qualified applicants to provide Crisis Mobile Outreach Behavioral Health services for children, youth and families. The initial contract term will be from July 1, 2015 through June 30, 2016, and renewable annually for additional terms up to a total of three (3) years. A single contract may be awarded under this request for proposal.

Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (HST), on February 20, 2015, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals may be approved by the contract person to be mailed and postmarked by the United States Postal Service on or before February 20, 2015, and received no later than (ten) 10 days from the submittal deadline. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The CAMHD will conduct an orientation on January 15, 2015 from 1:30 p.m. to 3:30 p.m. HST, at 3627 Kilauea Avenue, Chief’s Conference Room, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 3:30 p.m., HST, on January 23, 2015. All written questions will receive a written response from the State on or about January 27, 2015.

Inquiries regarding this RFP should be directed to the RFP contact person, Mr. John MacDonald, Contracts Management Specialist, at 3627 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9338, fax: (808) 733-8375, e-mail: john.macdonald@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 1 Original Proposal and 4 Copies with 1 CD copy

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **February 20, 2015** and received by the state purchasing agency **no later than (ten) 10 days from the submittal deadline.**

All Mail-ins

Department of Health
Child & Adolescent Mental Health
Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

DOH RFP COORDINATOR

John MacDonald
Child & Adolescent Mental Health
Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816
Telephone: (808) 733-9338

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **3:30 P.M., Hawaii Standard Time (HST), February 20, 2015.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 3:30 p.m. February 20, 2015.

Drop-off Site

Department of Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	1/06/2015
Distribution of RFP	1/06/2015
RFP orientation session	1/15/2015
Closing date for submission of written questions for written responses	1/23/2015
State purchasing agency's response to applicants' written questions	1/27/2015
Discussions with applicant prior to proposal submittal deadline (optional)	1/06 - 2/13/2015
Proposal submittal deadline	2/20/2015
Discussions with applicant after proposal submittal deadline (optional)	2/21 - 3/10/2015
Final revised proposals (optional)	3/17/2015
Proposal evaluation period	2/21 - 3/25/2015
Provider selection	4/02/2015
Notice of statement of findings and decision	4/02/2015
Contract start date	7/01/2015

1.2 Website Reference

•	Item	• Website
1	Procurement of Health and Human Services	<ul style="list-style-type: none"> • http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2	RFP website	<ul style="list-style-type: none"> • http://hawaii.gov/spo2/health/rfp103f/
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	<ul style="list-style-type: none"> • http://spo.hawaii.gov Click on the “References” tab.
4	General Conditions, AG-103F13	<ul style="list-style-type: none"> • http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5	Forms	<ul style="list-style-type: none"> • http://spo.hawaii.gov Click on the “Forms” tab.
6	Cost Principles	<ul style="list-style-type: none"> • http://spo.hawaii.gov Search: Keywords “Cost Principles”
7	Protest Forms/Procedures	<ul style="list-style-type: none"> • http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8	Hawaii Compliance Express (HCE)	<ul style="list-style-type: none"> • http://spo.hawaii.gov/hce/
9	Hawaii Revised Statutes	<ul style="list-style-type: none"> • http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation	<ul style="list-style-type: none"> • http://tax.hawaii.gov
11	Department of Labor and Industrial Relations	<ul style="list-style-type: none"> • http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs, Business Registration	<ul style="list-style-type: none"> • http://cca.hawaii.gov click “Business Registration”
13	Campaign Spending Commission	<ul style="list-style-type: none"> • http://ags.hawaii.gov/campaign/
14	Internal Revenue Service	<ul style="list-style-type: none"> • http://www.irs.gov/
<p>(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)</p>		

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (“HRS”) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Child and Adolescent Mental Health Division
Contract Management Section
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

John MacDonald, Contract Specialist, Phone: 808-733-9338,
Email: john.macdonald@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: January 15, 2015 **Time:** 1:30 to 3:30 p.m.
Location: CAMHD Chief's Conference Room

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: January 23, 2015 **Time:** 3:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: January 27, 2015

1.9 Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency. **See Attachment A.**

3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP. **See Attachment B.**
 4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Hawaii Compliance Express (“HCE”).** All providers shall comply with all laws governing entities doing business in the State.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (“DOTAX”) and the Internal Revenue Service (“IRS”). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (“DLIR”) website address.
 - **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (“DCCA”), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with HCE for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently twelve dollars (\$12)) for the service. The HCE’s online “Certificate of Vendor Compliance” provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE’s website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six (6) months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- E. Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.)
- G. Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
1. Postmarked after the designated date; or
 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

Faxed copies or electronic copies are not permitted. One CD copy is required with the Original Proposal.

1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are not required to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Virginia Pressler, M.D.	Name: M. Stanton Michels, M.D.
Title: Director of Health	Title: Chef Administrator
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378	Mailing Address: 3627 Kilauea Avenue Honolulu, Hawaii 96816
Business Address: 1250 Punchbowl St Honolulu, Hawaii 96813	Business Address: Same as above

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPOH-201, which is available on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

The Child & Adolescent Mental Health Division Mission: The mission of Child & Adolescent Mental Health Division (“CAMHD”) is to provide timely and effective mental health prevention, assessment and treatment services to children and youth with emotional and behavioral challenges, and their families.

A. Overview, Purpose or Need

The Department of Health (“DOH”), Child & Adolescent Mental Health Division, hereby solicits proposals from qualified PROVIDERS with an interest in providing emergency mental health services to children and youth, ages 3-21 years. The purpose of this Request For Proposals (“RFP”) is to procure Crisis Mobile Outreach (“CMO”) mental health services to meet the needs of the population on the Island of Hawaii.

The Child and Adolescent Mental Health Performance Standards (“CAMHPS”) defines the mental health service being requested in this RFP, establishes the requirements of the service, and describes the service procurement guidelines. PROVIDER is expected to carefully read all aspects of this RFP and the CAMHPS and must assure in the proposal that the agency is prepared to meet all standards and guidelines as written. **See Attachment C**

Specifically, CAMHD is soliciting a qualified PROVIDER that is able to ensure the capacity for timely, consistent, and responsive mental health services in the following area:

EMERGENCY MENTAL HEALTH SERVICES

Under this RFP, CAMHD is seeking a qualified PROVIDER to provide emergency mental health services.

The provision of **emergency mental health services** is limited to times of crisis that involve a great deal of urgency. These services are available to the general public and are provided as part of the CAMHD commitment to public health service. These services are available to the public 24 hours a day, 365 days per year.

Under this RFP, the level of care for emergency services is Crisis Mobile Outreach. Staffing of contracted agencies must assure staff availability at all times.

There Is No Prior Authorization Process For This Emergency Service.

The contracted agency is required to implement a memorandum of understanding with any other contracted agencies that are providing emergency services in the same geographic region. For example, if different agencies are contracted to provide Crisis Mobile Outreach or Therapeutic Crisis Home services within the same geographic region, the agencies are required, by this RFP, to implement an agreement outlining how their agencies will collaborate in the provision of care. This agreement must be in place prior to start date of the services.

The 24 Hour Crisis Telephone Stabilization service is provided through a memorandum of agreement between CAMHD and Adult Mental Health Division. The Access Line is available to all youth whose immediate health and safety may be in jeopardy due to a mental health issue.

The PROVIDER awarded the Crisis Mobile Outreach level of care will be required, by this RFP, to respond to calls from the Access Line for requests for services received through the Access Line.

Crisis Mobile Outreach

This service provides mobile face-to-face outreach assessment and stabilization services for youth in an active state of psychiatric crisis. Services are provided twenty-four (24) hours per day, seven (7) days per week and can occur in a variety of settings including the youth's home, local emergency facilities, and other related settings. Immediate response is provided to conduct a thorough assessment of risk, mental status, and medical stability, and immediate crisis resolution/stabilization and de-escalation as clinically appropriate

B. Planning Activities Conducted in Preparation for this RFP

A Request for Information was posted October 30, 2014

A review of youth levels of care revealed that the county of Hawaii needs a Crisis Mobile Outreach facility.

C. Description of the Goals of the Service

There are three (3) major goals that the contracted service sought in this RFP will assist CAMHD in meeting.

Goal 1. Provide youth, children and young adults with timely access to a comprehensive array of community-based and evidence-based mental health services provided by credentialed individuals that are

knowledgeable and competent in delivering these treatments, and ensure that these treatments and interventions are provided within a system of care embodying the Hawaii CASSP principles.

- Goal 2.** Utilize evidence-based services in the development of individualized plans and practices whenever possible to improve outcomes for youth.
- Goal 3.** Evaluate performance data and apply findings to guide program management and service planning decisions.

D. Description of the Population to be Served

Emergency services are available to all children and youth in Hawaii, ages 3 to 21 years, experiencing an imminent life threatening mental health crisis.

E. Geographic Coverage of Service

Emergency Mental Health Services

To ensure timely and responsive emergency mental health services to youth and families in crisis, CAMHD expects to contract with provider agencies in the County of Hawaii. PROVIDER is required to provide services to the entire geographical coverage area identified and awarded. Contractors must ensure availability of services 24 hours a day and 365 days per year. The method of pricing for these services shall be cost reimbursement (reimbursement of actual expenditures).

Crisis Mobile Outreach

County of Hawaii

One (1) contract

F. Probable funding amounts, source, and period of availability

It is expected that state and/or federal funds will be used to support these services. The CAMHD receives funding through a biennial legislative process. Contracts in the later years will be dependent upon funding received.

The contract period will be from July 1, 2015 through June 30, 2016 and renewable annually for additional terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability of funding.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Timeliness of Response to Requests for Service
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

A. Specific Qualifications or Requirements, Including, but not Limited to Licensure or Accreditation

1. Cost Principles Compliance

The PROVIDER will comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10-1-98), which can be found on the SPO website.

2. National Accreditation

Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), Council on Accreditation of Rehabilitation Facilities (“CARF”), or Council on Accreditation (“COA”) is required for contracted agency at all times. The PROVIDER who has obtained JCAHO, CARF, or COA accreditation will describe the type of accreditation, location and type of program or facility, and effective date(s) of accreditation and submit evidence of accreditation with their proposal. PROVIDER is required to immediately notify CAMHD Performance Management Section of changes in accreditation status change at any time during the contract period.

3. Other Applicable Requirements

The PROVIDER shall complete, sign and submit to the state purchasing agency a certification regarding the following (**See Section 5, Attachment D**):

- Certification Regarding Drug-Free Workplace Requirements;
- Certification Regarding Debarment, Suspension Ineligibility and Voluntary Exclusion;
- Certification Regarding Lobbying;
- Certification Regarding Program Fraud Civil Remedies Act; and
- Certification Regarding Environmental Tobacco Smoke.

The PROVIDER shall comply with all applicable federal, state, and county laws; ordinances, codes, rules, and regulations; and policies and

procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the PROVIDER's performance.

B. Secondary Purchaser Participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will not be allowed.

Planned secondary purchases – NONE.

C. Multiple or Alternate Proposals

(Refer to §3-143-605, HAR)

Allowed Unallowed

D. Single or Multiple Contracts to be Awarded

(Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

E. Single or Multi-Term Contracts to be Awarded

(Refer to §3-149-302, HAR)

Single term (\leq 2 yrs) Multi-term ($>$ 2 yrs.)

Contract will be awarded based on evaluation team's rating of the PROVIDER's proposal.

Contract terms:

Initial term of contract: 7/01/15 - 6/30/16

Length of each extension: Twelve (12) Months

Number of possible extensions: Two (2)

Maximum length of contract: Three (3) Years

The initial period shall commence on the contract start date.

Conditions for Extension:

The Contract may be extended annually for additional terms (not to exceed a total of three (3) years) provided that the Contract price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of funding. Contract renewals will be based on contracted agency's annual performance review, projections of service needs based on utilization review, and on CAMHD's determination of need for specific and/or all program components for contract renewal. The Contract must be in writing.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

All services shall be provided in accordance the requirements outlined in the general standards and individual level of care standards established in the CAMHPS, and any other applicable requirement referenced in any portion of this RFP. Specific requirements for levels of care are detailed below.

Crisis Mobile Outreach

The PROVIDER:

- Must provide documentation in the proposal showing evidence of the agency specific internal operational guidelines and procedures that will be used to maintain collaborative relationships with fire, police and other urgent response providers in the geographic area they propose to serve. These guidelines must be maintained throughout the contract period.
- Must specifically describe in the proposal how the agency will notify the Family Guidance Center (“FGC”) about any CAMHD registered youth that receives crisis mobile outreach services.
- Must describe how the agency will provide timely referrals to the appropriate FGC for any non-CAMHD registered youth that may be eligible for CAMHD Support for Emotional Behavioral Development (“SEBD”) HealthPlan services.
- Must describe in the proposal how the agency will assure that there are sufficient personnel for on-site intervention within forty-five (45) minutes, even in rural areas.

Training & Supervision Requirements

The PROVIDER must submit an agency specific Workforce Development Policy & Procedure detailing how personnel and subcontractors will be recruited, oriented, trained, supervised and evaluated with adherence to the Hawaii CASSP principles and evidence-based services for populations as addressed in the proposal. For licensed professionals, the policy must detail how peer supervision processes will be provided and documented. The policy must provide orientation, training, and supervision with respect all general standards and relevant level of care standards in the CAMHPS.

Agencies are expected to provide basic training to their clinical staff on utilizing evidence-based practice approaches, as part of their agency training plan. The CAMHD’s Practice Development Section will continue to provide some specialized training opportunities for provider agency clinicians through conferences, consultation and training, and other training events designed to introduce new evidence-based practices or to improve system performance.

The CAMHD Training Committee determines specific topics and training formats, with input from provider and other representatives.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

Organizational Management

PROVIDER may choose to hire direct employees, establish a network of subcontracted professional providers, or use a combination of both. If the PROVIDER utilizes a network of independent providers, each subcontracted practitioner must be credentialed, as per the CAMHD Credentialing policies and the CAMHPS.

PROVIDER must agree to assume all responsibility for quality of work provided by employees and subcontracted providers.

All subcontracts require CAMHD prior written approval and must include an agreement to comply with all aspects of this RFP including licensing and credentialing requirements. Upon request, the PROVIDER must provide CAMHD with a copy of each subcontract including applicable licenses and credentials.

The PROVIDER is required to provide all necessary administrative and managerial infrastructures to support the provision of services, in accordance with the requirements outlined in this RFP and the CAMHPS.

The PROVIDER is required to provide all necessary clinical expertise to support the provision of services in accordance with the requirements outlined in this RFP and CAMHPS.

The PROVIDER must maintain a confidential personnel file for each employee. The personnel file must contain documents, including, but not limited to, State and Federal Department of Labor required employment documents, Hawaii Administrative Rule requirements, and any other requirements outlined by CAMHD.

Performance Management

PROVIDER shall be required to fully participate in CAMHD's performance monitoring activities. The PROVIDER shall describe how they will internally assure the quality of services they deliver at all programmatic levels through in-house quality assurance activities.

In the proposal, the PROVIDER must detail how the quality of all services, employees and subcontractors will be assessed, analyzed, and how corrective actions will be implemented.

The PROVIDER must detail how it will ensure that its personnel and its subcontractors adhere to all applicable state laws regarding the obtaining and release of client information and confidentiality.

2. Administrative

The PROVIDER is required to develop and implement agency specific policies and procedures addressing the following areas. These policies and procedures must be reviewed and updated at least every two (2) years. The following agency policies must be submitted with the proposal:

Credentialing The PROVIDER must submit with the proposal and maintain throughout the contract period, a credentialing policy for ensuring that all employees and/or subcontracted providers are appropriately credentialed and qualified to provide services. The Contractor must maintain a centralized file of supporting documentation for credentialing in separate files on Contractor's premises. The policy and procedure must identify the PROVIDER's process for primary source verification of all clinical personnel and/or subcontracted providers. The policy and procedure must describe the process for ensuring that credentialed staff has the skills and expertise necessary to engage in the specific clinical practice assigned.

Cultural Competency The PROVIDER must submit with the proposal and maintain throughout the contract period, a cultural competency policy to ensure that all employees and subcontractors are trained and supervised in providing services in a culturally appropriate manner. This policy should include requirements for cultural assessment and cultural considerations in the treatment planning process.

Workforce Development The PROVIDER must submit with the proposal and maintain throughout the contract period, a workforce development policy that identifies how staff are recruited, oriented, trained, supervised and provided ongoing learning opportunities. The policy must identify agency strategies to retain personnel that meet performance expectations. The policy must include quality assurance tracking to monitor whether each employee is receiving the applicable number of required training and supervision hours. The policy must state the agency's commitment to meet all mandatory training requirements established in this RFP and the CAMHPS.

Coordination of Care The PROVIDER must submit with the proposal and maintain throughout the contract period, a policy and procedure to ensure the coordination of services with other involved agencies or partners including other involved CAMHD provider agencies, schools, child welfare agencies, juvenile justice personnel and agencies, MedQUEST healthplans, primary care physicians, Medicaid, community service providers and organizations, and primary care providers.

Fraud & Abuse Prevention The PROVIDER must submit with the proposal and maintain throughout the contract period, a policy and procedure to ensure that claims are properly supported through appropriate documentation prior to submission to CAMHD. The PROVIDER must be aware that CAMHD will employ a protocol for the identification of potential fraud or abuse in claims' submission through the conduct of periodic reviews of clinician billing practices. This will be accomplished through building thresholds into the electronic billing system that will reject questionable claims, as well as through reviews of quarterly reports that identify outliers to other established thresholds. The PROVIDER will be expected to cooperate fully in the analysis of such reports and to take appropriate action based upon the outcome. The PROVIDER and any all direct care subcontractors are required to make all requested documentation available upon request by the CAMHD or its authorized agents, including but not limited to the MQD of the Department of Human Services (“DHS”) or their authorized agents.

Seclusion & Restraint The PROVIDER must submit with the proposal and maintain throughout the contract period, a policy and procedure regarding the use of seclusion and restraint. This policy must be in accordance with the CAMHD’s Seclusion and Restraint Policy and Procedure (See Section 5, Attachment E).

Incidents & Sentinel Events The PROVIDER must submit with the proposal and maintain throughout the contract period, a policy and procedure to ensure the timely reporting of incidents and sentinel events occurring within the program. This policy must be in accordance with the CAMHD Sentinel Event Policy & Procedure (See Section 5, Attachment F).

Client Rights and Grievances Process PROVIDER must have policy and procedures explaining Consumer Rights and the agency’s Grievance management process.

3. Output and Performance/Outcome Measurements

Contracted agencies are required to collect, analyze and report the following information on a **quarterly** basis. Outcome and results data will be used to evaluate the PROVIDER’s performance and may be reported to CAMHD’s stakeholders on a quarterly basis. The PROVIDER must submit quarterly reports of quality monitoring including crisis referral source, site of service, timeliness of crisis mobile outreach response, outcome of service, number and percent of youth involved with CAMHD, number and percent referred to outcome of that referral, and barriers to effective or timely interventions. The quarterly report must be

sent directly to CAMHD Performance Management Section within forty-five (45) days of the end of each quarter.

First Quarter:	July, August, September
Second Quarter	October, November, December
Third Quarter	January, February, March
Fourth Quarter	April, May, June

4. Experience

PROVIDERS with verifiable expertise and experience in serving a special population will be given preference in the evaluation process.

In order to demonstrate expertise, an agency must provide evidence of training programs, supervisory logs, and other documents showing clinical and/or managerial expertise.

In order to demonstrate experience, prior agency performance in providing similar services will be considered in the evaluation process. PROVIDERS are strongly encouraged to identify all previous experience providing the services being proposed and the detail the performance of the agency in providing these services, to include contract payer, results of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes. The documents provided by the PROVIDER will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

5. Coordination of Services

The PROVIDER is required to coordinate services with all CAMHD contracted service providers to ensure optimal transitional supports for the youth and family being served.

Contracted agencies of Crisis Mobile Outreach are required to maintain memoranda of understanding (MOU) defining how the agencies will work together to provide emergency services. These MOU's are required to be in place prior to start of contract period, and maintained throughout contract time period.

6. Reporting Requirements for Program and Fiscal Data

a. Credentialing

Contracted agency will adopt CAMHD General Standards for credentialing and re-credentialing of clinical personnel providing services to eligible youth as detailed in the CAMHD Credentialing Policies and Procedures.

The PROVIDER is required to establish an e-mail address account specifically for its delegated credentialing specialist for direct communication with the CAMHD's Credentialing Specialist.

All direct care personnel including subcontractors must be credentialed prior to providing services to any youth, as defined in the CAMHD Credentialing and Re-credentialing Policies and Procedures (**See Section 5, Attachment G**).

The PROVIDER is required to electronically submit a regular credentialing status log to the CAMHD Credentialing Specialist in the format as specified by CAMHD's Credentialing Policies and Procedures.

The PROVIDER must submit, in a format and schedule specified by CAMHD, individual staff/subcontractor credentialing files for CAMHD review, detailing the credentialing process and primary source verifications documents for all its direct care employees and subcontractors.

PROVIDER is required to furnish all of the above required credentialing data, reports, and corrective action plans, and any additional reports as requested, in writing, by CAMHD.

b. Fiscal Billing

Monthly expenditure reports and electronic encounter data (utilization) must be submitted to CAMHD Fiscal Section in the format specified by CAMHD (based on the cost reimbursement method of pricing).

Original monthly claims must be submitted within thirty (30) calendar days after the last day of the calendar month. All submissions and corrections must be properly received by CAMHD ninety (90) days after the last day of the billing month. No claims will be accepted after the ninety (90) day period. Should a provider need to bill beyond the ninety (90) day period, documented contact must be made with CAMHD Provider Relations before the end of the ninety (90) day period or no appeal will be granted.

Any required corrective action plans and reports on all audit and fiscal monitoring findings must be submitted to CAMHD Fiscal Section.

The PROVIDER is required to adhere to the CAMHD billing reporting requirements. PROVIDER's submission must comply

with the Health Insurance Portability and Accountability Act (HIPAA) and CAMHD policies and procedures.

The PROVIDER is responsible for planning, implementing, and maintaining their own information system. PROVIDER must also provide to CAMHD a functional e-mail address that can receive billing documents as well as notices. CAMHD does not provide technical support for provider information systems or e-mail.

PROVIDER is required to have computer hardware that configures and supports at a minimum Microsoft Windows 7, Microsoft Access 2010, broadband Internet connection, e-mail, and laser printer.

All provider reporting data must be submitted in the manner and format specified by CAMHD.

c. Training Data

PROVIDER must submit in a format specified by CAMHD, the quarterly Title IV-E Training Activities and Cost Reports (**See Section 5, Attachment H**) to the CAMHD Fiscal Section, in accordance with CAMHD timelines for submission, and if requested, participate in a CAMHD time study activity. CAMHD will notify PROVIDER of the format and timeline associated with this requirement.

Documentation such as training curricula or detailed content of training provided, sign in sheets with names and positions of staff receiving training, and names of person (s) conducting training and a breakdown of expenses must be available upon request.

d. Fiscal Data

The PROVIDER shall submit an organization-wide fiscal audit in accordance with the following standards:

- Generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
- Government Auditing Standards issued by the Comptroller General of the United States;
- Office of Management and Budget (“OMB”) Circular A-133 for state and local governmental agencies, if applicable; and
- Office of Management and Budget (“OMB”) Circular A-128 for state and local governmental agencies, if applicable.

The fiscal audit must be conducted on an annual basis and submitted to the CAMHD Contracts Management Section within six months after the close of the fiscal year.

PROVIDER of services based on the cost reimbursement method of pricing must submit to CAMHD Fiscal Section **monthly expenditure reports and electronic encounter data** in the format specified by CAMHD.

The PROVIDER shall submit to CAMHD Fiscal Section any corrective action plan and reports, as requested by CAMHD, on all audit and fiscal monitoring findings.

The PROVIDER is required to bill as required and fully adhere to the CAMHD billing reporting requirements. PROVIDER's submission must comply with the HIPAA and CAMHD policy and procedures.

All Provider Reporting Data must be submitted in the manner and format specified by CAMHD.

Original monthly claims must be submitted within thirty (30) calendar days after the last day of each calendar month. All submissions and corrections must be properly received by CAMHD ninety (90) days after the last day of the billing month.

Should a provider need to bill beyond the ninety (90) days, documented contact must be made with CAMHD Provider Relations before the end of the ninety (90) days. However, no payment will be made for claims submitted more than twelve (12) months after the last day on which services were rendered or more than six (6) months following the end of the contract period, whichever period is shorter.”

Contractors will be required to provide cost data to determine specific costs (i.e., treatment, and other expenses that may be required by funding agencies.

2.5. COMPENSATION AND METHOD OF PAYMENT

Cost Reimbursement

The pricing for Crisis Mobile Outreach service will be based on cost reimbursement principles.

The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles (SPO-H-201). Budget line items are subject to review, approval, and acceptance by the state purchasing agency.

Payments shall be made in monthly installments upon the monthly submission by the PROVIDER of invoices for the services provided. Invoices shall be accompanied by expenditure reports, back up documentation as outlined in the SPO Cost Principles and utilization data for the billing month. Failure to comply with submission of encounter/utilization data will result in payment delays until such data are submitted

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General Instructions for Completing Applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through the end of the proposal. See sample table of contents in Section 5.*
- *The proposal application **shall not exceed 50 pages, excluding** applicant's attachments and required documentation, and shall be a minimum of line spacing of 1.5, and a minimum font size of 12.*
- *Proposals shall be submitted in a three ring binder.*
- *Tabbing of sections (Required).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are strongly encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (Refer to Section 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application Comprises the Following Sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. In narrative format, the applicant must clearly and concisely

summarize the contents of the proposal in such a way as to provide the purchasing agency with a broad understanding of the entire proposal. The applicant must include: (1) a brief description of the organization; (2) the history of the organization inclusive of any and all past experience pertinent to the delivery of the proposed services and supports for the target population; (3) the organization's philosophy, goals and objectives related to the service activity; (4) how the proposed service(s) will work to assure the provision of high quality services to the identified population; and (5) any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

3.2 Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that the agency has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the Hawaii CASSP principles (**See Section 5, Attachment I**) and evidence-based services.

The applicant must submit evidence of Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"), Council on Accreditation of Rehabilitation Facilities ("CARF"), or Council on Accreditation ("COA") or other comparable accreditation indicating applicant is accredited.

The applicant must demonstrate agency capacity to provide treatment services in accordance with evidence-based service literature.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

The applicant shall provide a description of the agency's previous projects/contracts pertinent to the proposed services within the immediately preceding three (3) years. The applicant is strongly encouraged to submit findings and results from previous monitoring and performance review activities within the past three (3) years, along with its response to any required corrective actions.

The applicant shall provide information about key clinical and administrative personnel experience in providing similar services to those proposed. The applicant shall include points of contact, including email and telephone numbers, for those individuals. *CAMHD reserves the right to contact references to verify experience.*

C. Quality Assurance and Evaluation

The applicant must describe its quality assurance and improvement processes for the proposed services, including methodology.

The applicant's proposed QAI processes must include, but not be limited to; the organization's policies and procedures for ensuring that performance meets or exceeds the standard described in this RFP and the CAMHPS. The applicant must describe how it will maintain a continuous quality improvement approach to improve performance in all service delivery areas. The QAI process must also be responsive both to the internal organization standards for service delivery and the external standards of CAMHD and Med-QUEST Division ("MQD").

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The applicant must describe the mechanisms to be instituted to ensure that all services are coordinated with other agencies and resources in the community. The coordination of services shall include schools, other child serving agencies, primary care physicians, community programs and other CAMHD contracted agencies.

The applicant must identify the major groups or agencies with which coordination is expected to be necessary, and define how this will be accomplished.

Applicants of Crisis Mobile Outreach must demonstrate a willingness to execute a memorandum of understanding, as outlined in Section II, B prior to start of contract date.

The applicant must also describe mechanisms for obtaining routine and regular youth, family and community stakeholder input in evaluating performance regarding this coordination.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe how the agency will provide the required staffing pattern, youth/staff ratio and appropriate infrastructure for the viability of the services. (Refer to the personnel requirements in the CAMHPS and Section II of this RFP, as applicable.)

The applicant shall describe how the agency will implement a workforce development program to assure that the required levels of staffing will be maintained, trained and supervised throughout the contract period.

The applicant shall describe how the agency will provide the required staffing in all areas of the geographic region proposed

2. Staff Qualifications

The applicant shall identify clinical leadership staff and other key clinical personnel, and provide assurances that the all staff assigned to the program will meet the minimum qualifications, including credentialing. (Refer to the staffing qualifications and credentialing requirements in the CAMHPS and Section II of this RFP, as applicable)

The applicant must describe the capacity and protocols to provide oversight and management of service delivery. The applicant must detail how they will provide the necessary administrative, clinical and managerial infrastructure to support the provision of services, in accordance with this RFP and the CAMHPS.

The applicant must identify the names of the corporate officers and key personnel and include résumés outlining years and types of experiences for:

- Individual with direct management authority for the contract
- Individual responsible for day-to-day work management
- Individual responsible for quality management
- Clinical Director
- Medical Director
- Management Information Systems (“MIS”) Director
- Financial Manager
- Training (Workforce Development) Director

B. Project Organization

1. Supervision and Training

The applicant shall describe its workforce development program detailed the agency's ability to recruit, orient, train, supervise, and provide administrative direction relative to the delivery of the proposed services. (Refer to the requirements in the CAMHPS and Section II of this RFP).

The applicant shall describe how orientation and training will be provided to personnel and/or subcontracted providers in CASSP principles, evidence-based approaches, as well as other required training as specified in the CAMHPS.

The applicant shall provide a specific supervision plan detailing how personnel will be evaluated and supervised to ensure adherence to evidence-based services for populations as addressed in the proposal and as identified in the supervision requirements of the individual levels of care described in the CAMHPS.

For licensed professionals, the applicant shall detail how these individuals will be engaged, supported (with documentation maintained) for the peer supervision process.

If the applicant proposes a network of independent providers, the applicant must address how the subcontractors will be monitored.

The applicant must briefly describe how it ensures the applicant's personnel and its subcontractors adhere to all applicable State and federal laws regarding the obtaining and release of youth information and confidentiality.

The applicant shall describe the procedures for the maintenance and tracking of information for credentialing and recredentialing of all employed and subcontracted staff.

The applicant shall submit a written policies and procedures as outlined in Section II of this RFP.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Needs Assessment & Program Planning

Describe the process utilized by the organization to obtain information and collaborate with local school systems, community organizations, neighborhood boards, Children Community Councils ("CCC") and community groups in the development of applicant's proposal and plan for delivery of services.

B. Service Description and Implementation

The applicant shall identify the service that will be provided. For the service, the applicant shall identify the service, the capacity for each service, geographic location, and school district to be served.

For each service, the applicant shall provide a description of the treatment model and how this is supported by evidence-based literature and best practice guidelines as outlined in the **CAMHPS**, and **Evidence-Based Services Committee, Biennial Report – Effective Psychological Interventions for Youth with Behavioral and Emotional Needs. Fall 2007 (See Attachment K)**, or other documents.

The applicant shall describe how they will provide the proposed services in a timely and consistent manner, in compliance with the relevant standards and practice guidelines, as specified in the **CAMHPS**.

The applicant shall submit details of how the organization will maintain sufficient staffing to ensure the provision of service proposed. The applicant shall detail how coverage will be maintained during times of personal leave or turnover.

For the service the applicant shall describe the expected outcome the proposed treatment will produce. The applicant must be sure to formulate those outcomes in clear and **measurable** terms. The applicant shall address how the proposed plan and service would support keeping youth within the least restrictive environment and within the home community.

The applicant shall provide performance indicators and a performance evaluation plan. In addition, the applicant shall provide empirical or other evidence that

supports the applicant's proposed positive behavioral interventions or strategies to produce the desired outcomes.

Applicant shall describe how their internal quality assurance practices are in alignment with the CAMHD performance management system and quality assurance practices, including how service quality is internally monitored through tracking and analyses of trends and patterns. They shall also describe how information on their performance and quality will be used to make programmatic and practice improvements.

C. Emergency/Crisis Capacity

The applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family receiving services from the applicant.

The applicant shall specifically address its mechanisms for ensuring that each youth has an individual crisis plan.

D. Referrals and Coordination

The applicant shall describe how they will provide appropriate referrals for any non-CAMHD youth.

3.5. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

- **Cost Reimbursement Service**

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The applicant must submit a budget with accompanying justification budget forms for the service proposed. The following budget form(s) shall be submitted (as applicable) with the Proposal Application:

- SPO-H-205 Budget
- SPO-H-205A Organization-wide Budget by Source of Funds
- SPO-H-205B Organization-wide Budget by Programs
- SPO-H-206A Personnel Salaries and Wages

- SPO-H-206B Personnel Payroll Taxes, Assessments & Fringe
- SPO-H-206C Travel Inter-Island
- SPO-H-206E Contractual Services - Admin
- SPO-H-206F Contractual Services - Subcontractors
- SPO-H-206G Depreciation
- SPO-H-206H Program Activities
- SPO-H-206I Budget Justification – Equipment Purchases

B. Other Financial Related Materials

The Contractor shall submit a current organization-wide fiscal audit **annually** by a certified public accountant in accordance with the following standards:

- Generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
- Government Auditing Standards issued by the Comptroller General of the United States; and
- Office of Management and Budget (“OMB”) Circular A-133 for state and local governmental agencies, if applicable.

1. Accounting System

In order to determine the adequacy of the applicant’s accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

The applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.

The applicant must provide a flow chart depicting the agency’s accounting cycle, and an organizational chart of accounting staff.

The applicant must submit a policy and procedure to ensure that claims are properly supported through appropriate documentation prior to submission to CAMHD.

2. Information System

The applicant will describe the organization's information system, inclusive of type of hardware, type of software, any plans for major changes, how recently current system was installed, and the capability of your staff to use the system. Describe the following:

- The process for resolving any differences that may occur between CAMHMIS and the organization's system;
- Applicant's computer hardware. Is it IBM compatible? If it is not, provide the latest date by which compatible software will be available;
- How a youth is registered in the system, and
- How the services provided by the organization are accounted for within the system.

3.6 Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
Proposal Application	100 Points
Program Overview	0 points
Experience and Capability	25 points
Project Organization and Staffing	20 points
Service Delivery	35 points
Financial	15 points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 – Evaluation of Proposal Requirements

1. Administrative Requirements

- Proposal Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Federal Certifications
- Geographical Service Coverage Form
- Proposal Evaluation Guide

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application

(100 Points)

1. ***Program Overview:*** No points are assigned to Program Overview.

The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

2. ***Experience and Capability (25 points)***

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

A. Necessary Skills

- Demonstrates skills, abilities, and knowledge relating to the delivery of the proposed services for the specific population. *[2 point]*
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong knowledge and experience base with the evidence-based services for the proposed population. *[2 point]*
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong commitment to CASSP principles, particularly youth guided and family centered care, community-based care, and cultural competency. *[2 point]*
- Thoroughly describes the agency's vision, mission and goals showing a commitment to serving and supporting the population in manner with consistent with CAMHD values and core commitments. *[1 point]*
- Demonstrates a thorough understanding of the goals of the CAMHD through a specific description of how the agency and the services proposed will assist the CAMHD in achieving the CAMHD's goals within this contract term. *[1 point]*

B. Experience

- Demonstrates the agency's key clinical leadership personnel possess the knowledge, skills, and abilities to train, supervise and monitor the delivery of the proposed services in accordance with the current evidence-based research. *[4 points]*
- Demonstrates the agency's ability to provide and manage the proposed service in accordance with contractual obligations. Evaluation of this provision will include a specific review of the agency's performance monitoring results within the past three (3) years, as related to any services previously provided to the target population while under contract to the State (agencies are strongly encouraged to provide monitoring reports). *[2 points]*

C. Quality Assurance and Evaluation

- Demonstrates agency's operational plans to monitor the program's quality. *[9 points]*

D. Coordination of Services

- Demonstrates agency commitment and capability to coordinate services with schools, other child serving agencies, primary care provider and informal community programs and resources in the community. *[2 points]*

3. Project Organization and Staffing (20 points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

A. Staffing

- Proposed Staffing: Demonstrates sufficient personnel management and recruitment plan to ensure timely access and provision of services in accordance with components of this RFP and the CAMHPS. *[3 points]*
- Staffing Qualifications: Demonstrates credentialing policy, internal protocols, and oversight that ensure minimum qualifications (including experience) of staff/clinicians/mental health professionals as guided by the CAMHPS requirements. *[2 points]*

B. Project Organization

- Describes the applicant's workforce development program that assures timely and effective recruitment, orientation, training and supervision of mental health professionals, staff, and subcontracted providers, relative to the delivery of the proposed services in accordance with the CAMHPS, and all aspects of the contract. *[3 points]*
- Describes the applicant's workforce development program that details how staff and subcontracted providers will be specifically trained and supervised regarding clinical practice in relation to evidence-based services, CASSP centered approaches, and evaluation of clinical outcomes.

[3 points]

- Describes how the applicant's clearly defined supervision structure to provide administrative and clinical direction to mental health professionals, staff, and subcontracted providers, relative to the delivery of the proposed service is in accordance with the CAMHPS, and all aspects of the contract.

[4 points]

- Describes the applicant's organizational management process to support the overall service activities, including a clear description of the agency's employee structure or representation of a viable network of individually licensed providers as demonstrated in the agency's Organization Chart(s). *[5 points]*

4. *Service Delivery (35 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

- Describes how the proposed service is directly aligned with the core commitments and goals of CAMHD including evidence-based services; how youth/families will enter the agency; how youth/families receive evidence-based services, support; and discharge protocols. *[4 points]*
- Describes how the proposed services will be evidence-based and will build on the youth's and family's unique strengths, including mechanisms to assure that the youth and family are informed about evidence-based service options, guide their individualized service plan development and participate in the evaluation of treatment progress. *[4 points]*
- Describes the agency understanding of cultural and linguistic needs of the population and community to be served, including unique factors and supports within the proposed geographic region(s). *[4 points]*

- Describes how the proposed service will build on the unique cultural values and linguistic needs of each youth and family within the proposed communities, including mechanisms to assure that the cultural and linguistic needs are addressed in each treatment plan. *[3 points]*
- Describes how the proposed service will support youth by considering the developmental stage of the proposed population, and general life skills strategies to support their growth and development. *[3 points]*
- Describes the agency's clear policies and procedures to protect the privacy and rights of youth and family, including respect for youth and parental/family choice of provider and treatment approach. *[3 points]*
- Describes the agency's commitment to least restrictive interventions and best practices including strategies to include youth in community based normalized social and recreational activities. *[4 points]*
- Describes the agency's policies and procedures for identifying, addressing and managing transitions, showing an understanding of the complexity of the needs and the need for collaboration and coordination. *[4 points]*
- Describes the agency's policies and procedures for developing and evaluating individualized crisis plans. *[3 points]*
- Shows evidence of support for this proposal from other child serving agencies, schools, CCCs, and community organizations from the community involved in the proposal, *[3 points]*

5. Financial (15 Points)

- Proposal costs are competitive and reasonable. *[5 points]*
- The budget fully supports the scope of services and requirements of the Request for Proposal. *[3 points]*
- Personnel costs are reasonable and comparable to positions in the community; non-personnel costs are reasonable and adequately justified; and

administrative costs are reasonable and adequately justified. *[3 points]*

- Demonstration of adequacy of accounting system and infrastructure to support electronic/manual billing requirements including a demonstration of the agency's ability to accurately track cost of related services by youth served. *[2 points]*
- Demonstration of agency's financial solvency; submission of current financial audit and management letter. *[2 points]*

C. Phase 3 - Recommendation for Award

Methodology for Calculating Scores

As a group, the evaluation team will rate proposals solely against the criterion using the 0-5 point Likert scale (see Figure 1.) and in whole number (i.e. 1 or 2 and etc.). Each criterion has a weighted point (bracketed and in italic), and the sum of points for criteria in each evaluation category equals the total possible points or threshold for that category. The evaluation categories and thresholds are experience and capability (35 points), project organization and staffing (20 points), service delivery (30 points), and financial (15 points). There are no points assigned for program overview.

Figure 1. Likert Rating Scale

Not responsive	Unsatisfactory	Less than satisfactory	Satisfactory	More than satisfactory	Very satisfactory
0	1	2	3	4	5

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 $((5/5)*3=3)$. If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 $((2/5)*3=1.2)$. The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most

advantageous to least advantageous, based on the evaluation of each proposal.

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Attachment	Description
A	Proposal Application Checklist
B	Sample Table of Contents
C	Child and Adolescent Mental Health Performance Standards Effective July 1, 2012
D	Federal Certifications
E	CAMHD Seclusion and Restraints Policy & Procedures
F	CAMHD Sentinel Events Policy & Procedures
G	CAMHD Credentialing and Recredentialing Policies & Procedures
H	Quarterly Title IV-E Training Activities and Cost Report
I	Hawaii Child & Adolescent Service System Program Principles

Proposal Application Checklist

Applicant: _____ RFP No.: 460-15-04 _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
Federal Certifications		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				

*Refer to Section 1.2, Website Reference for website address.

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	C. Organization Chart	
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	D. Performance and Output Measurement Tables	
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	F. <i>You may begin inserting any other attachments you may have here, such as:</i>	

Workplans
Performance and output tables
Certifications

Before inserting each document, insert a “section break/next page” to preserve formatting of each additional document. If you are having problems with formatting, it will be easier to convert all documents to PDF and then insert them into one document.

Attachment C

Child and Adolescent Mental Health Performance Standards **(CAMHPS)**

(Effective July 1, 2012)

(The CAMHPS document is available on the Department of
Health, CAMHD website under Resource Library at
<http://health.hawaii.gov/camhd/>

Attachment D
Federal Certifications

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

Attachment E

CAMHD Seclusion and Restraints Policy & Procedures

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Seclusion and Restraint	Number:	80.602
	Page:	1 of 10
REFERENCE: Child Health Act, Public Law No. 106-310; 42 CFR Parts 441 and 483; CMS; American Academy of Child and Adolescent Psychiatry Policy Statement; AHA, "Guiding Principles on Restraint and Seclusion for Behavioral Health Services," Feb.'99; CAMHD Sentinel Event Policy.	APPROVED:	
	<i>Signature on File</i>	03/13/07
	Chief	Eff. Date

PURPOSE

To provide a uniform set of standards and guidelines, conducive with Centers for Medicare and Medicaid Services (CMS) requirements, for the use of restraint or seclusion for youth in out-of-home placements in Child and Adolescent Mental Health Division (CAMHD)-contracted programs.

DEFINITIONS

Emergency safety situation: when unanticipated youth behavior places the youth or others at serious threat of violence or injury if no intervention occurs and calls for an emergency safety intervention as defined in this section.

Emergency safety intervention: Intervention or action performed in a manner that is safe, proportionate, appropriate to the severity of the behavior, and the youth's chronological and developmental age, size, gender, physical, medical, psychiatric condition and personal history (including any history of physical or sexual abuse) to ensure the safety of the youth and others.

Seclusion: The *involuntary* confinement of a youth in a locked and/or secure room to ensure the safety of the youth or others. Any such isolation in a secure environment from which the youth is not potentially free to leave is considered seclusion (*e.g.*, having a staff member block the exit from the unlocked seclusion room).

Serious occurrence: A youth's death, serious injury or suicide attempt.

Restraint: The restriction of freedom of movement through personal, drug or mechanical means in order to protect the individual from injury to self or to others. There are no distinguishing time limits among any form of restraint.

Mechanical Restraint: Any device attached or adjacent to the youth's body (*e.g.*, four-point bed restraint) that restricts a youth's movement.

Personal (Physical) Restraint: Involves any use of physical force to restrict a youth's freedom of movement. Personal escorts where the youth is willfully cooperating with the escort is not considered a restraint until such time as the youth no longer intends to follow or be escorted (*e.g.*, youth struggles with staff).

Drug (Chemical) Restraint: Any drug that:

REVISION HISTORY:	07/08/03	File Ref:
Initial Effective Date:	02/17/02	A6762
Biannual Review Date:		

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Seclusion and Restraint	Number:	80.602
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1. Is administered to manage a youth’s behavior in a way that reduces the safety risk to the youth or others;
2. Has the temporary effect of restricting the youth’s freedom of movement; and
3. Is not a standard treatment for the youth’s medical or psychiatric condition.

Time Out: The removal of youth from peers or rewarding situations that does not involve seclusion. Time Out is not used as a primary purpose to confine the youth, only to separate the youth from others. Such a restriction requires constant monitoring by staff. The individual is not physically prevented from leaving the designated time-out area.

Serious Injury: Any significant impairment of the physical condition of the youth as determined by qualified medical personnel, including, but not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Sentinel Event: An occurrence involving serious physical or psychological harm to anyone or the risk thereof, as defined under the categories of sentinel event codes and definitions. A sentinel event includes:

- any inappropriate sexual contact between youth, or credible allegation thereof;
- any inappropriate, intentional physical contact between youth that could reasonably be expected to result in bodily harm, or credible allegation thereof;
- any physical mistreatment of a youth by staff, or credible allegation thereof;
- any accidental injury to the youth or medical condition requiring attention by a medical professional or transfer to a medical facility for emergency treatment or admission;
- medication errors and drug reactions;
- any fire, spill of hazardous materials, or other environmental emergency requiring the removal of youth from a facility; or
- any incident of elopement by a youth.

POLICY

1. Each client has the right to be free from restraint or seclusion of any form that is used as a means of coercion, discipline, convenience, or retaliation. For CAMHD-contracted providers providing intensive home and community-based intervention services, the CAMHD recognizes that seclusion and restraint are not available or practicable at these

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Seclusion and Restraint	Number:	80.602
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levels of care and therefore, are not generally used in such settings. Mental health professionals providing intensive home and community-based intervention services who might encounter potentially dangerous or otherwise unsafe situations in the community should be knowledgeable about resources and be sufficiently trained to recognize when police, mobile outreach, or emergency services are needed and then be able to assist in accessing the appropriate intervention.

2. Non-aversive interventions and positive behavioral supports shall be the ***absolute first course of action*** to ensure the safety of the youth and others. These strategies must be part of a programmatic plan to anticipate and manage a youth's unsafe behavior and must be clearly documented that such non-aversive strategies were the first course of action.
3. Evidence of the use of non-aversive interventions and positive behavior supports is the expectation of all levels of care.
4. Uses of restraint or seclusion are safety interventions ***of last resort*** and only in situations where risk of danger to the youth or others is reasonably imminent. Restraint or seclusion:
 - A. Is not used as a treatment intervention.
 - B. Must terminate when the emergency safety situation has ended and the safety of all can be ensured, even if the order has not expired.
 - C. Is prohibited from the simultaneous use.
 - D. May not exceed four (4) hours for 18-21 year olds, two (2) hours for 9-17 year olds, and one (1) hour for children under 9 years of age.
 - E. Must not involve the use of mouth coverings.
 - F. Must not result in harm or injury to the youth.
 - G. Standing orders and as-needed (PRN) orders are prohibited.

PROCEDURE

1. CAMHD shall contractually require that each contracted provider agency must have policies and procedures regarding the use of restraint or seclusion. The policies and procedures must include, but are not limited to, the following:
 - A. The training that staff must receive prior to using restraint or seclusion with an emphasis on the serious potential for restraint or seclusion to cause injury or death;
 - B. Reviewing and updating restraint and seclusion policies and procedures regularly based on clinical outcomes;

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Seclusion and Restraint	Number:	80.602
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- C. Agency-wide priority to use restraint or seclusion appropriately, safely and in accordance the agency’s restraint and seclusion policies and procedures;
 - D. Adequate allocation of resources to prevent the frequent use of restraint or seclusion; and
 - E. Appropriate decision-making guidelines for when the use of restraint or seclusion is necessary.
2. Restraint or Seclusion Orders
- A. Drug restraints must be preceded by a written order by a qualified physician. That physician must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.
 - B. Only a board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases, may order the use of restraint or seclusion.
 - 1. Such orders utilize the least restrictive emergency safety intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff.
 - 2. Each order must include:
 - a. The name and signature of the staff issuing the order;
 - b. The date and time the order was issued; and
 - c. The type of emergency safety intervention order, including the length of time authorized.
 - 3. For Hospital-Based Facilities: A board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases who issued the order must conduct a ***face-to-face assessment*** of the youth's well being ***within one (1) hour of the initiation of the emergency safety intervention***.
 - 4. For Non-Hospital-Based Programs: If the authorized individual who issued the order is not available, Centers for Medicare and Medicaid Services (CMS) regulations require a clinically qualified registered nurse trained in the use of emergency safety interventions must conduct a ***face-to-face assessment*** of the youth's well being ***within one (1) hour of the initiation of the emergency safety intervention***.
 - 5. All assessments will include, but are not limited to:

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Seclusion and Restraint	Number:	80.602
	Page:	5 of 10

- a. The youth's physical and psychological status;
 - b. The youth's behavior;
 - c. The appropriateness of the intervention measures; and
 - d. Any complications resulting from the intervention.
6. The board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases issuing the order must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.
 7. If the emergency safety situation continues beyond the time limit of the order for the use of restraint or seclusion , a registered nurse or other licensed staff, such as a licensed practical nurse, must immediately contact the person who issued the order to receive further instructions.
 8. In the absence of a board-certified psychiatrist, licensed psychologist, or physician licensed to practice medicine with specialized training and experience in the diagnosis and treatment of mental diseases, verbal orders must be received by a registered nurse at the time the emergency safety intervention is initiated by staff and the physician must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention.

Each order must include:

- a. The name of the staff issuing the order;
 - b. The date and time the order was obtained;
 - c. The type of emergency safety intervention ordered, including the length of time authorized; and
 - d. The signature of the staff issuing the order that verifies the verbal order within *twenty-four (24) hours of the order*.
- C. If the youth's treatment team psychiatrist is available, only he or she can order restraint or seclusion.
 - D. If the treatment team psychiatrist is not the person issuing the order, he or she must be consulted as soon as possible and informed of the situation that required the restraint or seclusion. The date and time of this action must be documented. The program must document attempts to establish contact within 24 hours.
 - E. Written orders are never issued as standing orders or *as-needed* basis.

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3. Monitoring of the Youth:
 - A. Clinical staff, trained in the use of emergency safety interventions, must be physically present, continually assessing and monitoring the physical and psychological well-being of the youth and the safe use of restraint throughout the duration of the emergency safety intervention.
 - B. Clinical staff, trained in the use of emergency safety interventions, must be physically present in or immediately outside of the seclusion room, continually assessing, monitoring, and evaluating the physical and psychological well-being of the youth in seclusion. Video monitoring does not meet this requirement. The seclusion room must:
 1. Allow staff full view of the youth in all areas of the room; and
 2. Be free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.
4. Parental Notification
 - A. At admission, parents or legal guardians and youths are informed of the program's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur. The policy is communicated in a language understood by the youth and his/her parents or legal guardians.
 - B. Each youth and/or his legal guardian shall be provided with a copy of the program's policy. The policy will inform them of the grievance procedure if they feel that this right has been violated.
 - C. The youth and/or parents/legal guardian (if the youth is a minor) will acknowledge in writing that they have been informed of and understand the facility's policy. This written acknowledgement will be filed in the youth's record.
 - D. The program must notify the parent(s) or legal guardian(s) that the youth has been restrained or placed in seclusion as soon as possible after the initiation of each emergency safety intervention. Documentation of this notification, including the date and time of notification and the name of the staff person providing the notification, will be placed in the youth's file. The program must document attempts to establish contact within twenty-four (24) hours.
5. Post-Intervention Debriefings
 - A. Within twenty-four (24) hours after the use of restraint or seclusion, the youth and all staff (except when the presence of a particular staff person may jeopardize the well-being of the resident) involved in the emergency safety intervention must have a face-to-face discussion.

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- B. Other staff and the parents or legal guardians may participate when it is deemed appropriate by the facility. If this occurs the program must conduct such a discussion in a language that is understood by the parents or legal guardians. The discussion must provide both the youth and staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the youth, or others that could prevent the future use of restraint or seclusion.
 - C. Within twenty-four (24) hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of:
 - 1. The emergency safety situation that required the intervention, including a discussion of the *precipitating factors* that led up to the intervention;
 - 2. Alternative techniques that might have prevented the use of the restraint or seclusion;
 - 3. The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and
 - 4. The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.
 - D. The agency must document in the youth's record that *both* debriefing sessions took place and must include the names of staff who were present for the debriefing, names of staff who were excused, and any changes to the youth's treatment plan that resulted from the debriefings.
6. Medical Treatment
- A. Staff must immediately obtain medical treatment from qualified medical personnel for a youth injured as a result of an emergency safety intervention.
 - B. The program must have affiliations or written transfer agreements with one or more hospitals approved for participation under the Medicaid program that reasonably ensure that:
 - 1. A youth will be transferred to a hospital and admitted in a timely manner when a transfer is medically necessary for medical care or acute psychiatric care;
 - 2. Medical and other information needed for care of the youth will be exchanged between the institutions in accordance with State medical privacy law, including any information needed to determine whether the appropriate care can be provided in a less restrictive setting; and

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3. Services are available to each youth twenty-four (24) hours a day, seven (7) days a week.

- C. Staff must document in the youth's record, all injuries that occur as a result of an emergency safety intervention, including injuries to staff resulting from that intervention. Staff must also document any indications or allegations of injury or misconduct made by the youth along with the program's determination of appropriate follow-up.

- D. Staff involved in an emergency safety intervention that results in an injury to a resident or staff must meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries.

7. Facility/Program Reporting
 - A. Each agency must record, maintain, and track, any use of seclusion and restraint following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements. At a minimum, reporting information shall include:
 1. The type of restraint or seclusion used;
 2. Staff involved;
 3. Documentation of the verbal and/or written order;
 4. Witnesses to the restraint/seclusion;
 5. The time frame and duration of use;
 6. The rationale for restraint or seclusion;
 7. The types of less restrictive alternatives that were tried or considered; and
 8. An assessment of the youth's adjustment during the episode and reintegration to the daily program.

 - B. A sentinel event telephone call is made to CAMHD within twenty-four (24) hours of the occurrence of the restraint or seclusion. A complete documentation of the episode will follow in the CAMHD seventy-two (72) hour Sentinel Event Report, including (1) a review of the less restrictive alternatives that were considered, and (2) a reference to the debriefing with all staff involved in the event.

 - C. Psychiatric residential treatment facilities must report each serious occurrence to both the state Medicaid agency and the state protection and advocacy system no later than close of business the next business day after a serious occurrence.
 1. Serious occurrences include: Youth's death; serious injury (refer to definition, page 2 of this policy), and youth's suicide attempt.

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2. Staff must document in the youth's record that the serious occurrence was reported and the name of the person to whom it was reported. ***A copy of this report must be maintained in the incident and accident report logs kept by the facility.***
 3. The report must include the name of the resident, description of the occurrence, and the name, street address, and telephone number of the facility.
 4. The facility must notify the youth's parent or legal guardian as soon as possible, but no later than twenty-four (24) hours after the serious occurrence.
8. Education and Training
- A. The facility must require staff to have ongoing education, training, and demonstrated knowledge of:
 1. Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations;
 2. The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to present emergency safety situations; and
 3. The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in youths that are restrained or in seclusion.
 - B. The facility must require or adhere to:
 1. Staff certification in the use of cardiopulmonary resuscitation, including annual re-certification;
 2. Individuals who are qualified by education, training, and experience must provide staff training;
 3. Staff training must include training exercises in which staff successfully demonstrates in practice the techniques they have learned for managing emergency safety situations;
 4. Trained staff who have demonstrated competency before participating in an emergency safety intervention;
 5. Documentation in individual personnel records certifying successful training and demonstration of competency. Documentation must include the date training was completed and the name of the persons certifying the completion of training;

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6. Initial training must be a minimum of eight (8) hours in duration. Staff must receive at least eight (8) hours of training in crisis intervention annually. At least two (2) times a year, a staff person must safely demonstrate the safe use of restraint or seclusion techniques; and
7. The availability of all training programs and materials for review by CMS, State Medicaid agency, and CAMHD.

ATTACHMENT: None

Attachment F

CAMHD Sentinel Events Policy & Procedures

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Sentinel Events and Reportable Incidents		Number: 80.805
		Page: 1 of 3
REFERENCE: JCAHO; CARF; COA; 45 C.F.R. §164.502(b)(1); 34 C.F.R. Part 99; HRS 334-5, HRS §350-1.1, HRS §350-1.2, Confidentiality of Records, CAMHD P&P 80.402, "Confidentiality, FAX Transmission"		APPROVED:
		<i>Signature on File</i> May 1, 2014
		Chief Eff. Date

PURPOSE

To establish uniform guidelines for a reporting system that is designed to track and document the occurrence of sentinel events and reportable incidents as reported by contracted provider agencies and the Child and Adolescent Mental Health Division (CAMHD) Family Guidance Centers (hereinafter referred to as "Providers").

DEFINITIONS

Sentinel Event - an unexpected occurrence involving death or serious physical and/or psychological injury, or the risk thereof, requiring immediate investigation and/or administrative response. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Reportable Incident - an unexpected occurrence involving serious challenging behavior or an injury that does not pose a significant risk of harm or death.

Critical Sentinel Event - an event resulting in death.

Root Cause Analysis - A process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance. It progresses from special causes in clinical processes to common causes in organizational processes and identifies potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines, after analysis, that no such improvement opportunities exist.

The product of the root cause analysis is an *action plan* that identifies strategies the organization will implement to reduce the risk of similar events occurring in the future. The plan should address responsibility for implementation, oversight, pilot testing as appropriate, time lines, and strategies for measuring the effectiveness of the actions.

POLICY

1. The Provider shall immediately establish a safe and therapeutic environment following any event in which the safety of youth, family, community members, or staff, is compromised.
2. Providers shall document and report all sentinel events and reportable incidents to the CAMHD Performance Management Office as well as the applicable Family Guidance Center where the youth is registered.
3. The Provider will review sentinel events to determine:
 - A. Antecedents, triggers, and contributing factors; and
 - B. Potential root causes.

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Biannual Review Date:		

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Sentinel Events and Reportable Incidents

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4. Provider agencies are required to track and analyze the occurrence of both sentinel events and reportable incidents as part of their quality improvement program to identify areas of need in general operations, program, staffing, training, and supervision. Results of these analyses shall be reported in the *Quarterly Quality Assurance Summary*.
5. The CAMHD reporting system shall allow for clinical and administrative oversight as well as the provision of data utilized towards preventive interventions.
6. The Provider shall complete a written report for all sentinel events and reportable incidents; sentinel event reports will include:
 - A. A detailed assessment and analysis of the sentinel event, including the identification of precipitating and contributing factors;
 - B. Post-event details; and
 - C. Programmatic adjustments when necessary.

PROCEDURE

1. Providers must notify appropriate parties of all sentinel events and reportable incidents as follows:
 - A. Sentinel events* must be verbally reported **within twenty-four (24) hours** to:
 - 1) the CAMHD Sentinel Event Line (733-9356);
 - 2) the assigned Care Coordinator; and
 - 3) the youth's legal guardian.*Critical sentinel events must be reported **within two (2) hours** to the CAMHD Administrator and the CAMHD Medical Director, in addition to the above.
 - B. Reportable incidents must be verbally reported **within twenty-four (24) hours** to:
 - 1) the assigned Care Coordinator; and
 - 2) the youth's legal guardian.
2. Providers shall submit a written account of all sentinel events and reportable incidents as follows:
 - A. Sentinel events must be submitted in writing using CAMHD's *Sentinel Event Form* (See Attachment A) **within three (3) business days**.
 - B. Reportable incidents shall be submitted in writing using CAMHD's *Reportable Incident Form* (See Attachment B) **within five (5) business days**.
 - C. Forms must be transmitted via an approved secure web server¹ or confidential fax² to:
 - 1) the Performance Management Office; and
 - 2) the assigned Care Coordinator.
3. The Performance Management Office will request or conduct an investigation of events involving:
 - A. Death;
 - B. Allegations of abuse; and
 - C. Other occurrences deemed concerning.

¹ Example and/or P&P reference.

² Fax transmissions containing protected health information must follow protocol pursuant to *CAMHD P&P 80.402, "Confidentiality, FAX Transmission"*

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

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4. A Root Cause Analysis (RCA) will be conducted for all critical sentinel events.
 - A. The CAMHD Performance Manager and Medical Director shall assemble a team of CAMHD professionals and others to conduct the RCA. Members of the team may include:
 - 1) a licensed clinical mental health professional;
 - 2) Performance Management staff; and
 - 3) Other staff experienced in or having special knowledge of compliance with CAMHD, federal, and state guidelines and laws.
 - B. Providers shall participate in the RCA and provide all relevant information requested by the team as appropriate.
 - C. The Performance Manager will prepare a written report of the investigation and its findings, including the RCA and the Provider's Action Plan, for review by CAMHD leadership and the CAMHD Safety and Risk Management (SARM) Committee.
 - D. The Performance Manager will prepare a final written report of the findings and recommendations that will be distributed to all applicable CAMHD sections.
 - E. Performance Management staff will monitor agency follow-through as well as the adequacy and effectiveness of implemented corrective actions.
5. Provider agencies shall maintain a database of sentinel events and reportable incidents in order to generate reports and track trends.
 - A. Aggregate data, analyses, and planned or implemented adjustments shall be reported in the *Quarterly Quality Assurance Summary*.
 - B. The Performance Management Office may inspect a Providers' database and tracking system during special investigations and/or annual licensing and program reviews.
6. The Performance Management Office will maintain a call-log of all sentinel events to determine whether further information is necessary in instances where immediate action by the Provider and/or CAMHD is warranted.
7. The Performance Management Office will track the timeliness and adequacy of all submitted forms and will consult with the Performance Manager and/or Provider as necessary.
8. The Performance Management Office will maintain an electronic database of all sentinel events and reportable incidents. Reports will be generated quarterly and reviewed by the Performance Manager as well as Quality Assurance Specialists at each Family Guidance Center.

ATTACHMENTS

- A. CAMHD Sentinel Event Form
- B. CAMHD Reportable Incident Form
- C.

REVISION HISTORY: March 31, 2003; May 1, 2014
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SENTINEL EVENT FORM

Sentinel Event Line: (808) 733-9356

Sentinel Event Fax: (808) 733-9357

Programmatic Adjustments

Additional Information

Event Category

- SE01 Abuse of Client
- SE02 Death of Client
- SE03 Elopement (high-risk for harm to self or others)
- SE04 Homicide
- SE05 Injury (requiring emergency dept. or hospital visit)
- SE06 Medication Error/Substance Intoxication (requiring emergency dept. or hospital visit)
- SE07 Physical Assault (requiring emergency dept. or hospital visit)
- SE08 Psychiatric Hospitalization
- SE09 Refusal of Life Preserving Medical Treatment
- SE10 Restraint or Seclusion (lasting longer than 5 minutes)
- SE11 Self-Inflicted Potentially Lethal Injury
- SE12 Sexual Assault
- SE13 Suicide
- SE14 Suicidal Threat (serious – with a plan to harm or act of harm)
- SE15 Other (serious event not described above)

Completed by: _____

Date: _____

Approved by: _____

Date: _____

Save

Print

Attachment G

CAMHD Credentialing and Recredentialing Policy & Procedures

(The Policies and Procedures are currently being revised and should be available before the Contracts effective date. You may contact the CONTRACT MANAGEMENT SECTION if you need to review the current Policies before they are revised. Contact john.macdonald@doh.hawaii.gov for electronic copies of the current policies.)

Attachment H

Quarterly Title IV-E Training Activities and Cost Report

Agency Name: _____

State Training Proportion of Total Trng. Cost [%]

CONTRACTED AGENCY QUARTERLY TRAINING REPORT (TRAINER & TRAINEE COSTS)

Staff Name (Last, First)	Position Title		Professional Degree (Ph.D., MSW, etc)		Social Security or Position ID#			
Training Title/Topic and a Brief Description:	Trng. Purpose Categ*****	Training Dates	Training Modality*	Training Hours	Hourly Trng Cost**	Salary Cost***	Other Costs****	Total Trng. Cost
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
Total Training Hours/Cost for Staff				0		\$ -	\$ -	\$ -

Staff Name (Last, First)	Position Title		Professional Degree (Ph.D., MSW, etc.)		Social Security or Position ID#			
Training Title/Topic and a Brief Description:	Trng. Purpose Categ*****	Training Dates	Training Modality*	Training Hours	Hourly Trng Cost**	Salary Cost***	Other Costs****	Total Trng. Cost
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
Total Training Hours/Cost for Staff				0		\$ -	\$ -	\$ -

- INSTRUCTIONS:** 1) Read Attachment before filling out this form;
 2) Use this form to list all training attended or conducted by staff.

Attachment I

Hawaii Child & Adolescent Service System Program (CASSP)

Hawaii Child and Adolescent Service System Program

1. The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.
2. Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational and developmental needs.
3. Family preservation and strengthening along with the promotion of physical and emotional well-being shall be the primary focus of the system of care.
4. Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.
5. Services which require the removal of a child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.
6. The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.
7. Families or surrogate families will be full participants in all aspects of the planning and delivery of services.
8. As children reach maturity, they will be full participants in all aspects of the planning and delivery of services.
9. Early identification of social, emotional, physical and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.
10. The rights of children will be protected and effective advocacy efforts for children will be promoted.

Developed by the Hawaii Task Force, 1993.
(Adapted from Stroul, Beth A. and Robert M. Friedman, R.M. (1986) *A System of Care for Children & Youth with Severe Emotional Disturbances*. (Revised Edition) Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.)