

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

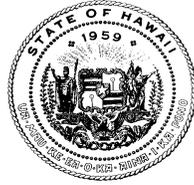
Request for Proposals

RFP No. HTH 460-07-01 Behavioral Health Services for Children, Youth and Families

March 30, 2007

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

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

In reply, please refer to:
A7325

March 30, 2007

REQUEST FOR PROPOSALS

Behavioral Health Services for Children, Youth and Families

RFP No. HTH 460-07-01

The Department of Health, Child and Adolescent Mental Health Division (CAMHD), is requesting proposals from qualified applicants to provide behavioral health services for children, youth and families. The contract term will be from August 1, 2007 (or effective upon contract execution date, whichever is later) through June 30, 2008, and renewable annually for additional terms up to a total of six (6) years. Single or multiple contracts may be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before May 9, 2007, and received no later than (ten) 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (HST), on May 9, 2007, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The CAMHD will conduct an orientation on April 9, 2007 from 1:30 p.m. to 3:00 p.m. HST, at 3627 Kilauea Avenue, Room 418, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on April 13, 2007. All written questions will receive a written response from the State on or about April 23, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Nona Meyers, Contracts Management Specialist, at 3627 Kilauea Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-8386.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 1 Original Proposal and 6 Copies by Geographic Coverage of Services

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **May 9, 2007** and received by the state purchasing agency no later than (ten) 10 days from the submittal deadline.

All Mail-ins

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

DOH RFP COORDINATOR

Nona Meyers
Child & Adolescent Mental Health
Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816
Telephone: (808) 733-8386

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **3:30 P.M., Hawaii Standard Time (HST), May 9, 2007**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 3:30 p.m. May 9, 2007.

Drop-off Site

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

BE ADVISED: Hand deliveries will not be accepted after 3:30 p.m., H.S.T., on May 9, 2007

Deliveries by private mail services such as FEDEX or UPS shall be considered hand deliveries and will not be accepted if received after 3:30 p.m., H.S.T., May 9, 2007

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B	Sample Proposal Application Table of Contents
C	Interagency Performance Standards and Practice Guidelines (Effective July 1, 2006)
D	State of Hawaii, Coordinated Service Plan
E	Federal Certifications
F	Hawaii Child & Adolescent Service System Program Principles
G	Weekly Census Report on Client Status
H	Evidence-Based Services Committee - Biennial Report - Summary of Effective Interventions for Youth with Behavioral and Emotional Needs. Fall 2004.
I	CAMHD Credentialing and Recredentialing Policy & Procedures
J	CAMHD Quality Assurance and Improvement Plan
K	CAMHD Monthly Education Attendance Report
L	CAMHD Seclusion and Restraints Policy & Procedures
M	CAMHD Sentinel Events Policy & Procedures
N	Quarterly Title IV-E Training Activities and Cost Report
O	CAMHD Comprehensive Behavioral Health Services, Rate & Cost Summary Worksheet
P	CAMHD Geographical Coverage Form
Q	Evaluation Guide
R	Consumer Rights

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.

I. 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.

Activity	Scheduled Date
Public notice announcing RFP	
Distribution of RFP	March 30, 2007
RFP orientation session	April 9, 2007
Closing date for submission of written questions for written responses	April 13, 2007
State purchasing agency's response to applicants' written questions	April 20-23, 2007
Discussions with applicant prior to proposal submittal deadline (optional)	April 23, 2007
Proposal submittal deadline	May 9, 2007
Discussions with applicant after proposal submittal deadline (optional)	May 21, 2007
Final revised proposals (optional)	June 30, 2007
Proposal evaluation period	May 16 - June 6, 2007
Provider selection	June 14, 2007
Notice of statement of findings and decision	June 15, 2007
Contract start date	August 1, 2007

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

For	Click
1 Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2 RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3 Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4 Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5 Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6 Standard Contract - General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template - General Conditions"
7 Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

For	Go to
8 Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9 Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ click "Bill Status and Documents" and "Browse the HRS Sections."
10 Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click "Business Registration"
11 Campaign Spending Commission	www.hawaii.gov/campaign

III. Authority

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

IV. 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 applicant 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.

V. Contracts Management Section

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

Contracts Management Section, CAMHD, Department of Health
Phone (808) 733-8386 Fax: (808) 733-9207

VI. Orientation

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

Date: April 9, 2007 Time: 1:30 p.m. to 3:00 p.m.
Location: 3627 Kilauea Avenue, 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 next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: April 13, 2007 Time: 4:30 p.m. HST

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

Date: April 20-23, 2007

VIII. Submission of Proposals

- A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (*See page 1-2, Websites Referred to in this RFP*). Refer to the Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPO-H-200)**
Provides identification of the proposal.
 2. **Proposal Application Checklist** - Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
 3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (*Refer to Section 3 of this RFP.*)

5. **Tax Clearance** - A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. *(See // above, Website Reference.)* Submission of Tax Clearance will be required upon award.

- B. **Program Specific Requirements.** Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they 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. **Wages and Labor Law Compliance.** Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. *(See // above, Website Reference.)*
- E. **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. 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 be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. *(See // above, Website Reference.)*

- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. *(See II above, Website Reference.)*
- 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. 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. Proposals shall be rejected when:
- Postmarked after the designated date; or
 - Postmarked by the designated date but not received within ten (10) days from the submittal deadline; or
 - 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.

IX. Discussions with Applicants

Prior to Submittal Deadline. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

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 section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of 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.

XI. 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.

XII. RFP Amendments

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

XIII. 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 (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal 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.

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

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 request for proposals, 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 sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. 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: *(Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)*

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

XVIII. 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.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (*See // above, Website Reference.*) Only the following matters may be protested:

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

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Fukino, M.D.	Name: Christina M. Donkervoet
Title: Director of Health	Title: Chief, CAMHD
Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801	Mailing Address: 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816
Business Address: Kinau Hale, 1250 Punchbowl Street, 3rd Floor, Honolulu, Hawaii 96813	Business Address: Same as above.

XX. 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 Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

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

A. Performance/Outcome Measures

- Degree to which youth achieve positive functional and behavioral outcomes;

- Degree to which youth receive timely and smooth access to quality services in accordance with this RFP and the IPSPG;
- Degree to which youth and families receive services in their own communities and home;
- Consistency and quality of youth and family engagement in treatment;
- Degree to which youth receive therapeutic services through positive behavioral supports in coercive-free environments;
- Appropriateness of services delivered to each youth including use of services that are evidence-based, and culturally/linguistically competent; and
- Ability to maintain internal processes to assure services in accordance with CAMHD performance standards and practice guidelines.

B. Output Measures

- Sufficient staffing and resources to deliver services as required by this RFP and the IPSPG;
- Degree to which performance expectations are met as measured through the CAMHD case-based review protocols;
- Timely submittal of all required data, reports, and improvement or corrective action plans and deliverables;
- Quarterly reports that include evidence of systematic assessment of performance data, analysis of trends and implementation of needed improvements;
- Degree of implementation of needed improvements;
- Adequacy of responses to any required information, program improvements, and corrective actions;
- Accuracy and completeness of records and client documentation;
- Evidence of continual current accreditation, and facility licensure as applicable; and
- Degree of adherence to credentialing processes and accuracy and completeness of credentialing files.

C. Quality of Care and Compliance with the Interagency Performance Standards and Practice Guidelines

- Degree to which eligible youth are receiving services in accordance with standards and requirements as described in the contract, RFP and IPSPG;

- Degree of adherence to program operations, policies and procedures, and standards;
- Degree of treatment integrity and adequacy of treatment processes, use of evidence-based services, and monitoring of client progress and outcomes; and
- Degree of quality of supervision and training processes.

D. Financial Management

- Accuracy and completeness of accounting files and fiscal records;
- Accuracy and timeliness of fiscal internal operations; and
- Performance in fiscal and other financial-related audits.

E. Administrative Requirements

- Overall compliance with contract terms;
- Maintenance of personnel, training, protocol, and policy and procedures manuals; and
- Consistent, sound administrative practices.

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (*See paragraph II, Website Reference*). Special conditions may also be imposed contractually by the state purchasing agency, as follows:

- A. **Non-Extension and Termination.** The state purchasing agency reserves the right to terminate or not extend the contract, in whole or in part, for any of the following reasons:
- A reduction or unavailability of funds to pay the Contractor;
 - Change in the conditions upon which the need for the service was based;
 - Failure of the Contractor to provide required services adequately or satisfactorily;
 - Non-performance of the required services;
 - The revocation, suspension, limitation, condition, or expiration of either the Contractor's license, if a licensed facility, accreditation or certification to provide Required Services under the contract;
 - Any default by the Contractor;
 - Insolvency or declaration of bankruptcy by the Contractor;
 - Sanction or disciplinary action by Medicare or Medicaid;

- For the convenience of the state purchasing agency at the agency's sole discretion; or
- Other good cause for termination exists as determined by the state purchasing agency.

Such causes require that the state purchasing agency give advance notice of at least ten (10) working days to the Contractor and include a brief statement of the reason for the termination.

B. Notification. The contract resulting from this RFP shall stipulate that the Contractor shall notify the state purchasing agency immediately upon the occurrence of any of the events indicated below:

- Any employee, subcontractor, or contractor's license to practice in the State of Hawaii is suspended, conditioned, revoked, expired, or terminated;
- Any employee, subcontractor, or contractor becomes the subject of any disciplinary proceeding or action before any federal or state agency or Board, such as the Board of Medical Examiners or the Board of Nursing;
- Any employee, subcontractor, or contractor is convicted of fraud or a felony;
- An act of nature or any event beyond the Contractor's reasonable control occurs that substantially interrupts all or a portion of the Contractor's business or practice, or that has a materially adverse effect on the Contractor's ability to perform its obligations hereunder;
- The Contractor fails to maintain licensure of facility or facilities, which require licensure;
- The Contractor fails to obtain or fails to maintain national accreditation or certification for services that require accreditation or certification;
- The Contractor fails to maintain the insurance coverage required under Paragraph 1.4 of the General Conditions;
- Any malpractice claim, judgment or settlement in which the Contractor or any of its employees, subcontractors, or contractors is a named defendant;
- Change in the Contractor's business address and/or phone number;
- Change in the Contractor's tax identification number; or
- Any other situation that could reasonably be expected to affect the Contractor's ability to carry out its obligation under this contract.

- C. Effect of Termination.** As for the date of termination, this Contract shall be considered of no further force or effect except that such termination shall not release the Contractor and its employees, sub-contractors, contractors, or the state purchasing agency from their respective obligations accruing prior to the date of termination, including, without limitation, the following:
- The Contractor's obligation to pay, in accordance with the terms of the contract, for required services provided to youth prior to termination;
 - The Contractor and its employees, subcontractors, and contractors obligation to retain and to provide the state purchasing agency access to records as set forth in the contract; or
 - The Contractor's agreement not to seek compensation from youth for required services provided under this contract.
- D. Other Relief Available to CAMHD.** The contract resulting from this RFP will contain a stipulation that if the Contractor is in non-compliance with the contract requirements, the state purchasing agency may:
- Temporarily withhold or disallow all or part of the billing cost/payments pending correction of a deficiency or a non-submission of a required report by the Contractor;
 - Suspend referrals to the Contractor should the Contractor fail to comply with any of the requirements of this RFP, the Interagency Performance Standards and Practice Guidelines (IPSPG) and other term(s) and/or condition(s) of the contract and, further, the state purchasing agency may maintain the suspension of referrals until such time as the deficiency or non-compliance is corrected and the Contractor's corrective actions are determined to be acceptable by the state purchasing agency; and
 - Seek reimbursement from the Contractor or withhold future payments for any funds paid to the Contractor subsequent to a determination that such payment was unauthorized, fraudulently obtained, or inappropriately billed.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (*see paragraph II, Website Reference*). 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

I. Introduction

The Child & Adolescent Mental Health Division (CAMHD) provides services and supports through an integrated public-private partnership consisting of contracted community-based agencies and state managed, community-based Family Guidance Centers (FGC), and a centralized state office to provide administrative and performance oversight functions. The system of care has developed a comprehensive array of evidence-based services and supports for children and youth with the most challenging emotional and behavioral needs, and their families. Multiple factors contributed to the design and development of the current system of care. In order to have an appreciation for the system design as it currently exists, it is important to understand the contributing factors of its growth.

Department of Justice CRIPA Settlement. In 1991, the federal court approved the settlement of a class action lawsuit that had been filed against the State of Hawaii and its Hawaii State Hospital (HSH) for violating the Civil Rights of Institutionalized Persons Act (CRIPA). At that time children and adolescents were placed at the HSH, therefore, CAMHD was a party to the settlement agreement. The settlement agreement required that child and adolescent residential services (CARS) meet specified staffing, programming, and safety standards. Soon after the settlement agreement, CAMHD removed all children and adolescents from the HSH and the provision of CARS services were provided in contracted hospital settings. Due to the improvements in the quality of services of CARS programs, and CAMHD's demonstrated ability to provide quality oversight of the agencies, CAMHD was released from the Department of Justice (DOJ) Settlement Agreement in 2003.

SAMHSA System of Care Grant (Hawaii Ohana Project). In 1993, the CAMHD was awarded a six 6-year federal grant to develop a community-based system of care for children, youth and their families on the Leeward Coast. This grant brought tremendous technical assistance resources to the Leeward district and the entire state. This grant introduced the system of care principles to communities across the state.

Felix Consent Decree (FCD). On October 25, 1994, the United States Federal Court approved the settlement of a class action lawsuit filed against the State of Hawaii and its Departments of Education and Health for failing to provide educational and mental health services to students in need of such services to benefit from their education. The FCD specified that educational and mental health supports and services, programs, and

placements be developed, in accordance with federal law, as the needs of the Plaintiff Class require. The two most relevant federal statutes are the Individuals with Disabilities Education Act (IDEA) and the Rehabilitation Act of 1973, Section 504. The state met requirements as outlined in the FCD by developing an integrated system of care based on the Hawaii Child & Adolescent Service System Program (CASSP) Principles (*See Section 5, Attachment F*) and was released from the FCD in May 2005.

Evidence-Based Services (EBS) Committee. In 1999, the system that was being developed reached a critical point. The cost of newly contracted comprehensive array of services was at an all-time high, and yet these services were not producing positive outcomes for the children, families or communities. There were approximately 100 youth that were being placed or court ordered for treatment out of state due to the inability of local programs to meet their needs. The majority of the youth that were challenging for the system had problems with aggressive behaviors and willful misconduct. In response to the aforementioned factors, CAMHD formed the Evidence-Based Service (EBS) Committee composed of the University of Hawaii, CAMHD leadership, provider agencies and families. The Evidence-Based Task Force later became a formalized part of the CAMHD system, with the change to EBS Committee. Presently, the committee continues to review the evidence-based research to assure that the services provided in the system produce positive outcomes for children, youth and families.

CAMHD Strategic Plan. The CAMHD develops a four (4) year strategic plan, and reviews the plan every two (2) years to assess its implementation of the strategic plan. For much of the 1990's, the FCD Implementation Plan served as CAMHD's strategic plan. However, in 2002 as the state was progressing towards substantial compliance with the FCD, CAMHD engaged the community in the development of the strategic plan for 2003 through 2006. This strategic plan has provided the framework that has guided CAMHD over the past several years. In the fall of 2006, CAMHD convened community stakeholders, including youth and families, to review the implementation of the plan, and to update the strategic plan for 2007 through 2010. At this time, the vision, mission and priority areas of CAMHD are as follows:

The CAMHD Vision:

**Happy and Healthy
Children and Families,
Living in Caring Communities**

The CAMHD Mission: The mission of 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.

The Seven Priority Areas:

- Decrease Stigma and Increase Access to Care
- Implement and Monitor Effectiveness of a Comprehensive Resource Management Program
- Implement a Publicly Accountable Performance Management Program
- Implement and Monitor a Comprehensive Practice Development Program
- Implement and Monitor a Strategic Personnel Management Plan
- Implement and Monitor a Strategic Financial Plan
- Implement and Monitor a Strategic Information Technology Program

The CAMHD Strategic Plan for Strengthening Child and Adolescent Mental Health Services 2007-2010 is available on the CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/resources/index.html>.

Presidents New Freedom Commission Report. In 2003, the President's New Freedom Commission (NFC) on Mental Health issued its final report, *Achieving the Promise: Transforming Mental Health Care in America*. In this report, the Commission recommended a fundamental transformation of the Nation's approach to mental health care. The child and adolescent portion of this report gave focus to the need to assure collaboration between child welfare, primary care, juvenile justice, education, and mental health in our approaches to children.

Mental Health Transformation. Following the NFC Report, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a focused effort to support mental health transformation. SAMHSA has highlighted the fragmentation of our public mental health system and identified the need for system reform. SAMHSA has provided national attention on the need for integrated treatment approaches, a focus on the resiliency factors of children and recovery framework for youth, an awareness of cultural competency, as well as the need for workforce development.

Medicaid Behavioral Healthplan: The Support for the Emotional & Behavioral Development (SEBD) of Youth Program. Although much of the CAMHD system was developed and implemented under the FCD, it became clear that a focused effort to maximize all funding sources was necessary to sustain the changes made to the system. In 2002, CAMHD began to operate as a Prepaid Inpatient Healthplan (PIHP) for Medicaid and Medicaid eligible youth under the QUEST and Medicaid Fee-for-Service Program. This designation enabled CAMHD to maximize federal Medicaid dollars, while remaining committed to the system of care

framework. This designation required administrative and programmatic, as well as quality assurance and infrastructure changes. Operating as a PIHP strengthened the overall performance of provider agencies, and the CAMHD business and management operations (i.e., credentialing, delegation, risk management, utilization management, and quality assurance), while sustaining and improving child and family outcomes.

The Public Health Perspective. CAMHD is Hawaii's public mental health agency for children and youth. Therefore, the focus is on prevention, monitoring, and oversight. The priority is to have the state government expend personnel resources on infrastructure, support and ancillary services, and allocate direct service resources to provider agencies.

The factors described above provide the context in which the CAMHD has developed its integrated service delivery system. It is with this design that the services and populations sought in this request for proposals have been developed.

CORE COMPONENTS OF CURRENT CAMHD SYSTEM

All applicants interested in working with CAMHD must have an understanding of the core values and components of the CAMHD system. As applicants consider submitting proposals, they should consider how their agency would partner with and/or support CAMHD in strengthening or solidifying these areas.

Commitment to the Hawaii CASSP Principles. Based on the input from youth, families and stakeholders, CAMHD adopted the Hawaii Child and Adolescent Service System Program (CASSP) Principles (*See Section 5, Attachment F*). Nationally, the CASSP principles (Stroul, B.A. and Friedman, R.M., 1986) were developed based on the original work of Jane Knitzer (Unclaimed Children, 1982) to provide a framework for systems of care. Early in the 1990's, Hawaii communities and stakeholders reviewed and adapted the CASSP principles to ensure the principles are culturally and linguistically relevant to our community.

CAMHD has established the CASSP principles as the guiding principles for the statewide child and adolescent mental health system. CAMHD implements initiatives and monitors performance to assure that all services and supports are individualized, youth-guided and family driven.

Youth-guided means that youth have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as public policy governing care for all youth in the community and state. This includes giving youth a sustainable voice, being listened to, and to the focus should be towards creating a safe environment enabling a youth to gain self sustainability in accordance with their cultural beliefs.

Finally, CAMHD is committed to services being delivered in the least restrictive environment, and in the youth's community. As much as possible, our commitment is to keep youth in their natural home environment. If a youth cannot be in the home, efforts will be made to support the youth in a therapeutic foster home. If a youth needs to be in a more restrictive level of care, CAMHD will work to return the youth to a less restrictive level of care as soon as it is therapeutically possible.

Interagency Collaboration & Coordination. CAMHD embraces the challenge of serving youth that are involved with more than one state agency and/or health care provider. Most of the children and youth served by CAMHD attend public schools, and may be involved with the child welfare system, juvenile justice system, or other DOH Divisions, including Alcohol & Drug Abuse (ADAD), Developmental Disabilities Division (DDD), Public Health Nursing (PHN), Adult Mental Health Division (AMHD), and Early Intervention Services (EIS). A large portion of the CAMHD population is enrolled in QUEST Healthplan services, which requires linkages to the primary healthcare providers. As indicated in the focus on mental health transformation, the CAMHD strives to integrate services and programs across agencies in the best interest of youth and their families.

Agencies that are interested in proposing services are required to engage with the youth and their families in developing an individualized plan, partner with the youth and their families in the implementation of this plan, and collaborate with schools, other state agencies, the courts, and other health providers in the provision of integrated services.

Commitment to Evidence-Based Practice. Services provided within the CAMHD system are expected to be evidence-based. Interventions with youth are meant to incorporate elements of those treatments identified as most promising based on credible scientific data. The proposed array of services provides a medium through which evidence-based interventions can be applied at high levels of intensity and in a variety of settings, depending on the needs of the youth. The CAMHD regularly reviews, summarizes, and disseminates relevant research data to support agencies in their selection and implementation of services. All treatment planning for psychosocial and pharmacological intervention should stem from careful consideration of the most current research. In addition, agencies are encouraged to gather and evaluate their own data on child outcomes and functioning to further inform clinical decisions and the design of appropriate interventions. Copies of the *Blue Menu* and the *Fall 2004 Evidence-Based Services Committee - Biennial Report - Summary of Effective Interventions for Youth with Behavioral and Emotional Needs* are available on the CAMHD website: <http://www.hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html> .

The Fall 2004 report gives the specifics and qualifiers for the evidence based treatments and more clearly specifies conditions and populations in

which the treatments were used. If applicants are proposing other treatment approaches than those identified, then applicants should include what research has been done to support the use of those treatment approaches with the population.

Commitment to Performance Management. CAMHD is committed to ongoing evaluation of performance and the use of data to manage and improve the system. CAMHD's performance management practices involve a comprehensive process for examining performance and using findings to make informed decisions about services and needed adjustments to program implementation. Performance data in CAMHD are tracked and analyzed across all domains of service delivery and care. This information allows CAMHD to determine how well the system is performing for youth, and how well youth are progressing. It is responsive enough to determine if the system is performing better or worse for certain populations, and comprehensive enough to detect what aspects of care, and in what settings, problems may be occurring. Services are monitored through tracking of trends and patterns found in utilization and satisfaction data, and examination of practice and quality of services.

CAMHD maintains an active Quality Assurance and Improvement Program (QAIP). Goals of the QAI program are achieved through an annual work plan that maintains improvement activities and measures for each QAIP objective. Contractors are expected to engage in ongoing quality assurance activities to improve their services and integration with the system. Contractors are expected to partner and develop roles for youth and families in the monitoring and management of the agency and the system as a whole.

Commitment to Access & Continuity of Care. The CAMHD assures youth, and their families, timely access to necessary mental health services. The CAMHD will refer youth to contracted agencies in accordance with the specifications as written in this RFP and the *IPSPG (See Section 5, Attachment C)*. Interested contractors should expect that referred youth may exhibit programmatic challenges and behavioral issues. Contractors will be expected to provide all youth accepted for contracted services with continuity of care until the youth meets the criteria for appropriate discharge or transition to another level of care indicated in team decisions.

Contractors may not abruptly terminate services or eject a youth from out-of-home services and must demonstrate a commitment to accept all CAMHD youth that are referred in accordance with the IPSPG (this is often referred to as a no-reject requirement). Contractors must be committed to serving these youth and their families during challenging behavioral and programmatic times (this is referred to as a no-eject requirement).

In the situation where an extenuating circumstance comes into play, the rejection of the referral (other than those due to full capacity) must be

accompanied by a written summary from the contractor's Clinical Director explaining why the youth was rejected for services. The CAMHD reserves the right to take contractual action due to a contractor's inability to provide services in accordance with the terms and conditions of the contract.

In order to assure smooth transitional supports, contractors may not abruptly terminate services or eject a youth from the program. Any discharge or discontinuation of services requires team planning. If a contractor seeks to terminate services or eject a youth once in the program, the contractor is required to comply with a full internal review that includes a review conducted by an independent Hawaii licensed psychiatrist in accordance with the IPSPG. If the Contractor is unable to meet the requirements as outlined in the IPSPG, the CAMHD reserves the right to take contractual action.

A. Overview, purpose or need

The Department of Health (DOH), Child & Adolescent Mental Health Division (CAMHD), hereby solicits proposals from qualified applicants with an interest in providing specific mental health services to children and youth, ages 3-21 years. The purpose of this RFP is to procure specific mental health services to meet the needs of the eligible population.

The IPSPG defines each mental health service being requested in this RFP, establishes the requirements of the service, and describes the service procurement guidelines. Applicants are expected to carefully read all aspects of this RFP and the IPSPG and must assure in the proposal that the agency is prepared to meet all standards and guidelines as written.

Specifically, CAMHD is soliciting qualified applicants that are able to ensure the capacity for timely, consistent, and responsive mental health services in the following areas:

1. **Public mental health services;**
2. **Educationally Supportive (ES) intensive mental health services; and**
3. **Comprehensive Mental Health Services for the Support for the Emotional & Behavioral Development (SEBD) of Youth Program.**

For all educationally supportive intensive mental health services requested in this RFP, contracted agencies are required to receive referrals from a CAMHD Family Guidance Center (FGC) or the Family Court Liaison Branch with a prior written service authorization, which will be based upon the youth's individualized service plan. The CAMHD will not be responsible for any payment

of services provided by contracted agencies without prior written service authorization.

PUBLIC MENTAL HEALTH SERVICES

Under this RFP, CAMHD is seeking qualified applicants to provide emergency mental health services and mental health assessment services.

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

Under this RFP, the levels of care for emergency services are Crisis Mobile Outreach and Community-Based Crisis Group Home. Staffing of contracted agencies must assure staff and bed availability at all times.

There is no prior authorization process for these emergency services, with the exception of continuation beyond three (3) days for Community-Based Crisis Group Home services. In unique situations, Community-Based Crisis Group Home services may extend beyond three (3) days *with prior written service authorization as outlined in the IPSPG.*

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

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

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

The applicant awarded Community-Based Crisis Group Home level of care is required to operate the Respite Home and Community Mental Health Shelter in the same home or physical plant.

Crisis Mobile Outreach

This service provides mobile face-to-face outreach assessment and stabilization services for youth in an active state of psychiatric

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

Community-Based Crisis Group Home

This service offers short-term, acute residential interventions to youth experiencing mental health crises. This is a structured residential alternative to, or diversion from, Acute Psychiatric Hospitalization or Community Hospital Crisis Stabilization. Crisis stabilization services are for youth who are experiencing a period of acute stress that significantly impairs their capacity to cope with normal life circumstances and who cannot be safely managed in a less restrictive setting. The program provides psychiatric services that address the psychiatric, psychological, and behavioral health stabilization needs of the youth.

The CAMHD integrated system of services and supports benefits youth who meet the SEBD eligibility criteria for CAMHD. Determination of eligibility for the SEBD program relies on information and data collected through mental health assessments. Under this RFP, the CAMHD is seeking providers to provide comprehensive and/or summary annual mental health assessment services for youth not currently receiving or have not received services from CAMHD in the last twelve (12) months. The purpose of these public mental health services is to determine if the child or youth should be referred to CAMHD. It is expected that referrals for mental health assessments will come from child welfare professionals, probation officers, family court judges, or the CAMHD Family Court Liaison Branch. Prior to conducting the mental health assessment, there should be a brief screening indicating the youth is experiencing challenges or is impaired in two (2) of the following three (3) areas: 1) in the school; 2) in the home; 3) in their living environment and or community.

Comprehensive Mental Health Assessments

This assessment is performed as part of the data collected to determine eligibility for youth or young adults being referred for CAMHD SEBD program services. This strengths-based approach seeks to identify the needs of the youth or young adult in the context of their family and community. This service includes interviews, assessment activities, written report, and feedback to the young adult or youth and the parent(s) or guardian(s).

Summary Annual Assessments

This assessment is performed in order to describe the current status of the youth or young adult and his or her circumstances. It is performed when there is some assessment. The service includes a brief assessment and report, with feedback to the young adult or youth and his/her parent(s) or guardian(s).

EDUCATIONALLY SUPPORTIVE (ES) INTENSIVE MENTAL HEALTH SERVICES

Youth receiving ES services have been evaluated by the Department of Education (DOE) and have been determined to be eligible for special education services in accordance with the Individual with Disabilities Education Act (IDEA). All IDEA eligible students have an Individualized Education Program (IEP). This IEP outlines educational and related services goals established to measure whether the student is making educational progress. All ES services emanate from the educationally focused team-based plan.

The plan is developed in partnership with the family or legal guardian, and as much as possible, the youth. The plan may be the IEP described above, or a CAMHD Coordinated Service Plan (CSP) that is referenced or linked to the IEP. A CSP is a broad, strengths-based plan that incorporates the multi-agency services and informal supports to be provided. Often times, IEP teams will refer to the services referenced in the CSP, and visa versa. Whether services are described in the IEP document, or the CSP document linked to the IEP, ES services are provided with the goal of providing educationally related treatment services that are necessary in order for the youth to meet his/her IEP goals.

Respite Homes

Mental health respite homes provide safe, short-term and supportive environments for youth with emotional and/or behavioral challenges. These homes provide structured relief to the parent(s)/caregiver(s) and families of these youth. This service provides support to the parent(s)/caregiver(s) in their efforts to continue caring for the youth in the home setting, thus reducing the risk of out of home placements at a higher level of care. This home is the same home used for the Community-Based Crisis Group Home and Community Mental Health Shelter.

Community Mental Health Shelter

This service provides twenty-four (24) hour temporary short-term care for youth who are awaiting placement in an appropriate treatment facility. The youth usually remain involved in community-

based educational, recreational, and occupational activities. In this level of care, youth are supervised and provided services by professional and paraprofessional staff that have been recruited and trained to work with youth with emotional and behavioral challenges.

Therapeutic Group Home

This service provides twenty-four (24) hour care and integrated evidence-based treatment to address behavioral, emotional, or systemic issues, which prevent youth from taking part in family or community life. Therapeutic Group Homes are designed for those whose needs can best be met in a structured, small group, community-based setting. The youth usually remain involved in community-based educational, recreational, and occupational activities. These homes typically provide services for four (4) to eight (8) youth per home. In this level of care, youth are supervised and provided services by professional and paraprofessional staff that have been recruited and trained to work with youth with emotional and behavioral challenges, and who identify themselves as gay, lesbian, bi-sexual, transgender, questioning, or interested.

Community-Based Residential Level III

This service provides twenty-four (24) hour care and integrated service planning that addresses the behavioral, emotional and/or family problems, which prevent the youth from taking part in family and/or community life. These programs are designed for those youth whose needs can best be met in a structured program of small group living that includes onsite educational programs and highly structured therapeutic activities. Community-based Residential programs may be specialized (e.g., substance abuse). Under this RFP, the CAMHD is seeking services for latency age youth (under twelve (12) years old).

Community-Based Residential programs provide therapy, support, and assistance to the youth and the family to enhance participation in group living and community activities, increase positive personal and interpersonal skills and behaviors and to meet the youth's developmental needs.

Community-Based Residential - Level II

This service provides twenty-four (24) hour care and integrated evidence-based services that address the behavioral and emotional problems related to sexual offending, aggression or deviance that prevent the youth from taking part in family and/or community life. These programs are designed for those youth whose need can best be met in a structured program of small group living that includes educational, recreational, and occupational services.

Community-Based Residential programs Level II provide support and assistance to the youth and the family to: 1) promote healthy sexual values and behaviors; 2) reduce and control deviant sexual arousal patterns; 3) help youth to develop victim empathy and appreciate feelings of others; 4) help youth accept full responsibility and be accountable for sexually abusive or antisocial behavior; 5) identify and change cognitive distortions or thinking errors that support or trigger offending; 6) develop and integrate relapse prevention strategies; 7) identify family dysfunction, issues, or problems that act to support minimization, denial, disruption of treatment, or trigger re-offending and; 8) provide management of other behavioral or emotional problems including trauma resulting from prior physical, sexual, and/or emotional abuse.

SUPPORT FOR EMOTIONAL AND BEHAVIORAL DEVELOPMENT (SEBD) PROGRAM SERVICES

Youth or young adults enrolled in the SEBD program have been evaluated and determined to meet eligibility criteria, which includes being enrolled in a QUEST Healthplan (or Medicaid eligible) with a current mental health assessment showing active mental health diagnosis and functional assessment showing significant life impairment.

The CAMHD Medical Director serves as the Chief Medical Officer and determines individual eligibility. If determined to be eligible for the SEBD program, the following comprehensive array of services are available to each youth and their family. These services are provided in accordance with all requirements of the CAMHD-MQD Memorandum of Agreement (MOA) and the Balanced Budget Act. Services are determined through an individualized coordinated service planning process using the IPSPG as guidance in determining appropriate services. Services provided to SEBD youth link with services required in the students IEP, if the student is IDEA eligible.

There are five (5) major goals that the contracted services sought in this RFP will assist CAMHD in meeting.

- Goal 1.** Provide eligible youth and young adults with timely access to a comprehensive array of community-based and evidence-based mental health services provided by credentialed individuals that are knowledgeable and competent in delivering these treatments, and ensure that these treatments and interventions are provided within a system of care embodying the Hawaii CASSP principles.
- Goal 2.** Promote the use of current knowledge regarding evidence-based services in the development of individualized plans and promote the mental health system in a manner that facilitates the application of these services.

- Goal 3.** Demonstrate an accountable and efficient child and adolescent behavioral health system through dynamic evaluation of performance data and application of findings to guide management, programmatic and service planning decisions.
- Goal 4.** Demonstrate an effective and efficient publicly managed behavioral health plan for Medicaid eligible youth with the most serious emotional challenges.
- Goal 5.** Demonstrate an effective integrated cross agency system of services for educationally disabled students identified as requiring mental health services to benefit from their public education.

B. Description of the population to be served

The populations that will be served are dependent upon their eligibility category.

Public Mental Health Services. Emergency services are available to all children and youth in Hawaii, ages three (3) to eighteen (18) years, experiencing an imminent life threatening mental health crisis. Mental health assessment services are available to youth in Hawaii, experiencing challenges in two of the following three (3) areas: 1) in the school; 2) in their home; and/or 3) in their living environment or the community; and are involved with child welfare, family court, or juvenile justice.

Additional services provided by CAMHD are available for youth in one of the following three (3) categories. The services that are available for each population group vary and are detailed in the IPSPG.

Youth Eligible for ES Services. Students with an educational disability that have been determined to be in need of intensive mental health services to benefit from public education. These youth are enrolled in the ES program. The criteria for enrolling a youth in the ES program are IDEA eligibility, an IEP with recommendation for services from CAMHD, and an IEP meeting with CAMHD participation to determine the goals of mental health services to be provided.

AND/OR

Youth Eligible for the SEBD Program. Medicaid eligible youth or MedQUEST enrolled youth requiring mental health services that exceed the scope or intensity that is able to be provided by their selected QUEST Healthplan. These youth are enrolled in the SEBD Program. The criteria for enrolling a youth in the SEBD program are QUEST or Medicaid eligibility, a DSM IV diagnosis of

at least 6 months, and a CAFAS/PECFAS score of 80 or greater. SEBD eligibility is determined by the CAMHD Medical Director.

OR

Youth Eligible for Mental Health Only Category. Youth, ages three (3) to eighteen (18) years, with emotional and/or behavioral challenges that are not eligible through either of the above two classifications (ES or SEBD), but who are determined to be in need of mental health services by the CAMHD Medical Director. These youth may present within the juvenile justice system or school system. This population includes youth are eligible for Section 504 of the Rehabilitation Act, uninsured youth, youth who may have lost Medicaid eligibility due to incarceration and furlough, and youth with private insurance but uncovered service needs. CAMHD is able to serve these youth within the limits of legislatively appropriated general funds.

Special Populations. Within the populations of youth enrolled in ES and/or SEBD Program, there are specific youth that require targeted expertise and programming. These special populations include:

- Adolescents with serious mental health challenges and chronic patterns of running away (projected sixty (60) youth statewide);
- Youth that identify themselves as having gender identity or sexual preference differences (including gay, bisexual, lesbian, transgender, questioning, or interested) with serious mental health challenges. (projected twenty (20) statewide);
- Youth requiring integrated services for sexualized behaviors and mental health challenges (projected twenty-five (25) youth statewide); and
- Youth less than thirteen (13) years old with serious emotional and/or behavioral challenges in need of out of home treatment services and supports (projected eight (8)).

Applicants that have an interest in proposing services for these special populations should identify the proposed evidence-based services and detail the agencies' expertise and capacity to serve the specific special population of youth. The Fall 2004 report gives the specifics and qualifiers for the evidence based treatments and more clearly specifies conditions and populations in which the treatments were used. If applicants are proposing other treatment approaches than those identified, then applicants should include what research has been done to support use with the population.

C. Geographic coverage of service

Public Mental Health Services. To ensure timely and responsive emergency mental health services to youth and families in crisis,

CAMHD expects to contract with provider agencies in the County of Maui, County of Kauai, and the City and County of Honolulu. Contractors are required to provide services to the entire geographical coverage area identified and awarded. Contractors must provide ensure availability of services twenty-four (24) hours a day and 365 days per year. The method of pricing for these services shall be cost reimbursement (reimbursement of actual expenditures).

Crisis Mobile Outreach

County of Kauai	One (1) Contract
County of Maui (includes: Central Maui, Hana, Lanai, & Molokai).	Four (4) contracts Preference will be given to a provider proposing to provide crisis mobile outreach services to the entire County of Maui

The following is service utilization information for this level of care by geographical area:

County of Kauai	Less than two (2) youth per quarter
Central Maui and Hana.	Twenty-two (22) youth per quarter
Lanai and Molokai	Four (4) youth per quarter

Specific utilization information for Hana, Lanai, and Molokai is not available.

Community-Based Crisis Group Home

City and County of Honolulu (Oahu)	One (1) Contract Two (2) beds
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Providers proposing for the community-based crisis group home must also propose to provide respite beds and community mental health shelter beds in the same group home. The Contractor may adjust the allocation of beds designated for each of the three (3) levels of care based on the needs of the population.

Mental Health Assessments

Oahu (Honolulu, Central, Leeward, Windward)	Multiple
Hawaii (East, West)	Multiple
Kauai	Multiple

The provision of mental health assessment services as part of CAMHD's commitment to public mental health services is new; therefore, there is no utilization information available at this time. Generally, it can be expected that approximately 5-9% of the population (children and youth) has a serious mental health need at some time during their childhood.

The table below illustrates the projected growth in the CAMHD registered population through July 1, 2009, by FGC. The "Projected" column shows the expected **total registered** youth at the stated time interval. Kauai's data reference only those youth receiving services through a Coordinated Service Plan. Presently, more that 500 youth are registered at Kauai FGC, however, most of the youth receive services through Mokihana.

FGC	Projected 7/1/07	Projected 1/1/08	Projected 7/1/08	Projected 1/1/09	Projected 7/1/09
Central	140	140	145	145	152
Windward	140	145	152	160	165
Leeward	255	275	300	310	325
Honolulu	163	165	170	175	180
Maui					
Central Maui	128	135	140	145	150
Hana	6	8	10	12	15
Molokai	11	15	15	20	20
Lanai	1	2	5	7	10
Hawaii	430	450	475	500	525
Kauai	125*	130*	135*	140*	145*

Educationally Supportive Intensive Mental Health Services. The RFP numbers of residential beds being procured through this RFP is based on projections using CAMHD statewide service utilization information from CAMHMIS claims paid data.

CBR II	Average daily census is five (5).
CBR III	Average daily census is seven (7)
Respite	No data available
Shelter	Average daily census is four (4)

Community Mental Health Shelter

Oahu	One (1) Contract Four (4) beds
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Providers proposing for the community mental health shelter must also propose to provide community-based crisis group home beds and respite beds in the same group home. The intent is an eight (8) bed program with the three levels of care where the bed allocations are flexible in response to the needs of the population at a given time. Method of pricing shall be cost reimbursement.

Utilization information for the period of January 2006 through March 2007 indicates four (4) youth.

Respite Home

City and County of Honolulu (Oahu)	One (1) Contract [Two (2) beds]
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Providers proposing for the community mental health shelter must also propose to provide community-based crisis group home beds and respite beds in the same group home. Method of pricing shall be cost reimbursement.

Therapeutic Group Home for Gay, Lesbian, Bi-Sexual, Transgender, Questioning, or Interested

Statewide	One (1) Contract Six to eight (6-8) beds in one home depending on the physical plant
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The method of pricing for this specialized group home shall be cost reimbursement.

Community-Based Residential Program - Level III, Latency Age (under 13 years old)

Statewide	One (1) Contract Four (4) beds
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The method of pricing for this specialized group home shall be cost reimbursement. Applicants shall indicate the number of beds to be allocated by gender.

Community-Based Residential Program - Level II

Statewide	One (1) Contract Four (4) bed
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The method of pricing for this specialized group home shall be cost reimbursement.

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

It is expected that state and federal funds will be used to support these services. The legislative-appropriated funds for the fiscal year 2008 is expected to be approximately \$39.3 million and the federal funding is expected to be up to 12.5 million. The CAMHD receives funding through a biennial legislative process. Contracts in the later years will be dependent upon funding received.

The contract period will be from August 1, 2007 through June 30, 2008, and renewable annually for additional terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability of funding.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

1. Cost Principles Compliance

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

2. Facility Licensure

At all times, the Contractor must meet the licensure requirements for therapeutic group homes, and community-based residential programs. The specific licensure requirements are found in *Section 2, IV. "Facilities" and Attachment C of Section 5 of this RFP* entitled "Interagency Performance Standards and Practice Guidelines."

3. National Accreditation

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

accreditation status change at any time during the contract period.

4. Other Applicable Requirements

The Contractor 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 Contractor 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 Contractor's performance.

B. Secondary purchaser participation (Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - none.

C. Multiple or alternate proposals (Refer to §3-143-608, HAR)

Allowed Unallowed

D. Single or multiple contracts to be awarded (Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

Criteria for multiple awards:

In consideration of the needs of the target population and service capacity in rural or remote areas of the state, the proposal will be reviewed in accordance with the following additional criteria:

1. The interest of the State to have a variety of providers in order to provide choices for youth;
2. The interest of the State to have geographic accessibility;
3. The readiness to initiate and maintain services;

4. If funded in the past by the CAMHD, the ability of applicant to fully utilize funding;
5. The past performance of applicant in terms of contract compliance (i.e. timely submittal of reports and corrective action plans);
6. Accreditation status and facility licensure (as appropriate);
7. Applicant's past fiscal performance based on the State's fiscal monitoring; and
8. Applicant's past program performance, based on the State's program monitoring.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

Single term (< 2 yrs)

Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract: 8/1/07 - 6/30/08

Length of each extension: Twelve (12) Months

Number of possible extensions: Five (5)

Maximum length of contract: Six (6) Years

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

Conditions for extension:

The Agreement may be extended annually for additional terms (not to exceed a total of six (6) years) provided that the Agreement 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 Agreement must be in writing.

F. RFP contact person

The DOH RFP Coordinator identified earlier in this document is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time *specified in Section 1, paragraph I (Procurement Timetable) of this RFP.*

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

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

Crisis Mobile Outreach

The applicant:

- Must provide documentation in the proposal showing evidence of the agency specific internal operational guidelines and procedures that will be used to maintain collaborative relationships with fire, police and other urgent response providers in the geographic area they propose to serve. These guidelines must be maintained throughout the contract period.
- Must specifically describe in the proposal how the agency will notify the FGC about any CAMHD registered youth that receives crisis mobile outreach services.
- Must describe how the agency will provide timely referrals to the appropriate FGC for any non-CAMHD registered youth that may be eligible for CAMHD SEBD Healthplan services.
- Must provide quarterly performance data to include crisis referral source, site of service, timeliness of crisis mobile outreach response, outcome of service, number and percent of youth involved with CAMHD and of those not registered with CAMHD, number and percent referred to FGC with outcome of that referral.
- Must describe in the proposal how the agency will assure that there are personnel out-stationed in rural areas allowing for on-site intervention within forty-five (45) minutes.

Community-Based Crisis Group Home and Respite Homes

The applicant:

- Must describe in the proposal how the agency will assure that there will be at least two (2) crisis bed available at all times.
- Must describe in the proposal how the agency will sustain sufficient crisis bed capacity within the City and County of Honolulu.

- Must describe in the proposal how the agency will assure that there will be respite and mental health shelter beds.

For all ES Program Program Services:

The applicant:

- Must provide documentation showing evidence of the internal operational guidelines detailing the mechanisms that will be instituted to integrate provision of services with schools, all child serving agencies, MedQUEST Primary Care Physicians, and other CAMHD contracted providers that may be working with the same child/family.
- Must provide a description of the treatment model or components of services that will be provided for each level of care proposed and how these approaches are supported by evidence-based literature and the IPSPG.
- Must designate an individual(s) responsible to provide training and supervision to personnel and/or subcontracted providers in the evidence-based service components and other required training as specified by CAMHD in the IPSPG and this RFP. The agency must provide commitments that the designated individual(s) will review, quarterly, the most recent information distributed from the CAMHD EBS Committee. This information is routinely available from EBS Committee Chair and on the CAMHD website.
- Must describe how the agency will develop the role of a family specialist responsible for assisting families in working with the agency. This person must be a family member of a person who previously experienced mental health challenges.
- Must describe how the agency will develop the role of youth specialist responsible for representing the voice of youth in the system. The youth specialist may be a youth or young adult that previously experienced emotional or behavioral challenges.
- Must describe how the agency will develop the role of a cultural competency specialist responsible for assuring that the agency integrates cultural knowledge throughout treatment program (policy, infrastructure, and practice).
- Must describe the adequacy of the agency workforce development plan, including an assessment of numbers of sufficiently trained personnel to provide the services, and barriers to the implementation of supervision and training on a quarterly basis. Tracking of training and supervision must be maintained in each employee's personnel file, and provided to CAMHD as requested.

- Must detail in the proposal the adequacy of the agency's current service capacity, including an assessment of the number of service, program spaces or beds currently available for levels of care proposed
- Must demonstrate a sufficient infrastructure to allow for timely processing of referrals, scheduling of appointments, and admissions to program.
- Must describe mechanisms to provide the services, in the most convenient location to the youth and family.
- Must provide specific details as to how the agency will provide the proposed services in a timely and consistent manner, in compliance with the relevant standards, as specified in the IPSPG.
- Must detail the programmatic supports and services that will be implemented during times of severe, challenging behaviors in order to prevent abrupt, non-clinical termination of services or need to involve emergency response services, i.e. the police.
- Must provide assurances that agency will maintain youth within program once the youth is accepted, in compliance with the relevant standards or CAMHD policy and procedures, as specified in the IPSPG.
- Must describe in detail, in the agency quality assurance and improvement program, the commitment to comply with the CAMHD QAIP as well as describe the additional agency specific performance measures that the agency will use to evaluate performance.
- Must demonstrate how the agency will incorporate life skills development into the services provided, with a focus on development of skills youth and young adults need for community life adjustment.

Special Populations

If addressing a specific population requested in this RFP, the applicant must meet the above criteria as well as identify what services will be provided with a description of how these best address the needs of that population.

Training & Supervision Requirements

The applicant must submit an agency specific Workforce Development Policy & Procedure detailing how personnel and subcontractors will be recruited, oriented, trained, supervised and evaluated with adherence to the Hawaii CASSP principles and evidence-based services for populations as addressed in the proposal. For licensed professionals, the policy must detail how

peer supervision processes will be provided and documented. The policy must provide orientation, training and supervision with respect all general standards and relevant level of care standards in the IPSPG.

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

Regarding youth with Sexualized Behaviors, in compliance with the relevant standards, as specified in the IPSPG the applicant must comply with the following:

Community-Based Residential Services - Level II

- Provide documentation in the proposal that staff providing managing, administering, and providing direct care services are trained and experienced in treating adjudicated juvenile sex offenders that have co-occurring emotional/behavioral challenges.
- Provide evidence of successful outcomes and history, at a minimum of three (3) years, of operating a secure juvenile sex offender treatment program.
- Provide in the proposal past performance history for contracts held involving the treatment of youth with sexual offenses.
- Provide commitment and willingness to collaborate with the contractor providing psychosexual assessment services.

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

1. Personnel

a) Organizational Management

Contractors may choose to hire direct employees, establish a network of subcontracted professional providers, or use a combination of both. If the Contractor utilizes a network of independent providers, each subcontracted practitioner must meet the state requirements to provide mental health services as an independent practitioner.

Contractor 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 Contractor must provide CAMHD with a copy of each subcontract including applicable licenses and credentials.

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

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

The Contractor 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 (DOL) required employment documents, Hawaii Administrative Rules (HAR) requirements, and any other requirements outlined by CAMHD.

The Contractor is required to develop and implement roles for Youth Specialist, Family Specialist, and Cultural Competency Specialist within the organization, to include roles in quality assurance, advisory, planning and management actions. This requirement is not applicable to crisis mobile outreach services. Contractors providing all other services under this RFP must have someone who is responsible for each of these roles. Contractors must develop roles and establish protocols for how youth voice, family voice and cultural competency issues are supported and advocated for at all levels - from individual team planning, quality assurance, management, to the governing body of the organization. Contractors must establish these roles and there should be adequate time allocated to each of these roles. There is no FTE allocation required, and it is recommended that these positions are established as paid positions.

The Youth Specialist must be a youth or young adult with emotional and/or behavioral challenges. The Youth Specialist is expected to serve as a member of a youth or young adult organization specified by CAMHD. Family Specialists must be an individual who has family members who have or had emotional and/or behavioral challenges as a child or adolescent. The Family Specialist is expected to serve as a member of a family organization specified by CAMHD. Cultural Competency Specialist must be someone with expertise in assessing, developing, and promoting cultural competence.

b) Performance Management

CAMHD maintains its own quality and performance management program and monitors all services through its Quality Assurance and Improvement Program (QAIP). CAMHD does not delegate its quality management and monitoring program. To assure full implementation of the CAMHD QAIP, contracted agencies are required to fully participate in CAMHD's monitoring. Applicants must provide a description of how they will internally assure the quality of services they deliver at all programmatic levels through in-house quality assurance monitoring. The Applicant's quality assurance processes must comply with CAMHD's annual QAIP description, which will be posted on the CAMHD website in October of each contract year.

In the proposal, the applicant must detail how the quality of all services, employees and subcontractors will be assessed, analyzed, and how corrective actions will be implemented. Agencies are required to incorporate review of sentinel event data, medication use data, seclusion and restraint data, outlier length of stay data, youth not meeting treatment goal(s) data, and satisfaction data in their quality assurance processes.

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

The applicant must include in its proposal a full description of its quality assurance and management program that includes the components outlined in Section 3 below, and be fully aligned with the CAMHD

QAIP (*Section 5, Attachment J*) to include but not be limited to:

- How the Contractor will maintain complete, accurate, and current credentials of all staff that provide any direct services to CAMHD registered youth;
- Specific programmatic areas that will be reviewed on a systematic basis; and
- How the Contactor will review and assure compliance with applicable CAMHD policies and procedures.

2. Administrative

The applicant 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 applicant must submit with the proposal and maintain throughout the contract period, a credentialing policy for ensuring that all employees and/or subcontracted providers are appropriately credentialed and qualified to provide services. The Contractor will be expected to maintain a centralized file of supporting documentation for credentialing in separate files on Contractor's premises. The policy and procedure must identify the applicant'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.
- **Youth Engagement** The applicant must submit with the proposal, and maintain throughout the contract period, a youth engagement policy to include: statement of agency commitment to involve youth in all levels of the organization; and means of assuring that youth are engaged in their direct treatment plan development and evaluation; organization quality assurance activities; and organizational management and planning activities.
- **Family Engagement** The applicant must submit with the proposal and maintain throughout the contract period, a family engagement policy to include: statement of agency commitment to involve family in all levels of the organization; and means of assuring that family

members are engaged in their child's direct treatment plan development and evaluation; organization quality assurance activities; and organizational management and planning activities.

- **Cultural Competency** The applicant must submit with the proposal and maintain throughout the contract period, a cultural competency policy to ensure that all employees and subcontractors are trained and supervised in providing services in a culturally appropriate manner. This policy should include requirements for cultural assessment and cultural considerations in the treatment planning process.
- **Workforce Development.** The applicant 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 IPSPG.
- **Crisis Prevention & Response.** The applicant must submit with the proposal and maintain throughout the contract period, a crisis prevention and response policy that identifies actions the agency takes to prevent youth and family crises including but not limited to training, programmatic supports, and therapeutic approaches, and details actions the agency implements in case of youth crisis. The policy should identify agency commitment that the contact of emergency response (i.e., police) is limited to only those situations when imminent harm is present to self, others, or property.
- **All Hazards Emergency Response Plan.** The applicant must submit with the proposal this plan that should be maintained throughout the contract period an All Hazards Emergency Response Plan. This plan must include detailed operational plan for how the agency will respond to natural and manmade disasters. The plan must detail how youth and staff will be safely evacuated should that be warranted, how communication with CAMHD and the family will be managed, and how

consistent staffing will be maintained during this time. Contractors are required to collaborate with state and local agencies in the management of the emergency response.

- **Resident Fund Management** The applicant must submit with the proposal a resident fund management policy with detailed protocols for any monetary transfers between resident and agency.
- **Coordination of Care** The applicant must submit with the proposal 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 applicant 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 Contractor 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 Contractor will be expected to cooperate fully in the analysis of such reports and to take appropriate action based upon the outcome.
- **Incidents & Sentinel Events** The applicant 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 M*).
- **Seclusion & Restraint** The applicant 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 L*).

3. Quality assurance and evaluation specifications

The Contractor will be required to comply with all aspects of the *CAMHD Quality Assurance and Improvement Program (QAIP)* (*See Section 5, Attachment J*). The QAIP description is reviewed and revised annually with modifications to requirements in order to sustain compliance with CAMHD standards and Medicaid requirements. On an annual basis, contract renewals will be based in part on the contractor's agreement and ability to comply with the CAMHD QAIP.

The Contractor must create and maintain internal quality assurances for the delivery of services, and a plan for program assessment and continuous improvement. The agency quality assurance program must be reviewed and revised at least annually, and must be supported by agency policies and procedures.

The applicant must describe in detail its internal quality management program that assures compliance with all CAMHD standards including Medicaid requirements. The quality assurance procedures must include a detailed work plan, identifying the designated person(s) responsible for maintaining quality assurance processes, including how the quality of client care and results for youth will be ensured. At a minimum, this plan must address and include:

- a) A description of the organization's vision, mission, and values, inclusive of:
 - Goals and objectives;
 - Scope of the agencies quality assurance program;
 - Specific activities to be undertaken, including studies;
 - Continuous tracking of issues;
 - Focus on educational and positive behavioral health outcomes;
 - Monitor medication usage including dosage, side effects, polypharmacy, and errors;
 - Systematic process of quality assessment and improvement;
 - Evaluation of the continuity and effectiveness of the quality assurance program;
 - Resources needed for quality assurance activities; and

- A description of how quality assurance documentation will be maintained and available for inspection and review.
- b) A description of how the organizational structure supports and supervises its quality assurance processes, and the internal mechanisms involved in internal quality monitoring. Description of the roles and responsibilities of organizational staff, youth, families, and direct providers in maintaining quality.
- c) Description of how QA activities findings, conclusions, recommendations, and actions taken shall be documented and reported.
- d) Demonstration of an active QA committee(s).
- e) Description of how agency-level utilization review and management will occur.
- f) Description of the following:
- Plan for ongoing credentialing and re-credentialing compliance;
 - Plan for managing communication of youth's rights and responsibilities;
 - Plan for service accessibility and availability; and
 - 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 employees to assess knowledge of and compliance with intervention strategies.
- h) Participation in quality assurance evaluation activities as designated by 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) Sentinel events and incidents policies: Contractors must have policy and procedures regarding sentinel events and incidents in accordance with the CAMHD Sentinel Event/Incidents Policy and Procedure (***See Section 5, Attachment M***). Contractors must notify the FGC and CAMHD Sentinel Events Coordinator of all sentinel events as defined, within twenty-four (24) hours by fax or telephone. Written reports, in a format specified by CAMHD, must be submitted to the FGC Mental Health Care Coordinator and the CAMHD

Sentinel Events Coordinator within seventy-two (72) hours.

- j) Client rights and grievances process policies: Contractors must have policy and procedures in accordance with CAMHD Consumer Rights Policy and Procedure (*See Section 5, Attachment Q*).
- k) Seclusion and restraints policies: Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements and CAMHD Seclusion and Restraints Policy and Procedure. (*See Section 5, Attachment L*)
- l) To ensure high quality health care and maintain professional standards, all Contractors are subject to peer reviews.
- m) A commitment to submit quarterly summary analyses of patterns and trends of quality improvement findings to CAMHD.

The Contractor is required to assure the provision of quality services, whether provided by Contractor's employees or subcontracted providers. All Contractors are required to engage in CAMHD's monitoring of administrative, fiscal, programmatic functions, and case-specific aspects of youth care. Monitoring will be conducted at least annually, or based on CAMHD's systematic review of performance data. CAMHD performance monitoring is based on:

- Compliance with IPSPG;
- Performance on practice standards set forth in the Case-Based Review Protocols;
- Review of agency reported performance data (as tracked through QAIP monitoring, outcome data tracked through Service Provider Monthly Treatment and Progress Summary (MTPS) and CAMHMIS generated data, complaints, and sentinel event/incident reports); and
- All administrative and fiscal requirements of the contract.

The Contractor and any and all direct care subcontractors are required to make all requested documentation available upon request by the CAMHD or its authorized agents, including, but not limited to the MQD of the Department of Human Services (DHS) or their authorized agents.

Contractors of the following levels of care are required to submit the service provider's Monthly Treatment and Progress Summary (MTPS). Contractors will be responsible for the electronic submission of the MTPS into CAMHD's website a minimum of five (5) working days prior to submitting billing claims. (Note: requirements for submitting billing claims are described in the Fiscal Billing Section of this RFP.). Contractor must data enter the current MTPS before payment will be made for services. The URL for the website is <https://72.235.234.182/mtps/login.asp>.

- Community Mental Health Shelter
- Therapeutic Group Home
- Community-Based Residential Level II
- Community-Based Residential Level III

4. Output and performance/outcome measurements

Contractors are required to collect, analyze and report the following information on a *quarterly* basis. Outcome and results data will be used to evaluate the contractor's performance and may be reported to CAMHD's stakeholders on a quarterly basis. All Contractors must submit quarterly reports of quality monitoring including analyses of performance trends through the Contractor's quality assurance and improvement processes. Quarterly reports must include data with trend analysis based on performance measures in the quarterly reporting format provided by 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 finding, opportunities for improvement, and actions taken to impact performance in the following areas: Sentinel events and incidents, clinical supervision, clinical documentation, and facility if applicable. As well, QA committee agenda, minutes of QA meetings highlights of QA findings and updates on any current improvement plans should be forwarded with each quarterly report.

5. Experience

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

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

In order to demonstrate experience, prior agency performance in providing similar services will be considered in the evaluation process. 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, results 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

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

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

7. Reporting requirements for program and fiscal data

a) Credentialing

The Contractor is required to adhere to Medicaid requirements described in A Health Care Quality Improvement System for Medicaid Managed Care, Standard IX, pages 71-77, for credentialing and recredentialing of direct clinical care personnel.

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.

The Contractor is required to establish an e-mail address account specifically for its delegated credentialing specialist for direct communication with CAMHD's Credentialing Specialist or Performance Management Section.

All direct care personnel including subcontractors must be credentialed prior to providing services to any CAMHD youth, as defined in the CAMHD Credentialing and Recredentialing Policies and Procedures.

All contractors are required to electronically submit a monthly credentialing status log to the CAMHD Credentialing Specialist by the 15th day of each month in Excel format as specified by CAMHD's Credentialing Specialist.

Contractors 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.

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

b) Fiscal Billing

All Contractors are required to bill electronically and fully adhere to the billing reporting requirements of the CAMHD. Provider reporting currently utilizes a ***Health Insurance Portability and Accountability Act (HIPAA)*** compliant transactional model in which providers are responsible for receiving HIPAA compliant electronic eligibility (271), authorization (278), remittance advice (835) files, and generating HIPAA compliant claim (837) files. Providers are responsible for adhering to CAMHD companion document specifications for 837 claim files. To acquire the CAMHD companion document, please visit <http://cmhpr.health.state.hi.us>

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

Contractors are required to have computer hardware that supports Internet connection, Internet e-mail, and laser printing. Contractors are responsible for having Microsoft Windows 2000 and Microsoft Access 2000 if

they intend to use the Department of Health Billing Interface (DOHBI) to generate and receive HIPAA compliant transaction files. Newer versions of Access need to be replaced with Access 2000 and providers can contact Microsoft technical support should they have any questions regarding the procedures for doing so.

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

All provider reporting data must be submitted in the manner and format specified by CAMHMIS. Prior to issuing payment for services rendered, CAMHD will verify that the MTPS (for required levels of care as defined in the IPSPG) has been submitted. This qualitative review will assist CAMHD in monitoring service delivery and outcomes.

c) Training Data

Applicable contractor(s) must submit in a format specified by CAMHD, the quarterly Title IV-E Training Activities and Cost Reports (*See Section 5, Attachment N*) 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 applicable contractors of the format and timeline associated with this requirement.

Training activities designed to increase the ability of current or prospective foster parents, non-clinical, non-treatment and non-therapist staff members of the therapeutic group homes, that provide support and assistance to foster and adopted children must be included in this quarterly report.

Non-therapists, non-clinicians and non-therapeutic staff who work in therapeutic group home programs that are trained on topics to improve their work or practice are to be listed on the report.

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

d) Fiscal Data

- The Contractor shall submit an organization-wide fiscal audit in accordance with the following standards:
- Generally accepted auditing standards issued by the American Institute of Certified Public Accountants;
- Government Auditing Standards issued by the Comptroller General of the United States;
- Office of Management and Budget (OMB) Circular A-133 for state and local governmental agencies, if applicable; and
- Office of Management and Budget (OMB) Circular A-128 for state and local governmental agencies, if applicable.

The fiscal audit must be conducted on an annual basis and submitted to the CAMHD Contracts Management Section within six (6) months after the close of the fiscal year.

Contractors of services based on the cost reimbursement method of pricing must submit to CAMHD Fiscal Section monthly expenditure reports.

All Contractors must submit to CAMHD Fiscal Section any corrective action plan and reports, as requested by CAMHD, on all audit and fiscal monitoring findings.

All contractors are required to bill electronically and fully adhere to the billing reporting requirements of the CAMHD. Contractor's submission must comply with the HIPAA and CAMHD policy and procedures.

Current provider reporting submission instructions can be downloaded from <http://cmhpr.health.state.hi.us>.

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

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

The Contractor must submit the ***CAMHD-DOE Education Attendance Report (See Section 5, Attachment K)***, in a format and according to a schedule to be specified by CAMHD for DOH placements with educational components to the CAMHD Fiscal Section.

8. Pricing structure or pricing methodology to be used

Pricing Methodology: Unit Cost

The method of pricing for mental health assessment services requested in this RFP will be on a unit cost basis. The maximum unit rates are:

Comprehensive Mental Health Assessment	\$34.32
• One (1) Unit = 15 minutes	
• Maximum units = 20 units	
Summary Annual Assessment	\$34.32
• One (1) Unit = 15 minutes	
• Maximum units = 8 units	

CAMHD may consider a negotiated increase above the maximum unit rate for Contractors serving the following rural/remote areas: 1) Hana (Maui); 2) Lanai; 3) Molokai; 4) Kau (Hawaii); and 5) Kohala (Hawaii). Applicants proposing an increase above the maximum must provide justification for the increase. The justification should include the methodology used to determine that the increase is warranted. CAMHD will make the final determination on the final unit rate.

The unit rate is inclusive of all direct and indirect costs of providing the service. The applicant must submit a unit rate for each of the above proposed services. For all services based on the unit cost method of pricing, there is no payment for wait time, no-shows, and or cancellations.

Applicants must submit the proposed unit rates on the CAMHD Rate and Cost Summary Worksheet (***See Section 5, Attachment O***). In order to determine a price (unit rate) for a unit of service, the applicant and state purchasing agency must negotiate the total costs (including agency administration) for providing those services at a specific capacity and divide the total number of units of service that the program can produce at that capacity.

Pricing Methodology: Cost Reimbursement

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

The pricing for the following services will be based on cost reimbursement:

- Crisis Mobile Outreach
- Community-Based Crisis Group Home
- Respite Home
- Community Mental Health Shelter
- Therapeutic Group Home
- Community Based Residential - Levels II & III

Fiscal Obligations. CAMHD assumes the responsibility for the transportation costs of therapeutic visits for youth and family who are participating in the SEBD program, and are receiving services on another island other than their home island. These therapeutic visits are for the purposes of family therapy sessions and family reintegration as discharge nears. These therapeutic passes are incorporated as part of a planned treatment intervention that is documented in the youth's treatment plan with the FGC consensus. The cost of transportation for visits or passes that were not incorporated in the treatment plan with the FGC consensus is the responsibility of the provider agency. The treatment plan is required to show CAMHD involvement in its development.

Travel for these family treatment sessions or therapeutic visits require a prior written authorization from the FGC. CAMHD will not be responsible for payment for travel provided by contracted agencies without prior written authorization from the FGC. The CAMHD does not pay for pre-acceptance interviews or visits, either hourly or overnight, to the program.

The CAMHD does not pay to hold a bed for youth transferred to a more intensive level of care. See the IPSPG for specific requirements regarding bed holds.

IV. Facilities

The applicant is required to submit in the proposal disclosure(s) of any suspension or revocation of licensure for any therapeutic group home, community-based residential treatment facility owned or operated by the applicant organization in the last five years. Such disclosure will describe the reason for the suspension or revocation of licensure. The purchasing agency reserves the right to determine the eligibility to submit a proposal of applicant organization(s) that have had licensure suspended or revoked for any reason.

Applicants proposing community-based residential services must be able to meet applicable facility licensing/certification requirements under Title 11, Chapter 98, Hawaii Administrative Rules (HAR), including Title 11, Chapter 98.1, upon promulgation. Preference will be given to applicants with the combined experience and appropriate facility licensure.

Therapeutic Group Homes and Community-Based Residential Programs

The applicant proposing therapeutic group home (therapeutic living programs per HAR Chapter 98 Special Treatment Facilities with waivers), and community-based residential (special treatment facilities per HAR Chapter 98) services must possess a valid Hawaii facility license to operate those programs or submit plan for licensure. The facility must be licensed prior to accepting any youth in the facility. Preference will be given to applicants who possess the required combination of experience and appropriate facility licensure. Failure to obtain licensure will be considered a substantial breach of contract and may result in contract termination. The facility must maintain licensure at all times during the contract period. Any break in licensure will result in immediate contractual action, up to and including transfer of all youth and termination of contract.

Applicants proposing therapeutic group home services must be able to meet applicable facility licensing/certification requirements, including HAR Title 11, Chapter 98, or upon promulgation and approval of Title 11, Chapter 98.1.

Applicants proposing community-based residential services and/or therapeutic group home service are required to have all direct care staff credentialed prior to providing service to the residents at the facility, as defined in the CAMHD Credentialing and Recredentialing Policies and Procedures (*See Section 5, Attachment I*)

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through the end of the proposal. See sample table of contents in Section 5.*
- *The proposal application **shall not exceed thirty-five (35) pages**, excluding applicant's attachments and required documentation, and shall be double spaced with a minimum font size of 12.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections **(Required)**.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (**see Section 1, paragraph II, 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*

I. 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.

II. Experience and Capability

A. Necessary Skills

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

The applicant must submit evidence of JCAHO, CARF, COA, or other comparable accreditation indicating applicant is accredited.

The applicant must demonstrate agency capacity to provide treatment services in accordance with evidence-based service literature (*See Section 5, Attachment H*).

B. Experience

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

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

The applicant shall provide information about key clinical and administrative personnel experience in providing similar services to those proposed. The applicant shall include points of contact,

including email and telephone numbers, for those individuals.
CAMHD reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant must describe its quality assurance and improvement processes for the proposed services, including methodology. The applicant shall demonstrate integration of the agency quality assurance plan and the CAMHD Quality Assurance & Improvement Program (***See Section 5, Attachment J***).

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

An agency's QAI plan must include the organization's vision, mission, and values on which its plan for continuous quality improvement efforts is based, inclusive of:

- Goals and objectives;
- Scope of the QA program;
- Specific activities to be undertaken, such as studies;
- Continuous tracking of issues;
- Focus on educational and positive behavioral health outcomes; Systematic process of quality assessment and improvement;
- Evaluation of the continuity and effectiveness of the QA program;
- Resources needed for its activities; and
- A description of how QA documentation will be maintained and available for inspection and review.

A description of how the organizational structure (identified in Section 3, Part III) supports and supervises its QAIP, 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 QAIP;

- How progress of the quality assurance and improvements will be reviewed; and
- Accountability for modifications to the program.

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.

A description of how QAI activities will be coordinated with other management activities, including how findings, conclusions, recommendations, and actions taken shall be documented and reported. A demonstration of an active QA committee including, but not limited to:

- Schedule of meetings;
- Documentation of activities;
- How findings and recommendations will be directed; and
- Accountability to the governing body.

Description of the organization's utilization review and management program to determine whether the level and intensity of services provided are appropriate to the educational and behavioral health needs of youth. 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 medication usage including dosage, side effects, polypharmacy, and errors;
- Monitor and assure the prior authorization of services;
- Maintain a process of concurrent review for ongoing treatment and for requests for reauthorization of services; and
- Identify and maintain levels of review in accordance with the CAMHD service guidelines regarding length of service.
- Include the organization's plan for ongoing compliance with credentialing and recredentialing of personnel;
- Include the organization's plan for managing how youth's rights and responsibilities will be communicated;
- Include the organization's plan for how services will be made accessible and available; and
- Include the organization's plan for how records will be maintained including how confidentiality will be ensured in

compliance with all relevant state and federal laws and regulations.

D. Coordination of Services

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

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

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

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

Applicants of Community-Based Residential - Level II must demonstrate a willingness to execute a memorandum of understanding with the provider of psychosexual assessment services prior to start of contract date.

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

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

Specific to therapeutic group homes and community-based residential programs, there must be submission of applicable licenses as described in Section II, IV. If the facility is not presently available or licensed, describe plans to secure and license the facility. Preference will be given to applicants with the combined experience and appropriate facility licensure.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

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

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

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

2. Staff Qualifications

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

The applicant shall describe the capacity and protocols to provide oversight and management of service delivery. The applicant shall 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 IPSPG.

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

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

- Training (Workforce Development) Director

The applicant shall submit position description of Youth Specialist and Family Specialist. Applicants are strongly encouraged to include résumés if available.

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 IPSPG 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 IPSPG.

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 IPSPG.

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 shall address how the subcontractors will be monitored. The applicant shall also address how it will ensure that each of the practitioner subcontractors meet the State requirements to provide mental health services as an independent practitioner.

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

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

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

2. Organization Chart

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

IV. Service Delivery

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

A. Needs Assessment & Program Planning

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

B. Service Description and Implementation

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

For each service, the applicant shall provide a description of the treatment model and how this is supported by evidence-based literature and best practice guidelines as outlined in the *Interagency Performance Standards and Practice Guidelines, Evidence-Based Services Committee, Biennial Report - Summary of Effective Interventions for Youth with Behavioral and Emotional Needs. Fall 2004 (See Attachment H)*, or other documents.

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

The applicant shall provide a work plan possibly in the form of the organization’s relevant policies and procedures, to illustrate intent to ensure timely delivery of services and the timely provision of information to FGCs, schools, and other significant parties. Services must commence within the specified number of days of acceptance of referral, as specified in the IPSPG.

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 turnover.

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

The applicant shall provide performance indicators and a performance evaluation plan. In addition, the applicant shall provide empirical or other evidence that supports the applicant's proposed positive behavioral interventions or strategies to produce the desired outcomes.

Applicants shall describe how their internal quality assurance practices are in alignment with the CAMHD performance management system and quality assurance practices, including how service quality is internally monitored through tracking and analyses of trends and patterns. They shall also describe how information on their performance and quality will be used to make programmatic and practice improvements. Applicants shall describe how they will partner and develop roles for youth and families in the monitoring and management of the agency, and how they will actively partner in performance management activities with the broader service system.

C. Emergency/Crisis Capacity

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

The applicant shall specifically address its mechanisms for ensuring that each youth has an individual crisis plan. In addition, the applicant must detail clinical staff accessibility twenty-four (24) hours a day, seven (7) days a week.

D. Referrals and Coordination

The applicant shall describe the capacity for responding to referrals through a description of the applicant's procedures that ensure timely scheduling of appointments, processing of documents, and participation in conference meetings.

For emergency services, the applicant shall describe how they will provide appropriate referrals for any non-CAMHD youth.

For ES services, the applicant shall describe the processes that will be instituted to integrate their services with FGCs, schools, state agencies, and other CAMHD Contractors that may be working with the same youth/family.

V. Financial

A. Pricing Structure

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

1. Unit of Service and Unit Rate Cost

The applicant shall submit a cost proposal utilizing the unit cost pricing structure designated by CAMHD. The cost proposal must be attached to the proposal application for mental health assessment services.

In addition, the applicant shall submit a completed Unit Rate and Cost Summary Worksheet for each fiscal year as part of the applicant's cost proposal.

2. Cost Reimbursement Service

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

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

All budget forms, instructions and samples are located on the SPO website (*see Section 1, paragraph II Websites referred to in this RFP*). The following budget form(s) shall be submitted with the Proposal Application:

B. Other Financial Related Materials

The Contractor 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
- Office of Management and Budget (OMB) Circular A-133 for state and local governmental agencies, if applicable.

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be included as an attachment).

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

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

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

2. Information System

The applicant 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, and the capability of your staff to use the system. Describe the following:

The process for resolving any differences that may occur between CAMHMIS and the organization's system;

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

VI. 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

I. 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.

II. 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. Efforts will be made to include families and/or consumer representatives in the community for each evaluation committee.

The evaluation will be conducted in three (3) 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		100 Points
Program Overview	0 points	
Experience and Capability	35 points	
Project Organization and Staffing	20 points	
Service Delivery	30 points	
Financial	15 Points	
TOTAL POSSIBLE POINTS		100 Points

III. 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)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the service(s) being offered.

Experience and Capability (35 points)

- Demonstrates applicant's skills, abilities, and knowledge relating to the delivery of the proposed services for the specific population. **[1 point]**
- Thoroughly describes the history and relevant background of the applicant's professionals and staff, illustrating a strong knowledge and experience base with the evidence-based services for the proposed population. **[1 point]**
- Thoroughly describes the history and relevant background of the applicant's professionals and staff, illustrating a strong commitment to CASSP principles, particularly youth guided and family centered care, community-based care, and cultural competency. **[1 point]**

- Thoroughly describes the applicant's vision, mission and goals showing a commitment to serving and supporting the population in manner with consistent with CAMHD values and core commitments. **[1 point]**
- Demonstrates a thorough understanding of the goals of the CAMHD through a specific description of how the applicant and the services proposed will assist the CAMHD in achieving the CAMHD's goals within this contract term. **[1 point]**
- Demonstrates that the applicant's key clinical leadership personnel possesses the knowledge, skills, and abilities to train, supervise and monitor the delivery of the proposed services in accordance with the current evidence-based research. **[5 points]**
- Demonstrates the applicant's ability to provide and manage the proposed services in accordance with contractual obligations. Evaluation of this provision will include a specific review of the applicant's performance monitoring results within the past three (3) years, as related to any services previously provided to the target population while under contract to the State (applicants are strongly encouraged to provide the contract monitoring reports). **[4 points]**
- Demonstrates applicant's operational plans to govern implementation critical components of the QAIP. **[4 points]**
- Sufficiency of QAIP, including all required key elements as defined in the RFP. **[5 points]**
- Demonstrates the applicant's specific operational work plan to assure how the agency's quality assurance will be integrated throughout the program and with CAMHD's QAIP. **[5 points]**
- Demonstrates applicant's commitment and capability to coordinate services with schools, other child serving agencies, primary care provider and informal community programs and resources in the community. **[4 points]**
- Demonstrates of adequacy and viability of program space and facilities that allow for timely review of referrals, and delivery of proposed services. **[3 points]**

Staffing and Project Organization (20 points)

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

- Demonstrates applicant's personnel capacity to meet the required staffing pattern to insure timely access and provision

of services in accordance with components of this RFP and the IPSPG. **[3 points]**

- Demonstrates credentialing policy, internal protocols, and oversight that ensures minimum qualifications (including experience) of staff/clinicians/mental health professionals as guided by the IPSPG requirements. **[2 points]**
- Demonstrates a workforce development program that assures timely and effective recruitment, orientation, training and supervision of mental health professionals, staff, and subcontracted providers, relative to the delivery of the proposed services in accordance with the IPSPG, and all aspects of the contract. **[3 points]**
- Demonstrates a workforce development program that details how staff and subcontracted providers will be specifically trained and supervised regarding clinical practice in relation to evidence-based services, CASSP centered approaches, and evaluation of clinical outcomes. **[2 points]**
- Degree to which the applicant's Youth Engagement policy details how youth and young adults will be given roles across the agency to include voice in their specific care, monitoring and quality assurance, management decisions, and various employment opportunities. **[3 points]**
- Degree to which the applicant's Family Engagement policy details how family members will be given roles across the agency to include voice in their specific care, monitoring and quality assurance, management decisions, and various employment opportunities. **[2 points]**
- Demonstrates of a clearly defined supervision structure to provide administrative and clinical direction to mental health professionals, staff, and subcontracted providers, relative to the delivery of the proposed services in accordance with the IPSPG, and all aspects of the contract. **[2 points]**
- Describes the applicant's organizational management process to support the overall service activities, including a clear description of the agency's employee structure or representation of a viable network of individually licensed providers as demonstrated in the agency's Organization Chart(s). **[3 points]**

Service Delivery (30 Points)

- How the proposed services are directly aligned with the core commitments and goals of CAMHD including evidence-based services; how youth/families will enter the agency; how

youth/families receive evidence-based services, support; and discharge protocols. **[3 points]**

- How the proposed services will be evidence-based and will build on the youth's and family's unique strengths, including mechanisms to assure that the youth and family are informed about evidence-based service options, guide their individualized service plan development and participate in the evaluation of treatment progress. **[3 points]**
- Demonstrates the applicant's understanding of cultural and linguistic needs of the population and community to be served, including unique factors and supports within the proposed geographic region(s). **[3 points]**
- How the proposed services will build on the unique cultural values and linguistic needs of each youth and family within the proposed communities, including mechanisms to assure that the cultural and linguistic needs are addressed in each treatment plan. **[2 points]**
- How the proposed services will support youth by considering the developmental stage of the proposed population, and general life skills strategies to support their growth and development. **[3 points]**
- Demonstrates the applicant's clear policies and procedures to protect the privacy and rights of youth and family, including respect for youth and parental/family choice of provider and treatment approach. **[3 points]**
- Demonstrates the applicant's commitment to least restrictive interventions and best practices including strategies to include youth in community based normalized social and recreational activities. **[3 points]**
- Describes the applicant's policies and procedures for identifying, addressing and managing transitions, showing an understanding of the complexity of the needs and the need for collaboration and coordination. **[4 points]**
- Describes the applicant's policies and procedures for developing and evaluating individualized crisis plans. **[3 points]**
- Evidence of support for this proposal from other child serving agencies, schools, CCCs, and community organizations from the community involved in the proposal, **[3 points]**

Financial (15 Points)

The State will evaluate the applicant's cost proposal(s) and description of the applicant's overall fiscal operations that will include:

- Proposal costs are competitive and reasonable. **[3 points]**
- Degree to which the cost proposal(s) and budget(s) demonstrates support of the scope of services and RFP requirements. **[3 points]**
- Personnel costs are reasonable and comparable to positions in the community; non-personnel costs are reasonable and adequately justified; and administrative costs are reasonable and adequately justified **[3 points]**
- Demonstration of adequacy of accounting system and infrastructure to support electronic/manual billing requirements including a demonstration of applicant's ability to accurately track cost of related services by youth served. **[3 points]**
- Demonstration of applicant's financial solvency; submission of financial audit and management letter. **[3 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.