

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

Request For Proposals

RFP HTH 460-15-03

Family Support Services

April 1, 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

April 1, 2015

REQUEST FOR PROPOSALS

Family Support Services
RFP No. HTH 460-15-03

The Department of Health (“DOH”), Child and Adolescent Mental Health Division (“CAMHD”), is requesting proposals from qualified Applicants to provide Family Support Services (“FSS”) to caregivers for youth experiencing serious emotional or behavioral challenges. The PROVIDER shall develop a strong network of mutual support among the parents of youth experiencing mental health challenges. These FSS include extensive outreach to support and assist families statewide in accessing appropriate mental health care and building collaborative relationships with Mental Health Professionals (“MHP”). The initial contract term shall be from July 1, 2015 through June 30, 2016, and renewable for up to six (6) years. A single contract shall be awarded under this Request For Proposals (“RFP”).

Parent Support Services (“PSS”) (See Attachment “A”) is an important component of providing FSS. PSS have been shown to improve outcomes for youth and families in mental health systems of care. As a result, PSS have been made Medicaid reimbursable in many states, including the State of Hawaii (“State”). Developing the capacity to provide PSS according to MedQUEST regulations, to document services sufficiently and to follow procedural guidelines around important issues such as confidentiality and risk management shall be an expectation of the PROVIDER funded through this initiative. As part of this proposal, family-run organizations may want to partner with a service-providing agency that can help them develop these capacities.

Proposals shall be mailed, postmarked by the United States Postal Service (“USPS”) on or before May 1, 2015, and received no later than ten (10) days from the submittal deadline. Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (“HST”), on May 1, 2015, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. 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 session on April 10, 2015 from 1:00 p.m. to 2:30 p.m. HST, at Room 418, the Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. All prospective Applicants are encouraged to attend the orientation.

The deadline for submission of proposals is May 1, 2015, and the deadline for submitting written questions is 3:30 p.m., HST, on April 15, 2015. All written questions will receive a written response from the State on or about April 17, 2015.

Inquiries regarding this RFP should be directed to the RFP contact person, Steven Osa, at Diamond Head Health Center, 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816, telephone: (808) 733-8386, fax: (808) 733-8375, e-mail: steven.osa@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 1 Original Proposal and 5 Copies with 1 CD copy

ALL MAIL-INS SHALL BE POSTMARKED BY USPS NO LATER THAN *May 1, 2015* and received by the State purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins

*Contracts Management
CAMHD
Room 101
3627 Kilauea Avenue
Honolulu, HI 96816*

DOH RFP COORDINATOR

*Steven Osa
Telephone 808.733.8386
Fax 808.733.8375
e-Mail steven.osa@doh.hawaii.gov*

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **3:30 P.M., HST, May 1, 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., *May 1, 2015*.

Drop-off Sites

*Contracts Management
Child and Adolescent Mental Health Division (CAMHD)
Diamond Head Health Center
Room 101
3627 Kilauea Avenue
Honolulu, HI 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. 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")	<u>April 1, 2015</u>
Distribution of RFP	<u>April 1, 2015</u>
RFP orientation session	<u>April 10, 2015</u>
Closing date for submission of written questions for written responses	<u>April 14, 2015</u>
State purchasing agency's response to Applicants' written questions	<u>April 17, 2015</u>
Discussions with Applicant prior to proposal submittal deadline (optional)	<u>April 1, 2015- April 22, 2015</u>
Proposal submittal deadline	<u>May 1, 2015</u>
Discussions with Applicant after proposal submittal deadline (optional)	<u>May 4, 2015- May 6, 2015</u>
Final revised proposals (optional)	<u>May 11, 2015</u>
Proposal evaluation period	<u>May 4, 2015- May 29, 2015</u>
PROVIDER selection	<u>June 1, 2015</u>
Notice of statement of findings and decision	<u>June 1, 2015</u>
Contract start date	<u>July 1, 2015</u>

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 (“HRS”)	<ul style="list-style-type: none"> • http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation (“DOTAX”)	<ul style="list-style-type: none"> • http://tax.hawaii.gov
11	Department of Labor and Industrial Relations (“DLIR”)	<ul style="list-style-type: none"> • http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs (“DCCA”), 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 (“IRS”)	<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 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 (5) 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. The Contracting Office is: Department of Health, Child and Adolescent Mental Health Division, Diamond Head Health Center, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816. Contracts Management Contact: Steven Osa, 808-733-8386, steven.osa@doh.hawaii.gov.

1.6 RFP Point of Contact

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

Steven Osa
Contracts Management
Child and Adolescent Mental Health Division

3627 Kilauea Avenue, Room 101
 Honolulu, HI 96816
 808-733-8386
steven.osa@doh.hawaii.gov

1.7 Orientation

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

Date: April 10, 2015 **Time:** 1:00 pm – 2:30 pm
Location: Diamond Head Health Center, 3627 Kilauea Ave, Room 418,
 Honolulu, HI 96816

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 Section 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 State purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: April 15, 2015 **Time:** 5:00pm HST

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

Date: April 17, 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 Section 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.** Provides Applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the State purchasing agency.
 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.
 4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3, Proposal Application Instructions, including a cost proposal/budget if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Section 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. 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. **PROVIDER Compliance.** PROVIDER 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 TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000.00) or more, PROVIDERs are required to have a tax clearance from the DOTAX and the 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 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 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 AND NO/100 DOLLARS (\$12.00)) 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 State 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 State purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six (6) 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 (6) 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 PROVIDERs 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 PROVIDERs.** HRS §11-355 prohibits campaign contributions from certain State or county government PROVIDERs during the term of the contract if the PROVIDERs 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 ten (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 State 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 HAR §3-143-403.

1.11 Opening of Proposals

Upon receipt of a proposal by a State purchasing agency 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 any 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 the 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 best and final offer/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 interests 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 State 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 State purchasing agency's 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 all Applicants 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 awardee 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. Refer to Section 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 HRS;
- (2) A State purchasing agency's failure to follow any rule established by Chapter 103F of the HRS; 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 the 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 (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than the 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: Administrator, CAMHD
Mailing Address: P. O. Box 3378, Honolulu, Hawaii 96801-3378 Business Address: Hawaii State Department of Health, 1250 Punchbowl Street, Honolulu, HI 96813	Mailing Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816

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. Special Conditions may also be imposed contractually by the State purchasing agency, as deemed necessary.

1.23 Cost Principles

In order 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 as outlined 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

A. Overview, Purpose or Need

The Child and Adolescent Mental Health Department (“CAMHD”) has been promoting strong family involvement in Mental Health Services for their children since the mid-1990s when the CAMHD received its first in a series of System of Care Grants from the Federal Substance Abuse and Mental Health Services Administration (“SAMHSA”). Inspired by expectations and technical assistance provided by federal funders, the CAMHD has contracted for Family Support Services (“FSS”) statewide since the 1990s. Research shows that outcomes for youth are improved when family members are welcomed and supported to participate as partners with professional service PROVIDERS. Evidence about the effectiveness of family support in mental health systems of care for children led the Centers for Medicare and Medicaid Services (“CMS”) to urge states to provide Medicaid reimbursements for Parent Support Services (“PSS”) (See Attachment A) in a letter to State Medicaid Programs sent in 2013.

Applicants need 1) to demonstrate the capacity to provide and document PSS for the caregivers of the CAMHD youth according to Medicaid regulations and 2) to describe a detailed plan that ensures the collection of data of sufficient quantity and quality to assess progress and identify the strengths and weaknesses of the Applicant’s organization for quality assurance purposes.

B. Planning activities conducted in preparation for this RFP

A RFI was posted on September 19, 2014 for interested parties to provide information and feedback to assist the CAMHD in developing this RFP. Please contact Steven Osa, Program Contract Specialist, CAMHD, at steven.osa@doh.hawaii.gov or 808-733-8386 for more information regarding the RFI.

C. Description of the service goals

The Child and Adolescent Service System Program (“CASSP”; Stroul & Friedman, 1986) values and principles emphasize the importance of making services family-centered and culturally sensitive and assuring that families are full participants in all aspects of the planning and delivering of services. The

CASSP principles were adapted for Hawaii by a local group and have been adopted by the CAMHD to guide system development. The CASSP principles were developed in the mid-1980s in response to changing views on the causes of emotional and/or behavioral challenges in youth and on the appropriate roles of families in addressing those challenges. For some time professionals had considered many emotional and/or behavioral challenges to be the result of “pathological” parenting practices, and families were often excluded from the therapeutic process, with professionals developing treatment plans without seeking input from those affected (Grunebaum & Friedman, 1988; Hatfield & Lefley, 1987). In addition, consumers and their families were seldom involved in developing policies and procedures at the agency or system levels (Bernheim, 1990).

However, research began to reveal that involving families as “partners” in treatment planning and implementation tends to improve outcomes significantly (Guernsey, 1991; deChillo, Koren, & Schultze, 1994). In contrast, research found that professionals who treat families paternalistically, and especially those who view the family as the “problem”, often create self-fulfilling expectations of families as uncooperative, resistant, and incapable of helping their children with emotional and/or behavioral challenges (Collins & Collins, 1990). Such reactions on the part of families are only natural if their interactions with professionals arouse negative feelings, such as feeling blamed for the challenges experienced by their children, doubts about their understanding of their own children, and confusion about diagnoses and interventions due to technical jargon (Duchnowski, Berg, & Kutash, 1995). All of these feelings are likely to be further heightened when families experience lack of sensitivity on the part of professionals to their ethnic and cultural heritage (Cross, Bazron, Dennis, & Isaacs, 1989). Understandably, paternalistic treatment approaches are associated with high rates of withdrawal (often over fifty percent (50%)) before completion of services (Armbruster & Kazdin, 1994).

It has been over two (2) decades since CASSP, university-based research and training centers, and other initiatives began promoting the improved research-based understanding that professionals can best support youth and families to achieve positive outcomes through real partnerships, which are best achieved in community-based rather than clinical settings (Stroul & Friedman, 1986). Concurrently, a strong family movement began to develop, ranging from informal self-help groups to national family-run advocacy organizations, which also stress the need for family-professional collaboration (Armstrong, Evans, & Wood, 2000). As a result, families and especially professionals across the nation have been exposed to new child- and family-centered approaches stressing mutual respect and partnership, and the CASSP values and principles have been widely adopted.

This contract aims to assure the growth of a Family Support Services Organization that can provide support both to parents of children receiving mental health services from the CAMHD and to the CAMHD. Through collaboration and training, the PROVIDER shall help the CAMHD staff members develop the necessary attitudes, skills, and knowledge to develop effective partnerships with diverse families requiring a range of different approaches.

D. Description of the target population to be served

The primary target population consists of family members of youth ages three to twenty-one (3-21) years experiencing serious emotional and behavioral challenges who are active with the CAMHD. These challenges include issues related to a youth's mood, thoughts, and behavior. They may present themselves in one (1) or more settings (i.e. home, school, and/or community). In addition, some of the supports to be provided by the PROVIDER shall be directed at the general student population, the public at large, and professional service PROVIDERS.

As of September 2014, the active population of families receiving contracted services through CAMHD was 1,357. These are families with children with severe emotional and behavioral challenges who will be the target recipients of PSS. The approximate numbers of families by geographic region are as follows:

Central/Windward Oahu	214
Leeward Oahu	199
Honolulu	189
Kauai	87
Maui	180
Hawaii	464
Family Court Liaison Branch	24
Total Families Targeted for Support	1,357

E. Geographic coverage of service

The PROVIDER shall provide contracted services in all communities across the State.

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

Funding for services being solicited through this RFP will be a portion of the CAMHD general funds service allocation. Funding for this service is subject to appropriation, budget execution policies, and availability of funding. Federal funds may be used, if available.

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) Output Measures
- (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. Other Applicable Requirements

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

- 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 HAR §3-143-608)

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

Planned secondary purchases

None.

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

Single term (two (2) years or less) Multi-term (more than two (2) years)

Contract terms:

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

Length of each extension: Twelve (12) months

Number of possible extensions: five (5)

Maximum length of contract: six (6) years

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension:

The contract may be extended annually for additional terms (not to exceed a total of six (6) 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 extension must be in writing.

2.4 Scope of Work

The Scope of Work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1. The PROVIDER shall provide Parent Partners to Work in Family Guidance Centers (“FGC”) Statewide, and in the Family Court Liaison Branch Office (“FCLB”).

The PROVIDER shall be responsible for recruiting and training adults who are qualified caregivers for children or youth with mental health challenges for positions as Parent Partners.

- a) The PROVIDER shall have a hiring preference for adults who have experience as caregivers for children or youth with mental health challenges.
- b) The PROVIDER shall also have a hiring preference for adults from the same geographic area in which they will work so that they will have a better understanding of the needs of local families and be familiar with local resources.
- c) A Parent Partner shall be assigned to each of the CAMHD’s seven (7) regional FGCs: East Hawaii, West Hawaii, Leeward Oahu, Central Oahu (Pearl City and Kaneohe offices), Honolulu, Kauai, Maui and to the FCLB. The CAMHD shall provide office space in each of the FGC/FCLB main offices for Parent Partner use.
- d) Activities of Parent Partners shall include: Providing and documenting direct PSS to parents (about fifty percent (50%)); planning and providing educational programs for the community including orientation programs in the FGC/FCLB (about twenty percent (20%)); training, supervision, and administrative meetings (about twenty-five percent (25%)); and other advocacy activities (about five percent (5%)).
- e) The PROVIDER shall work with CAMHD’s Credentialing Office (“CO”) to complete the background checks and paperwork necessary to credential all Parent Partners as Paraprofessional Providers within three (3) months of being hired.
- f) The PROVIDER shall work with each Parent Partner to become a Certified Parent Support Provider (“CPSP”) through the National Federation of Families for Children’s Mental Health (“NFFCMH”)

within one (1) year of being hired (Detailed information available at: <https://www.ffcmh.org/certification/>).

- g) The PROVIDER shall provide supervision by an experienced Parent Partner to provide instruction, mentoring, and modeling through shadowing experiences to newly hired Parent Partners, as required by the NFFCMH.
- (1) Full-time Parent Partners shall receive at least four (4) hours of supervision a month. At least one (1) hour shall be individual supervision and three (3) hours may be group supervision.
 - (2) Once a Parent Partner becomes a CPSP, they shall receive supervision from a Mental Health Professional (“MHP”) (psychologist, social worker, mental health counselor, marriage and family therapist or similar master’s prepared professional) that is in compliance with the requirements for Paraprofessional Providers as outlined in the current version of the CAMHPS.
- h) The PROVIDER shall work with the CAMHD Clinical Services Office (“CSO”) to develop a training program that meets NFFCMH standards for becoming a CPSP. This program shall be in place by the sixth month of this contract; it shall include training in each of the following eleven (11) competencies required by the NFFCMH:
- (1) Effective use of lived experience.
 - (2) Listening skills and cultural competence.
 - (3) Confidentiality and ethics (including the Code of Ethics and understanding the Health Insurance Portability and Accountability Act (“HIPAA”) requirements and relevant CAMHD Policies and Procedures (“P&Ps”).
 - (4) Effective assertive written and verbal communication.
 - (5) Mentoring leadership in others.
 - (6) Cultural diversity and the use of family-driven and youth guided resiliency/recovery oriented approach to emotional health.

- (7) Current issues in children’s developmental, emotional, behavioral (including substance use) or mental health.
 - (8) Parenting for resiliency and wellness.
 - (9) Coaching for personal change and crises prevention.
 - (10) Development and use of community resources, including natural support.
 - (11) Advocacy across and within systems (education, health, public benefits, behavioral health, etc.).
 - (12) Data collection, evaluation, and achieving outcomes.
 - (13) Networking.
- i) The PROVIDER shall fund the NFFCMH certification process for Parent Partners to become CPSPs including the testing fee for the first administration of the test and incorporate these expenses into its contract budget.
- j) The PROVIDER shall conduct orientation training for all PROVIDER staff and shall assure that all Parent Partners are trained on important CAMHD P&Ps during their orientation (within the first month of hire) including:
- (1) Incident and Sentinel Event Reporting.
 - (2) CAMHD HIPAA policies.
 - (3) Procedures related to blood-borne pathogens.
 - (4) State laws regarding child abuse and neglect reporting, reporting criminal behavior, and threats regarding suicide and homicide.
 - (5) The CAMHD array of services and the Child and Adolescent Mental Health Performance Standards (“CAMHPS”).
 - (6) The Hawaii CASSP principles.

2. The PROVIDER's staff of Parent Partners shall provide MedQUEST-Billable PSS to family members of the CAMHD active youth.

The PROVIDER shall support and supervise Parent Partners in a manner that shall make it possible for them to: 1) provide effective PSS and 2) document the services as required for MedQUEST billing.

- a) The PROVIDER shall work with the CAMHD's Fiscal Office ("FO") and Healthcare Systems Management Office ("HSMO") to acquire the technical ability to submit bills for PSS to the CAMHD within the first six (6) months of the contract period.
- b) The PROVIDER shall work with the CAMHD's CSO to develop a record keeping system that provides sufficient documentation of PSS activities to support MedQUEST billing within the first six (6) months of the contract period.
- c) Once the billing and documentation mechanisms are in place and at least one Parent Partner has become a CPSP, the PROVIDER shall begin submitting bills to the CAMHD for the PSS provided by the CPSP(s).
 - (1) Supervision shall be in compliance with the requirements for Paraprofessional Providers as outlined in the current version of the CAMHPS.
 - (2) The CPSP shall be supervised by a MHP. The MHP shall be an employee or contractor of the PROVIDER, and need not be employed full time. The PROVIDER can determine whether to utilize the MHP in other roles, such as the Quality Assurance ("QA") Compliance Specialist role discussed in a later section.
- d) By the end of the first contract year, the PROVIDER shall have submitted bills for work provided by at least three (3) Parent Partners.
- e) By the end of the second contract year, all Parent Partners who have been employed for at least eighteen (18) months must be CPSPs, shall be receiving regular supervision from a MHP, and the PROVIDER shall be submitting regular bills for their services.
- f) By the end of the third contract year, the PROVIDER shall be submitting enough billing to allow the CAMHD to recoup at least twenty percent (20 %) of the contract costs from MedQUEST reimbursement (i.e. billing for the final month of year three (3)

shall equal to at least twenty percent (20%) of the PROVIDER's monthly contract amount).

- g) As Fiscal agent for billing MedQUEST, the CAMHD maintains the right to audit the PROVIDER's documentation of services rendered either at the time of an audit by the CMS or at another time of the CAMHD's choice.

3) The PROVIDER shall promote family engagement at all levels of the CAMHD system.

The PROVIDER shall assist the CAMHD staff and leadership in engaging families and incorporating family perspectives at all levels of the service system.

- a) At the individual case level, the PROVIDER shall help engage families as the primary decision-makers in the care of their own children through the Parent Partners' provision of PSS directly to the caregiver(s) of a youth who is receiving services through the CAMHD. "Caregivers" are defined as adults who are responsible for caring for a youth in their home and may include, but are not limited to, parents, stepparents, grandparents, foster parents, and hanai parents.
 - (1) The PROVIDER shall establish a system for taking referrals from FGC Staff and shall become part of the FGC/FCLB treatment team for each youth while working actively with their family.
 - (2) The Parent Partner shall work with FGC/FCLB leadership to prioritize cases when necessary in order to assure that PSS is delivered to families where it is most needed.
 - (3) All PSS shall be pre-authorized by the FGC/FCLB clinical lead (Psychiatrist or Clinical Psychologist) and shall be a coordinated part of a comprehensive, individualized plan of care for the youth.
 - (4) At the request of FGC/FCLB leadership, Parent Partners shall stay involved with a youth's treatment team on an on-going basis even once regular active provision of PSS has stopped to assist the team with particularly difficult or complex cases.
- (b) At the FGC/FCLB level, Parent Partners shall participate in FGC/FCLB case-oriented meetings, in the CAMHD case reviews,

and in other FGC/FCLB meetings as requested, when parents have provided consent to share information. The PROVIDER shall engage families in improving local care and expanding local resources through the Parent Partners' efforts to mentor local parents to become leaders, to develop local training for families, to provide orientation to new CAMHD parents, and to work with the local Community Children's Council ("CCC") or other local groups concerned with services for children and youth.

- (c) At the State level, the PROVIDER shall assist the CAMHD with engaging family members to serve as advisors on policy development, service design, staff training, etc. The PROVIDER shall provide a staff member to serve as a liaison with the CAMHD Central Office staff. CAMHD shall provide office space for this individual at the Diamond Head Health Center. This can be a part-time position or it can be combined with other roles such as the supervising MHP or the QA Compliance Specialist, described in other sections.
- (1) The PROVIDER shall send one (1) of its leaders to participate regularly in the monthly meeting of the CAMHD Leadership Forum ("CLF"). The PROVIDER representative shall give an oral report on their activities to the CLF at the monthly meetings.
 - (2) The PROVIDER shall send one (1) of its staff to participate regularly in the monthly meeting of the Hawaii Interagency State Youth Network of Care ("HISYNC").
 - (3) The PROVIDER shall send one (1) of its staff to participate regularly in meetings of the State Mental Health Council.
 - (4) The CEO/Program Director of the PROVIDER shall participate regularly in the CAMHD PROVIDER CEO meeting.
 - (5) The PROVIDER shall provide stipends to interested parents and/or youth consumers to attend meetings or provide consultation to the CAMHD as requested. The PROVIDER shall budget for at least twelve (12) stipends for parent and/or youth consumers to attend State meetings in the first year of the contract. Stipends shall include payment for travel time, and compensation for the parent/youth's time that is commensurate with the salary level of Parent Partners.

4) The PROVIDER shall educate the public and the CAMHD stakeholders about Children’s Mental Health issues and advocate for effective programs to address children’s needs.

The PROVIDER shall provide education about the needs of children with mental health challenges and their families and shall advocate for programs to address these needs in a variety of venues including:

- a) Working to reduce stigma by developing an on-going anti-stigma campaign, including involvement in the Children’s Mental Health Day initiative with support from the CAMHD staff.
- b) Providing educational programs for families to better understand mental illness, to learn parenting approaches that are helpful with children who have mental health challenges, and to learn how to be effective advocates for their children with schools and service Providers. The PROVIDER shall provide at least four (4) educational programs per year in each region of the State, engaging at least four (4) families in each event.
- c) Advocating for relevant legislation at the state and federal levels, including meeting with legislators, testifying on bills in the state legislature, and participating in programs such as the Hawaii Keiki Caucus meetings that organize advocates on children’s issues.
- d) The PROVIDER shall operate a phone line to provide information and referral to family members and others in the community who call the PROVIDER’s office with inquiries related to a child’s mental health needs during business hours. This shall include providing information about how to access services from the CAMHD and how to navigate the complex child-serving system in Hawaii. This shall include:
 - (1) Maintaining a toll-free statewide phone number with a live operator during the regular office hours of the PROVIDER and a message system so callers outside of office hours can leave a call-back number.
 - (2) Widely publicizing the statewide phone number.
- e) The PROVIDER shall work with the CAMHD Evidence-Based Services Committee to maintain their family-oriented website (<http://helpyourkeiki.com/>) by assuring that the site is updated at least twice a year with new material that includes appropriate information and resources of interest to families of youth with mental health challenges.

5) The PROVIDER shall provide information about its activities to the CAMHD quarterly and shall engage in continuous quality improvement efforts.

The PROVIDER shall develop the systems necessary to collect and review data about the PSS provided by Parent Partners and the other important activities of the PROVIDER's program. PROVIDER staffing shall include at least one (1) staff member whose primary duties include responsibility for QA activities, compliance with MedQUEST requirements, CAMHD P&Ps, and HIPAA regulations. This staff member shall have sufficient training in the provision of Mental Health Services to understand expectations for documentation, etc. A credentialed MHP would be preferred in this role.

- a) The PROVIDER's data collection activities shall include:
 - collecting daily activity logs from Parent Partners, performing audits of service documentation, keeping supervision logs, doing satisfaction surveys of parents who receive services, and logging phone inquiries fielded from family members and others in the community. At minimum, the PROVIDER shall make regular quarterly reports to the CAMHD CSO. These reports shall note major trends in the data reported, provide an analysis of organizational progress, discuss challenges or barriers to progress, and outline plans for improvement when indicated.
- b) Quarterly reports shall include the following information:
 - (1) Number of the CAMHD families who received PSS in individual, face-to-face meetings and the number of units (15 minute increments) of services provided, broken down by FGC/FCLB.
 - (2) Number of individual and group supervision sessions provided by a MHP to each Parent Partner who is billing for PSS.
 - (3) Results of regular (quarterly) audits done to assure PSS contacts are sufficiently documented with progress notes and Family Support Plans.
 - (4) Number of parent educational programs provided in each region, their length, their topic/purpose, the number of parents attending and whether or not each parent has a child active with the CAMHD.

- (5) Number of phone inquiries taken from family members and others in the community, including the topic of the call, the time spent, and whether a referral was made to the CAMHD.
 - (6) Number and dates of the CAMHD and other policy meetings attended, which staff member and/or parent of current client attended, number and amount of parent stipends paid, and the time spent in each meeting. Number and type of advocacy activities undertaken, number of staff involved, number of the CAMHD parents engaged, and time spent in each activity.
 - (7) Results of satisfaction surveys of parents receiving PSS or attending other PROVIDER events shall also be reported to the CAMHD quarterly. Brief surveys shall be administered on a regular basis to parents who work with the PROVIDER through one-to-one (1-1) contacts or in PROVIDER-sponsored group events.
- c) The CEO/Program Director of the PROVIDER shall meet monthly with the CAMHD Administrator or a designee to discuss progress of the PROVIDER, trends in the reported data, and any obstacles that are arising.
 - d) The PROVIDER's leadership shall meet with the CAMHD CSO staff annually before the fourth quarter of the contract year to review performance and the benchmarks specified in this contract in order to make any adjustments deemed necessary for the following contract year.

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

1. Personnel

(a) Organizational Management

PROVIDER must adhere to a direct employment model. PROVIDER must agree to assume all responsibility for quality of work provided by employees.

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.

b) 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 and employees will be assessed, analyzed, and how corrective actions will be implemented.

The PROVIDER must describe how it will implement measures to ensure that all employees are oriented to the CAMHPS and the Hawaii CASSP Principles.

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

2. Administrative

The PROVIDER shall identify how it would provide the necessary infrastructure to support the provision of services in compliance with the standards as specified herein.

The PROVIDER shall allow the CAMHD representatives or any authorized representatives full access to all case files and administrative records for the purpose of program evaluation and/or contract monitoring.

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 are appropriately credentialed and qualified to provide services. The PROVIDER must maintain a centralized file of supporting documentation for credentialing in separate files on

PROVIDER'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 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 F)

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 G).

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

3. Quality assurance and evaluation specifications

The PROVIDER shall collect and report information about its activities and the outcomes of those activities, and regularly use evaluation results to identify and address areas of needed improvement, by conducting the following evaluation activities:

- a) Collect information about youth and families served by the PROVIDER, including, but not limited to, the numbers served and the types of supports provided.
- b) Collect information about accomplishments of the PROVIDER and its staff, including but not limited to, listing of informational materials made available to the public, extent of dissemination (for example, number of publications distributed, number of items downloaded from Web site), number of workshops held and attendance, number of presentations made and size of audience, listing of committee and work group memberships, and number of meetings attended.
- c) Collect information reflecting the quality of supports provided by the PROVIDER, such as evaluation forms completed by those attending PROVIDER events (workshops, conferences, etc.) and questionnaires on satisfaction with supports.
- d) Compile the evaluation information quarterly and summarize the results in a Quarterly Performance Report submitted to the CAMHD Performance Management Office ("PMO"), to include a description of any changes made in response to evaluation results to improve the quality of PROVIDER activities and strategies.

- e) At least semi-annually, submit to the CAMHD documentation showing evidence of collaborative relationships with other family and community organizations, inclusive of CCC and advocacy groups.
- f) By the end of June of each year, submit to the CAMHD a brief report summarizing activities conducted as part of the Legislative Package and the status of relevant statutes and resolutions.
- g) Collect information about family involvement in evaluation and performance management reviews.

4. Output and performance/outcome measurements

PROVIDERs are required to collect, analyze and report the following information on a quarterly basis. All PROVIDERs must submit quarterly reports of quality monitoring including analyses of performance trends through the PROVIDER's Quality Assurance and Improvement Processes ("QAIP"). Quarterly reports must include data with trend analysis in the quarterly reporting format provided by the CAMHD. Quarterly reports will be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance.

QA and Evaluation Reporting Requirements:

- a) All PROVIDERs must submit to the CAMHD Performance Management Office ("PMO") a quarterly report forty-five (45) days after the preceding quarter ends.
- b) The quarterly report must follow the *Quarterly Summary of Quality Assurance Activities* format.
- c) QA Meeting Minutes and Agenda must be submitted with the quarterly report.
- d) A template for the quarterly report can be electronically provided to the PROVIDER.

5. Experience

Applicants with verifiable expertise and experience will be given preference in the evaluation process. The Applicants must show culturally

competent expertise and experience working at the community level with local Hawaii populations.

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

In order to demonstrate experience, prior Applicant performance in providing similar services will be considered in the evaluation process. Applicants 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, result of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes. The documents provided by the Applicant will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

6. Coordination of services

The Applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the FGC, school(s), any involved Quest or other health plan, other PROVIDER agencies, and resources in the community. Specifically, the Applicant shall identify the major groups or agencies that coordination is proposed, and define how this will be accomplished.

The Applicant shall also describe mechanisms for obtaining routine and regular stakeholder input in evaluating performance surrounding this coordination.

7. Reporting requirements for program and fiscal data

The following information must be provided:

a) Credentialing

PROVIDER will adopt CAMHD General Standards for credentialing and re-credentialing of clinical personnel providing services to eligible youth as detailed in the CAMHD Credentialing P&Ps.

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 H**).

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.

a) Fiscal Billing

Monthly expenditure reports and electronic encounter data (utilization) must be submitted to the CAMHD Fiscal Section in the format specified by the 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 the 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 the 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 the CAMHD Fiscal Section.

All PROVIDERs are required to adhere to the CAMHD billing reporting requirements. PROVIDER's submission must comply with the HIPAA and the CAMHD P&Ps.

PROVIDERs are responsible for planning, implementing, and maintaining their own Information System. PROVIDERs must also supply to CAMHD a functional e-mail address that can

receive documents as well as notices. The CAMHD will not provide technical support for PROVIDER's Information Systems or e-mail.

PROVIDERS are required to have computer hardware that supports 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 the CAMHD. Prior to issuing payment for services rendered, the CAMHD will verify that the Monthly Treatment and Progress Summary ("MTPS") for required levels of care as defined in the CAMHPS has been submitted. This qualitative review will assist the CAMHD in monitoring service delivery and outcomes.

b) 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 I**) 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

- (1) The PROVIDER shall submit an annual organization-wide fiscal audit completed by a certified public accountant in accordance with the following standards.
 - (a) Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.
 - (b) Government Auditing Standards issued by the Comptroller General of the United States.
 - (c) Office of Management and Budget ("OMB") Circular A-128 for state and local governmental agencies, if applicable.
 - (d) OMB Circular A-133 for institutions of higher education and other non-profit organizations, if applicable.

- (e) The audit must be conducted on an annual basis and submitted to the STATE within six (6) months after the close of the organization's fiscal year.
- (2) 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.
 - (3) 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.
 - (4) 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 P&Ps.
 - (5) All PROVIDER Reporting Data must be submitted in the manner and format specified by CAMHD.
 - (6) 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.
 - (7) 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.
 - (8) PROVIDER will be required to provide cost data to determine specific costs (i.e., treatment, and other expenses that may be required by funding agencies.
- e) Program Data
- (1) The PROVIDER shall, at the completion of the contract period, submit a final written report summarizing contract performance to the CAMHD in a format to be prescribed

by the CAMHD.

- (2) PROVIDER must submit a quarterly summary of quality assurance findings as identified in the PROVIDER's Quality Assurance Plan ("QAP").
- (3) The PROVIDER shall furnish any additional reports or information that the CAMHD may require or request from time to time.

C. Facilities

The Applicant shall provide an administrative office that shall meet the HIPAA and American Disability Association ("ADA") requirements, as applicable, and have special equipment that may be required for the services. The physical location of the administrative office shall be maximally accessible to clients and families, as applicable.

2.5 COMPENSATION AND METHOD OF PAYMENT

The method of pricing shall be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the PROVIDER for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. 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 for each section. See sample table of contents in Section 5.*
- *Applicants shall submit one electronic copy of their proposal on a Compact Disc (CD) and several paper (hard) copies. For the paper copies, submit one (1) marked Original with original signatures, and five (5) copies, for a total of five (6).*
- *Proposals shall be submitted in a three (3) ring binder.*
- *Tabbing of sections.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment C 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 (SPOH-200A) is available on the SPO website (see 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 FSS services consistent with the Hawaii CASSP principles (**See Section 5, Attachment J**), CAMPHS, evidence-based services, and this RFP.

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 QAIP for the proposed services, including methodology.

The Applicant's proposed QAIP 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 QAIP 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.

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

E. Facilities

The Applicant shall provide the location of the administrative office. Also describe how the administrative office meets the HIPAA and ADA requirements, as applicable, and special equipment that may be required for the services. Describe efforts taken to ensure that the physical location of the administrative office is maximally accessible to clients and families, as applicable

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The Applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the FSS services. (Refer to the personnel requirements in the CAMHPS and Section II Service Specifications 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 regions proposed.

2. Staff Qualifications

The Applicant shall identify the names of the corporate officers and key personnel. Include resumes outlining years and types of experiences for:

- Individual with direct management authority for the contract;
- Individual responsible for day-to-day work management;
- FSS Supervisor;
- Financial Manager;
- Parent Partners;
- Paraprofessional Providers;
- Certified Parent Support Providers; and
- Mental Health Professionals,

The Applicant shall provide evidence that all employee staff meet minimum qualifications (including experience) for any service identified in the RFP. (Refer to the qualifications in the Service Specifications, or the CAMHPS, as applicable)

The Applicant shall detail the organization's policies and procedures governing the hiring, credentialing and privileging of staff. These policies and procedures shall detail the organization's mechanisms for conducting a criminal history record check of current and future employees.

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 RFP and 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 RFP and CAMHPS.

The Applicant must briefly describe how it ensures the Applicant's personnel 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 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. Program Planning

Describe the process utilized by the organization to obtain information and collaborate with the local school system and the CCC in the development of Applicant's proposal and plan for service delivery.

B. Service Implementation

The Applicant shall submit details of how the organization will maintain sufficient capacity to ensure the provision of services proposed. The Applicant shall detail how coverage will be maintained during times of personal leave or staff vacancy.

The Applicant shall submit details of how the organization will ensure the provision of services in the least restrictive and most convenient location for

the youth and family; detail the organizational P&Ps governing the respect for, and protection of, youth and family choice regarding service delivery location.

The Applicant shall detail the organizational policies and procedures surrounding the youth and family right of choice regarding service Provider/professional options.

The Applicant shall identify the service that will be provided and the capacity for each service and geographic location.

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 services will produce. The Applicant must be sure to formulate those outcomes in clear and measurable terms.

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

D. Service Provision

The Applicant shall detail:

- The entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and review process will occur in an inclusive and collaborative manner within the organization;
- How the decisions regarding service recommendations and professional/Provider assignment are made within the organization;
- The population proposed to be served, the geographic area to be served, and the specific services to be provided;
- How the proposed services will meet the goals of the CAMHD; and
- What standards the organization will use to evaluate the performance of staff.
- How the PROVIDER will engage family members at all levels of the FSS program.

3.5 Financial**A. Pricing Structure**

The Applicant shall submit a cost proposal based on the reimbursement of budgeted costs that are actually incurred in delivering the services as specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the state purchasing agency

Cost Reimbursement Service:

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

- SPOH-205 Budget
- SPOH-205A Organization-wide Budget by Source of Funds
- SPOH-205B Organization-wide Budget by Programs
- SPOH-206A Personnel Salaries and Wages
- SPOH-206B Personnel Payroll Taxes, Assessments & Fringe
- SPOH-206C Travel Inter-Island
- SPOH-206E Contractual Services – Admin
- SPOH-206F Contractual Services – Subcontractors
- SPOH-206G Depreciation
- SPOH-206H Program Activities
- SPOH-206I Budget Justification – Equipment Purchases

B. Other Financial Related Materials

The PROVIDER shall submit an 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
- 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):

- Most recent financial audit with management letter.
- 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 and utilization data are properly supported through appropriate documentation prior to submission to the 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 CAMHD 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

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

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	30 points
Project Organization and Staffing	20 points
Service Delivery	30 points
Financial	20 Points

100 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 SPOH-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 orient evaluators as to the service(s) being offered.

2. *Experience and Capability (30 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. **[3 points]**
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong knowledge and experience base with the services for the proposed population. **[4 points]**
- 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 points]*

- 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 proposed services will assist the CAMHD in achieving the CAMHD's goals within this contract term. *[3 points]*

B. Experience

- Demonstrates the agency's key 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 services 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]*

2. *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 MHPs and staff, 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 will be specifically trained and supervised regarding FSS in relation to evidence-based services, CASSP centered approaches, and evaluation of outcomes. *[3 points]*
- Describes how the Applicant's clearly defined supervision structure to provide administrative and clinical direction to MHPs and staff, relative to the delivery of the proposed service is in accordance with the CAMHPS, this RFP, 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 as demonstrated in the agency's Organization Chart(s). *[5 points]*

3. *Service Delivery (30 Points)*

The State will evaluate the Applicant's implementation plan for service delivery that shall include:

- A clear description of proposed services and the way in which the services “mesh” with the organization; [4 points]
- Demonstrates thorough understanding of the CASSP principles and thoroughly describes the plan to integrate the organization within all aspects of the system of care; [2 points]
- Demonstrates a thorough understanding of the goals and objectives of the proposed service and thoroughly describes how the organization will assist the CAMHD in achieving the goals within this contract term; [5 points]
- A clear description of population intended to be served including geographic locations; [2 points]
- A clear description of the geographic area to be served including a map to delineate service area; [1 point]
- A clear description of entry to services, flow of youth through services, and discharge protocols; [2 points]
- Thoroughly describes how the proposed service is designed to build on the youth's, family's and community's inherent strengths, including mechanisms to assure that the family participates as equal partners in all aspects of service delivery; [5 points]
- A clear description of mechanisms for integrating/collaborating with other agencies, Providers, courts, schools, etc; [3 points]
- Evidence of support for organization from agencies, schools, CCCs and other community organizations in geographic vicinity; and [3 points]
- Demonstration of policy governing support to collaborate with agencies and other Providers in the provision of services. [3 points]

4. *Financial (20 Points)*

Pricing structure based on cost-reimbursement

- Personnel costs are reasonable and comparable to positions in the community; [4 points]
- Non-personnel costs are reasonable and adequately justified; [4 points]
- Administrative or indirect costs are reasonable and adequately justified; [3 points]
- Degree to which the budget demonstrates support of the Scope of Service and requirements of the RFP; [3 points]
- Adequacy of accounting system; [2 points]
- Adequacy of 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; and [2 points]
- Demonstration of Applicant'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 (30 points), project organization and staffing (20 points), service delivery (30 points), and financial (20 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

- A. Parent Support Services
- B. Proposal Application Checklist
- C. Sample Table of Contents
- D. Child and Adolescent Mental Health Performance Standards (“CAMHPS”) (effective July 1, 2012)
- E. Federal Certifications
- F. CAMHD Seclusion & Restraints Policy & Procedures
- G. CAMHD Sentinel Events Policy & Procedures
- H. CAMHD Credentialing and Recredentialing Policy & Procedures
- I. Quarterly Title IV-E Training Activities and Cost Reports
- J. Hawaii Child & Adolescent Service System Program (“CASSP”) Principles

Parent Support Services (PSS)

Definition	Face-to-face supportive interactions with the caregiver for a CAMHD youth, focused on helping the family participate fully in and benefit from mental health treatment. This service is provided by individuals: 1) who have lived experience as a caregiver within the mental health system of care for youth and 2) who have been certified to provide peer support by the National Federation of Families or another certifying body. The service is provided under the supervision of a Mental Health Professional (MHP) in order to meet Medicaid requirements, and it is documented in the youth's record. Parent Support Services shall be ordered by the FGC/FCLB Clinical Lead and shall be a coordinated part of a comprehensive, individualized plan of care for the youth.
Service Components	<p>Parent Support Services include <u>all</u> of the following components:</p> <ul style="list-style-type: none"> • Accepting referrals from Family Guidance Center (FGC) Care Coordinators to work with parents, including contacting families and setting up an initial meeting. When possible, Parent Support providers will be introduced to the family by the Care Coordinator (CC) as part of the intake process, and the CC will obtain the caregiver's written consent to share information with the Parent Support Provider. • Meeting with the caregiver face-to-face to identify the family's needs and goals, and to provide encouragement and emotional support. • Attending treatment planning, CSP development, or other multi-agency meetings with the parent to support them in communicating their needs/goals to the treatment team, and to help professionals understand the family perspective. • Helping the caregiver find ways of meeting their needs and navigating the complicated system of care. This may include helping parents to identify and connect with community resources, qualify for government benefits, and seek out adult mental health/substance abuse treatment resources. • Facilitating group support opportunities for parents (parent groups must have a ratio no greater than 8 participants per facilitator). • Providing education, training and mentoring to caregivers including: orienting them to the FGC, educating them about mental health issues and the system of care, providing training in areas such as advocacy skills, parenting skills, and leadership skills. • Mentoring emerging parent leaders in new roles such as serving on the board of a local agency or on a statewide committee related to Children's services.
Admission Criteria	Parent support services may be provided to the caregiver (parent, grandparent, formal or informal foster parent, stepparent, etc.) of any youth who meets Eligibility criteria for CAMHD or who is in

	the process of eligibility determination.
Initial Authorizations	Initial Authorization of 12 units (3 hours) by the FGC/FCLB Clinical Lead will be provided for introductory and planning meetings between the Parent Partner and the caregiver. The parent or guardian shall provide consent for CAMHD to share information with the Family Support Agency prior to referral.
Re-Authorization	Reauthorization by the clinical lead shall be based on a Family Support Plan, submitted by the Parent Partner. Up to 32 units (8 hours) per month for three (3) months may be authorized. Authorization for continued of services longer than six months must be reviewed and approved quarterly by the Branch Utilization Management Team. Unit = fifteen (15) minutes
Continuing Stay Criteria	<u>All</u> of the following criteria must be met as determined by clinical review of service documentation, plans and progress: <ul style="list-style-type: none"> • The family service plan includes clear goals to be addressed through peer/family support services. • The caregiver wants continued peer support. • There is evidence that the family is benefitting from peer support services. • The youth and family continue to be engaged in case management services through the FGC.
Discharge Criteria	<ul style="list-style-type: none"> • The youth is no longer eligible for CAMHD services. • The goals on the Family Support Plan are completed. • The youth and caregiver no longer desire the service.
Service Exclusions	None.
Clinical Exclusions	None.

Staffing Requirements:

In addition to the staffing requirement listed in the general standards, these staff requirements must also be followed. If the standards referenced here differ from those in the general standards, these staffing requirements will supersede the general standards.

1. The program has a Mental Health Professional (MHP) on staff who has oversight and supervision responsibilities for all staff decisions made regarding services to families;
2. Parent Support services shall be provided by personnel that meet all of the following requirements:

- Has had lived experience as the primary caregiver for a youth with serious mental health challenges
- Has been certified as a Parent Support Provider (PSP) by the National Federation of Families in Children's Mental Health or the equivalent.
- Is Credentialed by CAMHD as a Paraprofessional (Para) **AND**
- Is working under the supervision of a MHP. The supervisor is expected to review all of the supervisees work in detail.

Clinical Operations

1. Parent Support Service providers shall coordinate with the CC and with other system of care agencies such as education, juvenile justice system, and/or child welfare as needed to provide services.
2. The Parent Support Organization shall have the ability to deliver services in various environments, such as homes (birth, kin, adoptive and foster), schools, jails, homeless shelters, juvenile detention centers, street locations, etc.
3. The Parent Support Organization shall establish written policies which govern the provision of services in natural settings and which document that the organization respects youths' and/or families' right to privacy and confidentiality when services are provided in these settings.
4. The Parent Support Organization shall establish written procedures/protocols for handling emergency and crisis situations that describe: methods for assuring the safety of staff and family members, guidelines for when to consult with the program MHP and what to document in the youth's chart.
5. The Parent Support Organization shall establish written policies and procedures governing the provision of outreach services, including methods for protecting the safety of staff who engage in outreach activities.
6. The Parent Support Organization shall establish written policies and procedures around the use of personal vehicles for outreach services and for transporting clients when necessary.

Documentation

1. The Parent Support Provider (PSP) develops a written Family Support Plan with the caregiver, identifying the kinds of support the caregiver would like to receive from the PSP. In addition, the PSP works with the CC to assure that Parent Support is included as a service on the youth's Coordinated Service Plan. The written Family Support Plan shall be submitted to the CAMHD FGC within ten (10) calendar days of the PSP's first meeting with the family.
2. PSPs shall provide a written service note for each face-to-face contact with a caregiver, and for indirect service activities (e.g. team meeting attendance, phone calls with team members) that are billed. Service notes shall document the types of support provided, who was present in the meeting, the goals addressed, and the start time and end time of each encounter.

Proposal Application Checklist

Applicant: _____

RFP No.: 460-15-03 _____

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	
SPOH-205	Section 3, RFP	SPO Website*	X	
SPOH-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPOH-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	X	
SPOH-206A	Section 3, RFP	SPO Website*	X	
SPOH-206B	Section 3, RFP	SPO Website*	X	
SPOH-206C	Section 3, RFP	SPO Website*	X	
SPOH-206D	Section 3, RFP	SPO Website*	X	
SPOH-206E	Section 3, RFP	SPO Website*	X	
SPOH-206F	Section 3, RFP	SPO Website*	X	
SPOH-206G	Section 3, RFP	SPO Website*	X	
SPOH-206H	Section 3, RFP	SPO Website*	X	
SPOH-206I	Section 3, RFP	SPO Website*	X	
SPOH-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>		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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E.	Program Specific Requirements
F.	<i>You may begin inserting any other attachments you may have here, such as:</i>
	<i>Workplans</i>
	<i>Performance and output tables</i>
	<i>Certifications</i>

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 D

Child and Adolescent Mental Health Performance Standards (CAMHPS)

(Effective July 1, 2012)

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

Attachment E

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 F

CAMHD Seclusion and Restraints Policy & Procedures

(The Seclusion and Restraints Policy & Procedures document is available on the Department of Health, CAMHD website under Resource Library at <http://health.hawaii.gov/camhd/>)

Attachment G

CAMHD Sentinel Events Policy & Procedures

(The Sentinel Events Policy & Procedures document is available on
the Department of Health, CAMHD website under Resource
Library at

<http://health.hawaii.gov/camhd/>

Attachment H

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 steven.osa@doh.hawaii.gov for electronic copies of the current policies)

Attachment I

Quarterly Title IV-E Training Activities and Cost Report

(The Quarterly Title IV-E Training Activities and Cost Report document is available on the Department of Health, CAMHD website under Resource Library at <http://health.hawaii.gov/camhd/>)

Attachment J

Hawaii Child & Adolescent Service System Program Principles (CASSP)

(Effective July 1, 2012)

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