

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

## **Request For Proposals**

**RFP HTH 460-15-07**

## **Multisystemic Therapy**

May 28, 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  
May 27, 2015

**REQUEST FOR PROPOSALS**

**Multisystemic Therapy**  
**RFP No. HTH 460-15-07**

The Department of Health (“DOH”), Child and Adolescent Mental Health Division (“CAMHD”) is requesting proposals from qualified Applicants to provide Multisystemic Therapy (“MST”) services for youth ages twelve (12) through eighteen (18). MST is a research-proven and cost-effective treatment for youth with serious behavioral problems. It is a time-limited, intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior. The contract term will be from October 1, 2015 through June 30, 2016. Multiple contracts will be awarded under this Request For Proposals (“RFP”).

Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (HST), on July 1, 2015, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals may be approved by the contract person to be mailed and postmarked by the United States Postal Service on or before July 1, 2015, and received no later than (ten) 10 days from the submittal deadline. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The CAMHD will conduct an orientation session on June 8, 2015 from 2:30 p.m. to 4:30 p.m. noon HST, at Room 418, the Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii 96816. All prospective Applicants are encouraged to attend the orientation.

The deadline for submission of proposals is July 1, 2015, and the deadline for submitting written questions is 3:30 p.m., HST, on June 15, 2015. All written questions will receive a written response from the State on or about June 19, 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](mailto: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 **July 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](mailto:steven.osa@doh.hawaii.gov)*

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

# RFP Table of Contents

## Section 1 Administrative Overview

<b>1.1</b>	Procurement Timetable.....	1-1
<b>1.2</b>	Website Reference .....	1-2
<b>1.3</b>	Authority .....	1-3
<b>1.4</b>	RFP Organization .....	1-3
<b>1.5</b>	Contracting Office .....	1-3
<b>1.6</b>	RFP Contact Person .....	1-3
<b>1.7</b>	Orientation .....	1-4
<b>1.8</b>	Submission of Questions .....	1-4
<b>1.9</b>	Submission of Proposals.....	1-4
<b>1.10</b>	Discussions with Applicants.....	1-7
<b>1.11</b>	Opening of Proposals.....	1-7
<b>1.12</b>	Additional Materials and Documentation.....	1-8
<b>1.13</b>	RFP Amendments .....	1-8
<b>1.14</b>	Final Revised Proposals.....	1-8
<b>1.15</b>	Cancellation of Request for Proposals.....	1-8
<b>1.16</b>	Costs for Proposal Preparation .....	1-8
<b>1.17</b>	Provider Participation in Planning.....	1-8
<b>1.18</b>	Rejection of Proposals .....	1-9
<b>1.19</b>	Notice of Award .....	1-9
<b>1.20</b>	Protests.....	1-9
<b>1.21</b>	Availability of Funds .....	1-10
<b>1.22</b>	General and Special Conditions of the Contract.....	1-10
<b>1.23</b>	Cost Principles .....	1-10

## Section 2 - Service Specifications

<b>2.1</b>	Introduction	
	A. Overview, Purpose or Need .....	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-2
	C. Description of the Service Goals .....	2-2
	D. Description of the Target Population to be Served.....	2-4
	E. Geographic Coverage of Service .....	2-5
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-5
<b>2.2</b>	Contract Monitoring and Evaluation .....	2-6
<b>2.3</b>	General Requirements.....	2-6
	A. Specific Qualifications or Requirements .....	2-6
	B. Secondary Purchaser Participation .....	2-6
	C. Multiple or Alternate Proposals .....	2-7
	D. Single or Multiple Contracts to be Awarded .....	2-7
	E. Single or Multi-Term Contracts to be Awarded .....	2-7
<b>2.4</b>	Scope of Work .....	2-7
	A. Service Activities.....	2-7

	B. Management Requirements .....	2-16
	C. Facilities .....	2-28
<b>2.5</b>	Compensation and Method of Payment .....	2-29

### **Section 3 - Proposal Application Instructions**

	General Instructions for Completing Applications .....	3-1
<b>3.1</b>	Program Overview .....	3-1
<b>3.2</b>	Experience and Capability .....	3-2
	A. Necessary Skills .....	3-2
	B. Experience .....	3-2
	C. Quality Assurance and Evaluation .....	3-2
	D. Coordination of Services .....	3-4
	E. Facilities .....	3-5
<b>3.3</b>	Project Organization and Staffing .....	3-5
	A. Staffing .....	3-5
	B. Project Organization .....	3-6
<b>3.4</b>	Service Delivery .....	3-7
<b>3.5</b>	Financial .....	3-9
	A. Pricing Structure .....	3-9
	B. Other Financial Related Materials .....	3-9
<b>3.6</b>	Other .....	3-10
	Litigation .....	3-10

### **Section 4 – Proposal Evaluation**

<b>4.1</b>	Introduction .....	4-1
<b>4.2</b>	Evaluation Process .....	4-1
<b>4.3</b>	Evaluation Criteria .....	4-1
	A. Phase 1 – Evaluation of Proposal Requirements .....	4-1
	B. Phase 2 – Evaluation of Proposal Application .....	4-2
	C. Phase 3 – Recommendation for Award .....	4-5

### **Section 5 – Attachments**

Attachment A.	Proposal Application Checklist
Attachment B.	Sample Table of Contents
Attachment C.	Child and Adolescent Mental Health Performance Standards (effective July 1, 2012)
Attachment D.	State of Hawaii, Coordinated Service Plan
Attachment E.	Federal Certifications
Attachment F.	CAMHD Seclusion & Restraints Policy & Procedures
Attachment G.	CAMHD Sentinel Events Policy & Procedures
Attachment H.	CAMHD Credentialing and Recredentialing Policy & Procedures
Attachment I.	Quarterly Title IV-E Training Activities and Cost Reports

- Attachment J. Hawaii Child & Adolescent Service System Program Principles (“CASSP”)
- Attachment K. CAMHD Quality Assurance (“QA”)
- Attachment L. MST Referral Form
- Attachment M. Monthly Treatment Progress Summary

# **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>May 28, 2015</u>
Distribution of RFP	<u>May 28, 2015</u>
RFP orientation session	<u>June 8, 2015</u>
Closing date for submission of written questions for written responses	<u>June 15, 2015</u>
State purchasing agency's response to Applicants’ written questions	<u>June 19, 2015</u>
Discussions with Applicant prior to proposal submittal deadline (optional)	<u>May 28, 2015 – June 24, 2015</u>
Proposal submittal deadline	<u>July 1, 2015</u>
Discussions with Applicant after proposal submittal deadline (optional)	<u>July 2, 2015- July 13, 2015</u>
Final revised proposals (optional)	<u>July 17, 2015</u>
Proposal evaluation period	<u>July 2, 2015- July 31, 2015</u>
Provider selection	<u>August 1, 2015</u>
Notice of statement of findings and decision	<u>August 2, 2015</u>
Contract start date	<u>October 1, 2015</u>

## 1.2 Website Reference

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

### 1.6 RFP Point of Contact

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

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](mailto: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:** June 8, 2015      **Time:** 2:30 pm to 4:30 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 purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

**Date:** June 15, 2015      **Time:** 3:30 pm HST

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

**Date:** June 19, 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. (See Section 5, Attachment A)
  3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP. (See Section 5, Attachment B)
  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.** All providers shall comply with all laws governing entities doing business in the State.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the 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 Hawaii Compliance Express (“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 purchasing agency. All applications for applicable clearances are the responsibility of the Providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six (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 contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **Confidential Information.** If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate

eventual public inspection of the non-confidential sections of the proposal.

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

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

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Virginia Pressler, M.D.	Name: M. Stanton Michels, M.D.
Title: Director of Health	Title: Chief 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 (See subsection 1.2, Website References for website address). 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

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

#### A. Overview, Purpose or Need

Multisystemic Therapy (“MST”) is a family- and community-based treatment model designed specifically for youth with complex clinical, social, and educational problems. It is an empirically grounded treatment model that has been developed over the past twenty-five (25) years. Please visit [www.mstservices.com](http://www.mstservices.com) for more details on MST Services.

MST views individuals as being nestled within a complex network of interconnected systems that encompass the individual, family, and extra familial (peer, school, neighborhood) factors. This “ecology” of interconnected systems is viewed as the MST client. The ultimate goal of MST is to empower families with the skills and resources needed to independently address the difficulties that arise in raising youth, and to empower the adolescent to cope with the family, peer, school, and neighborhood problems.

Over a period of three to six (3-6) months, MST services are provided in the home, school, neighborhood, and community by master’s level professionals with relatively low case loads. A critical aspect of MST is its emphasis on promoting behavior change in the youth’s natural environment. Initial family sessions identify the strengths and weaknesses of the adolescent, the family, and their interactions with extra familial systems (e.g., peers, friends, school, and parental workplace). Identified problems throughout the family are explicitly targeted for change, and the strengths of each system are used to facilitate change.

MST places an extremely strong emphasis on provider and system accountability. The MST therapist, the MST team, and the entire system of care are viewed as responsible for removing barriers to achieving outcomes with every family. It is the responsibility of the MST therapist to engage the family. It is the responsibility of the agency to impart skills so the adolescent and family can sustain progress after treatment ends and achieve the desired

outcomes. It is the responsibility of our system of care to encourage and support these adolescents and families in maintaining their success.

The purpose of this RFP is to provide evidence-based services for a defined group of youth appropriate for referral for MST services. These youth receive the most intensive behavioral health services, and absorb most of the personnel and fiscal resources of the CAMHD. They often have antisocial, aggressive, or delinquent behaviors as their primary presenting issues, and there has been a determination made that these behavioral issues arise more from willful misconduct than from another underlying source of emotional or mental illness. They often have co-occurring alcohol and/or substance abuse diagnoses. There is typically multi-agency involvement with these adolescents, including Department of Human Services (“DHS”) Child Protective Services (“CPS”), Office of Youth Services (“OYS”), and Family Court. Often, youth have used services outside of the home during the preceding year, either a residential treatment facility or a correctional facility.

Services to these youth must be provided in a highly accountable system capable of assuring appropriate access to services, close coordination with all involved stakeholders, effective performance management, and sound fiscal management that will produce positive results.

The CAMHD is requesting proposals from agencies interested in providing MST services in defined communities across the State. Proposals are being accepted from agencies interested in serving single communities or multiple communities. The communities targeted to have an MST team are: Central Oahu, Leeward Oahu, Windward Oahu, Honolulu, Maui, Kauai, and Hawaii (East and West Hawaii).

This RFP is for the provision of direct MST services only. The CAMHD will support the cost for training and consultation needed by MST teams through a separate contract for MST System Supervision.

## **B. Planning activities conducted in preparation for this RFP**

A RFI was posted on March 23, 2015 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](mailto:steven.osa@doh.hawaii.gov) or 808-733-8386 for more information regarding the RFI.

## **C. Description of the service goals**

Empirical evidence (Source: MST Treatment) strongly supports a social-ecological view of treating antisocial behavior in children and adolescents. The central principle of this view is that behavior is multi-determined through

the reciprocal interplay of the child and his or her social ecology, including the family, peers, school, neighborhood, and other community settings.

The MST approach uses an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders, youth at-risk of out-of-home placement due to behavioral problems, and youth at-risk of school failure because of behavioral problems.

The primary goals of MST are to (a) reduce youth criminal activity, (b) reduce other types of antisocial behavior such as drug abuse, and (c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placements. MST aims to achieve these goals through a treatment that addresses risk factors in an individualized, comprehensive, and integrated fashion and that empowers families to enhance protective factors.

For more information on MST Services, please visit [www.mstservices.com](http://www.mstservices.com).

MST has demonstrated:

- Reduced long-term rates of criminal offending in serious juvenile offenders (Source: MST Program Design),
- Reduced rates of out-of-home placements for serious juvenile offenders,
- Improved family functioning,
- Decreased mental health problems for serious juvenile offenders,
- Favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

The CAMHD requests the awarded Provider(s) of MST services to assist the State in achieving these outcomes.

Additionally, the awarded Provider(s) will be responsible for:

- Ensuring that youth with multi-agency involvement (e.g., DHS, OYS, Family Court, Alcohol and Drug Abuse Division (“ADAD”), Developmental Disabilities Division (“DDD”)) receive integrated service delivery.
- Ensuring that services for youth who are involved with multiple agencies and have complex mental health issues produce measurable results and are cost efficient.

## D. Description of the target population to be served

### Eligibility Criteria

MST targets youth with serious behavioral problems, including co-occurring substance abusers and serious juvenile offenders, between the ages of twelve (12) and eighteen (18). To ensure the effective use of MST treatment for youth with a variety of complex problems, and produce results in a cost-effective manner, the following referral criteria must be met.

### Inclusionary Criteria

- Youth who are recommended for a community-based, family focused program, as an alternative to out-of-home placement due to delinquent or anti-social behavior, **OR**
- Youth who are in an out-of-home placement due to delinquent or anti-social behavior and are recommended for accelerated return to the community, **AND**
- Youth's out-of-home placement is primarily related to issues regarding willful misconduct on the part of the youth. Diagnoses frequently include, but do not exclude, Primary Axis I Diagnoses such as Conduct Disorder, Substance Abuse or a dual diagnosis. Generally, youth do not have a thought disorder or other severe mental illness.
- School truancy or school failure associated with behavioral problems.
- Physical aggression in the home or community, or at school.
- Verbal aggression or verbal threats of harm to others in the context of problems listed above.
- Substance abuse in the context of problems listed above.
- **Youth younger than twelve (12) or youth older than eighteen (18).** There must be agreement between a Provider agency offering MST services and the CAMHD before MST services can be provided to child younger than twelve (12) or youth older than eighteen (18).

### Exclusionary Criteria (unless there is an agreement as specified above)

- Youth living independently, or youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers.

- Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior. Once stable, youth who meet the eligibility criteria may be referred into the MST program.
- Juvenile sex offenders where the sex offense occurs in the absence of any other delinquent or antisocial behavior.
- Youth with Autism Spectrum Disorders.
- Youth with active thought disorder or severe mental illness.
- Moderate to severe mental retardation.
- Mental disorders due to a general medical condition.
- Youth with relatively mild behavioral problems that can be effectively and safely treated at a less restrictive level of care.

**E. Geographic coverage of service**

The CAMHD seeks a single agency or multiple agencies to manage the MST services within or *in the vicinity of* the following communities:

**Hawaii**

- |  |            |
|--|------------|
| • East Hawaii (inclusive of Ka'u and Pahala)                                   | 1 Contract |
| • West Hawaii (inclusive of North Kohala district and Honoka'a school complex) | 1 Contract |

**Maui**

- |  |            |
|--|------------|
| • Island-wide (exclusive of Hana and Lanai, and inclusive of Molokai Island) | 1 Contract |
|--|------------|

**Oahu (districts align with Department of Education school districts)**

- |                 |            |
|-----------------|------------|
| • Central Oahu  | 1 Contract |
| • Honolulu      | 1 Contract |
| • Leeward Oahu  | 1 Contract |
| • Windward Oahu | 1 Contract |

**Kauai**

- |               |            |
|---------------|------------|
| • Island-wide | 1 Contract |
|---------------|------------|

**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 SPOH-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

Criteria for multiple awards:

Multiple awards, one (1) for each geographic area.

**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: 10/01/2015-6/30/16Length of each extension: Twelve (12) monthsNumber 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. MST Training

Provider(s) MST therapists, counselors, and MST supervisors will be required to attend scheduled MST training(s) in Hawaii as appropriate.

Training is currently available via any licensed MST training provider (www.mstservices.com). If/when available via the Hawaii MST system supervisor, there will be no cost to providers for training attendance. The cost of providing this training (other than travel expenses) is being covered by the CAMHD and is not to be included in the proposal budget. Training will include both pre-service and ongoing in-service training and consultation.

Training and consultation for clinical staff is provided in three (3) ways: 1) An initial Five (5) Day Intensive Training; 2) one and one-half day (1 ½) booster sessions shall occur on a quarterly basis; 3) treatment teams and their supervisors shall receive weekly telephone consultation from the System Supervisor. If a therapist or supervisor is unavailable or unable to attend the initial Five (5) Day Intensive Training, the agency will be responsible for sending the therapist(s) and/or supervisor(s) to the next available mainland training at the agency's expense.

### a) Five (5) Day Intensive MST Training

Five (5) days of intensive MST training will be provided for all staff who will engage in treatment and/or clinical supervision of MST cases. Agencies are expected to minimize staff turnover and cover contractual obligations until staff can be trained. Training will occur at least annually, or when there is a sufficient cohort of staff statewide requiring training as determined by the System Supervisor. New staff may work no more than sixty (60) days prior to participating in an Intensive Five (5) Day MST Training. The objectives of the Intensive Five (5) Day MST Training program are:

- (1) To familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST family preservation;
- (2) To describe the theoretical and empirical underpinnings of MST using family preservation;
- (3) To describe the family, peer, school, and individual intervention strategies used in MST;

- (4) To train participants to conceptualize cases and interventions in terms of the principles of MST; and
- (5) To provide participants with practice in delivering Multisystemic Interventions.

The multi-faceted approach to training includes didactic and experiential components. The participants are required to practice the MST approach through critical analysis, problem solving exercises and role play. It is expected that participants will have read pre-assigned sections of the MST treatment manual prior to the initial intensive training.

- b) **Quarterly Booster Sessions**  
The Quarterly Booster Sessions are designed to provide training in special topics related to the target populations/problems being treated by the MST Therapists/Counselors, and to address issues that may arise for individuals and agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcome, inter-agency collaboration, etc.). The Booster Sessions are also designed to allow for discussion of particularly difficult cases.
- c) **Weekly Telephone Consultation (approximately forty-five (45) per year, given holiday and training allowances for the system supervisor)**  
The Weekly Telephone Consultation is provided through one (1) hour conference calls in which the treatment team and supervisor consult with the MST System Supervisor regarding case conceptualization, goals, intervention strategies, and progress according to the MST model and the Child and Adolescent Mental Health Performance Standards (“CAMHPS”). The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly consultation, it is expected that the Provider will provide onsite supervision by staff that have obtained an advanced degree in a clinical discipline (i.e., psychology, counseling, social work, and psychiatry) and have had additional clinical experience with family-based services prior to receiving MST training.

## 2. MST Program

The MST teams consist of a supervisor working with a team of two to four (2-4) MST therapists. Each MST therapist serves 4 to 6 youth (4-6) at any given point in time for approximately 3 to 5 (3-5) months.

Services must be provided in accordance with the MST principles, manuals, program standards, and training protocols. Provider must enter into a Licensee Agreement for Provider Organizations with MST Group to provide MST treatment. The specific credentials of the staff or mental health professional, the requirements of the service, the documentation requirements, and the service procurement guidelines are all clearly specified in this RFP.

Individuals and/or Providers with demonstrated successful experience with MST are preferred.

## 3. MST Referral Process

The MST services sought in this RFP require referrals from a Family Guidance Center (“FGC”) Care Coordinator or other CAMHD designee. Confirmation of the request for services will be completed by the FGC Care Coordinator or other CAMHD designee using a team-based decision model, and guided by protocols developed from generally accepted utilization management guidelines. In order for the CAMHD to develop a cost effective and accountable system, it is required that this referral protocol be followed.

MST Service Team Referral Process will be implemented as follows:

- a) Based upon the target population as defined in this RFP, the FGC Care Coordinator or designee determines and documents the referral to the MST Service Team utilizing the MST referral form and including required attachments. The Provider agrees to accept all referrals that meet the eligibility criteria for the target population (within the service team capacity at that time).
- b) All youth and families who enter the MST program shall be asked to sign an agreement or contract affirming their willingness to participate in the program and comply with all MST program requirements.
- c) The Provider is required to work with families who are reluctant to participate and who may be uncooperative. Should a family refuse MST services, after agreed upon attempts to engage, the MST Service Team notifies the referring FGC Care Coordinator, in

writing, within forty-eight (48) hours of the last attempt to engage the family. This notification shall describe all attempts to engage the family.

- d) Referrals may be made to begin MST thirty (30) days prior to a planned discharge from another program. In this case, MST services will focus on planning for the youth's transition to their home community.

#### **4. MST Program Standards**

The MST program must be provided in accordance with the following standards and as described in the CAMHPS, unless given written exception by the CAMHD Medical/Clinical Director.

- a) Shall serve a minimum of twelve (12) families each year for each full-time therapist;
- b) Shall maintain a supervisor to direct service staff ratio of one (1) full-time clinical supervisor to not more than two (2) MST teams, where each team consists of two to four (2-4) full-time therapists. The supervisor and MST staff will adhere to the MST treatment model;
- c) Shall assign a caseload of four to six (4-6) families to each MST therapist. Approximately sixty (60) hours of direct contact with each family over an average of four (4) months shall be provided. The final two to three (2-3) weeks may involve less intensive contact to monitor the maintenance of therapeutic gains;
- d) Shall have MST therapists available to the client/family twenty-four (24) hours per day, seven (7) days a week. Each MST therapist shall be available to the clients specifically assigned to them. A rotating on-call schedule should be used for the therapist's vacation and personal time off;
- e) Shall schedule regular weekly team supervision involving all MST staff, including the MST supervisor, for the purpose of reviewing individual case progress, and consulting on caseworker/client management plans, action steps and activities needed on MST cases. Emphasis shall be on the MST clinical supervision of all active cases and on developing outcome-focused weekly plans to achieve client/family goals; and

- f) Shall consult at a minimum of once monthly with the assigned FGC Care Coordinator for the purpose of case reviews, program compliance, training and other issues.

## 5. MST Service Standards

The Provider shall provide services in accordance with the following standards:

- a) MST therapists must attempt face-to-face contact with each family within twenty-four (24) hours (immediately if an emergency) of approved referral to MST. If unable to make face-to-face contact within seventy-two (72) hours, the referring FGC Care Coordinator shall be notified immediately.
- b) Provide comprehensive individualized and family-centered MST treatment to each family. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (approximately four (4) months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.
- c) Collaborate with the family in developing an enduring social support network in the natural environment.
- d) The MST therapist must provide a range of goal-directed services to each client/family which may include, but shall not be limited to,:
  - (1) Improving parenting practices;
  - (2) Increasing family affection;
  - (3) Decreasing association with deviant peers;
  - (4) Increasing association with pro-social peers;
  - (5) Improving school/vocational performance;
  - (6) Engaging youth/family in positive recreational activities;
  - (7) Improving family/community relations;
  - (8) Empowering family to solve future difficulties;

- (9) Teaching appropriate parenting skills, such as: alternatives to corporal punishment, appropriate supervision of children, age appropriate expectations, choices and consequences, display of greater parent/child affection and trust.
- (10) Family and marital interventions consistent with MST principles;
- (11) Individual interventions for parents and youth consistent with MST principles;
- (12) Aiding the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed;
- (13) Teaching the family organizational skills needed to provide a positive environment (example, teaching budgeting skills, etc.);
- (14) Referring and linking the family with follow-up services when necessary to ensure continued success meeting the family's MST treatment goals;
- (15) Transporting youth/family when necessary and facilitating family plans to access transportation themselves on an ongoing basis;
- (16) Providing service in the client's home, or, at the client's request, a location mutually agreed upon by the therapist and client;
- (17) MST therapists provide service to the youth/family for an average of four (4) months. If needed, a family responding positively to treatment, may receive services for a longer duration for more difficult problems, if approved in writing by the MST System Supervisor in consultation with the CAMHD Medical/Clinical Director; and
- (18) Termination of services or requesting extended services.

## 6. Treatment Plan Development

The Provider shall require MST therapists to write a treatment plan for each family. Treatment plans shall be developed in accordance with the following:

- a) Identify the multiple determinants of anti-social behavior for each case.
- b) Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (peers, school, neighborhood, etc.).
- c) Identify and document problems throughout the family and extra-familial systems (peers, school, neighborhood, etc.) that explicitly need to be targeted for change, in collaboration with the family.
- d) Incorporate the desired outcomes of the key participants and/or stakeholders involved in the family's treatment (e.g. parents, probation, social services, school personnel, etc.).
- e) MST supervisor shall review and approve all treatment plans prior to sending to the FGC Care Coordinator.
- f) Treatment plans shall be sent to the FGC Care Coordinator within five (5) days from the time of the therapist's first meeting with the family. The plan will identify family/client strengths, help the client/family define specific goals, provide instruction in ways to prevent the recurrence of delinquent behavior and other family conflict, and set up resources and skills to maintain ongoing progress. Updates to treatment plans should be submitted to the FGC Care Coordinator as applicable.
- g) The MST therapist shall submit brief monthly reports to that FGC Care Coordinator summarizing activity with each case, using the most current version of the CAMHD Monthly Treatment Progress Summary ("MTPS") Form. Additional material may be attached to the standard CAMHD form if desired.
- h) Providers should provide data required by MST services. These data will be reviewed with the CAMHD during Monthly Network meetings.

## **7. Termination of a case**

Upon termination of a case, the Provider shall submit a written final progress report to the referring FGC Care Coordinator and shall provide the following:

- a) Written notice to the referring FGC Care Coordinator thirty (30) days prior to closing, indicating intent to close. Exceptions to this time frame can be made with the approval of the MST System Supervisor.
- b) A written termination report, using the required format, shall be submitted to the referring FGC Care Coordinator no later than seven (7) days after the case closure. The client's family may be invited to attend the staffing discussion. The termination report shall be approved, in writing, by the MST supervisor, prior to submission to the referring FGC Care Coordinator.
- c) A termination interview with the family to summarize the progress made during treatment, review options for maintaining progress, and assess the family's satisfaction with the MST services that were provided. The referring FGC Care Coordinator shall be invited to the termination interview.

If during a treatment a determination is made by the MST client's treatment team that out of home placement is a more appropriate service, and/or the Mental Health Care Coordinator ("MHCC") is seeking such placement, MST services will be terminated. The MST therapist should attempt to arrange a final meeting with the family to review treatment progress, the family's safety/crisis plan, and reasons for termination. The MHCC will arrange for interim services for the family, if any are needed, prior to the client's placement. This termination process shall not exceed seven (7) days from the date of the team's decision. Any exceptions to this process require the approval of the MST System Supervisor.

## **8. Collaboration and Integration of Services**

The Provider must agree to collaborate with families, schools, other state agencies, judiciary, and other mental health providers in the provision of integrated services to all CAMHD served youth. The Applicant shall submit documentation showing evidence of collaborative relationships with families, Community Children's Councils ("CCC"), schools, provider agencies, and other community organizations in the geographic area involved.

The Applicant shall address measures to be taken to integrate services with schools, agencies, and other CAMHD contracted Providers.

**9. Statement(s) of Intent**

The Applicant shall submit a statement of intent to participate in training, consultation and peer supervision with the MST System Supervisor.

The Applicant shall submit a statement of agreement to deliver MST services in accordance with the CAMHD and the MST principles, standards, and protocols as outlined in this RFP and the CAMHPS.

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

**1. Personnel**

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

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

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

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

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

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

The Applicant is required to submit with the proposal, and maintain throughout the contract period, policy and procedures that include competency and privileging requirements. The policy must

also clearly identify scope over all subcontractors of the contracting agency.

MST Supervisors must meet the requirements for a Qualified Mental Health Professional (“QMHP”) specified in the CAMHPS as well as the CAMHD credentialing requirements based upon National Commission for Quality Assurance (“NCQA”) standards.

MST therapists must meet the requirements for a Mental Health Professional or Paraprofessional as specified in the CAMHD credentialing requirements and the CAMHPS – with the exception that paraprofessionals must have a minimum of five (5) years of appropriate supervised experience.

All MST therapists/counselors shall be assigned to the MST program on a full-time basis. Licensed Social Workers, Marriage and Family Therapists (“MFT”), or Advanced Practice Registered Nurses (“APRN”) are preferred.

Applicants must describe how it will implement measures to ensure that all employees are oriented to the CAMHPS, Evidence Based Services Committee Biennial Report, the Hawaii Child and Adolescent Service System Program (“CASSP”) Principles, Child and Adolescent Psychosocial Intervention Matrix from the American Academy of Pediatrics, and the most recent Evidence Based Services Matrix Summary (i.e., “blue menu”). Documents aforementioned are available on the following website, <http://health.hawaii.gov/camhd/>.

(a) 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 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

All Applicants shall identify the policies and procedures to maintain personnel/provider files of training, supervision, credentialing, and ongoing monitoring all mental health professional/staff performance.

Applicants must identify how they would provide the necessary infrastructure to support the provision of services in compliance with the standards as specified herein.

Provider must maintain supporting documentation for credentialing in separate files on Provider's premises. Provider must make this information available to the CAMHD as requested.

Provider must maintain a written policy and procedure that will identify the Provider's process for primary source verification of all clinical personnel.

Provider must maintain a process for ensuring that credentialed staff have the basic skills and expertise necessary to engage in specific clinical practice assigned.

Provider must maintain a client record for each case accepted. This record shall include, but is not limited to, the following:

- a) Client referral sheet.
- b) Date of initial request for service.
- c) Results of the strength and needs assessment.
- d) Treatment plan.
- e) Weekly MST Progress Summaries.
- f) Goal attainment summary.
- g) Family's response.
- h) Ongoing progress reports, at least monthly, detailing:
  - (1) Specific interventions used and outcomes;
  - (2) Notation of every contact (MST treatment logs) to include date, time and duration of contact;

- (3) Placement status determination, including date;
- (4) Termination Summary; and
- (5) Any other pertinent material deemed necessary or as specified by the most current CAMHPS.

The Provider shall collect maintain and report to the CAMHD, on a quarterly basis, information documenting progress towards achieving the outcome objectives cited in this RFP.

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.

To ensure consistent administration of the Treatment Adherence Measures (“TAM-R”), the MST Institute will collect these data on each case. Providers will be responsible for the purchase of this service through arrangements with the MST Institute. The monthly cost per family is TWENTY AND NO/100 DOLLARS (\$20.00), which includes all of the “trials” it takes to reach the family to get a completed TAM-R. The cost for TAM-R collection should therefore be included in the proposed budget and should be based on expected utilization.

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 MedQUEST Division ("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

All Providers must participate in at least annually, and possibly more frequently, contract monitoring. This contract monitoring is based on compliance with the standards defined by this request for proposal and compliance with all administrative and fiscal aspects of the contract. The CAMHD Program Monitoring Tool will be used to assess the Provider's adherence to standards and contractual requirements.

Providers must assure the provision of quality services. Providers must follow the CAMHD Quality Assurance ("QA") requirements that meet Medicaid requirements. The Provider must create and maintain an internal Quality Assurance Plan ("QAP") to assure the delivery of quality services and a plan for program assessment and continuous improvement. At a minimum, this plan must address and include:

- a) A description of the organization's vision, mission, and values, inclusive of:
  - (1) Goals and objectives;
  - (2) Scope of the QAP;
  - (3) Specific activities to be undertaken, including studies;
  - (4) Continuous tracking of issues;
  - (5) Focus on educational and positive behavioral health outcomes;
  - (6) Systematic process of quality assessment and improvement;
  - (7) Evaluation of the continuity and effectiveness of the QAP;
  - (8) Resources needed for the activities of the QAP; and
  - (9) A description of how QAP documentation will be maintained and available for inspection and review
- b) A description of how the organizational structure supports and supervises its QAP, and the internal mechanisms involved in quality monitoring process. Description of the roles and

responsibilities of organizational staff, youth, families, and direct providers.

- c) A description of how QA activities findings, conclusions, recommendations, and actions taken shall be documented and reported.
- d) Demonstration of an active QA committee.
- e) Description of the utilization review and management programs.
- f) Description of the following:
  - (1) Plan for ongoing credentialing and re-credentialing compliance;
  - (2) Plan for managing communication of youth's rights and responsibilities;
  - (3) Plan for service accessibility and availability; and
  - (4) Plan for how records will be maintained, including how confidentiality will be ensured in compliance with all relevant state and federal laws and regulations.
- g) Complete yearly evaluations of workers to assess knowledge of and compliance with MST philosophy and intervention strategies.
- h) Participate in QA evaluation activities as designated by the CAMHD, including but not limited to service testing methodology. Activities include, but are not limited to, group meetings, site visitations, and peer review of policies and procedures.
- i) Providers will arrange for the collection of MST TAM-Rs through contracts with the MST Institute ([www.mstinstitute.org](http://www.mstinstitute.org)). These costs will not be covered by the CAMHD directly, but rather through the proposed budgets. The MST System Supervisor will have access to TAM-R data for all teams.
- j) Provider will be responsible to maintain accurate and current organization, team, and client progress data on the MST Institute Enhanced Website. Access to the Enhanced Website is maintained via contract between the Provider and the MST Institute ([www.mstinstitute.org](http://www.mstinstitute.org)).

- k) Providers are responsible to administer the MST Supervisory Adherence Measure. The implementation and scoring of these measures is estimated to take one (1) hour of administrative time per month per MST staff member (a total of four (4) hours per month of administrative time for a team consisting of a supervisor and four (4) therapists).

#### 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. 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.

##### Quality Assurance 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.
  - (1) The quarterly report must follow the Quarterly Summary of Quality Assurance Activities format.
  - (2) The following is a list of the reporting areas and the information that should be included in the specific area:
    - (a) Sentinel Events -
      - (i) Analysis of Trends and Patterns
      - (ii) Discussion of Significant Events
      - (iii) Opportunities for Improvement Identified
      - (iv) Actions taken to Impact Client Care
    - (b) Clinical Supervision – Individual, Group, and Peer –
      - (i) Analysis of Performance of Supervision Program and Practices

- (ii) Description of any Barriers to Implementing Supervision
    - (iii) Actions taken to impact effectiveness of supervision
  - (c) Clinical Documentation –
    - (i) Findings of Internal Chart Reviews
    - (ii) Opportunities for Improvement Identified
    - (iii) Actions taken to Impact Quality of Charts and Documentation
  - (d) Facility Conditions (if applicable)
    - (i) Brief analysis of Facility Condition
    - (ii) Opportunities for Improvement Identified
    - (iii) Actions Taken
  - (e) Highlights of other Significant Quality Assurance Findings and Accomplishments
    - (i) Findings
    - (ii) Key Accomplishments
  - (f) Updates on Improvement Plan Activities (if applicable)
- (3) QA Meeting Minutes and Agenda must be submitted with the quarterly report.
- (4) 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.

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 agency 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 the CAMHD General Standards for credentialing and recredentialing of clinical personnel providing services to eligible youth as detailed in the CAMHPS. This includes the maintenance of written policies and procedures for credentialing and recredentialing licensed professionals and paraprofessional staff.

The Provider is required to adhere to Medicaid requirements for credentialing and re-credentialing of direct clinical care personnel.

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.

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

c) Fiscal Data

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 Health Insurance Portability and Accountability Act ("HIPAA") and the CAMHD Policies and Procedures.

Providers are responsible for planning, implementing, and maintaining their own Information System. Providers must also supply the CAMHD with 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, Internet 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.

- (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 will be required to provide cost data to determine specific costs (i.e., treatment, and other expenses that may be required by funding agencies.
  - (3) All Providers are required to be compliant with the CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.
- d) 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) All Providers must submit a quarterly summary of quality assurance findings as identified in the Provider’s 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 offices or facilities located in the service area. Facilities 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 and any service offices shall be maximally accessible to clients and families.

## **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 six (6).*
- *Proposals may be submitted in a three (3) ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an Applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (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 it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The Applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the Hawaii CASSP principles (See Section 5, Attachment I) and evidence-based services.

### 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 shall describe its QAP for the proposed services, including methodology. The Applicant's proposed QAP processes must include, but not be limited to; the organization's policies and procedures for ensuring that performance meets or exceeds the standard described in this RFP and the CAMHPS. The Applicant must describe how it will maintain a continuous quality improvement approach to improve performance in all service delivery areas. The QAP must also be responsive both to the internal organization standards for service delivery and the external standards of the CAMHD,

MQD, and the Individual with Disabilities Education Act (“IDEA”) Regulations.

A QAP shall include:

1. A description of the organization’s vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
  - Goals and objectives;
  - Scope of the QAP;
  - Specific activities to be undertaken such as studies;
  - Continuous activity and tracking of issues;
  - Focus on mental health outcomes;
  - Systematic process of quality assessment and improvement;
  - Evaluation of the continuity and effectiveness of the QAP;
  - Resources needed for the activities of the QAP; and
  - A description of how QAP documentation will be maintained and available for inspection and review.
2. A description of how the organizational structure (identified in Section 3, Part III-D) supports and supervises its QAP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
  - Description of accountability of the governing body of the organization;
  - Oversight and supervision of the QAP;
  - How progress of the QAP will be reviewed; and
  - Accountability for modifications to the program.
3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.
4. A description of how QA activities will be coordinated with other management activities including how findings, conclusions, recommendations, and actions taken shall be documented and reported.
5. A demonstration of active QA committee
  - Schedule of meetings
  - Documentation of activities
  - How findings and recommendations will be directed

- Accountability to the governing body
6. Description of the organization's utilization review and management program to determine whether the level and the cost of benefits provided are appropriate to the mental health needs of clients. The plan will:
- Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
  - Identify and maintain levels of review that correspond with the client's level of acuity;
  - Monitor service utilization guidelines including evaluating medical necessity;
  - Monitor and assure the prior authorization of services;
  - Monitor and assure the provision of services within the timelines stated in this RFP;
  - Maintain a process of concurrent review for ongoing treatment and for requests for authorization of services; and
  - Provide a mechanism for assuring the timely submittal of utilization data per the CAMHD requirements.
7. A description of the following:
- The organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification;
  - The organization's plan for managing how clients rights and responsibilities will be communicated;
  - The organization's plan for how services will be made accessible and available; and
  - The organization's plan for how records will be maintained including how confidentiality will be ensured.

#### **D. Coordination of Services**

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

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.

**E. Facilities**

The Applicant shall provide location of the corporate office and provide a description of all offices or facilities located in the service area. Also describe how the facilities meet 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 and any service offices are maximally accessible to clients and families.

### **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 MST services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

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

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

**2. Staff Qualifications**

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

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

The Applicant 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;
- Individual responsible for quality management;
- Management Information Systems (“MIS”) Director
- Training (Workforce Development) Director
- MST Supervisor;
- Financial Manager; and
- MST Therapist(s).

The Applicant shall provide evidence that all employee staff meet minimum qualifications (including experience) for any service identified in the proposal. (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 CAMHPS.

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

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

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

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

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

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

The Applicant shall submit documentation expressing an agreement to participate in all MST Services, Inc. training, consultation, and peer supervisions. The Applicant must submit a detailed training plan describing the orientation and training of staff.

The Applicant shall submit supervision plan outlining the MST Supervisors' role with the MST therapists.

## **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 local school systems, community organizations, neighborhood boards, Children Community Councils ("CCC") and community groups in the development of applicant's proposal and plan for delivery of services.

**B. Service 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 policies and procedures 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.

**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 individual crisis plans and detail staff accessibility twenty-four (24) hours a day, seven (7) days a week.

**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 agency will do social marketing of the MST program to assure ongoing referrals to maintain high levels of utilization.

## 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 submit a policy and procedure to ensure that claims and utilization data are properly supported through appropriate documentation prior to submission to the CAMHD.
- The applicant must provide a flow chart depicting the agency's accounting cycle, and an organizational chart of accounting staff.

## 2. Information System

The Applicant shall 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, 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;
- How youth are 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 SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

### B. Phase 2 - Evaluation of Proposal Application (100 Points)

1. **Program Overview:** No points are assigned to Program Overview. The intent is to give the Applicant an opportunity 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:

- Demonstration of knowledge, skills, and abilities related to the effective delivery of the proposed services; [4 points]
- Demonstration of the Applicant's history, if any, in effectively providing intensive in home services from a social-ecological perspective; [4 points]
- Sufficiency of QAP, including all required key elements as defined in the RFP; [3 points]
- Sufficiency of the Performance Management Plan for the proposed services; [3 points]
- Demonstration of capability and a history of commitment to coordinate services with other agencies and resources in the community; [4 points]

- Demonstration of capability to provide services that allow the youth to remain in the least restrictive, most normalized environment; [4 points]
- Adequacy and viability of facilities relative to the proposed services; and [3 points]
- Demonstrated success at providing MST services. [5 points]

### **3. *Project Organization and Staffing (20 Points)***

The State will evaluate the Applicant's overall personnel organization and management to the service that shall include:

- Sufficiency of the proposed staffing pattern, client/staff ratio, and proposed caseload capacity that is reasonable to insure the timely access and provision of the services in accordance with the CAMHPS; [3 points]
- Demonstration of the Applicant's ability to recruit staff/clinicians/mental health professionals who possess the minimum qualifications (including experience) as guided by the requirements of the RFP and the CAMHPS, including names and resumes of potential MST therapists at the time of proposal; [3 points]
- A clear description of employee structure; [4 points]
- Demonstration of ongoing credentialing and recredentialing activities; [2 points]
- Demonstration of a orientation, training and supervision plan to provide administrative and clinical direction to mental health professionals, and staff, relative to the delivery of the proposed services in accordance with the CAMHPS, and all aspects of the RFP; [3 points]
- Sufficiency of the Organization Chart to support the overall service activities and tasks; and [3 points]
- Demonstration of the organization's clear policies and procedures to protect the privacy and rights of youth and family. [2 points]

### **4. *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; [2 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; [3 points]
- A clear description of population intended to be served including geographic locations and diagnostic groupings; [2 points]
- A clear description of the geographic area to be served including a map to delineate service area and the specific school complexes; [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; [3 points]
- A clear description of mechanisms for integrating/collaborating with other agencies, providers, courts, schools, etc; [3 points]
- A clear description of services that are logistically convenient to youth interface with the Department of Education (“DOE”) in regards to the identification and eligibility procedures, and the ongoing Individualized Educational Plan (“IEP”)/Modification Plan (“MP”) process; [3 points]
- Demonstrates a thorough understanding of the IDEA and Section 504, Subpart D, and defines how the organization and the services proposed will integrate seamlessly with the DOE, and will be focused on assisting youth in achieving school success; [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]

### 5. *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 billing requirements; and [2 points]
- Demonstration of Applicant's financial solvency. [2 points]

### C. **Phase 3 - Recommendation for Award**

#### Methodology for Calculating Scores

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

Figure 1. Likert Rating Scale

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

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5

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

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most advantageous to least advantageous, based on the evaluation of each proposal.

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

## **Section 5**

# **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Child and Adolescent Mental Health Performance Standards (“CAMHPS”) (effective July 1, 2012)
- D. State of Hawaii, Coordinated Service Plan
- 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
- K. CAMHD Quality Assurance
- L. MST Referral Form
- M. Monthly Treatment Progress Summary

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: 460-15-07 \_\_\_\_\_

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
<b>General:</b>				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Provider Compliance	Section 1, RFP	SPO Website*	<b>X</b>	
Cost Proposal (Budget)			<b>X</b>	
SPOH-205	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPOH-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	<b>X</b>	
SPOH-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPOH-206J	Section 3, RFP	SPO Website*	<b>X</b>	
<b>Certifications:</b>				
<i>Federal Certifications</i>		Section 5, RFP	<b>X</b>	
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				

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

## Proposal Application Table of Contents

<b>1.0</b>	<b>Program Overview</b> .....	1
<b>2.0</b>	<b>Experience and Capability</b> .....	1
	A. Necessary Skills .....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation .....	5
	D. Coordination of Services.....	6
	E. Facilities .....	6
<b>3.0</b>	<b>Project Organization and Staffing</b> .....	7
	A. Staffing.....	7
	1. Proposed Staffing .....	7
	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training .....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	10
<b>4.0</b>	<b>Service Delivery</b> .....	12
<b>5.0</b>	<b>Financial</b> .....	20
	See Attachments for Cost Proposal	
<b>6.0</b>	<b>Litigation</b> .....	20
<b>7.0</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPOH-205 Proposal Budget	
	SPOH-206A Budget Justification - Personnel: Salaries & Wages	
	SPOH-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPOH-206C Budget Justification - Travel: Interisland	
	SPOH-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended _____	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	

<b>E.</b>	Program Specific Requirements
<b>F.</b>	<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 C

# 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 D

### State of Hawaii Coordinated Service Plan

Coordinated Service Plan information 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](mailto: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/>)

## Attachment K

### CAMHD Quality Assurance (QA)

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

Attachment L  
MST Referral Form

## HOME-BASED MST REFERRAL PROCESS

\_\_\_\_\_ Team

When a Care Coordinator or an MHS 1 identifies a case as a possible MST referral, the following steps should be followed:

1. Discuss MST services with care-giver, PO, and others on treatment team as necessary;
2. Complete all sections of the MST Referral form;
3. Attach a referral packet (to include most recent clinical evaluation, IEP/504MP, CSP, court documents);
4. **Fax this information to:** \_\_\_\_\_.

Bernie will then render a disposition (*approved, deferred pending further information, or denied*) and fax a signed copy of the referral form to the Care Coordinator and CAMHD within two (2) business days.

Upon receipt of an **approved referral form**, the Care Coordinator should await information from the MST therapist assigned to the case regarding the start date of treatment, and then promptly complete Service Authorizations for the TIFFE MST therapist. Service Authorization dates should begin on the date that the family consents to treatment.

Upon receipt of a **pending referral form**, the Care Coordinator should supply the requested additional information.

No action is necessary for a **denied referral form**.

Upon approval of referral the MST team has seventy-two (72) hours to have a "face-to-face" meeting with the family. If this is not possible (only due to the family's inability to meet), the MST Team must notify the Care Coordinator and/or MHS 1 of these circumstances.

At the point at which the MST Supervisor or Therapist meets with the family and obtains written Consent to Treatment, the case is opened and the "clock starts ticking" on the three (3) to five (5) month duration of the MST service.

Following the initial family meeting or as soon as possible, the MST Therapist meets/communicates with the Care Coordinator, appropriate Treatment Team members, and important members of the child's ecology to identify the most significant overarching goals that will determine the focus of the work. When possible it is preferable to have a Treatment Team Meeting to set the overarching goals.

### Home-Based MST Referral Form Team

Please complete the following and FAX to: \_\_\_\_\_

Date: \_\_\_\_\_ Referring Care Coordinator: \_\_\_\_\_  
Family Guidance Center: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ CR# \_\_\_\_\_  
Youth's Name: \_\_\_\_\_ Youth's DOB: \_\_\_\_\_

Youth's Address: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Legal Guardian? \_\_\_yes \_\_\_no If not who?

Parent(s) Phone Number(s): home: \_\_\_\_\_

work: \_\_\_\_\_

cell/pgr: \_\_\_\_\_

other: \_\_\_\_\_

Youth's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Brief reason for referral (**Behavior identified** - not diagnosis or hypothesis of need):

*Please check to ensure all of the following apply prior to the referral:*

- \_\_\_ Youth is a CAMHD client age 12 through 18.
- \_\_\_ Child is in out-of-home placement due to willful misconduct (Placement: \_\_\_\_\_  
To Be Discharged On: \_\_\_\_\_)
- \_\_\_ Child is at imminent risk of out-of-home placement due to willful misconduct
- \_\_\_ Youth has a long-term "family-like" placement to return to (i.e., an adult caregiver who has a connection to the youth and who is willing to take on long-term parental role) Must live with this adult full time.
- \_\_\_ Has youth received MST Services previously? Dates: \_\_\_\_\_

Youth is **not**: \_\_\_ actively psychotic, \_\_\_ autistic, \_\_\_ a juvenile sex-offender WITHOUT other delinquent behaviors, or \_\_\_ actively homicidal/suicidal at this time

Yes  No: Pending court charges, that may result in incarceration for >30 days. Describe: \_\_\_\_\_

Referral has been discussed with \_\_\_ MHS 1 \_\_\_ family \_\_\_ PO (if there is one) \_\_\_ others on treatment team?

Any team members wanting different level of care? (If so, suggest team meeting with MST representative prior to referral)

Please attach the following documents: \_\_\_ Psychological assessment with AXIS I-V diagnosis (in past 12 mos.)  
\_\_\_ Current IEP or 504 Plan  
\_\_\_ Current CSP Report

Do not write below this line \_\_\_\_\_  
List of most recent services utilized

\_\_\_\_\_ has been reviewed and

- approved
  - deferred pending further information:
  - denied for MST services
- as of:

\_\_\_\_\_  
Date

\_\_\_\_\_  
MST Clinical Supervisor

Response within 2 days of request:

- Yes  No

Further Information Required regarding:

- Referral form incomplete
- Discharge date
- Family-like placement
- Other: \_\_\_\_\_

## Attachment M

### Monthly Treatment Progress Summary

(The Monthly Treatment Progress Summary Report document is available on the Department of Health, CAMHD website under Resource Library at

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