State of Hawaii
Department of Health
Alcohol and Drug Abuse Division
Community and Consultative Services Branch

Request for Proposals (RFP)

RFP Title: Substance Abuse Treatment Services
RFP No. HTH 440-08-1

Date Issued: September 23, 2008

Sub-Category	Service Description
1	Adult Substance Abuse Treatment Services
2	Adolescent Substance Abuse Treatment Services
3	Dual Diagnosis Substance Abuse Treatment Services
4	Injection Drug Use Continuum
5	Specialized Substance Abuse Treatment Services for Pregnant & Parenting Women and Children
6	Integrated Case Management and Substance Abuse Treatment Services for Offenders
7	Group Recovery Homes
8	Early Intervention Services for HIV

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.

SUBSTANCE ABUSE TREATMENT SERVICES RFP No. 440-08-1

The Department of Health, Alcohol and Drug Abuse Division, Community and Consultative Services Branch, is requesting proposals from qualified applicants to provide a variety of substance abuse treatment services for adults and adolescents statewide as described in Section 2 of this Request for Proposal (RFP).

I. FUNDING:

Total Amount	Fiscal Year
$21,333,245	July 1, 2009 to June 30, 2010
$21, 333,245	July 1, 2010 to June 30, 2011
$21, 333,245	July 1, 2011 to June 30, 2012
$21, 333,245	July 1, 2012 to June 30, 2013

II. CONTRACT TERM:

The contract term will be from July 1, 2009 through June 30, 2013. Multiple contracts will be awarded under this request for proposals.

III. APPLICATION DEADLINE:

Proposals shall be mailed, postmarked by the United States Postal Service (USPS) on or before November 24, 2008, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on November 24, 2008, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet.

Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

IV. APPLICANT ORIENTATION TO RFP:

Date: Friday, October 3, 2008
Time: 9:00 a.m. to 12:00 noon HST
Location: Kapolei Hale
1000 Ulu`ohia Street
Conference Room C
Kapolei, Hawaii 96707

All prospective applicants are strongly encouraged to attend the orientation.

V. QUESTIONS:

Written questions shall be submitted via email or fax to the contact person below. Written question must be submitted before midnight, HST, October 20, 2008. All written questions will receive a written response from the State on October 27, 2008.

VI. CONTACT PERSON FOR INQUIRIES:

Margaret Tom
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707
Phone: (808) 692-7522 Fax:(808) 692-7521
Email:margaret.tom@doh.hawaii.gov.

Division/Center: ADAD
RFP NO.: 440-08-1
DATE: 9/23/08

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 4 + 1 Original

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **November 24, 2008 and received by the state purchasing agency no later than 10 days from the submittal deadline**.

All Mail-ins

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

DOH RFP COORDINATOR

Margaret Tom
Telephone: (808) 692-7522
Fax: (808) 692-7521
margaret.tom@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:00 P.M., Hawaii Standard Time (HST), November 24, 2008.** Deliveries by private mail services such as Federal Express (FEDEX) and United Parcel Service (UPS) shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m. (HST), **November 24, 2008**.

Drop-off Sites

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

RFP Table of Contents

Section 1 Administrative Overview

I. Procurement Timetable 1-1
II. Website Reference 1-2
III. Authority 1-2
IV. RFP Organization 1-3
V. Contracting Office 1-3
VI. Orientation 1-3
VII. Submission of Questions 1-4
VIII. Submission of Proposals 1-4
IX. Discussions with Applicants 1-6
X. Opening of Proposals 1-7
XI. Additional Materials and Documentation 1-7
XII. RFP Amendments 1-7
XIII. Final Revised Proposals 1-7
XIV. Cancellation of Request for Proposals 1-7
XV. Costs for Proposal Preparation 1-8
XVI. Provider Participation in Planning 1-8
XVII. Rejection of Proposals 1-8
XVIII. Notice of Award 1-8
XIX. Protests 1-9
XX. Availability of Funds 1-9
XXI. General and Special Conditions of the Contract 1-10
XXII. Cost Principles 1-10

Section 2 - Service Specifications

Sub-Category Service Description

1 Adult Substance Abuse Treatment Services…… 2-1-1
2 Adolescent Substance Abuse Treatment Services……... 2-2-1
3 Dual Diagnosis Substance Abuse Treatment Services…… 2-3-1
4 Injection Drug Use Continuum…… 2-4-1
5 Specialized Substance Abuse Treatment Services for Pregnant & Parenting Women and Children……... 2-5-1
6 Integrated Case Management and Substance Abuse Treatment Services for Offenders…….. 2-6-1
7 Group Recovery Homes……... 2-7-1
8 Early Intervention Services for HIV……. 2-8-1

Section 3 - Proposal Application Instructions

General Instructions for Completing Applications 3-1
I. Program Overview 3-2
II. Experience and Capability 3-2

A. Necessary Skills 3-2
B. Experience 3-2
C. Quality Assurance and Evaluation 3-2
D. Coordination of Services 3-2
E. Facilities 3-2
III. Project Organization and Staffing 3-2
A. Staffing 3-3
B. Project Organization 3-3
IV. Service Delivery 3-3
V. Financial 3-4
A. Pricing Structure 3-4
B. Other Financial Related Materials 3-4
VI. Other 3-5
A. Litigation 3-5

Section 4 – Proposal Evaluation

I. Introduction 4-1
II. Evaluation Process 4-1
III. Evaluation Criteria 4-2
A. Phase 1 – Evaluation of Proposal Requirements 4-2
B. Phase 2 – Evaluation of Proposal Application 4-2
C. Phase 3 – Recommendation for Award 4-5

Section 5 – Attachments

Attachment A. Competitive POS Application Checklist
Attachment B. Sample Table of Contents for the POS Proposal Application
Attachment C. Workplan Forms
Attachment D. Certifications
Attachment E. Program Specific Requirements

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 Request for Proposals (RFP)	Sep 23, 2008
Distribution of RFP	Sep 23, 2008
RFP orientation session	Oct 3, 2008
Closing date for submission of written questions for written responses	Oct 20, 2008
State purchasing agency's response to applicants' written questions	Oct 27, 2008
Discussions with applicant prior to proposal submittal deadline (optional)	Sep-Nov, 2008
Proposal submittal deadline	**November 24, 2008**
Discussions with applicant after proposal submittal deadline (optional)	Nov-Dec, 2008
Final revised proposals (optional)	Nov-Dec, 2008
Proposal evaluation period	Nov-Jan, 2009
Provider selection	Feb 2009
Notice of statement of findings and decision	Feb 2009
Contract start date	**July 1, 2009**

II. Website Reference

The State Procurement Office (SPO) website is http://hawaii.gov/spo/

	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 "The RFP Website" (located under Quicklinks)
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 http://hawaii.gov)

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

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 sections:

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

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

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

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

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

V. Contracting Office

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

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
Phone (808) 692-7522
Fax: (808) 692-7521

VI. Orientation

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

Date: **October 3, 2008** **Time:** **9:00am-12:00 Noon (HST)**

Location: **Kapolei Hale**
1000 Ulu`ohia Street
Conference Room C
Kapolei, Hawaii 96707

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 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: **October 20, 2008** **Time:** **Written questions shall be submitted via email or fax before midnight (HST)**

State agency responses to applicant written questions will be provided by**:**
Date: **October 27, 2008**

Verbal questions receiving a verbal response may be directed to the Contact Persons identified in Section 2 of this RFP up until the submittal deadline.

VIII. Submission of Proposals

A. **Forms/Formats –** Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency.

Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms. Proposals must contain the following components:

1. **Proposal Application Identification (Form SPO-H-200)**. Provides applicant proposal identification.

2. **Proposal Application Checklist**. Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents**. A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)**. Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

B. **Program Specific Requirements**. Program specific requirements are included in Section~~s~~ 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.

C. **Multiple or Alternate Proposals**. Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

For those applicants applying for more than one sub-category or geographic area, a separate proposal for sub-category or geographic area shall be submitted.

D. **Tax Clearance**. Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of $25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website (Refer to this section's part II. Website Reference).

E. **Wages and Labor Law Compliance**. If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section

103-55, at the Hawaii State Legislature website (See part II, Website Reference).

- **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 shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website (See part II, Website Reference).

F. **Hawaii Compliance Express (HCE)**. Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.

G. **Campaign Contributions by State and County Contractors**. Contractors are hereby notified of the applicability of HRS Section 11-205.5, 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, Frequently Asked Questions (FAQs) are available at the Campaign Spending Commission webpage (See part II, Website Reference).

H. **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.

I. **Proposal Submittal**. All mail-ins shall be postmarked by the United States Postal Service (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 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 Federal Express (FEDEX) and United Parcel Service (UPS) 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

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

B. After Proposal Submittal Deadline - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance HAR Section 3-143-403.

X. Opening of Proposals

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

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

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

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 RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

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:

(1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)

(2) Rejection for inadequate accounting system. (HAR Section 3-141-202)

(3) Late proposals (HAR Section 3-143-603)

(4) Inadequate response to request for proposals (HAR Section 3-143-609)

(5) Proposal not responsive (HAR Section 3-143-610(a)(1))

(6) Applicant not responsible (HAR Section 3-143-610(a)(2))

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 paragraph II, 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 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 L. Fukino, M.D.	Name: Keith Yamamoto
Title: Director of Health	Title: Chief, Alcohol and Drug Abuse Division
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707

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

XXI. Monitoring and Evaluation

Criteria by Which the Performance of the Contract Will be Monitored and Evaluated are:

(1) Performance/Outcome Measures
For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and effectiveness of client treatment received as measured by variance data in the Year End Report?

(2) Output Measures
For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor fully utilize the contract amount?

(3) Quality of Care/Quality of Services
For example, did the contractor meet established standards for quality of care of delivery or services as delineated in the Scope of Services and as evaluated through the contract monitoring report and their Corrective Action Plan (CAP)?

(4) Financial Management
For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the

required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?

(5) Administrative Requirements
For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedure section of the contract monitoring report?

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 deemed necessary. These special conditions may include, but are not limited to, Federal Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant requirements under federal statues (42 U.S.C. 300x-21 through 300x-66) and regulations (45 CFR, Part 96); Confidentiality of Alcohol and Drug Abuse Patient Records pursuant to 42 CFR, Part 2; Federal Health Insurance Portability Accountability Act (HIPAA) regulations pursuant to 45 CFR, Part 160 and Subparts A and E of Part 164; Language Access provisions (HRS, Chapter 371, Part II); Discrimination in Public Accommodations (HRS, Chapter 489); Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, as revised (68 FR 47311), pursuant to Executive Order 13166; Section 504 of the Rehabilitation Act of 1973, as amended, pursuant to 45 CFR, Part 84; Title III of the Americans with Disabilities Act of 1990, as amended, pursuant to 28 CFR, Part 36; Title VI of the Civil Rights Act of 1964 (P.L. 88-352); Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683. and 1685-1686); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107); Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended; Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended; §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended; and any other nondiscrimination statute(s) which may apply.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles 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.

The Alcohol and Drug Abuse Division may change all or part of the pricing and compensation structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a unit rate.

Section 2
Service Specifications
Sub-Category 1
Adult Substance Abuse Treatment Services

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310,** the federal **Substance Abuse Prevention and Treatment Block Grant.**

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

To estimate the need for substance abuse services ADAD conducted a household survey of adults across the State in 2004. This survey incorporated criteria for abuse and dependence from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) of the American Psychiatric Association (APA, 2000) into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	State Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment lives in the City and County of Honolulu, other smaller counties require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug problems. The continuum includes Motivational Enhancement, Residential, Intensive Outpatient, Outpatient Treatment, Therapeutic Living and Recovery Support Services.

D. Description of the target population to be served

The target population includes adults who meet the current version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at:
http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

Service areas for this RFP consist of the Islands of Hawaii, Kauai, Maui, Molokai, Lanai and Oahu. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding:	*FY 2010:	$6,907,283 consisting of
		General Funds $4,706,655
		Federal Funds $2,200,628

*FY 2011: $6,907,283 consisting of
General Funds $4,706,655
Federal Funds $2,200,628

*FY 2012: $6,907,283 consisting of
General Funds $4,706,655
Federal Funds $2,200,628

*FY 2013: $6,907,283 consisting of
General Funds $4,706,655
Federal Funds $2,200,628

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

Any APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any geographic area. For each contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for each service area are as follows:

Oahu: (Funds specified are for the entire continuum including social detoxification services.)
Suggested amount of $3,952,619 consisting of $2,384,456 of General funds and $1,568,163 of Federal funds.
$1,568,163 of the Federal funds shall be spent for Native Hawaiians. Preference in awarding the Native Hawaiian set-aside funding shall be given to Native Hawaiian organizations or programs offering Native Hawaiian programming.

Maui: (Funds specified are for the entire continuum including social detoxification services.)

Suggested amount of $782,024 consisting of $733,231 of General funds and $48,793 of Federal funds.
$48,793 of the Federal funds shall be spent for Native Hawaiians. Preference in awarding the Native Hawaiian set-aside funding shall be given to Native Hawaiian organizations or programs offering Native Hawaiian programming.

Kauai: Suggested amount of $207,029 consisting of $178,924 of General funds and $28,105 of Federal funds.
$28,195 of the Federal funds shall be spent for Native Hawaiians. Preference in awarding the Native Hawaiian set-aside funding shall be given to Native Hawaiian organizations or programs offering Native Hawaiian programming**.**

Molokai: Suggested amount of $195,000 consisting of $117,000 of General funds and $78,000 of Federal funds. Funding for Molokai can be used to serve adults and/or adolescents.
$78,000 of the Federal funds shall be spent for Native Hawaiians. Preference in awarding the Native Hawaiian set-aside funding shall be given to Native Hawaiian organizations or programs offering Native Hawaiian programming**.**

Lanai: Suggested amount of $50,000 consisting of General funds. Funding for Lanai can be used to serve adults and/or adolescents.

Hawaii: Suggested amount of $1,720,611 consisting of $1,243,044 of General funds and $477,567 of Federal funds.
$477,567 of the Federal funds shall be spent for Native Hawaiians. Preference in awarding the Native Hawaiian set-aside funding shall be given to Native Hawaiian organizations or programs offering Native Hawaiian programming**.**

NOTES:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances changes, ADAD reserves the right to change the anticipated source of funds to support needed programs and services.

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

   b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

   c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

   d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles on Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3) of the Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

   b. Procure a commercial sex act during the period of time that the award is in effect; or

   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9, shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol

and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

    e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

    f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the

APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug AddictionTreatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules**. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance"**) in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

    "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

    In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☐ Single ☐ Multiple ☒ Single & Multiple

The funding is for six geographic areas.

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP

or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Jared Yurow, Psy.D. at (808) 692-7522
jared.yurow@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. The Adult Continuum of Substance Abuse Treatment Services includes a range of modalities which are: Motivational Enhancement, Residential, Social Detoxification, Intensive Outpatient, Outpatient Treatment, Therapeutic Living Program, and Recovery Support Services as defined below. An APPLICANT can propose to provide the whole continuum or any part(s) of the continuum. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-5, **Therapeutic Living Program Requirements,** for standards for the Therapeutic Living Programs.

   APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

   Unit of Performance Services:

   a. **Motivational Enhancement Services** provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs.

Motivational Enhancement Services consist of process or educational group counseling. Up to **two (2) hours (in any combination) of process group or education group counseling** may be scheduled with each client weekly.

b. A **Residential Program** provides **24-hour per day non-medical, non-acute care** in a residential treatment facility that provides support, typically for more than thirty days for persons with alcohol and other drug problems and/or addiction.

It includes a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring, and treatment are available **twenty-four (24) hours a day, seven (7) days a week.**

The program shall consist of **twenty-four (24) hours per week of face-to-face activities** which shall include, but are not limited to, assessment, initial and updated treatment planning, individual and group counseling, substance abuse education, skill building groups, recreational therapy, family/couple counseling and case management. A **one (1) hour session per client per week of individual counseling is required** and shall be documented.

c. A **Social Detoxification Program** provides a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary services **24 hours a day, 7 days a week** for persons with substance abuse problems. Observation, monitoring, and treatment are available **twenty-four (24) hours a day, seven (7) days a week.**

Its purpose is medically to manage and monitor severe withdrawal symptoms from alcohol and/or drug addiction. It requires appropriately licensed, credentialed and trained staff. Those clients who develop medical complications or have pre-existing conditions requiring detoxification in a medical setting shall be referred to a hospital.

d. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a one **(1) hour session per client per week of individual counseling is required** and shall be documented.

e. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, case management and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or intensive outpatient treatment program.

Outpatient programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, individual and group counseling and substance abuse education. Outpatient services may also include, but are not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing, and case management.

An Outpatient Program regularly provides between one **(1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month**. The scheduling of one (1) hour per client per week of individual counseling is recommended when clinically indicated.

f. **Native Hawaiian Cultural Practices and Acupuncture**
   1) Ho'oponopono—family meetings in which relationships are set right through prayer, discussion, confession, repentance and mutual restitution and forgiveness (Pukui & Elbert, 1986).
   2) Lomilomi—Hawaiian restorative massage
   3) Acupuncture—a healing method of inserting and manipulating fine needles into specific points on the body in order to relieve pain and provide therapy (Wikipedia, 2008).

Other definitions may be added in the future after definitions on standards and operational definitions are agreed upon.

g. **Case Management** provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

Buprenorphine Support Services provides specialized case management to assist clients who are recovering from opioid addiction. Case managers help develop resources in the community by enlisting physicians who will prescribe buprenorphine and linking clients to concurrent substance abuse treatment and other support services. ADAD will develop policies and procedures in this area to offer guidance in the area of medication assisted treatment. ADAD will not provide reimbursement for buprenorphine.

h. **Therapeutic Living Program** provides structured residential living to individuals who are without appropriate living alternatives and who are **currently receiving, are in transition to, or who have been clinically discharged within six (6) months** from a substance abuse Day, Intensive Outpatient, or Outpatient treatment service. Priority shall be given to clients in (or from) ADAD-funded treatment slots. The focus of this program is to provide the necessary support and encouragement so that the client can complete treatment outside of the program, adjust to a chemically abstinent lifestyle, and manage activities of daily living so that they can move towards independent housing and life management.

A Therapeutic Living Program provides **fifteen (15) hours per week of face-to-face therapeutic activities**. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, supported employment, client support and advocacy, monitoring and follow-up. If a client is employed for **ten (10) or more hours per week, the 15 hours face-to-face therapeutic activities requirement can be reduced to ten (10) hours per week.** In the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5.

APPLICANTS providing Therapeutic Living Programs shall develop admission, continuance, and discharge criteria for ADAD's approval.

i. **Recovery Support Services**

1) **Continuing Care Services** provide services for the purpose of maintaining gains established in treatment and in support of the recovery process.

Continuing Care Services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly**.

2) **Clean and Sober Housing** provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an ADAD-contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD-contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

Clean and Sober Homes shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises**. APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD-funded treatment.

Cost Reimbursement Services:

3) **Cultural Activity Expenditures** provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

   Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

   ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

   Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

   a) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

b) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

c) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

d) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

e) Staff required (based on credentialing or community recognized cultural expertise).

f) Number of ADAD clients to be served per week and for the year.

g) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

h) Weekly Schedule with hours for all activities, including cultural activities.

i) ADAD encourages APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-10: "Indigenous Evidence Based Effective Practice Model"** produced by the Cook Inlet Tribal Council, Inc., May, 2007. This provides guidelines to follow to help build Best/Evidenced Based Practices from Promising Practices which begin with client-based and practice-based evidence.

j) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to **Attachment E-11: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services"** (January, 2001) for guidance.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the **WITS** (Web Infrastructure for Treatment System).

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

b. Pursuant to **Sec. 1927**, comply with the following requirements:

1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor

performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor.
In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the

program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System** (WITS) Follow-Up Report form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment.
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six **(6)** months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two **(2)** different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of dual diagnosis substance abuse treatment services and/or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Coordination of services

a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-end Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

   The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

A. Cost Reimbursement

1. For **cultural activities,** ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these request based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered a integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

2. **Recreational activities**, also known as clean and sober activities, shall be those activities in which clients learn to participate in recreational outings or activities that are free from alcohol, drugs and non-prescribed medication. Each APPLICANT must submit in its proposal a description of the activity along with a list of yearly estimated expenditures for implementation of specific recreational activities, integration with treatment and agency activities (e.g. interdisciplinary treatment/service planning with regularly scheduled reviews), staff required, number of ADAD clients to be served for each activity and for the year, non-personnel costs (including but not limited to transportation and materials required for the recreational activities) and a Weekly Schedule with hours for all recreational activities.

B. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

1. **Motivational Enhancement:**
   a. The unit of performance is sixty **(60)** minutes. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
   b. The rate shall be TWENTY-FOUR DOLLARS **($24)** for motivational enhancement, which may be either individual or group counseling.

2. **Continuing Care Services**:
   a. The unit of performance is sixty **(60)** minutes.
   b. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes. The rate shall be of TWENTY-FOUR DOLLARS **($24**) for continuing care, which may be either individual or group counseling.

3. **Residential Substance Abuse Treatment:**

   a. The unit of performance shall be a **bed day**.
   b. The rate per bed day shall be a maximum ONE HUNDRED EIGHTY-TWO DOLLARS (**$182**) per client per bed day. The rate shall cover one hundred percent (100%) of the treatment cost to the client.
   c. The maximum length of stay for this modality of treatment is seventy-five **(75) days** per client per year. Residential Programs can bill for the day of admission but not for the day of discharge, with the exception of Residential Social Detoxification Services which may bill for both day of admission and day of discharge.

4. **Non-Medical Residential Social Detoxification:**

   a. The unit of performance shall be a **bed day**.

b. The rate per bed day shall be a maximum ONE HUNDRED EIGHTY-TWO DOLLARS (**$182**) per client per bed day. The rate shall cover one hundred percent (100%) of the treatment cost to the client.

c. The maximum length of stay for this modality of treatment is seven **(7)** days. Residential Programs can bill for the day of admission but not for the day of discharge, with the exception of Residential Social Detoxification Services which may bill for both day of admission and day of discharge.

5. **Intensive Outpatient Substance Abuse Treatment:**

a. The unit of performance shall be a **per diem**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
b. The rate shall be ONE HUNDRED TWENTY DOLLARS **($120)** per day for face-to-face individual, group, and/or family sessions.
c. The maximum reimbursement shall be SIX HUNDRED DOLLARS **($600) per week**, preferably in blocks of three hours of treatment per day.
d. The maximum length of stay shall be forty **(40) days** per client per year.

6. **Outpatient Substance Abuse Treatment:**

a. The unit of performance is sixty **(60) minutes**. For case management, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rates shall be:
1) EIGHTY-EIGHT DOLLARS **($88)** for sixty **(60)** minutes of treatment planning or modification, individual counseling, or family counseling.

2) FORTY-EIGHT DOLLARS **($48**) for a sixty **(60)** minute process group or skill building group activity per client.

3) FORTY-FOUR DOLLARS **($44)** for a sixty **(60)** minute cultural group activity per client.

4) FORTY-FOUR DOLLARS **($44**) for sixty **(60)** minutes of buprenorphine support services, which consists of face-to-face case management with a client or face-to-face with a community resource (e.g. buprenorphine prescribing physician).

5) TWENTY-FOUR DOLLARS **($24)** for a sixty **(60)** minute recreation group, education group, motivational enhancement or continuing care group activity per client.

6) SIXTEEN DOLLARS **($16**) for sixty **(60)** minutes of face-to-face case management with a client or face-to-face with a community resource.

7) TWELVE DOLLARS **($12**) for sixty **(60)** minutes of case management through live telephone contact (no voicemail).

c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

d. The maximum hours of service shall be ninety-six **(96**) hours per client per year.

7. **Therapeutic Living:**

a. The unit of payment shall be a Therapeutic Living bed day.
b. The rate shall be EIGHTY-THREE DOLLARS **($83)** per client per bed day.
c. The maximum length of stay shall be one hundred thirty **(130)** days per client per year.
d. Therapeutic Living services can bill for the day of admission but not for the day of discharge.

8. **Clean and Sober Housing:**

a. The unit of payment shall be a Clean and Sober Living residential day.
b. The rate shall be FORTY-THREE DOLLARS **($43**) per client per residential day.
c. The maximum length of stay shall be one hundred eighty **(180)** days per client per year.
d. Clean and Sober Living programs can bill for the day clients move in but not for the day clients move out.

Section 2

Sub-Category 2-A

Adolescent Community-Based Outpatient Substance Abuse Treatment Services

Service Specifications

Section 2
Service Specifications
Sub-Category 2-A

Adolescent Substance Abuse Treatment Services
A. Adolescent Community-Based Outpatient Treatment Services

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant.**

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

In 2003 the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii collaborated in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Study. This Study was designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. A survey was the main instrument used to conduct the study and it was administered anonymously to approximately 30,000 students in 181 public and 41 private schools, and seven (7) charter schools. As in previous years, the report focuses on students in grades 6, 8, 10, and 12. The self-administered questionnaire incorporated criteria from the DSM-III-R to estimate the numbers of youth who need treatment for a substance abuse disorder. Estimates for the State and counties are as follows:

COUNTY INFORMATION 2003		Treatment Needs for Alcohol Abuse Only		Treatment Needs for Drug Abuse Only		Treatment Needs for Both Alcohol and Drug Abuse		Any Substance Abuse Treatment Needs	
COUNTY	Enrollment TOTAL (N)	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
City & County of Honolulu	61,096	1,203	2.0	1,073	1.8	1,493	2.4	3,759	6.2
Honolulu District	16,542	289	1.7	238	1.4	378	2.3	902	5.5
Central District	16,046	291	1.8	324	2.0	309	1.9	922	5.7
Leeward District	19,921	399	2.0	347	1.7	467	2.3	1,208	6.1
Windward District	8,587	224	2.6	164	1.9	339	4.0	727	8.5
Hawaii County/District	12,734	450	3.5	275	2.2	602	4.7	1,330	10.4
Maui County/District	10,976	326	3.0	301	2.7	419	3.8	1,044	9.5
Kauai County/District	5,632	88	1.6	104	1.9	199	3.5	392	7.0
All Public Schools	90,438	2,067	2.3	1753	1.9	2713	3.0	6,525	7.2
Private/Charter Schools	22,871	433	1.9	208	0.9	660	2.9	1,301	5.7
TOTAL STATEWIDE	113,309	2,500	2.2	1,961	1.7	3,373	3.0	7,826	6.9

The table above shows that 6,525 public school students in grades 6 through 12 (7%) are estimated to need treatment for alcohol and/or drug abuse. Statewide treatment needs for the combined public, private, and charter school population in grades 6 through 12 are estimated to be, 7,826 (7%), which is less than estimated statewide treatment needs in 2002 (11%), 2000 (13%), 1998 (16%), and 1996 (10%). As in previous years, treatment needs are highest in Hawaii and Maui Counties (10%) and lowest in the City and County

of Honolulu (6%) and Kauai County (7%). The City and County of Honolulu, however, has a much larger number of students with treatment needs (*n* = 3,759) than Hawaii (*n* = 1,330), Kauai (*n* = 392), or Maui Counties (*n* = 1,044). At the district level, Windward District exceeds other districts on Oahu in regards to the proportion of students needing treatment (9%); all other districts on Oahu have 6% of their students needing treatment.

Treatment needs dropped across all counties in 2003, bringing county-level treatment needs below treatment needs reported in 1996. Kauai County witnessed the greatest decrease in treatment need estimates in 2003. Treatment need estimates in Kauai County increased in 1998 then dropped slightly in 2000, and then dropped substantially in 2002 and 2003. Treatment needs in Hawaii and Maui Counties followed a similar pattern. Treatment need estimates in the City and County of Honolulu nearly doubled from 1996 to 1998 and then dropped slightly in 2000, 2002, and 2003.

Total treatment needs nearly doubled across most districts from 1996 to 1998 and then dropped slightly or remained unchanged in 2000. In 2002, total treatment needs dropped across all districts. Although the decline in treatment needs continued in 2003, they are only a few percentage points lower than the 1996 treatment need estimates. The data also reflects that treatment needs for any substance abuse are higher among females than males in grades 8, 10, and 12. A greater proportion of females than males need treatment for alcohol. Although treatment needs for drug abuse are slightly higher for females than males in grades 8 and 10, a larger proportion of 12th grade males need treatment for drug abuse than 12th grade females.

Although treatment needs are higher in the upper grades than in the lower grades, utilization of treatment facilities by those in need is typically lower among 12th graders than by students in all other grades.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making services modalities available to adolescents. The services include Community-Based Intensive Outpatient, Outpatient, Case Management treatment services and Cultural Activities. All adolescent treatment services are statewide.

D. Description of the target population to be served

1. The target population for Adolescent Community-Based Outpatient Treatment is middle-school and high-school age adolescents who meet either the current **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence or the current **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)**. All clients in any level of treatment shall meet the most current version of the ASAM PPC for admission, continuance, and discharge from Level 0.5 (Early Intervention), Level I, (Outpatient Treatment) and Level II (Intensive Outpatient Treatment). Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E Geographic coverage of service:

Service areas for this RFP consist of the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai. The APPLICANT may apply in any one or more areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding: *SFY 2010: $1,191,445 consisting of General Funds

*SFY 2011: $1,191,445 consisting of General Funds

*SFY 2012: $1,191,445 consisting of General Funds

*SFY 2013: $1,191,445 consisting of General Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

For each contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for each service area are as follows:

Oahu: Suggested amount of $400,000 consisting of General Funds

Kauai: Suggested amount of $100,000 consisting of General Funds

Hawaii: Suggested amount of $300,000 consisting of General Funds

Maui: Suggested amount of $251,445 consisting of General Funds

Lanai: Suggested amount of $60,000 consisting of General Funds

Molokai: Suggested amount of $80,000 consisting of General Funds

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. Start-up costs for new programs may be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must must be

approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated un the General Requirements section. Please note that as budgetary circumstance changes, ADAD reserves the right to change the anticipated source of funds to support needed programs and services.

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

   b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

   c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall 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 (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

   d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

   e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

   f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3)** of the **Public Health Service Act.**

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
   b. Procure a commercial sex act during the period of time that the award is in effect; or
   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9, shall be completed.

7. Whenever requested, the APPLICANT shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the APPLICANT's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing By Laboratories,** to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

b. Assures staff education on HIV and AIDS at least once per year.

c. Provides for AIDS education to all clients.

d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA)

Principles of Drug Addiction Treatment, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules.** Federal funds may not be expected under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance for compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance")** in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

"It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. The ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Flo Schuh at (808) 692-7536
florence.schuh@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Adolescent Community-Based Outpatient Treatment Services include: Intensive Outpatient, Outpatient Treatment, Case Management and Cultural Activities. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines,** for the definitions of specific treatment activities and further clarification of the treatment standards. The curriculum should be an overall sound structural component. The activities of the curriculum should be designed to recruit, maintain and engage the adolescent in treatment.

   APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

   Unit of Performance Services:

   a. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week,** in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis

intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing, case management, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, and movement), referral, alcohol and other drug addition client information, and nutrition counseling. The scheduling of a one **(1) hour session per client per week of individual counseling is required** and shall be documented.

b. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential program.

Outpatient programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, individual and group counseling and substance abuse education. Outpatient services may also include but not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing, and case management.

An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month.** The scheduling of one **(1)** hour per client per week of individual counseling is recommended when clinically indicated. The APPLICANT may record service data in quarter hour (15 minute) increments in excess of thirty (30) minutes.

c. **Case Management** provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

Cost Reimbursement Services:

e. **Cultural Activity Expenditures** provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

1) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

2) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

3) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

4) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

5) Staff required (based on credentialing or community recognized cultural expertise).

6) Number of ADAD clients to be served per week and for the year.

7) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

8) Weekly Schedule with hours for all activities, including cultural activities.

9) ADAD encourages APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-10: "Indigenous Evidence Based Effective Practice Model"** produced by the Cook Inlet Tribal Council, Inc., May, 2007. This provides guidelines to follow to help build Best/Evidenced Based Practices from Promising Practices which begin with client-based and practice-based evidence.

10) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to **Attachment E-11: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services"** (January, 2001) for guidance.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria Level 0.5 (Early Intervention), Level I (Outpatient Treatment), or Level II Intensive (Outpatient Treatment) have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient, and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

6. The program shall administer the **Adolescent Drug Abuse Diagnosis (ADAD)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ADAD** must be included in the **WITS** (Web-Based Infrastructure for Treatment System).

7. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

8. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

9. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

10. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

        2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

11. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisee shall be required to attend ADAD-approved CSAC preparatory training when available.

c. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

   1) Staff education on HIV and AIDS.

   2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant adolescent women shall receive preference for treatment. To ensure that pregnant adolescent women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant adolescent women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been

exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (**WITS) Follow-Up Report form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.

11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six **(6)** months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two **(2)** different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of substance abuse treatment services to adolescent clients.

6. Coordination of services

a. The APPLICANT shall collaborate with other appropriate programs including but not limited to health, mental health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services.

b. The APPLICANT shall also take the lead in convening periodic planning and coordination meetings with school-based substance abuse treatment and prevention providers and relevant school faculty and staff members within the school complex. While the primary participants are substance abuse prevention and treatment providers other relevant school-based social service providers could also be included if deemed appropriate.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-End Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days

after the end of the quarter. Year-end Reports are due **45** days after the end of each fiscal year.

For contracts beginning July 1:

Quarter1:	July 1-September 30	Report due October 31.
Quarter 2:	October-December 31	Report due January 31.
Quarter 3	January 1-March 31	Report due April 30.
Quarter 4	April 1-June 30	Report due July 31.
Year End	July 1-June 30	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

   The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and

modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

A. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

a. For **Adolescent Community-Based Outpatient Treatment**, the method of payment shall be reimbursement by actual expenditure or by performance at the unit rates in accordance with the ADAD treatment contract rates. Actual expenditure may also be used in combination with the Performance rate of reimbursement. If the combination option is used, the applicant must provide a narrative justification for the anticipated actual expenditure as well as submit appropriate budget justification forms. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the sate purchasing agency.

Monthly invoices must be submitted by the APLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format
specified by ADAD.

b. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

1) **Intensive Outpatient Substance Abuse Treatment:**
   a) The unit of performance shall be a **per diem.** The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1 hour).
   b) The rate shall be ONE-HUNDRED TWENTY DOLLARS **($120)** per day which shall include a minimum of three **(3) hours** per day face-to-face individual, group, and/or family sessions.
   c) The maximum reimbursement shall be SIX HUNDRED DOLLARS **($600)** per week, preferably in blocks of three hours of treatment per day.
   d) The maximum length of stay shall be determined by applying ASAM criteria.

2) **Outpatient Substance Abuse Treatment**
   a) The unit of performance is sixty (60) minutes. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
   b) The rates shall be:
      (1) EIGHTY-FOUR DOLLARS **($84)** for sixty (60) minute **individual** activity per client. Clients shall receive a minimum of **one (1) hour** of individual counseling per month.
      (2) FORTY-EIGHT DOLLARS **($48)** for a sixty (60) minute **group** activity per client.

(3) EIGHTY-FOUR DOLLARS **($84)** for sixty (60) minute **family** counseling activity.

c) Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

d) The maximum hours of service shall be determined by applying ASAM criteria.

Section 2

Sub-Category 2-B

Adolescent School-Based Substance Abuse Treatment Services

Service Specifications

Section 2-B
Service Specifications
Sub-Category 2
Adolescent Substance Abuse Treatment Services
B. Adolescent School-Based Outpatient Treatment

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant.**

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

In 2003 the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii collaborated in the Hawaii Student

Alcohol, Tobacco, and Other Drug Use Study. This Study was designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. A survey was the main instrument used to conduct the study and it was administered anonymously to approximately 30,000 students in 181 public and 41 private schools, and seven (7) charter schools. As in previous years, the report focuses on students in grades 6, 8, 10, and 12. The self-administered questionnaire incorporated criteria from the DSM-III-R to estimate the numbers of youth who need treatment for a substance abuse disorder. Estimates for the State and counties are as follows:

COUNTY INFORMATION 2003		Treatment Needs for Alcohol Abuse Only		Treatment Needs for Drug Abuse Only		Treatment Needs for Both Alcohol and Drug Abuse		Any Substance Abuse Treatment Needs	
COUNTY	Enrollment TOTAL (N)	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
City & County of Honolulu	61,096	1,203	2.0	1,073	1.8	1,493	2.4	3,759	6.2
Honolulu District	16,542	289	1.7	238	1.4	378	2.3	902	5.5
Central District	16,046	291	1.8	324	2.0	309	1.9	922	5.7
Leeward District	19,921	399	2.0	347	1.7	467	2.3	1,208	6.1
Windward District	8,587	224	2.6	164	1.9	339	4.0	727	8.5
Hawaii County/District	12,734	450	3.5	275	2.2	602	4.7	1,330	10.4
Maui County/District	10,976	326	3.0	301	2.7	419	3.8	1,044	9.5
Kauai County/District	5,632	88	1.6	104	1.9	199	3.5	392	7.0
All Public Schools	90,438	2,067	2.3	1753	1.9	2713	3.0	6,525	7.2
Private/Charter Schools	22,871	433	1.9	208	0.9	660	2.9	1,301	5.7
TOTAL STATEWIDE	113,309	2,500	2.2	1,961	1.7	3,373	3.0	7,826	6.9

The table above shows that 6,525 public school students in grades 6 through 12 (7%) are estimated to need treatment for alcohol and/or drug abuse. Statewide treatment needs for the combined public, private, and charter school population in grades 6 through 12 are estimated to be, 7,826 (7%), which is less than estimated statewide treatment needs in 2002 (11%), 2000 (13%), 1998 (16%), and 1996 (10%). As in previous years, treatment needs are highest in Hawaii and Maui Counties (10%) and

lowest in the City and County of Honolulu (6%) and Kauai County (7%). The City and County of Honolulu, however, has a much larger number of students with treatment needs (*n* = 3,759) than Hawaii (*n* = 1,330), Kauai (*n* = 392), or Maui Counties (*n* = 1,044). At the district level, Windward District exceeds other districts on Oahu in regards to the proportion of students needing treatment (9%); all other districts on Oahu have 6% of their students needing treatment.

Treatment needs dropped across all counties in 2003, bringing county-level treatment needs below treatment needs reported in 1996. Kauai County witnessed the greatest decrease in treatment need estimates in 2003. Treatment need estimates in Kauai County increased in 1998 then dropped slightly in 2000, and then dropped substantially in 2002 and 2003. Treatment needs in Hawaii and Maui Counties followed a similar pattern. Treatment need estimates in the City and County of Honolulu nearly doubled from 1996 to 1998 and then dropped slightly in 2000, 2002, and 2003.

Total treatment needs nearly doubled across most districts from 1996 to 1998 and then dropped slightly or remained unchanged in 2000. In 2002, total treatment needs dropped across all districts. Although the decline in treatment needs continued in 2003, they are only a few percentage points lower than the 1996 treatment need estimates. The data also reflects that treatment needs for any substance abuse are higher among females than males in grades 8, 10, and 12. A greater proportion of females than males need treatment for alcohol. Although treatment needs for drug abuse are slightly higher for females than males in grades 8 and 10, a larger proportion of 12th grade males need treatment for drug abuse than 12th grade females.

Although treatment needs are higher in the upper grades than in the lower grades, utilization of treatment facilities by those in need is typically lower among 12th graders than by students in all other grades.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making services modalities available to

adolescents. The service is Adolescent School-Based Outpatient Treatment. All adolescent treatment services are statewide.

D. Description of the target population to be served

1. The target population for **Adolescent School-Based Outpatient Treatment** is middle-school and high-school age adolescents who meet either the current **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence or the current **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)**. All clients in any level of treatment shall meet the most current version of the **ASAM** for admission, continuance, and discharge from Level 0.5 (Early Intervention), Level I, (Outpatient Treatment) and Level II (Intensive Outpatient Treatment). Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

The **Adolescent School-Based Outpatient Treatment** service area for this RFP is statewide. The service requested is school-based outpatient substance abuse treatment at the middle and high school level. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

APPLICANT shall apply by school complex area. Since some schools have small enrollments, the amount awarded for treatment at each school complex area will take into account the number of students enrolled and the needs of the district based on the 2003 Department of Health's Student Alcohol, Tobacco and Other Drug Use Survey (See listing below). ADAD estimates one counselor position will be needed for approximately 60 students requiring treatment services. Since funds are limited, APPLICANTS should anticipate that no school be staffed for more than one counselor and smaller schools will be funded for less than one counselor.

Treatment awards for the school complex area range from $20,000 to $90,000. The schools are grouped by complex area and should be applied for as a group.

School District & Complex	Schools	Hawaii Department of Education: 2007-2008 Official Enrollment	Probable Funding Amount
Kaimuki Complex: Honolulu District-Oahu			
	Jarrett Middle	285	$20,000
	Washington Middle	1032	$90,000
	Kaimuki High	1203	$90,000
	Total:	***2520***	***$200,000***
McKinley Complex: Honolulu District-Oahu			
	Central Middle	475	$45,000
	McKinley High	1857	$90,000
	Total	***2332***	***$135,000***
Roosevelt Complex: Honolulu District-Oahu			
	Kawananakoa Middle	803	$90,000
	Stevenson Middle	616	$80,000
	Roosevelt High	1654	$90,000
	Total	***3073***	***$260,000***
Farrington Complex: Honolulu District-Oahu			
	Dole Middle	854	$90,000
	Kalakaua Middle	1039	$90,000
	Farrington High	2530	$90,000
	Total	***4423***	***$270,000***
Kaiser Complex: Honolulu District-Oahu			
	Niu Valley Middle	792	$90,000
	Kaiser High	979	$90,000
	Total	***1771***	***$180,000***
Kalani Complex: Honolulu District-Oahu			
Kaimuki Middle: No services			
	Kalani High	1125	$90,000
	Total	***1125***	***$90,000***
Aiea Complex: Central District-Oahu			
	Aiea Intermediate	667	$80,000
	Aiea High	1255	$90,000
	Total	***1922***	***$170,000***
Moanalua Complex: Central District-Oahu			
	Moanaloa Middle	842	$90,000
	Moanaloa High	1994	$90,000
	Total	***2836***	***$180,000***
Radford Complex: Central District-Oahu			
	Aliamanu Intermediate	793	$90,000
	Radford High	1225	$90,000
	Total	***2018***	***$180,000***
Leilehua Complex: Central District-Oahu			
Wheeler Middle: No services			
	Wahiawa Middle	865	$90,000
	Leilehua High	1907	$90,000
	Total	***2772***	***$180,000***

Mililani Complex: Central District-Oahu			
	Mililani Middle	1814	$90,000
	Mililani High	2472	$90,000
	Total	***4286***	***$180,000***
Waialua Complex: Central District-Oahu			
	Waialua High & Inter	649	$80,000
	Total	***649***	***$80,000***
Campbell Complex: Leeward District-Oahu			
	Ilima Intermediate	1302	$90,000
	Campbell High	2491	$90,000
	Total	***3793***	***$180,000***
Campbell Complex: Leeward District-Oahu			
	Kapolei Middle	1559	$90,000
	Kapolei High	2285	$90,000
	Total	***3844***	***$180,000***
Pearl City Complex: Leeward District-Oahu			
	Highlands Intermediate	989	$90,000
	Pearl City High	1896	$90,000
	Total	***2885***	***$180,000***
Waipahu Complex: Leeward District-Oahu			
	Waipahu Intermediate	1306	$90,000
	Waipahu High	2564	$90,000
	Total	***3870***	***$180,000***
Nanakuli Complex: Leeward District-Oahu			
	Nanakuli High & Inter	1056	$90,000
	Total	***1056***	***$90,000***
Waianae Complex: Leeward District-Oahu			
Waianae Intermediate: No services			
	Waianae High	2113	$90,000
	Total	***2113***	***$90,000***
Castle Complex: Windward District-Oahu			
	King Intermediate	708	$90,000
	Castle High	1552	$90,000
	Total	***2260***	***$180,000***
Kahuku Complex: Windward District-Oahu			
	Kahuku High & Inter	1736	$90,000
	Total	***1736***	***$90,000***
Kailua Complex: Windward District-Oahu			
Waimanalo Intermediate No services			
	Olomana	179	$68,970
	Kailua High	988	$90,000
	Total	***1167***	***$158,970***
Kalaheo Complex: Windward District-Oahu			
	Kailua Intermediate	706	$90,000
	Kalaheo High	922	$90,000
	Total	***1628***	***$180,000***
Hilo Complex: Hawaii District-Hawaii			
	Hilo Intermediate	507	$70,000
	Kalanianaole Elementary & Intermediate	112 (Grades 6-8)	$20,000
	Hilo High	1491	$90,000

	Total	***2110***	***$180,000***
Laupahoehoe Complex: Hawaii District-Hawaii			
	Laupahoehoe High & Elementary	104 (Grades 6-12)	$45,000
	Rural Remote	***104***	***$45,000***
Waiakea Complex: Hawaii District-Hawaii			
	Waiakea Intermediate	893	$90,000
	Waiakea High	1276	$90,000
	Total	***2169***	***$180,000***
Kau Complex: Hawaii District-Hawaii			
	Kau High & Pahala Elementary	395 (Grades 6-12)	$80,000
	Naalehu Elementary & Intermediate	87 (Grade 6-7)	$20,000
	Rural Remote	***482***	***$100,000***
Keaau Complex: Hawaii District-Hawaii			
	Keaau Middle	604	$90,000
	Keaau High	970	$90,000
	Total	***1574***	***$180,000***
Pahoa Complex: Hawaii District-Hawaii			
	Pahoa High & Inter	766	$90,000
	Rural Remote	***766***	***$90,000***
Honokaa Complex: Hawaii District-Hawaii			
	Waimea Middle	459	$45,000
	Paauilo Elementary & Intermediate	88 (Grades 6-9)	$20,000
	Honokaa High & Intermediate	837	$90,000
	Rural Remote	***1384***	***$155,000***
Kealakehe Complex: Hawaii District-Hawaii			
	Kealakehe Intermediate	909	$90,000
	Kealakehe High	1638	$90,000
	Total	***2547***	***$180,000***
Kohala Complex: Hawaii District-Hawaii			
	Kohala Middle	208	$45,000
	Kohala High	283	$45,000
	Rural Remote	***491***	***$90,000***
Konawaena Complex: Hawaii District-Hawaii			
	Konawaena Middle	415	$45,000
	Konawaena High	754	$90,0000
	Total	***1169***	***$135,000***
Baldwin Complex: Maui District-Maui			
	Iao Intermediate	818	$90,000
	Baldwin High	1602	$90,000
	Total	***2420***	***$180,000***
Kekaulike Complex: Maui District-Maui			
	Kalama Intermediate	894	$90,000
	Kekaulike High	1354	$90,000
	Total	***2248***	***$180,000***
Maui Complex: Maui District-Maui			
	Lokelani Intermediate	651	$80,000
	Maui Waena Intermediate	1015	$90,000
	Maui High	1732	$90,000

	Total	***3398***	***$260,000***
Hana Complex: Maui District-Maui			
	Hana High & Elementary	174 (Grades 6-12)	$80,000
	Rural Remote	***174***	***$80,000***
Lahainaluna Complex: Maui District-Maui			
	Lahaina Intermediate	615	$80,000
	Lahainaluna High	996	$90,000
	Total	***1611***	***$170,000***
Lanai Complex: Maui District-Maui			
	Lanai High & Elementary	321 (Grades 6-12)	$65,000
	Rural Remote	***321***	***$65,000***
Molokai Complex: Maui District-Maui			
	Molokai Middle	147	$20,000
	Molokai High	384	$60,000
	Rural Remote	***531***	***$80,000***
Kapaa Complex: Kauai District-Kauai			
	Kapaa Middle	678	$80,000
	Kapaa High	1037	$90,000
	Total	***1715***	***$170,000***
Kauai Complex: Kauai District-Kauai			
	Kamakahelei Middle	949	$90,000
	Kauai High	1271	$90,000
	Total	***2220***	***$180,000***
Waimea Complex: Kauai District-Kauai			
	Waimea Canyon Middle	438	$45,000
	Waimea High	791	$90,000
	Total	***1229***	***$135,000***

F-1 Probable funding amounts, source, and period of availability: Adolescent School-Based Outpatient Substance Abuse Treatment Services:

Total Funding: *SFY 2010: $6,448,970 consisting of General Funds

*SFY 2011: $6,448,970 consisting of General Funds

*SFY 2012: $6,448,970 consisting of General Funds

*SFY 2013: $6,448,970 consisting of General Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

For each contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for each service area are as follows:

Oahu: Suggested amount of $3,613,970 consisting of General funds.

Maui: Suggested amount of $870,000 consisting of General funds.

Hawaii: Suggested amount of $1,335,000 consisting of General funds.

Lanai: Suggested amount of $65,000 consisting of General funds.

Kauai: Suggested amount of $485,000 consisting of General funds.

Molokai: Suggested amount of $80,000 consisting of General funds.

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. Start-up costs for new programs may be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

    a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

b. Disallow all or part of the cost.

c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated un the General Requirements section. Please note that as budgetary circumstance changes, ADAD reserves the right to change the anticipated source of funds to support needed programs and services.

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

All APPLICANTS shall complete and submit the **Federal certificates in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall 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 (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

   d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3)** of the **Public Health Service Act.**

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
   b. Procure a commercial sex act during the period of time that the award is in effect; or
   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9, shall be completed.

7. Whenever requested, the APPLICANT shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the APPLICANT's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing By Laboratories,** to ensure that appropriate

and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

    e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

    f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to

support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules.** Federal funds may not be expected under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance for compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance")** in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

"It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. The ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Flo Schuh at (808) 692-7536
florence.schuh@doh.hawaii.gov

III. Scope of Work:

The scope of work encompasses the following tasks and responsibilities:

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

1. The Adolescent School-Based Outpatient Treatment include the modality: Outpatient Treatment. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines;** for the definitions of specific treatment activities and further clarification of the treatment standards. The curriculum should be an overall sound structural component. The activities of the curriculum should be designed to recruit, maintain and engage the adolescent in treatment.

   APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

   Services shall be available year-round, during the school year, the summer months, and other school breaks. Service configurations may

vary during school breaks, or at other times, in excess of the maximum hours per week, with the prior approval of ADAD.

Unit of Performance Services:

a. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, are provided to clients with less problematic substance abuse related behavior than would be found in a residential program.

Outpatient programs shall include the following face-to-face activities: screening, assessment, initial and updated treatment planning, individual and group counseling.

An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month.** The scheduling of one **(1)** hour per client per week of individual counseling is recommended when clinically indicated. The APPLICANT may record service data in quarter hour (15 minute) increments in excess of thirty (30) minutes.

Cost Reimbursement Services:

b. Cultural Activity Expenditures provide adolescents with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on

an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

1) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

2) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

3) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

4) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

5) Staff required (based on credentialing or community recognized cultural expertise).

6) Number of ADAD clients to be served per week and for the year.

7) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

8) Weekly Schedule with hours for all activities, including cultural activities.

9) ADAD encourages APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-10: "Indigenous Evidence Based Effective Practice Model"** produced by the Cook Inlet Tribal Council,

Inc., May, 2007. This provides guidelines to follow to help build Best/Evidenced Based Practices from Promising Practices which begin with client-based and practice-based evidence.

10) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to **Attachment E-11: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services"** (January, 2001) for guidance.

c. Prior to the execution of the contract, the AWARDEE shall submit to ADAD:

1) Policies and procedures that specify reciprocal responsibilities of the school and the treatment program, including referral and compliance with attendance requirements.

2) Memorandum of Agreement signed and dated by the targeted school principal specifying the administrative and logistical support to be provided and reciprocal responsibilities of the school and school-based program.

d. The APPLICANT shall provide and document in-service training to teachers on alcohol and drugs.

e. Pregnant adolescents shall receive preference for treatment.

f. The APPLICANT shall provide and document outreach to students through classroom presentation, networking with teachers and other school personnel, and other appropriate methods.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient, and Residential levels of treatment shall develop and implement an

appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

6. The program shall administer the **Adolescent Drug Abuse Diagnosis (ADAD)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ADAD** must be included in the **WITS** (Web-Based Infrastructure for Treatment System).

7. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

8. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

9. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

10. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In

addition, supervisee shall be required to attend ADAD-approved CSAC preparatory training when available.

c. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

j. **ADAD intends to apply for Medicaid reimbursement for the Outpatient School-Based program. Medicaid may require personnel and staffing changes in order to bill for services.**

2. Administrative

a. Pregnant adolescent women shall receive preference for treatment. To ensure that pregnant adolescent women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant adolescent women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funds to make payment for any service which has been, or can reasonably be

expected to be, made under another State compensation program or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

d. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs**.**

e. The APPLICANT shall comply with the Department of Human Services's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

f. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

g. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

h. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

i. **ADAD intends to apply for Medicaid reimbursement for Outpatient School-Based program, which may entail additional personnel and staff requirements. ADAD will keep providers informed of this Medicaid initiative and any results that become apparent through this process.**

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (**WITS) Follow-Up Report form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.

5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six **(6)** months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two **(2)** different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of substance abuse treatment services to adolescent clients.

Adolescent School-Based Services: It is ADAD's intention to move toward organizing school-based substance abuse treatment service more in line with the Department of Education's (DOE) school complex model. The DOE describes this model as follows:

"A complex is composed of a high school and the intermediate/middle and elementary school that feed into it. Complexes represent a more manageable scope of responsibility, situate resources and decision making closer to schools and improve student support as a continuum from kindergarten to graduation."

To facilitate this alignment, ADAD is seeking providers who have (or who demonstrate, through past history, the ability to develop) a working relationship within the school complex.

6. Coordination of services

a. The APPLICANT shall collaborate with other appropriate programs including but not limited to health, mental health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services.

b. The APPLICANT shall also take the lead in convening periodic planning and coordination meetings with school-based substance abuse treatment and prevention providers and relevant school faculty and staff members within the school complex. While the primary participants are substance abuse prevention and treatment providers other relevant school-based social service providers could also be included if deemed appropriate.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-End Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due **45** days after the end of each fiscal year.

For contracts beginning July 1:

Quarter1:	July 1-September 30	Report due October 31.
Quarter 2:	October-December 31	Report due January 31.
Quarter 3	January 1-March 31	Report due April 30.
Quarter 4	April 1-June 30	Report due July 31.
Year End	July 1-June 30	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

A. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

APPLICANTs need to be able to secure a space that will assure confidentiality during group and individual sessions. Access to phone lines and copy machines would be preferred. If a site is on school property, the adolescent outpatient treatment services shall not be rendered in conjunction with any adolescent school-based program.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

A. Cost Reimbursement

1. For **cultural activities,** ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these request based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered a integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

2. **Recreational activities**, also known as clean and sober activities, shall be those activities in which clients learn to participate in recreational outings

or activities that are free from alcohol, drugs and non-prescribed medication. Each APPLICANT must submit in its proposal a description of the activity along with a list of yearly estimated expenditures for implementation of specific recreational activities, integration with treatment and agency activities (e.g. interdisciplinary treatment/service planning with regularly scheduled reviews), staff required, number of ADAD clients to be served for each activity and for the year, non-personnel costs (including but not limited to transportation and materials required for the recreational activities) and a Weekly Schedule with hours for all recreational activities.

B. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

a. **Outpatient School-Based Substance Abuse Treatment**
   1) The unit of performance is sixty **(60) minutes.** The APPLICANT may bill by quarter hour (15 minute) increments

in excess of 30 minutes. The APPLICANT may also bill by quarter hour (15 minute) increments for structured, pre-planned group activities and individual sessions for crisis counseling that are properly documented. The 15 minute face-to-face client interaction shall be billed only during school hours (recess, lunch, etc.).

2) The rates shall be:
   (a) EIGHTY-FOUR DOLLARS **($84) for a sixty (60) minute individual** activity per client. Clients shall receive a minimum of **one (1) hour** of individual counseling per month.
   (b) FORTY-EIGHT DOLLARS **($48)** for a sixty (60) minute group activity per client.
   (c)EIGHTY-FOUR DOLLARS **($84)** for a sixty (60) minute **family** counseling activity.
3) Reimbursable activities shall consist of face-to fact individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the School-Based Outpatient Program.
4) The maximum hours of service shall be one hundred ninety-two **(192) hours** per client per year.

Section 2

Sub-Category 3

Dual Diagnosis Substance Treatment Services

Service Specifications

Section 2
Service Specifications
Sub-Category 3
Dual Diagnosis Substance Abuse Treatment

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

The purpose of this RFP is to provide a continuum of adult substance abuse treatment services statewide.

To estimate the need for substance abuse services ADAD conducted a household survey of adults across the State in 2004. This survey incorporated criteria for abuse and dependence from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) of the American Psychiatric Association (APA, 2000) into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	State Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment lives in the City and County of Honolulu, other smaller counties require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

The term primary co-occurring disorder (also known as dual disorders) is a broad term that indicates the simultaneous presence of two independent (but invariably interactive) medical disorders and is used to describe the coexistence of a mental health disorder and problems with alcohol and/or other drugs. Patients with co-occurring disorders often experience more severe and chronic medical, social and emotional problems. Compared with patients who have a single disorder, patients with co-occurring disorders often require longer treatment, have more crises, and progress more gradually in treatment.

Estimating the number of individuals who may be diagnosed as having a co-occurring disorder is difficult because health professionals often misdiagnose the condition; individuals may be treated for a substance abuse problem or a mental health problem and the co-occurring problem is unrecognized. The 1999 U.S. Department of Health and Human Services publication, *Mental Health: A Report of Surgeon General*, provides national estimates of the percentage of persons with serious mental illness who also have a substance abuse disorder. Extrapolating the national figures to Hawaii, it is estimated that 25% or 12,088 persons with serious mental illness also have a substance abuse disorder.

Additionally, the Hawaii Department of Health, Adult Mental Health Division has estimated that a significant number of seriously and persistently mentally ill (SPMI) are dual-diagnosed. The dual-diagnosed client has not received adequate treatment and specialized programs are necessary for this vulnerable population.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available to individuals with both a substance abuse disorder and a co-occurring mental illness on the Islands of Oahu, Maui and Hawaii. The continuum includes Motivational Enhancement, Residential, Intensive Outpatient Treatment, Outpatient Treatment, Therapeutic Living and Recovery Support Services.

D. Description of the target population to be served

The target population includes adults who meet the current version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence and a mental disorder. Clients with Serious Persistent Mental Illness (SPMI) as well as other Adult Mental Health Division (AMHD) eligible clients are excluded from this RFP and should be referred to AMHD for services. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

The service area for this RFP consists of the Islands of Oahu, Maui and Hawaii. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding:	*FY 2010:	$382,699 consisting of General Funds $319,546 Federal Funds $63,153
	*FY 2011:	$382,699 consisting of General Funds $319,546 Federal Funds $ 63,153
	*FY 2012:	$382,699 consisting of General Funds $319,546 Federal Funds $63,153

*FY 2013: $382,699 consisting of
General Funds $319,546
Federal Funds $63,153

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

The APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any service area. For each contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for the service area are as follows:

Oahu: Suggested amount of $257,491 consisting of General funds

Maui: Suggested amount of $62,055 consisting of General funds

Hawaii: Suggested amount of $63,153 consisting of Federal funds.

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation shall be determined by ADAD to ensure the best configuration of services to meet the needs of the State.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with Title 11, Chapter 98, Special Treatment Facility,

must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic living programs must meet ADAD's Therapeutic Living Program requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

c. All APPLICANTS shall comply with Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.

d. All APPLICANTS shall complete and submit the Federal certifications **in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles on Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3)** of the **Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   1. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
   2. Procure a commercial sex act during the period of time that the award is in effect; or
   3. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9 shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by the ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

    e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

    f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus,

has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules**. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance"**) in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

    "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If

the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

A. Secondary purchaser participation
(Refer to HAR Section 3-143-608)

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

B. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

C. Single or multiple contracts to be awarded
(Refer to HAR Section 3-143-206)

☐ Single ☒ Multiple ☐ Single & Multiple

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

The funding is for six geographic areas with preference for Native Hawaiian organizations, and programs serving Pregnant and Parenting Women and

Children up to the dollar amounts necessary to meet the set-aside requirements in the SAPT Block Grant.

D. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

E. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Jared Yurow, Psy.D. at (808) 692-7522
jared.yurow@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. The Adult Continuum of Substance Abuse Treatment Services includes a range of modalities which are: Motivational Enhancement, Residential, Intensive Outpatient, Outpatient Treatment, Therapeutic Living Program, and Recovery Support Services as defined below. An APPLICANT can propose to provide the whole continuum or any part(s) of the continuum. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-

5, **Therapeutic Living Program Requirements,** for standards for the Therapeutic Living Programs.

The provision of services to clients with dual diagnosis or co-occurring disorders is a specialty area of ADAD substance abuse services. Such services represent Quadrant III (High Addiction/Low Mental Illness) of the Four Quadrant Model developed by the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors (NASMHPD) in 1998. Individuals with co-occurring disorders in this category have high addiction needs with low to moderate mental health needs. Programs that provide services are defined as Dual-Diagnosis Capable (DDC) in that in all aspects of care, from assessment to discharge, all aspects of substance abuse and mental health issues are addressed concurrently. (From Definitions and Terms Relating to Co-Occurring Disorders, OVERVIEW PAPER 1, SAMHSA's Co-Occurring Center for Excellence (COCE), 2006.)

ADAD strongly encourages that for certain group activities (e.g. process groups, skill building groups, psychoeducational groups), participants be limited to those with co-occurring disorders. Individuals with co-occurring disorders often feel stigmatized and may not feel understood by those without co-occurring disorders (e.g. regarding the need to take psychotropic medications). Individuals with co-occurring disorders may feel greater trust in sharing experiences with others that have co-occurring disorders. (Treatment Improvement Protocol Series, TIP #42, Substance Abuse Treatment for Persons with Co-Occurring Disorders, 2005.)

The maximum number of clients that may participate in any group activity shall be no more than fifteen clients to one staff.

APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

Unit of Performance Services:

a. **Motivational Enhancement Services** provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs.

   Motivational Enhancement Services consist of process or educational group counseling. Up to **two (2) hours (in any combination) of**

process group or education group counseling may be scheduled with each client weekly.

b. A **Residential Program** provides **24-hour per day non-medical, non-acute care** in a residential treatment facility that provides support, typically for more than thirty days for persons with alcohol and other drug problems and/or addiction.

It includes a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring, and treatment are available **twenty-four (24) hours a day, seven (7) days a week.**

The program shall consist of **twenty-four (24) hours per week of face-to-face activities** which shall include, but are not limited to, assessment, initial and updated treatment planning, individual and group counseling, substance abuse education, skill building groups, recreational therapy, family/couple counseling and case management. A **one (1) hour session per client per week of individual counseling is required** and shall be documented.

c. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a one **(1) hour session per client per week of individual counseling is required** and shall be documented.

d. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, case management and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or intensive outpatient treatment program.

Outpatient programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, individual and

group counseling and substance abuse education. Outpatient services may also include, but are not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing, and case management.

An Outpatient Program regularly provides between one **(1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month**. The scheduling of one **(1) hour per client per week of individual counseling** is recommended when clinically indicated.

e. **Case Management** provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

f. A **Therapeutic Living Program** provides structured residential living to individuals who are without appropriate living alternatives and who are **currently receiving, are in transition to, or who have been clinically discharged within six (6) months** from a substance abuse Day, Intensive Outpatient, or Outpatient treatment service. Priority shall be given to clients in (or from) ADAD-funded treatment slots. The focus of this program is to provide the necessary support and encouragement so that the client can complete treatment outside of the program, adjust to a chemically abstinent lifestyle, and manage activities of daily living so that they can move towards independent housing and life management.

A Therapeutic Living Program provides **fifteen (15) hours per week of face-to-face therapeutic activities**. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, supported employment, client support and advocacy, monitoring and follow-up. If a client is employed for **ten (10) or more hours per week, the 15 hours face-to-face therapeutic activities requirement can be reduced to ten (10) hours per week.** In the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5.

APPLICANTS providing Therapeutic Living Programs shall submit admission, continuance, and discharge criteria for ADAD’s approval.

g. Recovery Support Services

1) **Continuing Care Services** provide services for the purpose of maintaining gains established in treatment and in support of the recovery process.

   Continuing Care Services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly**.

2) Clean and Sober Housing provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an ADAD-contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD-contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

   Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

   Clean and Sober Homes shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises**. APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD-funded treatment.

Cost Reimbursement Services:

3) **Cultural Activity Expenditures** provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and

acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

a) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

b) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

c) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

d) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

e) Staff required (based on credentialing or community recognized cultural expertise).

f) Number of ADAD clients to be served per week and for the year.

g) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

h) Weekly Schedule with hours for all activities, including cultural activities.

i) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to Attachment E-10: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services" (January, 2001) for guidance.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the **WITS** (Web Infrastructure for Treatment Services).

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

        2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor.
In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. The APPLICANT shall employ staff who have verifiable experience providing services to clients with co-occurring disorders. At a minimum, the APPLICANT shall have on staff one **(1)** Full Time Equivalent (FTE) **Certified Substance Abuse Counselor** (CSAC) with three **(3)** years full-time experience providing substance abuse counseling in a substance abuse treatment program, and one **(1)** FTE masters level mental health professional with three **(3)** years full-time experience providing mental health services in a mental health treatment program.

f. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

g. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

h. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

i. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

   1) Staff education on HIV and AIDS.

   2) Staff education on the risks of TB for those abusing substances.

j. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX

of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be

provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the WITS Follow-Up Report form. The **Web-Based Infrastructure for Treatment System** (WITS) Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment.
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.

7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six **(6)** months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Coordination of services

a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-end Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

   The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual

expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD

may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

A. Cost Reimbursement

1. For **cultural activities,** ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these request based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered a integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

2. **Recreational activities**, also known as clean and sober activities, shall be those activities in which clients learn to participate in recreational outings or activities that are free from alcohol, drugs and non-prescribed medication. Each APPLICANT must submit in its proposal a description of the activity along with a list of yearly estimated expenditures for implementation of specific recreational activities, integration with treatment and agency activities (e.g. interdisciplinary treatment/service planning with regularly scheduled reviews), staff required, number of ADAD clients to be served for each activity and for the year, non-personnel costs (including but not limited to transportation, materials required for the recreational activities) and a Weekly Schedule with hours for all recreational activities.

B. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

1. **Motivational Enhancement:**
   a. The unit of performance is sixty **(60)** minutes. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
   b. The rate shall be TWENTY-FOUR DOLLARS **($24)** for motivational enhancement, which may be either individual or group counseling.

2. **Continuing Care Services**:
   a. The unit of performance is sixty **(60)** minutes.

b. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes. The rate shall be of TWENTY-FOUR DOLLARS **($24**) for continuing care, which may be either individual or group counseling.

3. **Residential Substance Abuse Treatment:**

a. The unit of performance shall be a **bed day**.
b. The rate per bed day shall be a maximum TWO HUNDRED TEN DOLLARS (**$210**) per client per bed day. The rate shall be considered one hundred percent (100%) of the treatment cost to the client. The rate shall cover one hundred percent (100%) of the treatment cost to the client.
c. The maximum length of stay for this modality of treatment is seventy-five **(75) days** per client per year. Residential Programs can bill for the day of admission but not for the day of discharge, with the exception of Residential Social Detoxification Services which may bill for both day of admission and day of discharge.

4. **Intensive Outpatient Substance Abuse Treatment:**

a. The unit of performance shall be a **per diem.** The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
b. The rate shall be ONE HUNDRED THIRTY-TWO DOLLARS **($132) per day** for face-to-face individual, group, and/or family sessions.
c. The maximum reimbursement shall be SIX HUNDRED DOLLARS **($660) per week**, preferably in blocks of three hours of treatment per day.
d. The maximum length of stay shall be forty **(40) days** per client per year.

5. **Outpatient Substance Abuse Treatment:**

a. The unit of performance is sixty **(60) minutes**. For case management, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rates shall be:
   1) NINETY-TWO DOLLARS **($92)** for sixty **(60)** minutes of treatment planning or modification, individual counseling, or family counseling.

2) FORTY-EIGHT DOLLARS **($48**) for a sixty **(60)** minute process group or skill building group activity per client.

3) FORTY-FOUR DOLLARS **($44)** for a sixty **(60)** minute cultural group activity per client.

4) FORTY-FOUR DOLLARS **($44**) for sixty **(60)** minutes of buprenorphine support services, which consists of face-to-face case management with a client or face-to-face with a community resource (e.g. buprenorphine prescribing physician).

5) TWENTY-FOUR DOLLARS **($24)** for a sixty **(60)** minute recreation group, education group, motivational enhancement or continuing care group activity per client.

6) SIXTEEN DOLLARS **($16**) for sixty **(60)** minutes of face-to-face case management with a client or face-to-face with a community resource.

7) TWELVE DOLLARS **($12**) for sixty **(60)** minutes of case management through live telephone contact (no voicemail).

c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

d. The maximum hours of service shall be ninety-six **(96**) hours per client per year.

6. **Therapeutic Living:**

a. The unit of payment shall be a Therapeutic Living bed day.
b. The rate shall be EIGHTY-THREE DOLLARS **($83)** per client per bed day.
c. The maximum length of stay shall be one hundred thirty **(130)** days per client per year.
d. Therapeutic Living services can bill for the day of admission but not for the day of discharge.

7. **Clean and Sober Housing:**

a. The unit of payment shall be a Clean and Sober Living residential day.

b. The rate shall be FORTY-THREE DOLLARS **($43)** per client per residential **day**.
c. The maximum length of stay shall be one hundred eighty **(180)** days **per client per year.**
d. Clean and Sober Living programs can bill for the day clients move in but not for the day clients move out.

Section 2

Sub-Category 4

Injection Drug Use Continuum

Service Specifications

Section 2
Service Specifications
Sub-Category 4
Injection Drug Use Continuum

I. Introduction

A. Overview, Purpose and Need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

B. Planning activities conducted in preparation for this RFP

To estimate the need for substance abuse services an analysis was done of the following: 1) U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) data; 2) The Hawaii 2004 Adult Household Survey (in press); 3) Data

from The Alcohol and Drug Abuse Division (ADAD) Purchase of Service (POS) Management Information System (MIS).

The Substance Abuse and Mental Health Services Administration (SAMHSA) has reported statistics of concern regarding Hawaii. In its 2005-2006 National Surveys on Drug Use and Health, past year nonmedical use of pain relievers averaged 3.64% of persons aged eighteen and older. When youth involvement is taken into account, SAMHSA (2006) estimated that 40,000 individuals ages twelve and older in Hawaii use prescription pain relievers nonmedically. In 2006, heroin accounted for 2.5% of treatment admissions in Hawaii, while other opiates accounted for 2.1%. Asian, Native Hawaiian and Other Pacific Islanders accounted for 23.1% of admissions for heroin use and 26.7% for other opiates.

The Alcohol and Drug Abuse Division conducted a household survey of adults across the State in 2004 (in press). This survey incorporated criteria for abuse and dependence from the **Diagnostic and Statistical Manual version IV (DSM-IV) of the American Psychiatric Association (APA, 2000)** into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004

	Total	**County**			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment live in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

ADAD's contracted treatment providers submit data through its Management Information System (MIS). For State Fiscal Year 2007 (July 1, 2006 through June 30, 2007), ADAD's treatment providers admitted 4775 clients. Of these clients, 5.2% had a primary, secondary or tertiary substance use of heroin, non-prescription methadone or other opiate/synthetic.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to injection drug use by making treatment options available to best meet the needs of opioid users. The continuum of service modalities available under this RFP for these individuals includes Opioid Therapy Outpatient Treatment and Interim and Outreach services for intravenous drug users (IDU) of opioids.

D. Description of the target population to be served

The target population includes injection drug using adults who meet the current version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for an Opioid-Related Disorder. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge. Clients funded by ADAD must

meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

Service areas for this RFP consist of the islands of Oahu and Hawaii. The APPLICANT shall demonstrate actual capacity to provide the required services in these service areas.

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

Total Funding: *FY 2010: $436,000 consiting of General Funds and $40,000 consisting of Federal Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

Any APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any geographic area. For the contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for each service area are as follows:

Oahu: Suggested amount of $206,000 consisting of General funds
$20,000 consisting of Federal Funds

Hawaii: Suggested amount of $230,000 consisting of General funds
$20,000 consisting of Federal Funds

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation shall be determined by ADAD to ensure the best configuration of services to meet the needs of the State.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances changes, ADAD reserves the right to change the anticipated source of funds to support needed programs and services

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility**, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

   b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

   c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

   d. All APPLICANTS shall complete and submit the Federal certifications in **Section 5, Attachment D**.

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles on Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant,** the following restrictions on the expenditure of the grant apply:

a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

b. The APPLICANT shall not use funds to provide inpatient hospital services.

c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3) of the Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

   b. Procure a commercial sex act during the period of time that the award is in effect; or

   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000**, in Attachment E-9, shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by the ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records**.

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS**.

    e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

    f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT is encouraged to consult the the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA's) **Treatment Improvement Protocol Series (TIPS)**, **Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (TIP 43),** the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules.** Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance ("liability insurance") in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, automobile (auto) insurance shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☒ Single ☐ Multiple ☐ Single & Multiple

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Jared Yurow, Psy.D. at (808) 692-7522
jared.yurow@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. The Opioid Addiction Substance Abuse Program means the provision of methadone by an alcohol and/or other drug program licensed by the State and in compliance with the **Center for Substance Abuse Treatment** (Substance Abuse and Mental Health Services Administration) certification and treatment requirements and the **U.S. Drug Enforcement Administration** requirements. For this RFP, the program includes Opioid Outpatient, Intensive Outpatient, Recovery, Interim, Outreach and Medical Director Services as defined below. Refer to Section 5, Attachment E-1**, Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-4 for the **IDU Outreach Services Policy and Procedures**.

   APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

   Unit of Performance Services:

   a. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program. An Outpatient Program regularly provides between one **(1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month**. The scheduling of one **(1) hour per client per week of individual counseling** is recommended when clinically indicated. The Outpatient Program consists of:

      1) **Individual Counseling**, which provides the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.

2) **Group Counseling,** which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems**.**

3) **Family/Couple Counseling**, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.

4) **Skills Development,** which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.

5) **Urinalyses (UA)** must include testing for all common drugs of abuse, including marijuana. All positive UAs must result in an update of the treatment plan as well as progress notes which indicate that the coninued substance use is being effectively addressed in an increase in type or frequency of counseling or other servies.

6) **Case Management,** which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

b. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a one **(1) hour session per client per week of individual counseling is required** and shall be documented.

c. **Recovery Support Services**

1) **Continuing Care Services provide services for the purpose of** maintaining gains established in treatment and in support of the recovery process.

   Continuing Care Services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly**.

2) **Clean and Sober Housing** provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an ADAD-contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD-contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

   Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

   Clean and Sober Homes shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises**. APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD-funded treatment.

<u>Cost Reimbursement Service</u>:

3) **Cultural Activity Expenditures** provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

a) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

b) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

c) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

d) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

e) Staff required (based on credentialing or community recognized cultural expertise).

f) Number of ADAD clients to be served per week and for the year.

g) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

h) Weekly Schedule with hours for all activities, including cultural activities.

i) ADAD encourages APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-10: "Indigenous Evidence Based Effective Practice**

Model" produced by the Cook Inlet Tribal Council, Inc., May, 2007. This provides guidelines to follow to help build Best/Evidenced Based Practices from Promising Practices which begin with client-based and practice-based evidence.

j) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to **Attachment E-11: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services"** (January, 2001) for guidance.

4) The APPLICANT awarded funding under this RFP shall be designated as the specialized program for opioid recovery services and shall provide **Interim Services** to any individual in opioid recovery, including pregnant women with an opioid addiction who have been wait-listed by any substance abuse treatment agency. A preference shall be given to individuals who are IDUs. In the provision of Interim Services, the APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures**, as specified in Section 5, Attachment E-2. Specifically, APPLICANTS should note that:

a) Interim services must be provided within forty-eight **(48)** hours of the request for admission of individuals with an opioid addiction, with preference given to IDUs, who have been denied admission to a substance abuse treatment program on the basis of the lack of capacity of the program to admit the individual.

b) The individual client may remain in the Interim Opioid Recovery Program for a period of up to one hundred twenty **(120)** days, during which time admission to substance abuse treatment shall be secured.

5) The APPLICANT must also provide an **Outreach Program,** which is defined as a program designed to bring services and information in a planned approach to reach a target population within their environment, and to prevent and/or address issues and problems as they relate to the use/abuse of alcohol or other drugs. The purpose of these services is to encourage IDUs to utilize the APPLICANT'S Opioid Outpatient Recovery Program and to accept referral and linkage to appropriate resources in the community. In the provision of IDU Outreach Services, the APPLICANT shall comply with ADAD's **IDU Outreach Services Policy and Procedures** as specified in Section 5, Attachment E-4.

6) **Medical Director Requirements**:

The Opioid Therapy Outpatient Recovery Program shall have on its staff a Medical Director in accordance with **21 C.F.R., Section 291.505(a)(3),**

who is "a physician, licensed to practice medicine in the jurisdiction in which the program is located, who assumes responsibility for the administration of all medical services performed by the narcotic treatment program including ensuring that the program is in compliance with all Federal, State, and local laws and regulations regarding the medical treatment of narcotic addiction with a narcotic drug."

The Program's Medical Director may serve in an administrative capacity by supervising appropriate medical staff or may provide direct services. Per **42 C.F.R. Part 8, Subpart A, Section 8.2**, a "Medical director means a physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibilityfor administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision."

The APPLICANT shall submit its monthly requests for reimbusrsement for the services below in a manner to be determined by **ADAD.** Reimbursable services shall include the following:

a) Supervision of nursing staff, to include personnel issues such as recruiting, interviewing, recommendations for hiring, firing, disciplinary actions, personnel evaluations, and training,

b) Consultation to staff regarding medical complications, case review and discussion; consultation with other physicians for coordination of therapies and provision of information regarding patient condition, treatment plan review and interdisciplinary meetings.

c) Ordering, storage, and maintenance of medications; overseeing Inventory control; conducting physical and lot inventories; reporting to the Drug Enforcement Agency and Food and Drug Administration as legally indicated; assuring current State of Hawaii, Department of Public Safety Narcotics Enforcement Division and United States Department of Justice Drug Enforcement Administration licensing of the APPLICANT to operate its Opioid Maintence Therapy Outpatient Treatment Program; investigation of discrepancies of narcotics and other medications.

d) Inputting medical orders and data into a Management Information System; communication with federal and state authorities regarding protocols and policies; developing, updating, and reviewing of the APPLICANT's standard operational procedures and keeping medical manuals current.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT shall develop and implement an appropriate induction plan and later a maintenance plan for each client. For clients on medically supervised dosage reduction or withdrawal, the APPLICANT shall develop and implement an appropriate plan. For each client in the final phase of treatment prior to discharge, the APPLICANT shall develop an appropriate discharge plan. Each plan shall address recovery issues and relapse prevention and where appropriate, transition issues.

5. The Opioid Recovery Services Program shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

   6) All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. The Opioid Recovery Services Program shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for services. The ASI shall be administered at least yearly as part of an annual biopsychosocial assessment. Results of the **ASI** must be included in ADAD's Management Information System Admission form and submitted as part of the Hawaii Web Infrastructure for Treatment System **(WITS).**

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in **Section 5, Attachment E-2**.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication, methadone and other medications) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public

or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

        2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accesible to staff and program recipients.

13. APPLICANTS providing opioid therapy outpatient recovery services shall comply with ADAD's **IDU Outreach Services Policy and Procedures** found in the RFP packet Section 5, Attachment E-4.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii

Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor.
In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

d. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

e. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

f. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

g. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

h. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (WITS)** Follow-Up Report form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment.
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one (1) year experience in the provision of substance abuse treatment services in additional to meeting the CSAT requirements for an opioid outpatient therapy program.

6. Coordination of services

a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-end Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

   The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet federal standards as set forth under **42 CFR Part 8** and SAMHSA's "**Guidelines for the Accreditation of Opioid Treatment Programs**." Facilities shall also meet applicable state and county regulations regarding the provision of opioid treatment services. Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is

unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

A. Cost Reimbursement

1. For **cultural activities,** ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these request based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered a integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis. this proposal.

B. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

1. Outpatient Substance Abuse Treatment:

a. The unit of performance is sixty **(60)** minutes. For case management, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rates shall be:

1) EIGHTY-EIGHT DOLLARS **($88)** for sixty **(60)** minutes of treatment planning or modification, individual counseling, or family counseling.

2) FORTY-EIGHT DOLLARS **($48**) for a sixty **(60)** minute process group or skill building group activity per client.

3) FORTY-FOUR DOLLARS **($44)** for a sixty **(60)** minute cultural group activity per client.

4) SIXTEEN DOLLARS **($16**) for sixty **(60)** minutes of face-to-face case management with a client or face-to-face with a community resource.

5) TWELVE DOLLARS **($12**) for sixty **(60)** minutes of case management through live telephone contact (no voicemail).

c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

d. The maximum hours of service shall be ninety-six **(96**) hours per client per year.

2. **Intensive Outpatient Substance Abuse Treatment:**

a. The unit of performance shall be a **per diem.** The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
b. The rate shall be ONE HUNDRED TWENTY DOLLARS **($120)** per day for face-to-face individual, group, and/or family sessions.
c. The maximum reimbursement shall be SIX HUNDRED DOLLARS **($600)** per week, preferably in blocks of three hours of treatment per day.
d. The maximum length of stay shall be forty **(40)** days per client per year.

3. **Medication Administration and Health/Status Monitoring**:

a. The unit of performance for each service is specified below.

b. The rates shall be:

1) **Daily Methadone Dosing**: The unit of performance and maximum allowable shall be **one (1) dispensed unit per day.** The APPLICANT may bill at the daily rate of SIX DOLLARS **($6)** for methadone provided the client attends a minimum of **one (1)** of the face-to-face activities listed above each week, with the EXCEPTION of clients who reside more than **ONE HUNDRED (100) miles** away from the scheduled meeting site, in which case the activity may be every other week. Note: ADAD may only be billed for this service if client has no insurance or insurance does not cover this benefit.

2) **Take-Home Methadone Dosing**: The unit of performance and maximum allowable shall be **one (1) distribution unit per day.** The APPLICANT may bill at the daily rate of SIX DOLLARS **($6)** for methadone provided the client attends a minimum of **one (1)** of the face-to-face activities listed above each week, with the EXCEPTION of clients who reside more than **ONE HUNDRED (100) miles** away from the scheduled meeting site, in which case the activity may be every other week. Note: ADAD may only be billed for this service if client has no insurance or insurance does not cover this benefit.

3) **Health/Status Monitoring**—The unit of performance shall be **one (1) unit per specified time as indicated below.** The APPLICANT may bill at the following rates for any of the following activities:
   (a) Physician office visit per client—FIFTY-SIX DOLLARS **($56)**
   (b) Monthly toxicology screening per client or as clinically indicated—TWELVE DOLLARS **($12)**
   (c) Annual Physical exam per client—FIFTY-SIX DOLLARS **($56)**

   Note: ADAD may only be billed for a service if client has no insurance or insurance does not cover this benefit.

4) **Urinalyses (UA)--** The unit of performance shall be **one (1) unit per week.** The APPLICANT may bill at the weekly rate of TWELVE DOLLARS **($12)** for a screen/non-confirmatory test and THIRTY DOLLARS **($30)** for any of the following activities testing for all common drugs of abuse, including marijuana. All positive UAs must result in an update of the treatment plan as well as progress notes which indicate that the coninued substance use is being effectively addressed in an increase in type or frequency of counseling or other services.

   The APPLICANT may bill ADAD for dosing at the daily rate under 2) and 3) below if the client has no insurance or insurance benefit that covers dosing. Additionally, the client must attend a minimum of **one (1) hour** of the face-to-face activities listed each week as follows, with the EXCEPTION of clients who reside more than **ONE HUNDRED (100) miles** away from the scheduled meeting site, in which case the client must attend a minimum of **one (1) hour** of face-to-face activities listed every other week as follows: screening, assessment, treatment planning, individual counseling, group counseling, family/couple counseling and case management (face-to-face, client to case manager).

4. **Interim and Outreach Services**

a. The unit of performance is sixty **(60) minutes**. For case management and outreach services, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rates shall be:

1) Interim services:
   a) EIGHTY-EIGHT DOLLARS **($88)** for sixty **(60)** minutes of individual counseling
   b) TWENTY-FOUR DOLLARS **($24)** for a sixty **(60)** minute education group

c) SIXTEEN DOLLARS **($16**) for sixty **(60)** minutes of face-to-face case management with a client or face-to-face with a community resource.
d) TWELVE DOLLARS **($12**) for sixty **(60)** minutes of case management through live telephone contact (no voicemail).

2) Outreach services:
TWENTY-FOUR DOLLARS **($24)** for sixty **(60)** minutes of outreach activities. Note: Documentation must be made on Attachment E-4b.

5. **Continuing Care Services:**

a. The unit of performance is sixty **(60)** minutes.
b. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes. The rate shall be of TWENTY-FOUR DOLLARS **($24**) for continuing care, which may be either individual or group counseling.

6. **Clean and Sober Housing:**

a. The unit of payment shall be a Clean and Sober Housing residential day.
b. The rate shall be FORTY-THREE DOLLARS **($43)** per client per residential day.
c. The maximum length of stay shall be one hundred eighty **(180)** days per client per year.
d. Clean and Sober Living programs can bill for the day clients move in but not for the day clients move out.

Section 2

Sub-Category 5

Specialized Substance Abuse Treatment for Pregnant & Parenting Women and Children

Service Specifications

Section 2
Service Specifications
Sub-Category 5
Specialized Substance Abuse Treatment for Pregnant & Parenting Women and Children

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P. L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

The National Survey on Drug Use and Health (NSDUH), research indicated that most people who have a substance use problem do not

receive treatment. In 2006, 7.4 million women aged 18 or older needed treatment for a substance abuse disorder involving alcohol or illicit drugs, but only 822,000 (11.2 %) received treatment. This report focused on substance use treatment among women of childbearing age (18 to 49 years), for whom substance use may pose particular risks to vulnerable offspring. Of the women in this age range who needed treatment in the past year, 5.5% felt they needed treatment but did not receive it, and 84.2 % neither received treatment nor perceived a need for it. The reasons for not receiving treatment, 36.1 % indicated they did not receive it because they were not ready to stop using alcohol or illicit drugs, 34.4% did not have health insurance coverage and could not afford to pay for the cost of treatment, and 28.9 % said they did not receive substance use treatment because of social stigma.

Since mid-1980, Hawaii has been gripped by an epidemic of methamphetamine use. Females in Hawaii, in particular, have been adversely affected. In the year 2000, child welfare services (CWS) received reports of two hundred eight drug-exposed infants on the island of Oahu, seventy-nine percent of whom (one hundred sixty-four infants) were reportedly exposed to methamphetamine. In 2002, the criminal justice system reported that one-half of adult female arrestees in Honolulu tested positive for methamphetamine. In 2004, CWS reported that methamphetamine use was involved in over eighty percent of its active cases.

While methamphetamine use receives a great deal of attention, little is known about its adverse effects during pregnancy. More is known about the harmful nature of legal drugs such as tobacco and alcohol, which are much more widely used before and during pregnancy. Approximately sixty-five percent of reproductive-aged women use alcohol and unfortunately, despite strong warnings about harmful effects, many women do not stop using alcohol during pregnancy. One University of Hawaii study showed that twenty percent of women used alcohol during pregnancy. Fetal alcohol syndrome is the number one cause of preventable birth defects. In addition, nineteen percent of pregnant women in Hawaii smoke. Smoking during pregnancy is associated with pre-term labor, low birth weight, abruption, and other serious pregnancy complications. Studies have shown that treating smoking addiction during pregnancy works, and offering treatment for nicotine addiction provides an excellent opportunity to enroll women who would otherwise be too afraid to seek care in methamphetamine addiction treatment programs.

Women who suffer from substance abuse have difficulty using traditional systems of care. Services are not accessed for a number of reasons, such as:

1. Fear of losing custody of children;
2. Fear of forced treatment;
3. Lack of transportation to treatment sites;
4. Stigmatization due to substance abuse; and
5. Fear of criminal prosecution.

Fear of losing custody is the primary reason why women do not seek prenatal care. In addition, rather than serving as a deterrent to drug use during pregnancy, policies such as criminal prosecution serve as a hindrance to obtaining prenatal care.

In addition to women's fear of detection and criminal prosecution, treatment services may not be accessed for reasons such as unreadiness for treatment or a coexisting mental illness. Other system-related barriers to prenatal care are the stigmatization due to substance abuse and negative attitudes of health care providers.

Further, the importance of comprehensive, coordinated, and individualized service provided by an interdisciplinary team of professionals who are supportive, nonjudgmental, and nurturing has been widely acknowledged. However, separate service delivery systems have traditionally been provided for prenatal care and substance abuse treatment.

Women with high-risk pregnancies, such as drug-exposed pregnancies, have been shown to adapt to pregnancy and motherhood differently and less easily than women with low-risk pregnancies, and require specialized services to create a nurturing and caring environment. Health care workers in a traditional, separate service delivery system might lack not only the knowledge and skill to identify substance abuse but also familiarity with available resources and therapeutic management. In contrast, workers in a separate substance abuse treatment delivery system are unlikely to have the capacity to adequately address needs specific to pregnant women.

Special attention is required for parenting women who tend to do better in treatment when some accommodations can be made for their children.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Request for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai and September 27,

2007 on Molokai. The summary of the RFI is found in Section 5, Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to pregnant and parenting women, with alcohol and other drug problems, and their children. The children of substance abusing pregnant and parenting women often need therapeutic care, especially if one of the goals of the service is to support the woman's ability to retain or recover custody of her child(ren) and to preserve the family unit, as well as to assure a healthy outcome for her child(ren). The child(ren) of substance abusing parents often need comprehensive therapeutic interventions and these interventions must closely involve the parent. The continuum includes Motivational Enhancement, Residential, Intensive Outpatient, Outpatient Treatment, and Therapeutic Living and Recovery Support Services.

D. Description of the target population to be served

The target population includes adult and adolescent pregnant women and parenting women and their children who meet the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at:
http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

The service area for this RFP consists of the Islands of Oahu, Hawaii, Maui, Kauai, Lanai and Molokai. The APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding:	*FY 2010:	$2,851,369 consisting of General Funds $2,062,821

Federal Funds $788,548

*FY 2011: $2,851,369 consisting of
General Funds $2,062,821
Federal Funds $788,548

*FY 2012: $2,851,369 consisting of
General Funds $2,062,821
Federal Funds $788,548

*FY 2013: $2,851,369 consisting of
General Funds $2,062,821
Federal Funds $788,548

* The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

Any APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any geographic area. For each contract year, the suggested funding amount and Federal set-aside requirement (if applicable) for the service area is as follows:

Oahu: Suggested amount of $1,971,369 consisting of $1,182,821 of General funds and $788,548 of Federal funds.
$788,548 of the Federal funds shall be spent for Native Hawaiians.
$4,000 of the Federal funds shall be spent annually for publicizing the availability of treatment services for pregnant women.

Hawaii: Suggested amount of $400,000 ($200,000 East Hawaii; $200,000 West Hawaii) consisting of General funds.

Kauai: Suggested amount of $150,000 consisting of General funds.

Maui: Suggested amount of $150,000 consisting of General funds

Molokai: Suggested amount of $100,000 consisting of General funds.

Lanai: Suggested amount of $80,000 consisting of General funds.

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

b. Clean and Sober Homes must meet applicable state and county codes, standards and zoning requirements.

c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall 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 (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

   d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

   e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3)** of the **Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104) t**he APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
   b. Procure a commercial sex act during the period of time that the award is in effect; or
   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9, shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by the ADAD.

9. All substance abuse records shall be kept confidential pursuant to **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories,** to ensure that

appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

    e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

    f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse

problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations**; **Final Rules**. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance")** in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to

operation arising out of the operation performed by the named insured."

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.

- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance, based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

The funding is for six geographic areas with preference for Native Hawaiian organizations, and programs serving Pregnant and Parenting Women and Children up to the dollar amounts necessary to meet the set-aside requirements in the SAPT Block Grant.

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Terri Nakano at (808) 692-7511
terri.nakano@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Pregnant and Parenting Women With Children Services

a. WOMEN'S SERVICES: Specialized Substance Abuse Treatment Services for pregnant women and women with dependent children includes a range of modalities which are: Motivational Enhancement, Residential, Intensive Outpatient, Outpatient Treatment, Therapeutic Living Program and Recovery Support Services as defined below. An APPLICANT can propose to provide the whole continuum or any part(s) of the continuum. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-5, **Therapeutic Living Program Requirements,** for standards for the Therapeutic Living Programs.

APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

Unit of Performance Services:

1) **Motivational Enhancement Services** provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs.

Motivational Enhancement Services consist of process or educational group counseling. Up to **two (2) hours (in any combination) of process group or education group counseling** may be scheduled with each client weekly.

2) A **Residential Program** provides **24-hour per day non-medical, non-acute care** in a residential treatment facility that provides support, typically for more than thirty days for persons with alcohol and other drug problems and/or addiction.

It includes a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring, and treatment are available **twenty-four (24) hours a day, seven (7) days a week.**

The program shall consist of **twenty-four (24) hours per week of face-to-face activities** which shall include, but are not limited to, assessment, initial and updated treatment planning, individual and group counseling, substance abuse education, skill building groups, recreational therapy, family/couple counseling and case management. A **one (1) hour session per client per week of individual counseling is required** and shall be documented.

3) An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week,** in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment; initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a one **(1) hour session per client per week session of individual counseling is required** and shall be documented.

4) An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, case management and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or intensive outpatient treatment program.

Outpatient programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, individual and group counseling and substance abuse education. Outpatient services may also include, but are not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing, and case management.

An Outpatient Program regularly provides between one **(1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month**. The scheduling of one **(1)** hour per client per week of individual counseling is recommended when clinically indicated.

5) **Native Hawaiian Cultural Practices and Acupuncture**

a) Ho'oponopono—family meetings in which relationships are set right through prayer, discussion, confession, repentance and mutual restitution and forgiveness (Pukui & Elbert, 1986).
b) Lomilomi—Hawaiian restorative massage
c) Acupuncture—a healing method of inserting and manipulating fine needles into specific points on the body in order to relieve pain and provide therapy (Wikipedia, 2008).

Other definitions may be added in the future after definitions on standards and operational definitions are agreed upon.

6) **Case Management** provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

Buprenorphine Support Services provides specialized case management to assist clients who are recovering from opioid addiction. Case managers help develop resources in the community by enlisting physicians who will prescribe buprenorphine and linking clients to concurrent substance abuse treatment and other support services. ADAD will develop policies and procedures in this area to offer guidance in the area of medication assisted treatment. ADAD will not provide reimbursement for buprenorphine.

7) A **Therapeutic Living Program** provides structured residential living to individuals who are without appropriate living alternatives and who are **currently receiving, are in transition to, or who have been clinically discharged within six (6) months** from a substance abuse Day, Intensive Outpatient, or Outpatient treatment service. Priority shall be given to clients in (or from) ADAD-funded treatment slots. The focus of this program is to provide the necessary support and encouragement so that the client can complete treatment outside of the program, adjust to a chemically abstinent lifestyle, and manage activities of daily living so that they can move towards independent housing and life management.

A Therapeutic Living Program provides **fifteen (15) hours per week of face-to-face therapeutic activities**. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, supported employment, client support and advocacy, monitoring and

follow-up. If a client is employed for **ten (10) or more hours per week, the 15 hours face-to-face therapeutic activities requirement can be reduced to ten (10) hours per week.** In the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5.

APPLICANTS providing Therapeutic Living Programs shall develop admission, continuance, and discharge criteria for ADAD's approval.

8) Recovery Support Services

a) **Continuing Care Services** provide services for the purpose of maintaining gains established in treatment and in support of the recovery process.

Continuing Care services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly**.

b) **Clean and Sober Housing** provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an ADAD-contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD-contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

Clean and Sober Housing differs from a Therapeutic Living Program in that residents

do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

Clean and Sober Homes shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises**. APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD-funded treatment.

Cost Reimbursement Services:

c) **Cultural Activities Expenditures** provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. Examples of cultural activities that promote healing include Ho'oponopono (Hawaiian) and acupuncture (Chinese). ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served.

Examples of acceptable expenditures for cultural activities include fees/salaries or other forms of compensation for cultural experts as well as costs associated with transportation, classroom space, learning/sacred/historic sites, supplies and other expenses.

ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these requests based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered an integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

Each agency that decides to submit cost reimbursement claims to ADAD for cultural activities shall include the following in its proposal:

(1) A description of the treatment model—its history, relevance and level of acceptance by the Native Hawaiian or ethnic community.

(2) A description of activities along with a list of yearly estimated expenditures for implementation of specific cultural activities.

(3) Community support for the activities (e.g. MOAs with land and/or water-based entities, i.e. permission to use land or historic/sacred sites and/or lakes/streams/oceans for cultural activities).

(4) Integration with treatment and agency activities (e.g. interdisciplinary treatment/service/cultural activities planning with regularly scheduled reviews).

(5) Staff required (based on credentialing or community recognized cultural expertise).

(6) Number of ADAD clients to be served per week and for the year.

(7) Non-personnel costs (including but not limited to transportation, materials required for cultural activities).

(8) Weekly Schedule with hours for all activities, including cultural activities.

(9) ADAD encourages APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-10: "Indigenous Evidence Based Effective Practice Model"** produced by the Cook Inlet Tribal Council, Inc., May, 2007. This provides guidelines to follow to help build Best/Evidenced Based Practices from Promising Practices which begin with client-based and practice-based evidence.

(10) APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to **Attachment E-11: SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services"** (January, 2001) for guidance.

b. **CHILDREN'S SERVICES**: The following specialized services and interventions, including therapeutic nursery services, shall be provided or arranged for each child admitted to treatment along

with their mother who has been admitted to Residential or Therapeutic Living Programs.

1) The APPLICANT shall develop and implement an **Individualized Family Service Plan** (IFSP) which shall identify client, family support and advocacy needs. The APPLICANT shall provide case management services, comprehensive and continuous services, referral and linkages with community resources, and shall arrange for prenatal and well child care, legal resources, financial and employment assistance, housing, and other specialized services meeting the following requirements: The IFSP must stipulate that within two **(2)** weeks of admission, the APPLICANT shall provide or arrange for:

   a) An initial health assessment for each child admitted into the program or as recommended by the well baby schedule.

   b) A standardized developmental assessment for each child that includes gross motor, fine motor, social, self-help, and communication/language skills.

2) **Referrals** and linkages with community agencies and organizations, ancillary services that are available to the children either on-site or off-site, and other resources necessary to implement the IFSP treatment plan for the children and mother family unit shall be documented.

3) **Case management** for the children and mother family unit shall be provided and documented.

4) **Childcare** is to be arranged or provided, as needed, to support the female client in accessing and being retained in the Outpatient Treatment Program.

5) The APPLICANT shall **consult with Child Welfare** Services (CWS), when involved, and document CWS' goals and objectives for the child and parent while in treatment. When possible, a working written agreement shall be developed with CWS which delineates responsibilities of the treatment program and CWS.

6) The APPLICANT shall provide a **therapeutic nursery child plan** which:

a) Establishes and documents the goals and objectives for the child's development and progress and assists the parent in the setting of these goals. A time schedule shall be developed to assess achievement. This information shall be shared with the parent at scheduled meetings.

b) Includes a designated child-care staff person in clinical staff meetings to discuss the progress of the child and child/parent relationship. Significant findings and discussions shall be noted in the child's and parent's record.

c) Includes weekly child-care staff meetings for coordination, consultation, staffing, and planning purposes.

d) Includes a program designed to meet the developmental needs of the various age groups served and addresses cultural and other particular needs of individual children or groups of children.

e) Contains a range of learning experiences, as appropriate, and provides the child a variety of developmentally appropriate learning and play materials.

c. **INTERIM SERVICES FOR PREGNANT WOMEN** shall include the following:

1) The APPLICANT shall provide interim services to any pregnant woman who has been wait-listed by another ADAD-funded treatment agency due to lack of space.

2) The APPLICANT shall provide interim services within forty-eight **(48)** hours of application to pregnant women who have been denied admission to a substance abuse treatment program on the basis of the lack of capacity of the program to admit the individual. Admission to substance abuse treatment shall occur when the next available opening occurs. The APPLICANT shall address in its proposal how it intends to meet the requirement described in this paragraph.

The unit of performance is **sixty (60)** minutes. Interim services shall be reimbursed for **no more than one (1) hour per client per week**. The APPLICANT may bill by quarter hour (15 minute) increments. The rate shall be the same as for outpatient treatment services. Reimbursable activities shall include the following:

a) Individual and/or group counseling and education about HIV and tuberculosis (TB), about the risks of needle sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur.

b) Pregnant women shall also receive individual and/or group counseling and education on the effects of alcohol and drug use on the fetus as well as be referred for prenatal care.

3) The APPLICANT shall **publicize the availability** of treatment for pregnant women and that preference shall be given to pregnant women for treatment.

4) The APPLICANT shall provide documentation that procedures and services for the pregnant women and women with dependent children were developed in **consultation with a Hawaii state licensed physician**.

5) The APPLICANT shall provide **verification** that the following services are provided or arranged for:

a) **Primary medical care** for women, including referral for prenatal care and childcare while the women are receiving substance abuse treatment;

b) **Primary pediatric care**, including immunization, for their children;

c) **Gender-specific substance abuse treatment** and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting and child care while the women are receiving substance abuse treatment;

d) **Therapeutic interventions for children** in custody of women in treatment (may include developmental needs, issues of sexual and physical abuse and neglect); and

e) **Case management and transportation** to ensure that women and their children have access to the above mentioned services.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient, and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the **WITS** (Web-Based Infrastructure for Treatment System).

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and

methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

        2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close

proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST**, **QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with

the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (WITS**) Follow-Up Report form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS items:

1) Number of clients completing treatment.
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.

10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six **(6)** months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two **(2)** different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients preferably services to women.

6. Coordination of services

a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-End Program Reports** summarizing and analyzing required

performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-End Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

   The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes client services data

describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

The APPLICANT shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

1. Physical address.
2. Narrative description.
3. Detailed description of how the facility meets, or plans to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

Method of payment will be by the following unit rates:

The ADAD has the option to adjust unit rates on contracts covered under this RFP. The ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Original monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within

the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

A. Cost Reimbursement

1. For **cultural activities,** ADAD will consider supporting cultural activities as specified under Section 2.I.F.6. of this RFP on a cost reimbursement basis. ADAD will assess these request based on various factors, including but not limited to, the number of ADAD supported clients that would participate in the proposed cultural activity on an on-going and consistent basis; if the cultural activity or practice is considered a integral component of the overall design of the program or service; and if the proposed cultural activity or practice is unable to be sustained on a unit reimbursement basis.

2. **Recreational activities**, also known as clean and sober activities, shall be those activities in which clients learn to participate in recreational outings or activities that are free from alcohol, drugs and non-prescribed medication. Each APPLICANT must submit in its proposal a description of the activity along with a list of yearly estimated expenditures for implementation of specific recreational activities, integration with treatment and agency activities (e.g. interdisciplinary treatment/service planning with regularly scheduled reviews), staff required, number of ADAD clients to be served for each activity and for the year, non-personnel costs (including but not limited to transportation and materials required for the recreational activities) and a Weekly Schedule with hours for all recreational activities.

B. Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

1. **Motivational Enhancement:**
   a. The unit of performance is sixty **(60)** minutes. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rate shall be TWENTY-FOUR DOLLARS **($24)** for motivational enhancement, which may be either individual or group counseling.

2. **Continuing Care Services**:
   a. The unit of performance is sixty **(60)** minutes.
   b. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes. The rate shall be of TWENTY-FOUR DOLLARS **($24**) for continuing care, which may be either individual or group counseling.

3. **Residential Substance Abuse Treatment:**
   a. The unit of performance shall be a **bed day**.
   b. The rate per bed day shall be a maximum ONE HUNDRED EIGHTY SEVEN DOLLARS (**$187**) per woman per bed day and ONE HUNDRED DOLLARS (**$100**) for one child per bed day. Payment for children will be made for actual days in the facility. Payment will not be made for absent bed days. The rate shall cover one hundred percent (100%) of the treatment cost to the client.
   c. The maximum length of stay for this modality of treatment is **six (6) months**. Residential Programs can bill for the day of admission but not for the day of discharge.

4. **Intensive Outpatient Substance Abuse Treatment:**
   a. The unit of performance shall be **per diem**.
   b. The rate shall be ONE HUNDRED TWENTY DOLLARS **($120) per day** which shall include a minimum of three **(3) hours** per day of face-to-face individual, group, and/or family sessions.
   c. The maximum reimbursement shall be SIX HUNDRED DOLLARS **($600) per week**, preferably in blocks of three hours of treatment per day.
   d. The maximum length of stay shall be forty **(40) days** per client per year.

5. **Outpatient Substance Abuse Treatment:**
   a. The unit of performance is sixty **(60) minutes**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
   b. The rates shall be:
      1) EIGHTY-EIGHT DOLLARS **($88)** for sixty (60) minutes of treatment planning or modification, individual counseling, or family counseling.

2) FORTY-EIGHT DOLLARS **($48)** for a sixty (60) minute process group or skill building group activity per client.

3) FORTY-FOUR DOLLARS **($44)** for a sixty (60) minute cultural group activity per client.

4) FORTY-FOUR DOLLARS **($44)** for sixty (60) minutes of buprenorphine support services, which consists of face-to-face case management with a client or face-to-face with a community resource (e.g. buprenorphine prescribing physician).

5) TWENTY-FOUR DOLLARS **($24)** for a sixty **(60)** minute recreation group, education group, motivational enhancement or continuing care group activity per client.

6) SIXTEEN DOLLARS **($16**) for sixty **(60)** minutes of face-to-face case management with a client or face-to-face with a community resource.

7) TWELVE DOLLARS **($12)** for sixty (60) minutes of case management through live telephone contact (no voicemail).

c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.

d. The maximum hours of service shall be ninety-six **(96) hours** per client per year.

6. **Therapeutic Living:**

a. The unit of payment shall be a **Therapeutic Living bed day**.

b. The rate shall be EIGHTY-THREE DOLLARS **($83)** per woman per bed day and EIGHTY-THREE DOLLARS **($83)** for one child per day. Payment for children will be made for actual days in the facility. Payment will not be made for absent bed days.

c. The maximum length of stay shall be one hundred thirty **(130) days** per client per year.
d. ADAD shall not reimburse programs for both Day Treatment and Therapeutic Living services for the same client at the same time.
e. Therapeutic Living services can bill for the day of admission but not for the day of discharge.

7. **Clean and Sober Housing:**

a. The unit of payment shall be a Clean and Sober Living residential day.
b. The rate shall be FORTY-THREE DOLLARS **($43) per client per residential day**.
c. The maximum length of stay shall be one hundred eighty **(180)** days **per client per year**.
d. Clean and Sober Living programs can bill for the day clients move in but not for the day clients move out.

Section 2

Sub-Category 6

Integrated Case Management and Substance Abuse Treatment Services for Offenders

Service Specifications

Section 2
Service Specifications
Sub-Category 6
Integrated Case Management (ICM) for Offenders Statewide

A. Case Management Services

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by Chapter 321, HRS which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and Chapter 334, HRS which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend Federal substance abuse funds administered under P.L. 102-231 as amended by P.L. 106-310, the Federal Substance Abuse Prevention and Treatment Block Grant.

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

To estimate the need for substance abuse services ADAD conducted a household survey of adults across the State in 2004. This survey incorporated criteria for abuse and dependence from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) of the American Association (APA,

2000) into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	State	County			
	Total	Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment lives in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze, and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the

Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

For the criminal justice population, the impacts on the social fabric of families and on the economic health of the state are greater in that 35.3% of the people entering Hawaii's criminal justice system have a substance abuse problem and 85% of the men and women incarcerated in our jails and prisons have a history of drug abuse. The estimates for the need for substance abuse treatment services in the criminal justice populations are as follows:

Estimated Need for Substance Abuse Treatment Services, 2007

	Supervised Release	Probation	Incarcerated		Parole	Total
			Jail	Prison		
Estimated Population	2,332	19,500	1,310	3,571	2,110	28,823
Estimated Need for Treatment	89	13,600	1,113	792	1,794	17,388
Treatment Services	66	1,063	0	664	175	1,968
Gap in Services	23	12,537	113	286	1619	14,578

The criminal justice system is comprised of two major components: (1) the State Judiciary that is responsible for the population of individuals under court supervision (i.e. probation, conditional release, drug courts) and (2) the Department of Public Safety and the Hawaii Paroling Authority which are responsible for the populations on supervised released, in transition from incarceration, and on parole.

- Pretrial Diversion: The Department of Public Safety's Intake Service Center (ISC) administers the Supervised Release program for pretrial offenders who have been assessed not to be a flight risk or a public safety risk and are released into the community, pending adjudication. The Supervised Release program provides for an alternative to incarceration while providing access to substance abuse treatment, when available. During FY 2007, 468 of 2,332 supervised released offenders (20%) had their supervised release status revoked. Of the 468 revocations, 89 (19%) were due to positive urinalysis.

- Probation: The Judiciary's Adult Client Services Branch (ACSB) oversees more than 18,500 individuals ordered under court supervision. ACSB's mission is to promote public safety by helping offenders become productive and responsible citizens by applying evidence based practices (EBP's). Within the last five years, ACSB and it's criminal justice partner agencies have focused efforts on insuring that supervision is based on offender risk (to recidivate) and offender criminogenic needs (factors correlated with sustained criminal behaviors).

Substance abuse has been identified as one of the big six criminogenic needs most commonly occurring within the offender population.

- Incarceration: The Department of Public Safety, through its Corrections Division, provides custody, care and assistance for the rehabilitation of offenders incarcerated in jails for a period of less than one year and in prison for a period exceeding one year. Units within the Division provide substance abuse programming and education, therapeutic community programs and therapeutic living services.

- Parole: The Hawaii Paroling Authority (HPA), administratively attached to the Department of Public Safety, oversees those persons paroled from prison, and is responsible for public safety and reintegration of the offender. HPA currently provides active supervision to 2,110 parolees. The present parole officer to parolee staffing ratio is 1:81, which is over the ideal rate of 1:70. Substance abuse treatment services are needed for parole violators who would be incarcerated because of parole violations for drug-related reasons. For FY-2007, 264 parolees were incarcerated for violating conditions of parole. Of these, 148 (56%) violated their parole for drug-related (mostly methamphetamine) reasons.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included: 1) The Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; September 27, 2007 on Molokai; and a statewide conference call held on December 4, 2007 with substance abuse treatment providers that work with offenders. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use for the offender population while preserving the client's due process rights and the public's safety. Specific program-related goals include:

- To maintain an effective integrated case management system that accepts referred offenders from the Department of Public Safety, the Judiciary Adult Client Services Branch and Hawaii Paroling Authority, for the purpose of providing effective case management across jurisdictions.

- To utilize best practices/evidence based practices in the continuum of substance abuse treatment services within the community, to reduce the risk of recidivism and re-incarceration amongst offenders at the medium to high levels of risk.

- To provide a collaborative approach to supervising and treating the substance abusing offender in the community through cooperative efforts of criminal justice agencies' staff, integrated case managers, and substance abuse treatment programs/providers.

- To reduce the return to custody rate of offenders on supervised release, furlough, probation or parole in a manner that is conducive with public safety.

- The recommended model upon which this request is based is depicted in Section 5, Attachment E-12.

D. Description of the target population to be served

The target population includes adults eighteen (18) years and over who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Client Services Branch, the Department of Public Safety's Corrections Division, or the Hawaii Paroling Authority, who meet the current version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for substance abuse or dependence. Clients referred for services under this RFP may meet the **DSM IV** and **ASAM PPC** criteria based on their use and abuse of substances for the 90 day period prior to their incarceration.

All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge.

Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

Referrals of offenders for this program shall be made by the Department of Public Safety's Intake Services Center and its Corrections Division, the Judiciary's Adult Client Services Branch, and the Hawaii Paroling Authority. Eligibility for the program shall be determined collaboratively by the referring criminal justice agency, the substance abuse provider, and the ICM case management services agency's program manager.

Referrals done by one of the four criminal justice agencies must have been assessed as being at medium-to-high risk for recidivism on the **Level of Service Inventory Revised** (LSI-R) combined with the **Adult Substance Use Survey** (ASUS) or the risk assessment instrument being utilized.

Self-referred clients and/or clients identified by treatment providers, that might meet the criteria for ICM services, must be referred to the ICM agency for assessment and approval.

Criteria for admission include:

1. The offender must be assessed by the referring criminal justice agency as being at medium-to-high risk for recidivism. The offender must have a substance-related disorder, which if addressed, would greatly decrease the offender's probability of re-offense and re-incarceration. For parolees and furloughees, clients may meet the DSM IV and ASAM PPC criteria based on their use and abuse of substances for the 90 day period prior to their incarceration.

2. The offender must be under the active supervision of the Judiciary, the Department of Public Safety, or the Hawaii Paroling Authority.

3. The offender must agree to engage in treatment.

4. Preference shall be given to the offender who is a non-violent offender, which is defined as a person who has not committed serious and/or substantial bodily injury as defined by Chapter 707 HRS, within the previous five (5) years and is not currently charged with committing such injury. Exceptions to this requirement may be granted only if agreed upon by the referring criminal justice agency, the ICM case management services agency's program manager, and the substance abuse treatment provider.

5. The offender must not display current assaultive behaviors.

6. The offender must be financially unable to seek treatment independently.

7. The offender's risk of recidivism and incarceration must be moderate to high.

E. Geographic coverage of service

Service areas for this RFP consist of the Counties of Hawaii, Kauai, Maui, and Honolulu (the Island of Oahu). Although the goal is to provide this service statewide, the implementation of this service may need to be carried out in a smaller geographic area, in keeping with available resources. The APPLICANT shall demonstrate actual capacity to provide the required services in each of the geographic areas for which it is applying.

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

Total Funding: *FY 2010: $795,000 consisting of General Funds

*FY 2011: $795,000 consisting of General Funds

*FY 2012: $795,000 consisting of General Funds

*FY 2013: $795,000 consisting of General Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

For-profit and non-profit organizations are eligible for State General funds.

Integrated Case Management (ICM) Case Management Services Statewide for Pretrial Diversion, Probation, Furlough and Parole referrals. Any APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any geographic area. For each contract year, the suggested funding amounts are as follows:

$660,000 for **Personnel and General Operating Expenses**
$100,000 for **Safe, Clean and Sober Housing**
$15,000 for **Client Support Services**
$20,000 for **Training Activities**

NOTES:

1. ADAD reserves the right to reallocate the above amounts between the ADAD-contracted agencies funded under this RFP if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be determined by ADAD to ensure the best configuration of services to meet the needs of the State.

2. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

b. Disallow all or part of the cost.

c. Suspend or terminate the contract.

4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD. Amendments and changes must be consistent with the intent of the funding appropriation.

5. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances changes, ADAD reserves +the right to change the anticipated source of funds to support needed programs and services

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. Residential programs and therapeutic living programs (TLPs), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living**

Program requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the department.

b. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.

c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles on Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

   d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

   e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3) of the Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

   b. Procure a commercial sex act during the period of time that the award is in effect; or

   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9, shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

b. Assures staff education on HIV and AIDS at least once per year.

c. Provides for AIDS education to all clients.

d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices, evidence-based practices and promising practices in any substance abuse service. Best practices and evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. Promising practices are those practices that have some research, literature and national consensus to support clinical effectiveness as well as a system for implementing and maintaining program integrity and conformance to professional standards. For best practices, evidence-based practices and promising practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug AddictionTreatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules**. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance"**) in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

    "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

    In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. ADAD will allow after-the-fact Secondary Purchases.

C. Multiple or alternate proposals

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

☒ Single ☐ Multiple ☐ Single & Multiple

A single contract will be awarded for statewide ICM services. However, the ICM funding for substance abuse treatment services for offenders will be for multiple contracts and awarded to more than one substance abuse treatment APPLICANT.

E. Single or multi-term contracts to be awarded

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

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension up to a maximum of four year period.

2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Diane Meador, at (808) 692-7524
diane.meador@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

The scope of work encompasses the following tasks and responsibilities:

1. **Adult Substance Abuse Integrated Case Management** shall be comprehensive, and shall be designed to satisfy legal sanctions and improve treatment outcomes. The criminal justice client is often difficult to engage and retain in treatment. The State has an interest in facilitating access to and retention in treatment. Therefore, methods tailored to increase the percentage of clients making first treatment contact, interventions targeting client engagement in treatment and referral mechanism resulting in engagement in treatment are critical. The criminal justice agencies may refer offenders directly to ADAD-funded providers for assessment and admission to treatment to facilitate access to ICM services. To enroll the client in the ICM case management services, the treatment providers will then need to submit the client's ASI, ASAM PPC and other assessment information to the ICM case management services agency. After the ICM agency confirms that the client is appropriate for services funded by RFP 440-08-1-6, the treatment providers will then transfer the client to treatment services funded under RFP 440-08-1-6.

   Referrals also may be made from the four criminal justices agencies to the ICM case management services agency. The ICM agency would then refer the client to RFP 440-08-1-6 funded substance abuse treatment.

   An APPLICANT proposing to provide the ICM case management services may not refer to itself for substance abuse treatment services.

   Services shall build on strengths and shall attend to the client's preferences where possible. ICM staff shall work closely with the components of the criminal justice system to assure public safety, and compliance with intermediate sanctions for failure to follow through with treatment.

2. **ICM services are rehabilitative.** Environmental support and supportive interventions will be employed to assist the offender in gaining access to necessary services and achieving identified recovery goals. Services are intended to reduce substance abuse and to enable the person to return to the highest possible level of functioning.

   Each offender will be assigned a primary case manager who coordinates and monitors the activities of the offender's service providers and has primary responsibility to write the overall case management service plan in collaboration with the supervising criminal justice agency and the substance abuse treatment provider. The primary case manager provides individual supportive services, ensures immediate changes are made in the case management service plan as the offender's needs change, and advocates for the offender's due process rights and preferences. The primary case manager provides input to the substance abuse treatment program in its development of the offender's specific substance abuse

treatment plan. The primary case manager is also the first staff person called on when the offender is in crisis, and is the primary support person and educator to the offender's family.

3. The ICM case management services shall include:

a. Screening/Clinical Assessment. An offender referred to ICM case management services is screened to determine eligibility and appropriateness. The case management agency will request either from the Judiciary Adult Client Services Branch, the Hawaii Paroling Authority or the Department of Public Safety's Intake Services Center and its Corrections Division, a copy of the Level of Services Inventory-Revised (LSI-R) summary report or the current risk instrument being utilized. A comprehensive and multidimensional assessment of the offender's criminogenic needs, substance-related disorder and treatment needs, and ancillary needs using the framework of the Addiction Severity Index (ASI) as well as other appropriate assessment instruments, and the ASAM PPC dimensions is used to determine clinical severity and what type of programmatic intervention is appropriate. Through the assessment process, the offender's needs will be identified and prioritized in the case plan for service delivery. Assessments are also used on a continuing basis to assess treatment progress and treatment outcomes; to determine whether the offender is responding to treatment; and to determine the extent of behavioral changes, success, and failure.

b. Individual Case Management Service Planning. Individualized case management service plans will address the offender's need for community based substance abuse treatment. These plans may include provisions for linkage to substance abuse treatment, vocational/educational resources, medical/mental health providers, clean and sober housing, or other ancillary services. The individualized service plans are developed collaboratively by a team including the supervising criminal justice agency, the ICM case management provider, the substance abuse treatment provider, and the offender. Cognitive behavioral interventions including cognitive restructuring and skill building, coupled with social learning principles shall be used as a mean of insuring behavior change and reducing recidivism.

c. Court/Supervising Criminal Justice Agency Technical Assistance and Support. ICM case management services will provide assistance to the supervising criminal justice agencies in making decisions about possible offender option through objective testimony and written reports documenting the results of all assessments, monthly progress and termination decisions. The ICM case management agency will provide its expert, objective testimony at all stages of criminal justice processing—pretrial, sentencing, and at violation hearings. The ICM case management agency will negotiate with the supervising criminal justice agency for sanctions that make clinical

sense and promote substance abuse treatment as an alternative to incarceration. In addition to providing formal testimony and reports, the ICM case management agency will also participate in scheduled case conferences and staff meetings with criminal justice personnel to clarify their findings in an objective manner and to educate criminal justice personnel about ICM services' procedures and treatment expectations.

d. Service Referrals and Placement into Substance Abuse Treatment. ICM case management services are responsible for determining the offender's case management service needs at the time of the initial assessment and in collaboration with the criminal justice agencies and the substance abuse treatment provider, and throughout the course of the offender's involvement with case management services. Along with referrals for substance abuse treatment, the ICM agency case manager will:

1) Refer offenders to ancillary services such as G. E. D. classes, literacy programs, vocational rehabilitation, and other legal, dental, medical, psychiatric and other health and human service resources or entitlements.

2) Monitor offenders' treatment progress by meeting with offenders and treatment provider staff.

3) Monitor offenders' vocational/educational assistance and progress.

4) Participate in treatment providers' case conferences and treatment team meetings as appropriate.

5) Assist in obtaining needed medication and medical supplies, clothing, food and personal necessities.

e. Monitoring. While offenders are in treatment, ICM case management services' staff will visit treatment facilities to monitor the offenders' progress. That progress shall be routinely reported to the referring supervising criminal justice agency. As new needs arise or when the offenders experience difficulty, the ICM services' case manager may revise the service plan or provide other interventions to support progress toward recovery. The case manager's intervention may include increasing the involvement of the supervising criminal justice agency in order to maintain the offender's level of motivation, compliance, progress and commitment. Routine reports and ongoing communication enables the criminal justice system to stay informed of the offenders status in treatment. Regular monitoring also enables prompt reassessment and early intervention to address any potential problems.

f. Alcohol and Drug Testing. Alcohol and drug testing are used to monitor offender behavior and thereby reduce criminal activity. Alcohol and drug testing are components of the initial screening to confirm substance use. After

the screening process, alcohol and drug testing are used to provide baseline information on the nature of the offender's drug dependencies, and thereby allows appropriate referrals to treatment services. Alcohol and drug testing are used to monitor treatment progress and provide credible and timely information on the offender's continued use or abstinence from specific drugs. The ICM case management services are required to have protocols on alcohol and drug testing which should include observed collections, and chronological documentation and paper trail showing analysis and disposition of the specimen. The results should be documented in the offender's chart and reported to the supervising criminal justice agency on the same day. The ICM alcohol and drug testing services should supplement the testing activities of the offender's supervising criminal justice agency and the offenders' treatment program.

g. HIV/AIDS Services. ICM case management services will conduct or arrange for HIV/AIDS education for offenders on an individual and/or group basis. This may include general education regarding HIV and the transmission of the virus, risk assessment, risk education strategies, pre- and post-test counseling, and one-on-one consultation.

h. Consultation and Technical Assistance. ICM case management services will provide case consultation and technical assistance to supervising criminal justice agency staff, and will serve as the liaison between the criminal justice agencies and the ADAD-funded substance abuse treatment providers.

i. Clean and Sober Housing. ICM case management services will make arrangements for unsupervised, independent living arrangements for offenders who do not need professional/paraprofessional support, or supervision/assistance in daily living activities, but for whom the daily presence of clean and sober peers is desirable for a transition period immediately prior to full reintegration into the community. The living arrangement shall be in a private residence with a clean and sober family or with three or more unrelated clean and sober persons served by any substance abuse treatment program, preferably within a twelve- (12-) month period. All clean and sober housing must meet the county zoning requirements and standards. Initial assistance with room and board expenses may be provided. Other than this initial assistance, the offender shall be responsible for the payment of all rent, food, utilities and other necessities, commodities, or services. The ICM case management services shall periodically monitor the housing unit to determine if the offender is progressing satisfactorily toward full reintegration into the community.

j. Case Management Discharge. Discharge criteria are crucial elements of the case management model. The sudden termination of all support and monitoring services is a prescription for failure. Following successful

discharge from treatment, the offender shall remain under the case management supervision services until a legitimate source of income or full-time student status is established; a stable living environment is secured; or a discharge from the criminal justice system occurs. Discharge should be decided on a case-by-case basis, and when possible staggered by at least one or two months which would enable a more gradual and successful transition for clients.

k. Training Activities. Training activities shall be planned, developed and coordinated with ADAD staff and through ADAD's Addiction Technology Transfer Center in conjunction with representatives from the Criminal Justice System, the substance abuse treatment providers and the provider designated as the ICM case management services direct service staff as well as treatment services staff and organizations involved in the Integrated Case Management for Offenders.

l. Critical Operational Elements that shall be included are:

(1) Agreed-upon offender eligibility criteria.

(2) Procedures for the identification of eligible offenders that stress early intervention.

(3) Documented procedures for assessment and referral.

(4) Documented policies and procedures for random alcohol and drug testing and other physical tests.

(5) The ICM case management services will be expected to have a standard operating procedure manual, developed in collaboration with the criminal justice agencies.

4. Service Capacity

The APPLICANT shall have the organizational ability to provide an average staff-to-client ratio of at least one (1) full-time equivalent (FTE) staff person for an average of twenty (25) active clients, excluding administrative, clerical and ancillary staff. The APPLICANT shall demonstrate it has sufficient staff to meet the objectives of this service.

5. Service Intensity

Integrated Case Management's staff will be expected to work non-traditional hours and on weekends and holidays as required. A service response/capability shall be present twenty-four (24) hours a day, seven (7) days a week.

The APPLICANT shall have the capacity to provide multiple contacts per week to offender-clients experiencing severe symptoms or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on the offender-client's need. ICM case management services shall have the capacity to rapidly increase service intensity to an offender-client when his or her status requires it. It is anticipated that the contacts will be more frequent in the early months of service, gradually decreasing as the offender-client moves toward completion of his or her service objectives. ICM case management services shall provide an average of two (2) documented contacts per week for all offender-clients. However, in later stages of client's care, two (2) contacts per week may not be necessary.

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

1. Personnel

a. Staff Requirements

The APPLICANT shall possess and document knowledge, capacity, skills and experience in working with targeted populations. ICM services shall have among its staff individuals qualified to provide the services described herein, including case management, crisis assessment and intervention, and individual supportive services.

Staff shall include a full-time program director who possess excess work experience with substance abusing offenders within the criminal justice system, experience with program development and management, and possess a substance abuse counselor certification (CSAC). A Mater's Degree is preferred.

Case Managers staff are required to have a Bachelor's or Master's degree in social work, counseling, psychology, nursing, or other behavior health professions and preferably at least one (1) year experience working with substance abusers or the criminal justice system. Individuals who have substantial experience and are certified as substance abuse counselors may also be Case Managers. Previous case management experience is desirable. The proposal shall include information regarding the educational background and work experience of the program director and the case managers.

Paraprofessional workers may have a bachelor's degree in a field other than behavioral sciences or have a high school degree and relevant experience in working with substance abusing adults and offenders.

A psychiatrist should be available on an as-needed basis to provide the APPLICANT with individual case consultation and to participate as appropriate in clinical case reviews.

The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD- approved CSAC preparatory training when available.

c. The APPLICANT shall employ staff who have verifiable experience in any specialized therapeutic activities, such as psychotherapy or family therapy, and experience working with the criminal justice population and preferably are CSAC or CSAC-eligible.

d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

e. The APPLICANT shall have on the premises at least one person currently certified for First Aid and Cardiopulmonary Resuscitation (CPR).

f. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

g. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per 11-175-14(e)(l)-(4), HAR, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

h. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

b. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds shall become the property of the DEPARTMENT upon completion or termination of the contract.

c. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis and shall be based on the data specified below. The APPLICANT shall set a threshold percentage of achievement for each of the following data items:

1) Number of clients completing ICM program.
2) Employment status at discharge and at the six (6) month follow-up.
3) Living arrangements at discharge and at the six (6) month follow-up.
4) Number of arrests since discharge at the six (6) month follow-up.
5) Frequency of use thirty (30) days prior to follow-up.
6) Usual route of administration.

b. The APPLICANT shall collect **Web-Based Infrastructure for Treatment System** (WITS) **Follow-Up Data** for <u>all clients admitted to the program</u> six **(6)** months after termination, <u>regardless of the reason for discharge</u>. Sufficient staff time shall be allocated for follow-up to ensure at least three **(3)** attempts to contact clients using at least two **(2)** different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted. An instructional session will be provided by the ADAD after contract execution.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous

contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of dual diagnosis substance abuse treatment services and/or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

6. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report.** Outcome measures will be developed in conjunction with ADAD after contract award.

b. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

7. Coordination of services

a. Adult Substance Abuse Integrated Case Management services shall be delivered through a model, utilizing the principles of effective interventions to promote consistent matching of treatment and supervision levels for quality management.

The ICM services are responsible for being the primary support person and educator for the offender's family, and serves as the liaison between the offender's family and the treatment providers' family program and family therapist. The treatment matching process identifies the level of substance abuse treatment and other support needs, which builds on the intervention needs identified by the criminal justice agency and the ICM assessment processes.

b. Treatment matching should also be consistent with the overall goals of the ICM services. The process of placement into substance abuse treatment involves close partnership with community-based providers as well as with the criminal justice agencies. Using the ASAM PPC criteria, ICM services will seek to match people's needs to providers who are capable of addressing those needs.

c. Matching the offender to a service provider is done after the offender is matched to the appropriate level of care. Matching takes into account not only the level of care, but also the responsivity principle. The treatment mode should fit the individual's characteristics; factors such as IQ, learning style, gender/ethnicity and motivational readiness as much as possible.

d. The offender needs, such as transportation, psychiatric needs, child care and, other physical and mental health special needs should also be taken into account. ICM case management services will schedule intake appointments, share assessment information with treatment providers as appropriate, will transport offenders to treatment when necessary, and follows up to ensure successful offenders entry into treatment. The ICM services also assist in transporting and accompanying offenders to medical and dental appointments, entitlement enrollment, and other appointments

e. The ICM case management services will also link eligible offenders with clean and sober housing.

f. Integrated Case Management Services (ICM) for eligible adult offenders shall aid interagency collaboration in the treatment of substance abuse, promote diversion from incarceration, increase supervision of offenders with substance dependence problems, control costs by assignment of clients to clinically appropriate services, and serve as the point for coordination of clinical and administrative/legal accountability.

   The objective of the ICM services is to provide the offenders with quality services early in the criminal justice continuum. ICM services shall bring together the influence of legal sanctions with recommended treatment modalities. Through treatment matching and closely supervised community reintegration, ICM services will seek to permanently interrupt the viscous cycle of addiction, criminality, arrest, conviction, incarceration, release, criminality and re-arrest.

g. ICM services entail coordinating the entire system of care for the offender, including an intensive level of outreach beyond what treatment providers and probation and parole officers are able to provide in coordinating treatment, relapse prevention, and social services pre-and post-release.

h. For an offender client who is dually diagnosed with mental illness and substance abuse dependence, and for whom services are not available in a dual diagnosis-specific treatment program, the primary case manager will coordinate treatment services program between substance abuse and mental health system.

i. ICM services will provide the link between treatment and the criminal justice agency responsible for the client's supervision, following the client as the client moves through the criminal justice system. ICM services will provide the client a single point of contact for linkage to multiple health and human services systems; advocate for the client; be community-based and client oriented; and assist the client with needs beyond substance abuse treatment or criminal justice systems. ICM services will provide a balance between being "system-centered" as an extension of criminal justice system control and "client-centered," focusing on the rehabilitation needs of the offender.

8. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-end Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and

discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45** days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

APPLICANTS shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility(s) meet or plan to meet the American with Disabilities Act **(ADA)** requirements.
4. Description of the facility(s)' accessibility to clients.

Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

For Integrated Case Management, the method of pricing shall be **Cost Reimbursement**.

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

Section 2
Service Specifications
Sub-Category 6
Integrated Case Management (ICM) for Offenders Statewide

B. Treatment Services for Offenders Statewide

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend Federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the Federal **Substance Abuse Prevention and Treatment Block Grant**.

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

To estimate the need for substance abuse services ADAD conducted a household survey of adults across the State in 2004. This survey incorporated criteria for

abuse and dependence from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) of the American Association (APA, 2000) into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	State Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment lives in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze, and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other

statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

For the criminal justice population, the impacts on the social fabric of families and on the economic health of the state are greater in that 35.3% of the people entering Hawaii's criminal justice system have a substance abuse problem and 85% of the men and women incarcerated in our jails and prisons have a history of drug abuse. The estimates for the need for substance abuse treatment services in the criminal justice populations are as follows:

Estimated Need for Substance Abuse Treatment Services, 2007

	Supervised Release	Probation	Incarcerated		Parole	Total
			Jail	Prison		
Estimated Population	2,332	19,500	1,310	3,571	2,110	28,823
Estimated Need for Treatment	89	13,600	1,113	792	1,794	17,388
Treatment Services	66	1,063	0	664	175	1,968
Gap in Services	23	12,537	1113	286	1,619	14,578

The criminal justice system is comprised of two major components: (1) the State Judiciary that is responsible for the population of individuals under court supervision (i.e. probation, conditional release, drug courts) and (2) the Department of Public Safety and the Hawaii Paroling Authority which are responsible for the populations on supervised released, in transition from incarceration, and on parole.

- Pretrial Diversion: The Department of Public Safety's Intake Service Center (ISC) administers the Supervised Release program for pretrial offenders who have been assessed not to be a flight risk or a public safety risk and are released into the community, pending adjudication. The Supervised Release program provides for an alternative to incarceration while providing access to substance abuse treatment, when available. During FY 2007, 468 of 2,332 supervised offenders (20%) had their supervised release status revoked. Of the 468 revocations, 89 (19%) were due to positive urinalysis.

- Probation: The Judiciary's Adult Client Services Branch (ACSB) oversees more the 18,500 individuals ordered under court supervision. ACSB's mission is to promote public safety by helping offenders become productive and responsible citizens by applying evidence based practices (EBP's). Within the last five years, ACSB and the criminal justice partner agencies

have focused efforts on insuring that supervision is based on offender risk (to recidivate) and offender criminogenic needs (factors correlated with sustained criminal behaviors). Substance abuse has been identified as one of the big six criminogenic needs and commonly occurs within the offender population.

- Incarceration: The Department of Public Safety, through its Corrections Division, provides custody, care and assistance for the rehabilitation of offenders incarcerated in jails for a period of less than one year and in prison for a period exceeding one year. Units within the Division provide substance abuse programming and education, therapeutic community programs and therapeutic living services. The Therapeutic Living Services are presently offered only on Oahu and the island of Hawaii. These services are needed on the island of Maui for adult sentenced felons who have one to two years left to serve on their minimum sentences and have met the requirements for community custody.

- Parole: The Hawaii Paroling Authority (HPA), administratively attached to the Department of Public Safety, oversees those persons paroled from prison, and is responsible for public safety and reintegration of the offender. HPA currently provides active supervision to 2,110 parolees. The present parole officer to parolee staffing ratio is 1:81, which is over the ideal rate of 1:70. Substance abuse treatment services are needed for parole violators who would be incarcerated because of parole violations for drug-related reasons. For FY 2007, 264 parolees were incarcerated for violating conditions of parole. Of these, 148 (56%) violated their parole for drug-related (mostly methamphetamine) reasons.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; September 27, 2007 on Molokai; and a statewide conference call held on December 4, 2007 with substance abuse treatment providers that work with offenders. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use for the offender population while preserving the client's due process rights and the public's safety. Specific program-related goals include:

1. To maintain an effective integrated case management system that accepts referred offenders from the Department of Public Safety, the Judiciary Adult Client Services Branch and Hawaii Paroling Authority, for the purpose of providing effective case management across jurisdictions.

2. To utilize best practices/evidence based practices in the continuum of substance abuse treatment services within the community to reduce the risk of recidivism and reincarceration amongst offenders at the medium to high levels of risk. To provide a collaborative approach to supervising and treating the substance abusing offender in the community through cooperative efforts of criminal justice agencies' staff, integrated case managers, and substance abuse treatment programs/providers.

3. To reduce the return to custody rate of offenders on supervised release, furlough, probation or parole in a manner that is conducive with public safety.

The recommended model upon which this request is based is depicted in Section 5, Attachment E-12.

D. Description of the target population to be served

The target population includes adults eighteen (18) years and over who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Client Services Branch, the Department of Public Safety's Corrections Division, or the Hawaii Paroling Authority. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria** (**ASAM PPC**) for admission, continuance, and discharge. Clients evaluated may meet the DSM IV and ASAM PPC criteria based on their use and abuse of substances for the 90 day period prior to their incarceration. Referrals done by one of the four criminal justice agencies must have been assessed as being at medium-to-high risk for recidivism on the Level of Service Inventory Revised (LSI-R) combined with the Adult Substance Use Survey (ASUS) or the risk assessment instrument utilized. Self-referred clients and/or clients identified by treatment providers that might meet the criteria for Integrated Case Management (ICM) services must be referred to the ICM agency for assessment and approval.
Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at:
http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

Service areas for this RFP consist of the Counties of Hawaii, Kauai, Maui, and Honolulu (the Island of Oahu). Although the goal is to provide this service statewide, the implementation of this service may need to be carried out in a smaller geographic area, in keeping with available resources. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in each of the geographic service areas for which it is applying.

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

Total Funding: *FY 2010: $1,455,000 consisting of General Funds

*FY 2011: $1,455,000 consisting of General Funds

*FY 2012: $1,455,000 consisting of General Funds

*FY 2013: $1,455,000 consisting of General Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be sginificantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the Substance Abuse Prevention and Treatment Block Grant.

Only non-profit organizations are eligible for Federal Funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities and shall document such expenditures.

A continuum of substance abuse services shall be provided to eligible offenders as described under III. Scope of Work, on the following islands in approximately the following amounts:

Oahu:	$899,000
Hawaii	$280,000
Maui	$240,000

Kauai $ 36,000

Any APPLICANT may provide twenty-four (24) hour residential treatment to adult clients from any geographic area.

NOTES:

1. ADAD reserves the right to reallocate the above amounts between the ADAD-contracted agencies funded under this RFP if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be determined by ADAD to ensure the best configuration of services to meet the needs of the State.

2. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four **(4)** months prior to the end of the contract year, unless prior approval is given by ADAD.

5. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its

discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances changes, ADAD reserves the right to change the anticipated source of funds to support needed programs and services

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

    a. Residential programs and therapeutic living programs (TLP's), in accordance with **Title 11, Chapter 98, Special Treatment Facility,** must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs. Therapeutic Living programs must meet ADAD's **Therapeutic Living Program** requirements as specified in Section 5, Attachment E-5, until applicable administrative rules are implemented by the DEPARTMENT.

    b. Clean and Sober Houses must meet applicable state and county codes standards and zoning requirements.

    c. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

    d. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall 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 (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital services.

   c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

   d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

   e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

   f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3) of the Public Health Service Act**.

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

b. Procure a commercial sex act during the period of time that the award is in effect; or

c. Use forced labor in the performance of the award or sub-awards under the award.

An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000 in Attachment E-9**, shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR**, **Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

    c. Provides for AIDS education to all clients.

    d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high-risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices/evidence based practices working with offenders in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) publication, **"Principles of Drug AddictionTreatment for Criminal Justice Populations: A Research-Based Guide"**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules**. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA **Charitable Choice Statutes and Regulations** found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance("**liability insurance**") in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid Claims during a policy term). The certificate of insurance shall include the Contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

    "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the Insurer is found insolvent, claims under this contract are not covered by any Guaranty fund of the State of Hawaii."

    In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

B. Secondary Purchaser participation
(Refer to HAR Section 3-143-608)

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. ADAD will allow after-the-fact Secondary Purchases.

C. Multiple or alternate proposals

☐ Allowed ☑ Unallowed

D. Single or multiple contracts to be awarded

☐ Single ☐ Multiple ☑ Single & Multiple

The funding for substance abuse treatment services is for four geographic areas. It is probable that one substance abuse treatment applicant will be unable to initiate substance abuse treatment services for all the criminal justice populations in all four geographic areas, as well as address the unique needs of each geographic area. Therefore, multiple contracts will be awarded to more than one substance abuse treatment APPLICANT.

Criteria for multiple awards:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

E. Single or multi-term contracts to be awarded

☐ Single term (< 2 yrs) ☑ Multi-term (> 2 yrs)

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the services, and if the STATE determine that the service(s) are still needed.

F. RFP Contact Person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact person: Diane Meador at (808) 692-7524.
diane.meador@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. **Adult Substance Abuse Treatment Services for eligible judicial referrals** shall be comprehensive and include a continuum of services such as Motivational Enhancement Services, Residential, Intensive Outpatient, and Outpatient Treatment, Therapeutic Living Program, and Recovery Support Services as defined below. An APPLICANT can propose to provide the whole continuum or any part (s) of the continuum. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards, and specifically the **Guidelines for Programs Serving the Criminal Justice Population.** Refer to Section 5, Attachment E-5, **Therapeutic Living Program Requirements**, for standards for the Therapeutic Living Programs. Services under this section shall be provided to only those offenders referred or confirmed by the ICM case management services agency. Services under this section shall include alcohol and drug testing based on observed collections in a frequency agreed to by the supervising criminal justice agency, the ICM case management services agency and the APPLICANT.

   APPLICANTS may provide Unit of Performance services and Cost Reimbursement services within the same contract providing the requirements for the modality of substance abuse treatment service being provided are met.

   Unit of Performance Services:

   a. **Motivational Enhancement Services** provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs.

      Motivational Enhancement Services consist of process or educational group counseling. **Up to two (2) hours (in any combination) of process**

group or education group counseling may be scheduled with each client weekly.

b. A **Residential Program** provides **24-hour per day non-medical, non-acute care** in a residential treatment facility that provides support, typically for more than thirty days for persons with alcohol and other drug problems and/or addiction.

It includes a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring, and treatment are available **twenty-four (24) hours a day, seven (7) days a week.**

The program shall consist of **twenty- four (24) hours per week of face-to-face activities** which shall include, but are not limited to, assessment, initial and updated treatment planning, individual and group counseling, substance abuse education, skill building groups, recreational therapy, family/couple counseling and case management. **One (1) hour session per client per week of individual counseling is required** and shall be documented.

c. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a **(1) one hour session per client per week session of individual counseling is required** and shall be documented.

d. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, initial and updated treatment planning, case management and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or intensive outpatient treatment program. Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, individual and group

counseling and substance abuse education. Outpatient services may also include, but are not limited to: skill building groups, recreational therapy family/couple counseling, substance abuse testing,and case management

An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week** of face-to-face treatment and **one (1) hour of scheduled and documented individual counseling per client per month.** The scheduling of one (1) hour per client per week of individual counseling is recommended when clinically indicated.

e. **Case Management** provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary functions is case management.

Buprenorphine Support Services provides specialized case management to assist clients who are recovering from opioid addiction. Case managers help develop resources in the community by enlisting physicians who will prescribe buprenorphine and linking clients to concurrent substance abuse treatment and other support services. ADAD will develop policies and procedures in this area to offer guidance in the area of medication assisted treatment. ADAD will not provide reimbursement for buprenorphine.

f. A **Therapeutic Living Program** provides structured single-sex residential living to offenders who are not yet eligible for full release into the community and who are **currently receiving,** are **in transition to**, or who have been **clinically discharged within six (6) months** from a substance abuse Day, Intensive Outpatient, or Outpatient treatment program. The APPLICANT will be required to accept correctional clients who have been assessed by the Department of Public Safety as being appropriate for services and accepted by the ICM case management services agency, unless the APPLICANT presents to the Department of Public Safety and the ICM case management services agency justifiable reason that an offender should not be accepted into the program.

Therapeutic Living Program provides **fifteen (15) hours per week of face-to-face therapeutic activities**. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, client support and advocacy, monitoring and follow-up. If a client is employed for **ten (10) or more hours per week, the 15 hours face-to-face therapeutic activities requirement can be reduced to ten (10) hours per week**. In

the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's **Therapeutic Living Program Requirements** as specified in Section 5, Attachment E-5.

APPLICANTS providing Therapeutic Living Programs shall develop admission, Continuance, and discharge criteria for ADAD's approval.

Within these general requirements, there are certain specific requirements pertaining to the services for furloughees, which are described below:

1) A Therapeutic Living Program under this section shall also comply with selected **Standards for Community Residential Services** of the American Correctional Association (ACA) The Therapeutic Living Program shall also test for drug and alcohol use by residents, in accordance with approved Department of Public Safety policies and procedures. The Therapeutic Living Program shall report all violations of the Department of Public Safety's rules and regulations promptly to the Department of Public Safety.

2) **The APPLICANT must demonstrate that its proposed facility meets the following criteria:**

   a) The location is suitable for residential programming.
   b) The facility will house only all women or only all men.
   c) There is no known criminal activity in the area.
   d) If the site is in close proximity to other offender treatment programs, the APPLICANT has the means to ensure no contact will be made with residents of neighboring sites.
   e) If the site is co-located with other offender treatment programs, the APPLICANT has the means to ensure there is no mingling of clients.
   f) The APPLICANT has the means to move the clients between the site and treatment programs.
   g) The site is accessible to public transportation where public transportation is available.
   h) The facility is in good condition and repair.
   i) The facility conforms to the selected ACA **Standards for Adult Community Residential Services.**
   j) The APPLICANT has the means to monitor and control ingress and egress at the site on a 24-hour, 7-days-a-week basis.

   The Department of Public Safety will make a site inspection prior to the award of the contract to ensure the facility meets the Department's needs.

g. **Recovery Support Services**

1) **Continuing Care Services** provide services for the purpose of maintaining gains established in treatment and in support of the recovery process.

Continuing Care Services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly.**

2) **Clean and Sober Housing** provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an ADAD contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

Clean and Sober Housing shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises.** APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD funded treatment.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria, (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM PPC criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult Residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least RestrictiveLevel of Service.

7. Adult treatment programs shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ASI** must be included in the **WITS** (Web Infrastructure for Treatment System).

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Precedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:

    a. Pursuant to **Sec. 1922(c)(3),** make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.

    b. Pursuant to **Sec. 1927**, comply with the following requirements:

        1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and

        2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are

directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

c. The Therapeutic Living Program for Department of Public Safety's furloughees shall be provided by staff with knowledge in substance abuse problems and experience in case management. Staffing for the Therapeutic Living Program shall be suitable to deal with this type of client. No persons currently serving a criminal sentence (i.e., on furlough from a correctional facility, on probation, on parole, or under the terms of a DAG/DANC plea) shall be hired by the APPLICANT for staffing the Therapeutic Living Program. Any Therapeutic Living Program employee with a criminal history shall be subject to review and approval by the Department of Public Safety. The Department of Public Safety will review and agree to the employment and changes in employment of Therapeutic Living Program staff and subproviders in writing.

d. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as offenders, women, or minorities.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and Cardiopulmonary Resuscitation (CPR).

g. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that Pregnant women and referring programs are aware of this preference any Brochures or materials published by the APPLICANT shall advertise that Pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may used to supplement **QUEST-NET**, and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits**.**

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST**, **QUEST Net** and **QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent

with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (WITS)** Follow-Up Report form. The WITS Follow-up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:

1) Number of clients completing treatment
2) Employment status at follow-up.
3) Living arrangements at follow-up.
4) Number of clients receiving substance abuse treatment since discharge.
5) Number of clients currently in substance abuse treatment.
6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
8) Number of arrests since discharge.
9) Number of emergency room visits since discharge.
10) Number of times client has been hospitalized for medical problems since discharge.
11) Frequency of use thirty (30) days prior to follow-up.
12) Usual route of administration.

b. The APPLICANT shall collect **WITS Follow-up Data** for <u>all clients admitted to the program</u> six (**6**) months after termination, <u>regardless of the reason for discharge</u>. Sufficient staff time shall be allocated for follow-up to ensure at least three (**3**) attempts to contact clients using at least tow (**2**) different methods (e.g., mail out, telephone, face-to-face, and to assure that unless the client had died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

a. The APPLICANT shall have a minimum of one (**1**) year experience in the provision of substance abuse treatment services for substance abuse clients plus a minimum of one additional year of successful experience in the provision of substance abuse treatment services for pretrial, probation, or parole populations.

b. An APPLICANT intending to provide therapeutic living for the furlough population must demonstrate a minimum of one year of successful experience in the provision of services to inmates and their families and a minimum of one year of successful experience in operating a residential facility in the community.

6. Coordination of services

a. Adult Substance Abuse Treatment Services for Offenders shall be comprehensive, and shall be designed to satisfy legal sanctions and improve treatment outcomes. Services shall be delivered through an Integrated Case Management (ICM) model, utilizing the principles of effective interventions to promote consistent matching of treatment and supervision levels for quality management.

b. The criminal justice client is often difficult to engage and retain in treatment. The State has an interest in facilitating access to and retention in treatment Therefore, methods tailored to increase the percentage of clients making first treatment contact, interventions targeting client engagement in treatment and referral mechanism resulting in engagement in treatment are critical.

c. The criminal justice agencies may refer offenders directly to ADAD-funded providers for assessment and admission to treatment to facilitate access to ICM services. To enroll the client in the ICM case management services, the treatment providers will then need to submit the client's ASI, ASAM PPC and other assessment information to the ICM case management services agency. After the ICM agency confirms that the client is appropriate for services funded by RFP 440-08-1-6, the treatment providers will then transfer the client to treatment services funded under RFP 440-08-1-6.

d. Referrals also may be made from the four criminal justices agencies to the ICM agency. The ICM agency would then refer the client to RFP 440-08-6 funded substance abuse treatment.

e. While two referral mechanisms have just been described, APPLICANTS are encouraged to propose other methodologies which will result in increased engagement in treatment.

f. An APPLICANT proposing to provide the ICM case management services may not refer to itself for substance abuse treatment services.

g. The program, in cooperation with the ICM case management services agency, shall help link the offender to the appropriate level of substance abuse treatment as needed upon entry into the Therapeutic Living Program. The program shall test participating offenders for the use of drugs or alcohol in accordance with Department of Public Safety approved policies and procedures. The program, in cooperation with the ICM case management services agency, also shall assist in linking the offender to education and vocational training to increase marketability of the offender in the work force, which shall include assessment of individual needs and services, pre-employment training classes, group and individual employment-related counseling, resume preparation, and career exploration and job search. The program shall assist each participating offender in seeking, obtaining, and maintaining approved employment, and obtaining transportation agreed upon by the APPLICANT and the Department of Public Safety.

h. The program shall enable the participating offender to engage in meaningful leisure, social, and recreational activities. The program shall assist the offender with personal budgeting to ensure he or she has a viable plan to meet their financial obligations.

i. The APPLICANT providing substance abuse treatment services shall develop and implement, in coordination with the ICM case management services agency and the supervising criminal justice agency, an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address recovery issues and relapse prevention.

j. Adult residential treatment programs shall ensure that clients have access to pre- vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

k. Coordination with other community agencies and resources:
   1) The APPLICANT shall have and document appropriate linkages to other treatment and related human services on the continuum.

2) The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data.

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due 45 days after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement contracts**, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and Internet Explorer VI, at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

3) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.

4) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than 45 days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

5) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming documents as requested by the State.

C. Facilities

The APPLICANT shall provide a description of the facilities and sites it proposes to use for the requested services, including the titems below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility or facilities meet or plan to meet the American with Disabilities Act (**ADA**) requirements.
4. Description of the facility or facilities' accessibility to clients.

IV COMPENSATION AND METHOD OF PAYMENT

A. ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data Management information systems. An intructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to

submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month.Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an ivoice within the (90) day period, the APPLICANT must provide justification as to reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

B. **Pricing or pricing methodology to be used: Units of service and unit rate**

Fixed-rate pricing, as predetermined by ADAD in conjunction with providers, will be used. Reimbursement will be by the Unit of Performance at the fixed rates listed under **"7. Units of service and unit rate."**

There shall be no maximum length of stay limitation for any one component of the continuum. The aggregated maximum length of stay for any on pretrial release offender or probationer shall be twelve (12) months, and for any one parolee twenty-four (24) months. Extensions beyond the maximums may be granted on case-by-case baisis upon agreement by the ICM case manager services' Program Administrator and the offender's supervising criminal justice agency and upon written approval by ADAD.

1. **Motivational Enhancement**:

   a. The unit of performance is sixty (**60**) minutes. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
   b. The rate shall be TWENTY-FOUR DOLLARS (**$24**) for motivational enhancement, which may be either individual or group counseling.

2. **Continuing Care Services**

   a. The unit of performance is sixty (**60**) minutes.
   b. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes. The rate shall be of TWENTY-FOUR DOLLARS

   (**$24**) for continuing care, which may be either individual or group counseling.

3. **Residential Substance Abuse Treatment:**

   a. The unit of performance shall be a **bed day**.

b. The rate per bed day shall be a maximum ONE HUNDRED EIGHTY TWO DOLLARS (**$182**) per client per bed day. The rate per bed day for **dual diagnosis** clients shall be TWO HUNDRED TEN DOLLARS (**$210**) The rate shall cover one hundred percent (100%) of the treatment cost to the client.
c. Residential Programs can bill for the day of admission but not for the day of discharge, with the exception of Residential Social Detoxification services which may bill for both day of admission and day of discharge.

4. **Intensive Outpatient Substance Abuse Treatment:**

a. The unit of performance shall be **per diem**. The applicant may bill by quarter hour (15 minutes) increments in excess of one (1) hour
b. The rate shall be ONE HUNDRED TWENTY DOLLARS (**$120**) **per day** for face to face individual, group, and/or family sessions. The rate per day for **dual diagnosis** intensive outpatient services shall be ONE HUNDRED THIRTY TWO ($**132**) **per day**.
c. The maximum reimbursement shall be SIX HUNDRED DOLLARS (**$600**) **per week**, for intensive outpatient and SIX HUNDRED SIXTY DOLLARS **($660) per week** for dual diagnosis clients, preferably in blocks of three hours of treatment per day.

5. **Outpatient Substance Abuse Treatment**:

a. The unit of performance is sixty **(60) minutes**. For case management, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.

b. The rates shall be:
   1) EIGHTY- EIGHT DOLLARS (**$88**) for sixty minutes of treatment planning or modification, individual counseling or family counseling, and NINETY-TWO DOLLARS (**$92**) for dual diagnosis clients.

   2) FOURTY-EIGHT-DOLLARS (**$48**) for a sixty (60) minute process group or skill building group activity per client.

   3) TWENTY-FOUR DOLLARS (**$24**) for a sixty minute recreation group, education group, motivational enhancement or continuing care group activity per client.

   4) SIXTEEN DOLLARS (**$16**) for sixty minutes of face-to-face case management with a client or face-to-face with a community

resource.

5) TWELVE DOLLARS (**$12**) for sixty (60) minutes of case Management through live telephone contact (no voicemail).

c. Reimbursable activities shall consist of face-to-face individual session including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screening that result in a client's admittance into the Outpatient Program.

6. Therapeutic Living:

a. The unit of payment shall be a Therapeutic Living bed day.
b. The rate shall be EIGHTY THREE DOLLARS (**$83**) per client per bed day.
c. Therapeutic Living services can bill for the day of admission but not for the day of discharge.

7. Clean and Sober Housing:

a. The unit of payment shall be Clean and Sober Living residential day.

b. The rate shall be FOURTY-THREE DOLLARS **($43**) **per client per residential day.**

c. Clean and Sober Living programs can bill for the day clients move in but not for the day clients move out.

Section 2

Sub-Category 7

Group Recovery Homes

Service Specifications

Section 2
Service Specifications
Sub-Category 7
Adult Substance Abuse Recovery Homes Program

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant.**

The purpose of this RFP is to provide a continuum of adult substance abuse treatment services statewide.

To estimate the need for substance abuse services ADAD conducted a household survey of adults across the State in 2004. This survey incorporated criteria for abuse and dependence from the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) of the American Psychiatric Association (APA, 2000) into the survey instrument as a means of arriving at how many adults

might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	State Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment lives in the City and County of Honolulu, other smaller counties require core treatment services. These data further suggest that alcohol remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of

Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to provide a network of peer-assisted residential homes for adults who are in recovery from substance dependence.

D. Description of the target population to be served

The target population includes adults who are in recovery from substance dependence and in need of peer-assisted housing to support their continued recovery. Priority shall be given to individuals who have been clinically discharged within six (6) months from a substance abuse treatment program funded by ADAD.

E. Geographic coverage of service

The service area for this RFP is primarily the Island of Oahu, but may include the Islands of Hawaii, Kauai, Maui, Molokai and Lanai, at the discretion of ADAD and when the stability of the Oahu houses can be maintained. The APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding:	*FY 2010:	$218,000 consisting of Federal Funds $ 68,000 General Funds $150,000
	*FY 2011:	$218,000 consisting of Federal Funds $ 68,000 General Funds $150,000
	*FY 2012:	$218,000 consisting of Federal Funds $ 68,000 General Funds $150,000
	*FY 2013:	$218,000 consisting of

Federal Funds $ 68,000
General Funds $150,000

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

5. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time and performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

6. The proposed funds are to be used for the on-site Outreach Coordinator and, as needed, Outreach Assistants. FIFTY THOUSAND DOLLARS ($50,000) of the proposed funds are to be added to the Revolving Loan Fund.

7. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3)** of the **Public Health Service Act.**

II. General Requirements

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

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with Federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

   a. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

   b. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with Government **OMB Circular A-133** if the applicant expends $500,000 or more in Federal Funds.

3. The APPLICANT shall comply with 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 in the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

5. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

   b. Procure a commercial sex act during the period of time that the award is in effect; or

   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000** in Attachment E-9 shall be completed.

7. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.

8. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

9. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule, Section 96.135, Restriction on expenditure of grant**, the following restriction on the expenditure of the grant apply:

   a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

   b. The APPLICANT shall not use funds to provide inpatient hospital

services.

c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than public or nonprofit private entity.

10. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

    a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

    b. Assures staff education on HIV and AIDS at least once per year.

11. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

12. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

13. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgement shall appear on all printed materials.

13**.** The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance ("liability insurance") in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

"It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

In addition, **automobile (auto) insurance** shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT**.

ADAD may required additional insurance coverage from the APLLICANT if deemed necessary.

B. Secondary Purchaser participation

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. ADAD will allow after-the-fact Secondary Purchases. Any agency utilizing this secondary purchasing option must enter into a separate service agreement with the contracted agency, according to HAR, Section 3-143-608, and must fund all related administrative expenses, including additional staff cost and resources needed to support and operationalize a separate revolving fund program as required within this RFP.

C. Multiple or alternate proposals

☐ Allowed ☑ Unallowed

D. Single or multiple contracts to be awarded

☑ Single ☐ Multiple ☐ Single & Multiple

E. Single or multi-term contracts to be awarded

☐ Single term (< 2 yrs) ☑ Multi-term (> 2 yrs)

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) are still needed.

F. RFP Contact Person/Liaison

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning contractor. Written questions should be submitted to the RFP Contact Person and received on or before the day and time specified in Section 1, Item IV (Procurement Timetable) of this RFP.

Contact Person: Diane Meador at (808) 692-7524.
diane.meador@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Specialized Substance Abuse Recovery Homes Services shall include:

   a. A network of peer-assisted residential homes for adults who are in recovery. The homes shall be peer-run, which shall mean the residents govern the homes, and the residents shall be required to pay rent to the property owner. There is no staff or services in the recovery homes. The recovery homes shall all operate under similar rules, regulations, policies and procedures as established by the APPLICANT. The recovery home residents shall be responsible for enforcing these rules.

      1) At a minimum, each home shall be democratically self-run, shall be financially self-supporting, and shall expel by a vote of the other home residents any resident who returns to using drugs or alcohol. Each recovery home shall elect officers among the residents to run home business. These officers shall perform their duties in accordance with home membership governance policies established by the APPLICANT. The APPLICANT shall have a template for recovery home members to utilize which will facilitate the establishment of house rules for each recovery home. The APPLICANT shall establish a mechanism whereby individual recovery homes established or maintained under this program become affiliated with the APPLICANT's network of individual recovery homes. Such network affiliation shall be maintained until the termination of this contract or until the individual home ceases to

function as a recovery home, (such as if the landlord decides to no longer lease the home), whichever comes first.

2) The recovery home shall ensure that residents live in an alcohol-and drug-free environment. The residents shall have ready access to Narcotics Anonymous and Alcoholics Anonymous meetings or other sobriety maintenance activities.

b. **Administration of the State of Hawaii P.L. 100-690 Revolving Loan Fund Management Program (RLF)** including exercise of due diligence in the review of RLF applications for start-up of new recovery homes, processing loan applications, ensuring timely repayment of loans, and reviewing all leases for new recovery homes or renewal of leases for existing homes. This RFP and the resulting contract do not include capitalization of the RLF itself. Administration of the RLF shall include, but not be limited to, the following:

1) Revolving Loan Fund – The APPLICANT shall provide for the ongoing operation of the revolving loan fund as follows:

a) Make loans from the revolving fund for the costs of establishing housing in which individuals recovering from alcohol or drug abuse may reside in groups of not less than six (6) individuals;

b) Make loans from the revolving fund that do not exceed $5,000 and each such loan is repaid to the revolving fund by the residents of the housing involved no later than two (2) years after the date on which the loan. Adjustment to this time table may be made with the prior approval of ADAD.

c) Require each loan from the revolving fund to be repaid by the residents of the established house through monthly installments, with a reasonable penalty assessed for each failure to pay such periodic installments by the date specified in the loan agreement involved;

d) Require the resident borrowers' agreement that, pursuant to the loan:

(1) The use of alcohol or any illegal drug in the housing provided by the loan shall be prohibited;

(2) Any resident of the loan-supported housing who violates such prohibition shall be expelled from the housing;

(3) The costs of the loan-supported housing, including fees for rent and utilities, shall be paid by the residents of the housing; and

(4) The residents of the loan-supported housing, shall, through a majority vote of the residents, otherwise establish policies governing residence in the housing, including the manner in which applications for residence in the housing are approved.

2) Financial Reports – The APPLICANT shall furnish monthly and annual reports in a form and with contents acceptable to ADAD on all RLF activity and shall furnish other information as reasonably requested. Such reports shall include, at a minimum, an income and expense statement, a cash flow statement, a statement of status (including delinquency status) of outstanding loans, and a statement of the collection status of overdue loans. The APPLICANT shall also provide annual audited financial statements prepared in accordance with accepted accounting principles by an outside auditor.

3) Books and Records – The APPLICANT shall maintain books of account with correct entries of all receipts and expenditures incident to the disbursement, management, and collection of the RLF, these books shall remain the property of the State and shall at all times be open to inspection by ADAD. The APPLICANT shall deliver all books and records to ADAD at the expiration or termination of this contract.

4) Cash and Funds management – The APPLICANT shall maintain the existing State of Hawaii **P.L. 100-690** Revolving Loan Account and State of Hawaii **P.L. 100-690** Escrow Account. The APPLICANT shall deposit or cause to be deposited in these accounts all sums received from loan payments or other such collections or receipts and shall disburse from these accounts money on behalf of the RLF for authorized expenditures, provided that no funds in either of these accounts shall be commingled with funds of the APPLICANT. All interest income or late charges assessed and earned during the period of this contract shall be added to the State of Hawaii **P.L. 100-690** Revolving Loan Account and used by the APPLICANT to establish additional homes.

5) Insurance Coverage and Fidelity Bond – The APPLICANT shall cause to be maintained for the account of the RLF, Errors and Omissions Insurance in the amount of $150,000.00 covering all officers, agents and employees of the APPLICANT. The Errors and Omissions Insurance shall protect the assets of the RLF against losses from the negligent acts, errors and omissions of such persons. The APPLICANT shall furnish a fidelity bond in the amount of at least $150,000.00 with assurety satisfactory to the DEPARTMENT, covering those employees of the APPLICANT with responsibility for handling the funds and other property of the RLF. Coverage must be extended to include losses

sustained to the RLF due to dishonest acts by such employees. A certificate of the insurer certifying insurance coverage and fidelity bond coverage shall be delivered to the DEPARTMENT concurrently with the execution of the contract.

6) No Conflict of Interest – Neither the APPLICANT nor its affiliates, nor any of their respective officers, agents or employees, or their relatives shall directly or indirectly receive any pecuniary benefit from any action or decision affecting the RLF or the disbursement or collection of funds in relation to the RLF.

c. **Facilitation of the establishment and maintenance of multiple recovery homes** through ongoing technical assistance and the provision of one on-site Outreach Coordinator and, as needed, one or more on-site Outreach Assistants. The Outreach Coordinator shall:

1) Encourage creation of self-supporting democratic recovery homes by engaging in public relations activities and recruiting new residents from populations that can benefit from this housing with preference given to individuals who have been clinically discharged within six (6) months from a substance abuse treatment program funded by ADAD. Activity shall include, but not be limited to:

a) Securing the core group of residents needed to open a recovery home;

b) Securing the house and furnishings as appropriate;

c) Educating residents on management of the house; and

d) Ensuring that residents fulfill their financial obligations including rent, utilities and repayment of RLF funds.

2) Provide technical assistance to existing recovery homes as needed to ensure their viability;

3) Assist in acquiring the basic needs required to operate the housing, including but not limited to beds, refrigerators, and dressers;

4) Establish and maintain community relations and coordinate activities with local substance abuse treatment providers, non-profit organizations, and the social service community.

d. The APPLICANT shall ensure the continued viability of the RLF-supported recovery homes and organized chapters in existence at the commencement

of the contract, and shall expand the network of RLF-supported recovery homes in accordance with a plan approved by ADAD.

2. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while residents are in the program. **Residents cannot be excluded solely on the basis of use of medically prescribed medication.**

3. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to residents. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

b. Staff shall document a thorough knowledge of the needs of the recovering population and verifiable experience in working with the substance abuse recovering population and maintaining a recovery homes program.

c. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

d. The APPLICANT shall assure relevant training each year for each outreach staff person providing services under this program, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

2. Administrative

a. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

b. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased

with DEPARTMENT funds shall become the property of the DEPARTMENT upon completion or termination of the contract.

c. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. The APPLICANT shall submit an evaluation plan that includes appropriate annual output and performance objectives, including but not limited to the following areas:

1) Number of new recovery homes and number of beds established;

2) Number of existing recovery homes and number of beds maintained;

3) Number of start-up loans made and the number of loans repaid in full;

4) Proportion of recovery home residents who are employed, doing volunteer work, or going to school; and

5) Proportion of recovery home residents who have remained abstinent from alcohol and/or other drugs.

b. APPLICANTS who contracted with ADAD during the previous contract year are expected to report performance data on a continuous basis, e.g., follow-up data from residents served during the previous contract should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one **(1)** year experience in the provision of an adult substance abuse recovery homes network. The APPLICANT shall demonstrate knowledge of the recovery process and experience in locating, establishing and maintaining alcohol- and drug-free housing in suitable neighborhoods. The APPLICANT shall demonstrate experience in processing loan applications and monitoring loans which have been made.

6. Coordination of services

Coordination with other community agencies and resources:

a. The APPLICANT shall have and document appropriate linkages to other services on the continuum.

b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

8. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, the following written reports and documentation:

1) Monthly Finance Report;

2) Monthly Resident Activity Report which shall include the number of ADAD clients served, and the number of non-ADAD clients and their referral source.

3) Monthly Vacancy Report;

4) Monthly transaction ledgers for the Revolving Loan Fund Account and Escrow Account;

5) Monthly Hawaii Loans Report which lists any Houses that are late in repayment of loans;

6) A copy of any transaction between the APPLICANT and individual houses;

7) Annual Audit Reports for 2010, 2011, 2012 and 2013;

8) Year-end Financial Status Reports within 45 calendar days after June 30 of each year which shall include, but not be limited to, a listing of all uncollected loans showing unpaid principal, name and address of the borrower, and the status of uncollected loans as still active, reclassified, or restructured; and

9) Year-end Narrative Reports summarizing and analyzing required output and performance data. For contracts beginning July 1:

Year End:	July 1 – June 30	Report Due August 15.

b. Required Fiscal Reports:

1) For **Cost Reimbursement** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) The APPLICANT receiving Federal funds or a combination of general and Federal funds shall submit final invoices no later than 45 days after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

3) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes services data

describing total number of units of service provided by contract, site and modality, performance data and other contract close-out documentation as specified by ADAD.

C. Facilities

The APPLICANT shall locate suitable domiciles for the express purpose of creating peer-assisted recovery homes. The recovery homes shall be rented either on the open market or from a not-for-profit organization. The APPLICANT shall work in collaboration with ADAD to establish recovery homes in mutually acceptable areas. The APPLICANT shall enter into lease agreements with the property owners and shall set up basic utilities, including but not limited to electricity and water. The APPLICANT shall ensure the dwelling conforms to all applicable state and county building and zoning requirements. Separate houses shall be established for men and women. Establishment of additional individual recovery homes as needed shall be in accordance with a standard protocol governing administration of a self-run, self-supported recovery home revolving fund adopted by the APPLICANT.

IV. COMPENSATION AND METHOD OF PAYMENT

Method of pricing shall be **cost reimbursement**.

Montly invoice must be submitted by the APPLICANT within (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Incvoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

Section 2

Sub-Category 8

Early Intervention Services for HIV

Service Specifications

Section 2
Service Specifications
Sub-Category 8
Early Intervention Services for HIV

I. Introduction

A. Overview, purpose and need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a "comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...."

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

The purpose of this RFP is to provide a continuum of substance abuse treatment services statewide.

Nationally, about a third of all adult AIDS (Acquired Immunodeficiency Syndrome) cases are associated with injection drug user. Substance abusers in general and injection drug users in particular are at high risk for contracting and transmitting HIV (Human Immunodeficiency Virus)/AIDS. Providing early detection and intervention services to substance abusers at substance abuse treatment sites is an effective method of reaching this high-risk population.

According to the Department of Health HIV/AIDS Surveillance Semi-Annual Report; as of December 31, 2007, a cumulative total of 3,011 AIDS cases have been report in Hawaii. Of the cumulative total: 1,752 (58.2%) are known deceased and 1,259 people are known to be living with AIDS statewide.

The average growing rate for people known to be living with AIDS is 3.74% each year from 2003-2007. The primary risk behavior is among men who have sex with men (869 people, 69%), the second risk behavior is injection drug use (104 people, 8.3%), and the third highest risk behavior is heterosexual contact (97 people, 7.7%). The other category referred to as "other/unknown" include risk related to hemophiliac (5 people, 0.4%), blood transfusion (10 people, 0.8%), perinatal (6 people, 0.5%) and undetermined risk (95 people, 7.5%).

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings held on July 27, 2007 on Oahu; August 3, 2007 on Maui; August 30, 2007 on Hawaii (Kona); August 31, 2007 on Hawaii in (Hilo); September 21, 2007 on Lanai; and September 27, 2007 on Molokai. The summary of the RFI is in Attachment E-6.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a range of service options available to individuals with alcohol and other drug problems. The continuum of Early Intervention Services for HIV includes medical, nursing, counseling and supportive services provided on-site at ADAD-funded substance abuse treatment programs.

D. Description of the target population to be served

1. The APPLICANT shall target all interested clients who are in substance abuse treatment programs for counseling and testing for HIV antibodies. Priority shall be given to clients who are in ADAD-funded programs. Clients testing positive for HIV shall be targeted for immune system monitoring and early therapeutic intervention.

2. The APPLICANT shall define the parameters of the project in terms of number of clients to be served, location, and substance abuse treatment sites to be targeted.

E. Geographic coverage of service

The Service areas for this RFP consist of the Islands of Hawaii and Oahu, at a minimum. The APPLICANT may apply in any one or more of these areas.

However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

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

Total Funding:	*FY 2010:	$357,479 consisting of Federal Funds
	*FY 2011:	$357,479 consisting of Federal Funds
	*FY 2012:	$357,479 consisting of Federal Funds
	*FY 2013:	$357,479 consisting of Federal Funds

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant.**

The source and the amount of funding for these services is subject to change dependent on Hawaii's status as a "designated state," i.e., a rate of 10 AIDS cases per 100,000 population. A "designated state" status would require Hawaii to expend 5% of Substance Abuse Prevention and Treatment Block Grant Funds on Early Intervention Services for HIV, in accordance with the **Substance Abuse Prevention and Treatment Block Grant regulations (45 CFR, Part 96, Section 96.128).** In the fiscal year that Hawaii is not a "designated state," the funding will revert to State general funds.

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

For each contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for the service areas are as follows:

Islands of Oahu and Hawaii: Suggested amount of $357,479 consisting of Federal Funds

NOTE:

1. It is permitted to count the Federal dollar more than once.

2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the state.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.

4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but all actions must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

6. ADAD reserves the right to make modification to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR).**

    a. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

    b. All APPLICANTS shall complete and submit the **Federal certifications in Section 5, Attachment D.**

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall 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 (see Section 5, POS Proposal Checklist, for the website address).

4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, <u>Restrictions on expenditure of grant</u>**, the following restrictions on the expenditure of the grant apply:

    a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.

    b. The APPLICANT shall not use funds to provide inpatient hospital services.

    c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.

    d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.

f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931 (a)(3)** of the **PHS Act.**

5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.

6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104) t**he APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—

   a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

   b. Procure a commercial sex act during the period of time that the award is in effect; or

   c. Use forced labor in the performance of the award or sub-awards under the award.

   An assurance of compliance with SAMHSA, in **Attachment E-9, Trafficking Victims Protection Act of 2000** shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

8. The APPLICANT shall assign staff to attend provider meetings as scheduled by the ADAD.

9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing By** Laboratories, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired

Immune Deficiency Syndrome (AIDS) which states that it:

a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

b. Assures staff education on HIV and AIDS at least once per year.

c. Provides for AIDS education to all clients.

d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.

15. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations **42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules.** Federal funds may not be expected under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance for compliance with SAMHSA **Charitable Choice Statutes and Regulations**, found in Attachment E-8, shall be completed.

17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

18. The APPLICANT shall have a written plan for disaster preparedness.

19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance **("liability insurance")** in an amount not less than **ONE MILLION DOLLARS ($1,000,000) PER OCCURANCE and TWO MILLION DOLLARS ($2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). The certificate of insurance shall include the contract log number, contract dates, and the following statement:

    "It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured."

    If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

    "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii."

    In addition, automobile (auto) insurance shall be no less than **ONE MILLION DOLLARS ($1,000,000) PER ACCIDENT.**

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

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals
(Refer to HAR Section 3-143-605)

☐ Allowed ☒ Unallowed

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

☒ Single ☐ Multiple ☐ Single & Multiple

E. Single or multi-term contracts to be awarded
(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal extension of two or three year periods up to a maximum of four years.

2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the services(s), and if the STATE determines that the service(s) are still needed.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Flo Schuh at (808) 692-7536
florence.schuh@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Early Interventions Services for HIV shall include:

2. Pre-test and post test counseling shall only be done in accordance with the Department of Health's Human Immunodeficiency Virus (HIV) Counseling and Testing Guidelines.

3. Testing individuals with respect to such disease, including: tests to confirm the presence of the disease; test to diagnose the extent of the deficiency in the immune system; tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system; and test for preventing and treating conditions arising from the disease. The APPLICANT shall provide the necessary materials and manpower to complete initial screening tests.

4. Medical case management while in substance abuse treatment. Medical management for HIV and immune system monitoring shall be provided in accordance with the Hawaii Seropositivity and Medical Management (HSPAMM) model which also tests for other sexually transmitted diseases.

5. Referral/Linkage: The APPLICANT shall arrange initial appointments for clients with service providers to secure needed services or benefits.

6. The APPLICANT shall provide HIV prevention and education to all clients in substance abuse treatment programs funded by ADAD on Oahu and the Island of Hawaii.

7. The APPLICANT shall establish linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services. The APPLICANT must provide documentation to the Sate of written agreements for linkage with these organizations within thirty (30) days of execution of the contract.

8. The APPLICANT shall ensure that services will be undertaken voluntarily by, and with the informed written consent of, the individual, and undergoing such services will not be required as a condition for substance abuse or any other services.

9. Any services rendered shall be in conformance with Hawaii Revised Statutes regarding confidentiality of substance abuse treatment, HIV testing, sexually transmitted disease testing, and TB testing, Documentation of knowledge and applicability of appropriate Hawaii Revised Statutes shall accompany the proposal.

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

1. Personnel

a. The counselor/tester shall provide services in accordance with guidelines establish by the Department of Health for HIV.

b. All physicians and nurses shall be licensed in the State of Hawaii.

c. The APPLICANT shall conduct, at a minimum, a criminal history check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

e. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

f. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

g. If and when the Substance Abuse and Mental Health Services Administration again allows funds to be used for tuberculosis and hepatitis services, these may be added to the Service Activities to be provided.

2. Administrative

a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.

b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net,** and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.

c. Motivational Enhancement and Recovery Support Services may be used to supplement the insurance benefits described above to clients who would otherwise qualify for ADAD services.

d. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

e. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.

f. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.

g. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

h. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

i. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

a. The APPLICANT shall have a quality assurance plan which identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report** and shall be based on the data specified below:

a. Output Objectives: The APPLICANT shall state appropriate output objectives, including the number of clients to be served each contract year. The minimum number of clients served shall be three hundred to four hundred (300-400) per year, unless justified in the proposal.

b. Outcome Objectives include:

1) At least seventy-five percent (75%) of all clients participating in the early intervention program at each substance abuse treatment site shall complete an individual risk assessment.

2) One hundred percent (100%) of all clients testing positive for the HIV antibody shall received medical support and entitlements, as assessed by the medical case manager and primary counselor or given appropriate referral as needed.

3) If percentages in above are thought to be unreachable by the project, indicate the reasons why and present a counter proposal with justification.

a) Instruments to measure outcome objectives shall be developed cooperatively by the APPLICANT **and ADAD and are subject to the final approval of ADAD.**

b) APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract period should be included in the following contract year, as applicable.

5. Experience

The applicant shall have a minimum of one year experience in the provision of early intervention services for HIV (Human Immunodeficiency Virus) to clients undergoing substance abuse treatment in programs. Experience shall include testing for HIV antibodies, counseling and immune system monitoring to clients testing positive for HIV and early therapeutic intervention services that comprise of medical, nursing, counseling and supportive services.

6. Coordination of services

The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-End Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-End Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

b. Required Fiscal Reports:

1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

2) The APPLICANT must have sufficient computer capacity to utilize ADAD's computerized **POS Provider Sub-system** and shall submit monthly requests for reimbursement (invoices), client services information and **Client Data System (CDS)** data on computer diskette. CDS forms include **Admission, Discharge and Follow-Up Report** forms. A hard copy of the monthly invoice with an original signature shall also be submitted.

   Once the ADAD implements the **Web-based Infrastructure for Treatment Services (WITS)** system, the APPLICANT will be required to submit the Client Data System information directly into the WITS system. The APPLICANT will be required to utilize both computer systems until WITS can be fully implemented.

3) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

   Note: The State will perform the audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

The APPLICANT shall provide a description of the facility(s) and site(s) it proposes to use for the requested services, including the items below:

1. Physical address.
2. Narrative description.
3. Detailed description of how the facility meets, or plans to meet, ADA requirements.
4. Description of the facilities accessibility to clients.

IV. COMPENSATION AND METHOD OF PAYMENT

Method of pricing shall be reimbursement of actual expenditures.

Monthly invoices must be submitted by the APLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTs must submit data in the manner and format specified by ADAD.

Section 3
Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items in the required section 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. Include an Organization-wide organizational chart that shows where the proposed program fits within the APPLICANT agency. See sample in Section 5 – Attachment C-5.

II. Experience and Capability (10 page maximum for Sections A-D)

A. Necessary Skills *(2 pages)*

The APPLICANT shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience *(2 pages)*

The APPLICANT shall provide a description of projects/contracts of verifiable experience pertinent to the proposed services within the most recent 5 years. APPLICANT shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

Respond to Section 2, Subsection III B. 5 "Experience" of the RFP regarding experience requirements in the provision of substance abuse treatment.

C. Quality Assurance and Evaluation *(4 pages)*

The APPLICANT shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

Respond to Section 2, Subsections III.B.3, "Quality assurance and evaluation specifications" and III.B.4, "Output and performance/outcome measurements" of the RFP. Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT'S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to implementation of the proposal model will be achieved, and how results will be assessed. Set a threshold percentage for each Outcome Objective specified in this subsection and provide the rationale for not setting a lower or higher percentage.

D. Coordination of Services *(1 page)*

The APPLICANT shall demonstrate the capability to coordinate services with other agencies and resources in the community. Specify the intermediaries, e.g., school personnel, judiciary, mental health centers, QUEST plans, etc., whose involvement is critical in order for the program to succeed. Include a description of coordination efforts that will occur with other agencies in the community. Indicate how these intermediaries will cooperate. Respond to Section 2, Subsection III, B. 6 "Coordination of Services" of the RFP.

E. Facilities *(1 page)*

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 the availability of special equipment that may be required for the services.

Respond to Section 2, Subsection III, C. "Facilities" requirements of the RFP as appropriate.

Respond to Section 2, Subsection III. A.1.a. "Special Treatment Facility" license requirements of the RFP as appropriate.

III. Project Organization and Staffing *(6 page maximum + Organizational Chart)*

A. Staffing

1. Proposed Staffing *(2 pages)*

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) Indicate the Staff-To-Client Ratio for each modality as described in the **Service Delivery Tables** in Section 5, Attachment C-4.

Discuss staffing, including level of effort with justification for key personnel. Include position descriptions for all significant staff budgeted to this program directly or through subcontracts. For direct service staff, reflect any minimum qualifications, including experience, as specified in Section 2, Subsection III.B.1., a.-i. of the RFP.

2. Staff Qualifications *(2 pages)*

The APPLICANT shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable). Complete the **Staffing Position Chart** in Section 5, Attachment C-1. Incumbent Qualifications column needs to be completed with actual qualifications, not with a reference to the job descriptions or resumes.

Describe the extent to which the staff's qualification/competency is responsive to the needs of the target population. Refer to the RFP Section 2, Subsection III, B. 1. c.-d.

B. Project Organization

1. Supervision and Training (*2 pages)*

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Refer to the RFP Section 2, Subsection III.B.1.a., b., h. and i. for requirements regarding supervising and training direct service staff, and to Subsection c.- g. as appropriate, for additional staff qualifications and requirements.

2. Organization Chart (no page limit)

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. The "Organization-Wide" organizational chart is addressed under Section 3, Subsection I "Program Overview."

IV. Service Delivery *(20 page maximum)*

The APPLICANT shall include a detailed discussion of their approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. A separate weekly schedule, showing all hours of operation for all seven days, showing the activities to be provided to ADAD clients shall be submitted. See a sample in Section 5- Attachment C-6. Work Plan Forms are found in Attachment C.

Describe the treatment component to be created or expanded and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data, and follows the **NIDA Principles of Effective Treatment** found in Section 5, Attachment E-3. For treatment components that will be expanded, include data on current capacity, average length of treatment, retention rates, and outcomes. Address how services will be provided to each targeted population to be served by this proposal.

Provide annual quantitative goals and objectives for the treatment component in terms of the numbers of individuals to be served, types and numbers of Services to be provided, and outcomes to be achieved. Describe how the targeted population will be recruited into treatment and retained in treatment. Include a description of available

resources (e.g., facilities, equipment) and discharge planning process to the community.

Present a management plan which discusses the proposed schedules of activities, products, events, and implementation timelines.

Describe the basis of any curricula to be used and describe how each curriculum will be applied to the targeted population to be served by this proposal.

Incorporate the use of innovative and/or culturally relevant approaches and provide justifications for their use.

Respond to the following Subsections of Section 2 of the RFP:

I.C. "Description of the goals of the service;"
I.D. "Description of the target population to be served;"
I.E. "Geographic coverage of service;"
II.A. 2-17 "Specific Requirements" and
III.A.1. a-h and 2.-12 "Service Activities:

V. Financial (1 page maximum for Section A)

A. Pricing Structure

APPLICANT shall submit a cost proposal utilizing the compensation and method of payment information designated in Section 2 of the RFP subcategory for which it is applying. The cost proposal shall be attached to the POS Proposal Application.

1. Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

a.	Form SPO-H 205	Budget
b.	Form SPO-H 205B	Organization-Wide Budget by Programs
c.	Form SPO-H 206A	Personnel – Salaries & Wages
d.	Form SPO-H 206B	Personnel – Payroll Taxes, Assessments and Fringe
e.	Form SPO-H 206C	Travel – Inter-island
f.	Form SPO-H 206E	Contractual Services –

		Administrative
g.	Form SPO-H 206F	Contractual Services – Subcontracts
h.	Form SPO-H 206H	Program Activities
i.	Form SPO-H 206I	Equipment Purchases
j.	Form SPO-H 206J	Motor Vehicle

All budget forms, instructions and samples are located on the SPO Website (see Section I. paragraph II. Website Reference). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

k.	Attachment C-1	Staffing Position Chart
l.	Attachment C-2	Organization-wide RFP Information

2. Pricing Structure Based on Negotiated Unit of Service Rate

NOT APPLICABLE TO THIS RFP

3. Pricing Structure Based on Unit of Service Rate

The fixed rate pricing structure reflects a purchase arrangement in which the State pays the contractor a pre-determined fixed rate for a performance unit.

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

a.	Form SPO-H 205	Budget
b.	Form SPO-H 205B	Organization-Wide Budget by Programs
c.	Form SPO-H 206A	Personnel – Salaries & Wages
d.	Form SPO-H 206B	Personnel – Payroll Taxes, Assessments and Fringe
e.	Form SPO-H 206C	Travel – Inter-island
f.	Form SPO-H 206E	Contractual Services – Administrative
g.	Form SPO-H 206F	Contractual Services – Subcontracts
h.	Form SPO-H 206H	Program Activities
i.	Form SPO-H 206I	Equipment Purchases
j.	Form SPO-H 206J	Motor Vehicle

All budget forms, instructions and samples are located on the SPO Website (see Section 1., paragraph II, Website Reference). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

k.	Attachment C-1	Staffing Position Chart
l.	Attachment C-2	Organization-wide RFP Information
m.	Attachment C-3	Performance Based Budget

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each modality for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

4. Pricing Structure Based on Fixed Price

NOT APPLICABLE TO THIS RFP

B. Other Financial Related Materials *(Page limitation not 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 POS Proposal Application:

a. The latest Single Audit Report, Financial Audit (no earlier than June 30, 2007), or financial statement.

b. Cost Allocation plan which provides an explanation of how costs are allocated to various sources of funding.

Respond to Section 2, Subsection II.A.2-18, "General Requirements."

For the APPLICANT'S organization, list all current sources of support and any pending applications for support that relate to the proposed program. If there are none, state "none." For all active and pending support listed, provide the following information:

1. Source of support (including identifying number and title.
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Whether project overlaps, duplicates, or is being supplemented by the present application, with delineation and justification of the nature and extent of any programmatic and/or budgetary overlaps.
5. Probable funding amounts, source, and period of availability, *Pending availability of General funds. Funding may only be available for one year, as described in Section 2, I.F.

2. Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted **upon notification of award**. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

VI. Other *(Page limitation not applicable)*

A. Litigation

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

B. Assurance

The APPLICANT shall complete the following:

1) Assurance Regarding Drug-Free Workplace found in Section 5, Attachment E-13.
2) Assurance Regarding Charitable Choice Statutes found in Section 5, Attachment E-8.
3) Assurance Regarding Trafficking Victims Protection Act of 2000 found in Section 5, Attachment E-9.

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.

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories		**Possible Points**
Administrative Requirements		**(Not Rated)**
Proposal Application		
Program Overview	0 points	
Experience and Capability	20 points	
Project Organization and Staffing	15 points	
Service Delivery	55 points	
Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

Mandatory proposal requirements are items that must be submitted with the application or addressed in order for the proposal to be evaluated. They do not receive a rating.

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Proposal Application Checklist
- 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)
- Litigation Disclosure (for review and determination)
- Administrative Assurances

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

The Technical Review Committee will use the scale in the table below to rate each section from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as Satisfactory response, the score for that item would equal 60% (.06) X 6 = 3.6.

0	20% (.20)	40% (.40)	60% (.60)	80% (.80)	100% (1.00)
Not Addressed	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory	Excellent

Rating scale definitions:

Not Addressed – The required information was not present in the APPLICANT'S proposal.

Unsatisfactory – A major item was not addressed or was addressed incorrectly, or was addressed in the wrong category.

Satisfactory – All major items were addressed. APPLICANT appears to have just restated the requirements in the RFP.

Excellent – The majority of items were addressed in an exceptionally clear, concise, or original manner.

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.

C. Criteria for Multiple Proposals

In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

1. ***Experience and Capability (20 Points Total)***

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

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. Described what services will be provided, how they will be provided and who is qualified to deliver them. ___6___

B. Experience

- Provided a description of verifiable experience with projects/contracts for the most recent 5 years pertinent to the proposed services. Demonstrated satisfactory performance in the delivery of the same modality of service to the same population. ___5___

C. Quality Assurance and Evaluation

- The quality assurance and evaluation plan identifies the mission of the organization, the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections. ___1___

- The quality assurance standards are used to assess or evaluate the quality and utilization of services. A threshold percentage for each outcome specified in the RFP was established; and the selected levels are sufficiently justified. ___2___

- The quality assurance process serves as a source of information to improve the quality of services. Findings are integrated and reviewed by the quality assurance committee, and information is conveyed to the program administrator and the organization's executive officer and governing body (e.g. Board of Directors) at least semi-annually. ___2___

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community to reduce fragmentation and/or duplication of services. ___1___

- Specified appropriate intermediaries who are critical for the program to succeed and indicated how these intermediaries will cooperate. ___1___

E. Facilities

- Described the facilities, and clearly demonstrated their adequacy in relation to the proposed services. Described realistic plans to secure one if none is presently available. Described the facilities accessibility to clients. 1

- Described how the facilities meet or will meet ADA requirements, as applicable and the availability of any special equipment that may be required for the services. Described a viable alternate plan to meet ADA requirements if facilities do not meet ADA requirements. 1

2. *Project Organization and Staffing (15 Points Total)*

The State will evaluate the APPLICANT's overall staffing approach of the proposed service through an evaluation of the following documents:

- Completed ***Staffing Position Chart*** *(Blank form can be found in Section 5, Attachments, form C-1)*
- Completed ***Service Delivery Tables*** *(Blank form can be found in Section 5, Attachments, form C-4)*
- ***Program Organization Chart –*** *To be completed by APPLICANT.*
- ***Resumes -*** *To be completed by APPLICANT.*

A. Staffing

- The approach and rationale for the organizational structure, functions, and staffing, as detailed in the Organization Chart for the proposed service activities and tasks, appears sufficient to cover the program during staff illness, to allow for holidays and staff vacation time. 4

- The rationale to determine how many hours are needed to perform the activities for all positions and for which part time positions are responsible is clearly presented. Position descriptions for all staff budgeted to the program, directly or through subcontracts, are clearly presented. 4

- The proposed staffing pattern is consistent with the personnel requirements in the Service Specifications. 2

B. Project Organization

- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 3

- Approach and rationale of the structure, functions, and staffing of the organization in relation to the proposed for the overall service activities and tasks. 2

3. *Service Delivery (55 Points)*

Evaluation criteria for this section will assess the APPLICANT's approach to the service activities and management requirements outlines in the Proposal Application. The criteria also includes an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

The service activities and management structure presented by the applicant meets the service activities and management requirements outlined in the POS proposal application and Section 2, Subsection III. Scope of Work.

A. Service Activities and tasks

- The modalities of service that the APPLICANT intends to provide are clearly specified and includes an estimation of the number of clients that the APPLICANT plans to serve. The

proposed modalities of services and the estimated number of clients served should be consistent with information and projections proposed in Section 2, Subsection III. Scope of Work, specified in the RFP, the Service Delivery Table, and Program-wide Organization chart, and other relevant program narrative sections. 3

- The activities/methods the APPLICANT intends to provide demonstrates best practices for the population. 3

- The APPLICANT demonstrates the capability to recruit and retain the population. 3

- The APPLICANT addresses demographic and cultural issues as appropriate for the target population. 3

- The activities/methods that the APPLICANT intends to use for each type of service and an estimation of the Average Length of Stay (ALOS) for each type of service are clearly specified. The proposed activities/methods and the estimated ALOS are consistent with information and projections proposed in the Definitions of Treatment Activities Subsection III. Scope of Work, the Definitions of Treatment Activities, Performance Based Budgets and other relevant program narrative sections. 5

- How the program will address transition and recovery issues and relapse prevention is clearly described and is sufficient to suggest a high degree of likelihood of successful transition. 5

B. Related work assignments/responsibilities

- The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities. 5

C. Timelines/Schedules

- The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Subsection III. Scope of Work. 3

- A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical. 3

- A weekly schedule of activities for each modality is provided and is practical, meets the minimum hours per week of required service. A legend that corresponds to ADAD required activities has been provided indicating which activities are individual counseling or group activities and type. 4

D. Assessment of the Logic of the Work Plan

- The goals of the service are clearly described and are realistic and achievable. 5

- A clear rationale is given for the estimated number of ADAD clients that the APPLICANT intends to serve. 3

- A clear rational is provided for why the activities/methods that the APPLICANT will use are appropriate for the target population and are most likely to achieve the objectives requested. 5

- The work plan for the major service activities and tasks to be completed is logically related to the state goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner. 5

5. *Financial (10 Points*)

A. Pricing Structure

- For pricing structure based on cost reimbursement; personnel costs are reasonable and comparable to positions in the community. Non-personnel cost are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal
- For pricing structure based on fixed unit of service rate; APPLICANT's proposal budget is reasonable, given program resources and operational capacity. 3

- Budget forms are complete, accurate and support the narrative description in the proposal. The supporting documentation and justification have been provided. 3

B. Adequacy of accounting system

- The Single Audit Report or Financial Audit indicates minimal or no material deficiencies. 2

- The Cost Allocation Plan provides a fiscally sound explanation of how costs are allocated to various sources of funding. 2

D. Phase 3 - Recommendation for Award

Based on the results of the technical review of all of the proposals submitted for consideration under this RFP, the Technical Review Committee will recommend those proposals to be considered for award. A Statement of Findings and Decision will be sent to each applicant that will contain information regarding the award or non-award of the contract.

SECTION 5:

ATTACHMENTS

SECTION 5

ATTACHMENTS

Attachment	Document
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms
	C-1 Staffing Position Chart
	C-2 Organization-Wide Request For Information
	C-3 Performance-Based Budget
	C-4 Service Delivery Table
	C-5 Program Organization Chart
	C-6 Weekly Schedule Format
D.	Certifications
	D-1 Debarment and Suspension
	D-2 Lobbying
	D-3 Environmental Tobacco Smoke
E.	Program Specific Requirements
	E-1 Substance Abuse Treatment Guidelines
	E-2 Wait List Management and Interim Services Policy and Procedures
	E-3 NIDA Principles of Effective Treatment
	E-4 IDU Outreach Services Policy and Procedures N/A
	E-5 Therapeutic Living Program Requirements N/A
	E-6 Request for Information Summary
	E-7 Important Website Addresses
	E-8 Charitable Choice Policy & Assurance
	E-9 Trafficking Victims Policy & Assurance
	E-10 Cultural Programming Guidelines
	E-11 Cultural Programming Requirements
	E-12 Integrated Case Management
	E-13 Assurance Regarding Drug Free Workplace

SECTION 5

ATTACHMENT A:

COMPETITIVE POS APPLICATION CHECKLIST

SECTION 5

ATTACHMENT B:

SAMPLE TABLE OF CONTENTS FOR THE POS PROPOSAL APPLICATION

SAMPLE

Organization:_____
RFP No: _____

Proposal Application
Table of Contents

I. Program Overview 1

II. Experience and Capability 1
- **A.** Necessary Skills 2
- **B.** Experience 4
- **C.** Quality Assurance and Evaluation 5
- **D.** Coordination of Services 6
- **E.** Facilities 6

III. Project Organization and Staffing 7
- **A.** Staffing **7**
  1. Proposed Staffing 7
  2. Staff Qualifications 9
- **B.** Project Organization 10
  1. Supervision and Training 10
  2. Organization Chart (Program & Organization-wide)
     (See Attachments for Organization Charts)

IV. Service Delivery 12

V. Financial 20
See Attachments for Cost Proposal

VI. Litigation 20

VII. Attachments
- **A.** Cost Proposal
  SPO-H-205 Proposal Budget
  SPO-H-206A Budget Justification - Personnel: Salaries & Wages
  SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits
  SPO-H-206C Budget Justification - Travel: Interisland
  SPO-H-206E Budget Justification - Contractual Services – Administrative
- **B.** Other Financial Related Materials
  Financial Audit for fiscal year ended June 30, 1996
- **C.** Organization Chart
  Program
  Organization-wide
- **D.** Performance and Output Measurement Tables
  Table A
  Table B
  Table C
- **E.** Program Specific Requirement

SECTION 5

ATTACHMENT C:

WORKPLAN FORMS

Submit the following with Attachment C:

C-1	**Staffing Position Chart**
C-2	**Organization-Wide Request for Proposal Information**
C-3	**Performance-Based Budget**
C-4	**Service Delivery Table**
C-5	**Program Organization Chart Example**
C-6	**Weekly Schedule Example**

Attachment C

STAFFING POSITION CHART

Position/Title Incumbent Name	Position Qualifications	Incumbent Qualifications	% Time To Agency	% Time To This Project	Activities Responsible For	Supervisor Position Title/Incumbent Name

Instructions for Completing Form C-2
ORGANIZATION-WIDE RFP INFORMATION

Instructions: This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-1 and 440-3 (Treatment RFPs) and HTH 440-2 and 440-4 (Prevention RFPs), the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.
Page _____ of ____: Indicate the correct page number for this page and total number of pages.
Applicant/Awardee: Enter your organization name.
Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2,I.F.
RFP NO.: Enter the number (RFP No.: HTH 440-X-XX*) from the upper right-hand corner of the RFP Sub-category you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.
Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.
Services: List the specific service/modality the funding source targets.
RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.
Actual FY: List all actual funds received (or anticipated to be received) for this service/modality during the current fiscal year.
Amount Requested: Enter the amount of funds that you are requesting from each funding source Where ADAD is the funding source, **do not enter an amount greater than** the Probable Funding Amount listed in Section 2, I.F. of the RFP Sub-category, for the geographic area/target population you are applying for. Submit information for SFY 2009, at a minimum. Submit figures for SFYs 2010, 2011, 2012 and 2013 should the anticipated funding sources and/or amounts differ from SFY 2009. (Note: ADAD funds will remain the same.)
TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).
Prepared by:/Title/Phone No.:/Date: Type or print name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contacted for further information and clarification.

*****For 440-X, "X" should be replaced with the appropriate RFP number: 440-1 or 440-3 for Treatment RFPs and 440-2 or 440-4 for Prevention RFPs. For 440-X-XX, "XX" should be replaced with the appropriate sub-category number, as listed in each individual RFP.

ORGANIZATION-WIDE RFP INFORMATION **Attachment C**

Page ____ of _____

Applicant/Awardee_____ **Period**_____ **RFP No:_HTH 440-08-1_____**

FUNDING SOURCES	SERVICE	RFP #/ ID #	Actual 2009	AMOUNT REQUESTED*			
				2010	2011	2012	2013
TOTAL							

Prepared by: _____ Phone No.:_____

Title: _____ Date:_____

* Submit information for 2010, at a minimum. Submit figures for 2011, 2012, and 2013 should the anticipated funding sources and/or amounts differ from SFY 2010. (Note: ADAD funds will remain the same.). Base your budget on a 12 month period.

PERFORMANCE BASED BUDGET

Page _____ of _____
RFP No.: _____

Applicant/Provider: _____

MODALITY/ SERVICES TO BE PROVIDED	UNIT COST		**TOTAL AMOUNT**			
	(bed day, hr/day/etc.)	**$**	**SFY 2010**	**SFY 2011**	**SFY 2012**	**SFY 2013**
TOTAL						

Prepared by: _____ Phone No.: _____

Date: _____

Signature of Authorized Official: _____ Phone No.: _____

Name & Title (Please Print or Type):_____ Date: _____

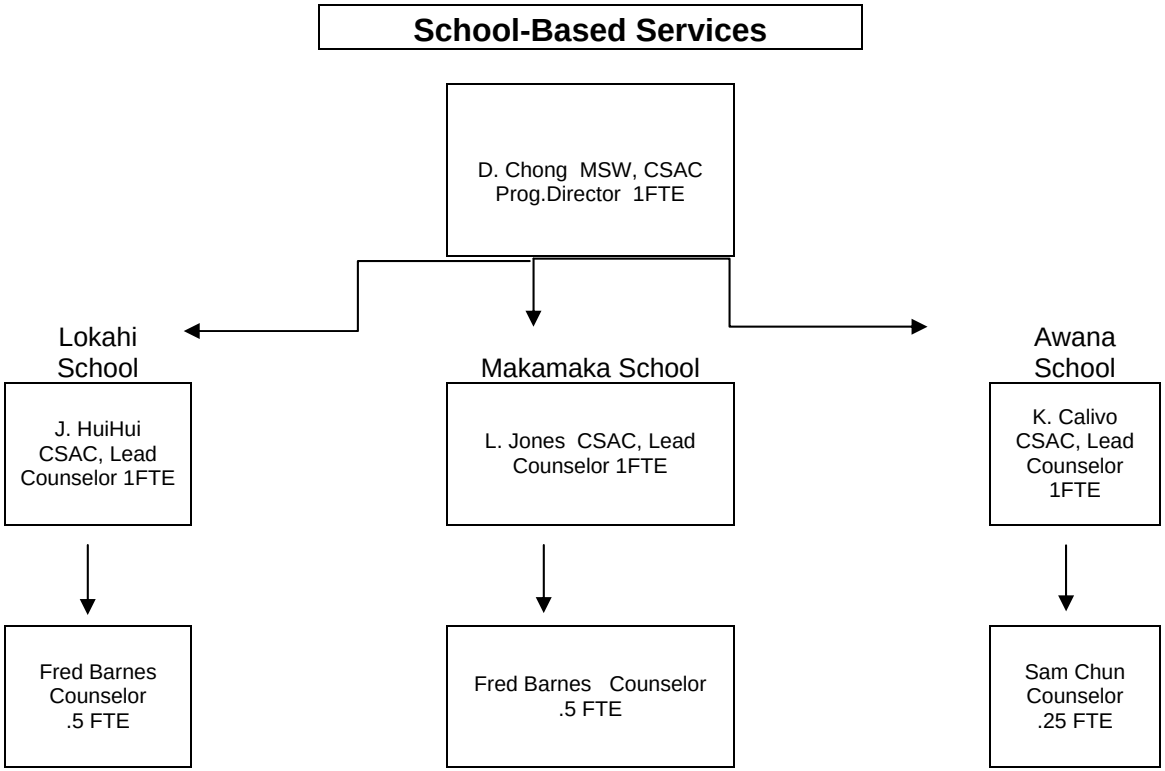
SERVICE DELIVERY TABLES

Modality	Staff-To-Client Ratio	Estimated Number of Clients to be Admitted	Total Average Units Per Client	Total Cost Per Client	Total Cost Per Modality
Residential					
Intensive Outpatient					
Outpatient					
Therapeutic Living					
Recovery Support					
Other (Describe)					

Submit a weekly schedule of activities for each modality to be provided. Activities which will be paid for by ADAD must be clearly identified either by the use of ADAD's **Definition of Treatment Activities** (Process Group, Task Group, Individual Counseling, etc.) or a legend which relates the agency's activity names to ADAD's Definitions. The name and position of the staff providing the activity, if known, should also be provided and match staff names provided in the **Staffing Position Chart**. Total Cost Per Modality should match the cost data provided on the **Performance-Based Budget**.

EXAMPLE

Program Organization Chart



NOTE: This example is for a School-Based program, but may be applied to any type of program.

General format to use for a

Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Legend for ADAD Activities:
IC=Individual Counseling
GP=Process Group
GS=Skill Building Group
GE=Educational Group
GR=Recreational Group

SECTION 5

ATTACHMENT D:

CERTIFICATIONS

D-1 Debarment and Suspension

D-2 Lobbying

D-3 Environmental Tobacco Smoke

Attachment D-1

Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment D-1

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS

This certification is pursuant to 45 CFR Part 76:

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

Attachment D-2

DISCLOSURE OF LOBBYING ACTIVITIES

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action ☐a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: ☐a. bid/offer/application b. initial award c. post-award	3. Report Type: ☐a. Initial filing b. material change For Material Change Only: Year_____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, *if known;* Congressional District, *if known:*	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, *if known:*	
6. Federal Department /Agency:	7. Federal Program Name/Description: CFDA Number, *if applicable:* _____	
8. Federal Action Number, *if known:*	9. Award Amount, *if known,* $	
10.a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI):*	b. Individual Performing Services (*including address if different from No. 10a)* *(last name, first name, MI):*	
11. Information request through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

Attachment D-2

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of Congress, or an employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment, Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Attachment D-2

CERTIFICATION REGARDING LOBBYING

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

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

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

Attachment D-3

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

SECTION 5

ATTACHMENT E:

PROGRAM SPECIFIC REQUIREMENTS

E-1 Substance Abuse Treatment Guidelines
E-2 Wait List Management and Interim Services Policy and Procedures
E-3 NIDA Principles of Effective Treatment
E-4 IDU Outreach Services Policy and Procedures
E-5 Therapeutic Living Program Requirements
E-6 Request For Information Summary
E-7 Important Website Addresses
E-8 Charitable Choice Policy & Assurance
E-9 Trafficking Victims Policy & Assurance
E-10 Cultural Programming Guidelines
E-11 Cultural Programming Requirements
E-12 Integrated Case Management
E-13 Assurance Regarding Drug-Free Workplace

Substance Abuse Treatment Guidelines

BEST PRACTICES/EVIDENCE-BASED PRACTICES

The following sources provide resources and links to Internet web sites referencing evidenced-based best practices, such as a cognitive-behavioral approaches, motivational interviewing techniques, and screening and assessment tools that are required to be incorporated into substance abuse treatment programs funded by ADAD.

- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. 16 September 2008 <http://www.nida.nih.gov/podat/PODATIndex.html>
  (An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)

- Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1995 to present.

- National Institute of Corrections Home Page. 16 September 2008 <http://nicic.org>

- Gornik, Mark, Brian Bilodeau, and Jacqueline Rizzuto. Cognitive Reflective Communications: Advanced Communication Intervention and Offender Management Strategies, Participant Manual and Training Guide. February, 2001. U.S. Department of Justice, National Institute of Corrections.

- Gornik, Mark. Critical Knowledge About 12-Step Programs for Criminal Justice Professionals. [Videoconference held August 29, 2001]. U.S. Department of Justice, National Institute of Corrections Academy. 16 September 2008 < http://nationalinstituteofcorrections.gov/Library/017384>

- Motivational Interviewing: An Introduction [Lesson Plan and Participant's Manual]. National Institute of Corrections. 16 September 2008 <http://www.nicic.org/Library/021093>

[Note: ADAD is developing a Clinical Standards Manual, which incorporates definitions for treatment activities. The definitions below are subject to revision.]

DEFINITIONS OF TREATMENT ACTIVITIES

Reimbursable Activities:

All individual, group and family sessions shall involve direct, formal, clinically appropriate face-to-face contact with a client and/or significant other. A professional staff person must be actively involved in the provision of the service. Clients meeting on their own to read, watch videos, or run a support group will not be considered as reimbursable sessions.
The Healthcare Common Procedure Coding System (HCPCS) has been included at the

beginning of each definition.

Individual Sessions May Include the Following:

A. *SCREENING*

HCPCS

- H0002-Behavioral health screening to determine eligibility for admission to treatment program

ADAD

- The process by which the client is determined appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality, as well as the use of established patient placement criteria.

- Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, motivation, and program philosophy.

- Eligibility is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.

- **NOTE:** Programs will only be reimbursed for screenings that result in a client's admittance into the program.

B. *ASSESSMENT*

HCPCS

- H0001-Alcohol and/or drug assessment.

ADAD

- The evaluation following admission by a clinician to determine the nature and extent of an individual’s abuse, misuse and/or addiction to drugs, including all services related to identifying the detailed nature and extent of the person’s condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered.)

- The process by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Although assessment is a continuing process, it is generally emphasized early in treatment.

- The counselor evaluates major life areas (e.g., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

C. *TREATMENT PLANNING*

HCPCS

- T1007-Alcohol and/or substance abuse services, treatment plan development and/or modification.

ADAD

- Alcohol and/or Other Drug (also known as Chemical Dependency or Substance Abuse) (service) Plan Development and/or Modification means design or modification of the treatment or service plan for alcohol and/or other drug abuse. This may be the initial plan for a client already engaged.

- Treatment planning is also the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.

- The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.

- The plan describes the services, who shall perform them, when they shall be provided, and at what frequency.

D. *INDIVIDUAL COUNSELING*

HCPCS

- H0004-Behavioral health counseling and therapy

ADAD

- Individual counseling is the utilization of special skills by a clinician, to

assist individuals and/or their families/significant others in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

- Various counseling approaches such as motivational interviewing, reality therapy, client-centered therapy, cognitive, behavioral, etc., may be used.

Group Sessions May Include the Following:

A. *PROCESS GROUPS*

HCPCS

- H0005-Alcohol and/or drug services; group counseling by a clinician.

ADAD

- These involve the utilization of special skills to assist groups in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The maximum number of total clients (ADAD-funded plus others) per process group should generally not exceed 15. Groups held that exceed 15 clients need to be clinically justifiable and documented appropriately in order to be reimbursed.

B. *EDUCATION GROUPS*

HCPCS

- H0025-Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)

ADAD

- These groups have as their primary objective the provision of information by the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session. Education involves two-way communication with the group for purpose of affecting attitude, behavior, social skills, life skills, decision-making, refusal skills and judgment.
- Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

C. *SKILL BUILDING GROUPS*

HCPCS

- T1012-Alcohol and/or substance abuse services, skills development

ADAD

- Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill.

- The skills taught can be divided into daily living skills (e.g., managing money, food preparation, accessing information directories, looking for a place to live), inter-personal skills (e.g., appropriate assertiveness, stress management, ability to give positive reinforcement) or job-related skills (interviewing for a job, managing work).

D. *RECREATIONAL GROUPS*

HCPCS

- H0022-Alcohol and/or drug intervention service (planned facilitation).

ADAD

- These groups involve the client in learning leisure-time activities.

- In order to be reimbursable as a treatment session:
  1. The goals for the activity must be specified in the treatment plan,
  2. A counselor must be actively involved in facilitating the group, <u>and</u>
  3. The participants must have an opportunity to discuss their participation in the activity.

E. *CULTURAL ACTIVITY GROUPS*

HCPCS

- H2035-Alcohol and/or drug treatment program, per hour (cultural activities)

ADAD

- These groups involve the client in learning cultural knowledge.

- In order to be reimbursable as a treatment activity:
  1. The goals for the activity must be specified in the treatment plan.
  2. A cultural specialist must be actively involved in facilitating the activity.

F. *MOTIVATIONAL ENHANCEMENT*

HCPCS

- H0047MI-Alcohol and/or other drug abuse services, not otherwise specified (Motivational Enhancement-Individual)

- H0047MG-Alcohol and/or other drug abuse services, not otherwise specified (Motivational Enhancement-Group)

ADAD

- Motivational Enhancement provides cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs and motivational interviewing techniques for the purpose of establishing commitment to change behavior.

G. *CONTINUING CARE*

HCPCS

- H0047CI-Alcohol and/or other drug abuse services, not otherwise specified (Continuing Care-Individual)

- H0047CG-Alcohol and/or other drug abuse services, not otherwise specified (Continuing Care-Group)

ADAD

- Continuing Care provides focused discussion on topics related to recovery maintenance and relapse prevention.

Family Sessions May Include the Following:

FAMILY COUNSELING

HCPCS

- T1006-Alcohol and/or substance abuse services, family/couple counseling.

ADAD

- Family/couple counseling is the utilization of special skills to assist families or couples in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. Behavioral, cognitive, interpersonal strategies/approaches may be used.

- The “couple” or "family" may involve parents, children, partners or other significant others within the client's home environment who will have a major role to play in the client's recovery, e.g., aunts, foster parents, boarding home operators.

- Large groups of multiple family members shall be reimbursed under the group rate.

Case Management Includes the Following:

HCPCS

- H0006CI-Alcohol and/or substance abuse services; case management—face-to-face with client

- H0006CC-Alcohol and/or substance abuse services, case management—face-to-face with community resource

- H0006CT-Alcohol and/or substance abuse services, case management—direct telephone contact with client or community resource (no voicemail)

- H0006CB-Alcohol and/or substance abuse services, case management—buprenorphine support services: face-to-face with client or community resource

ADAD

- Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.

Residential Treatment Program Description and Reimbursable Activities:

A. *Residential Treatment*

HCPCS

- H0019-Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem

ADAD

- Residential Treatment is organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with substance abuse problems.

Standards

1. For an organization to be reimbursed for residential treatment, a client shall receive a minimum of twenty-five (25) hours per week of a combination of the following services:
   a. Therapeutic activities such as individual and group counseling.
   b. Educational activities.
   c. Training activities. Such training may address:
      (1) Community integration goals and activities.
      (2) Identification of target symptoms.
      (3) Behavior management and interview practices.
      (4) Factors impacting the persons served, such as:
         - Communication skills.
         - Degree of support and supervision required.
         - Guardianship issues.
         - Special needs.
         - Medications.
         - General health considerations.
         - Religious beliefs.
         - Literacy.
      (5) Functional skills.
      (6) Housekeeping/maintenance skills.
      (7) Human sexuality.
      (8) Incident reporting.
      (9) Menu planning and meal preparations.
      (10) Cultural competency and relevance.
      (11) Sanitation and infection control.
      (12) Safety procedures.
      (13) Scheduling of:
         - Menu planning and meal preparation.
         - Cleaning and maintenance of appliances.
         - Daily routines.

(14) Maintenance of adaptive equipment.
(15) Addressing special dietary requirements.

d. Crisis intervention.
e. Development of community living skills.
f. Family support with the approval of the persons served.
g. Linkages to community resources.
h. Advocacy.
i. Development of social skills.
j. Development of a social support network.
k. Development of vocational skills.
l. Assistance in securing housing that is safe, decent, affordable, and accessible.
m. Assistance in receiving primary health care.
n. Assistance in receiving primary health care for children in pregnant and parenting women and children (PPWC) specialty programs.
o. Assistance in complying with criminal justice requirements.

Note: Not all listed services must be provided. Some services may be provided off site.

B. *Non-Medical Residential Detoxification*

HCPCS

- H0011-Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)

ADAD

- Non-medical (social) residential detoxification is a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary services 24 hours a day, 7 days a week for persons with substance abuse problems. Its purpose is medically to manage and monitor severe withdrawal symptoms from alcohol and/or drug addiction. It requires appropriately licensed, credentialed and trained staff.

C. *Pregnant and Parenting Women With Children*

HCPCS

- H0019PP-Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem (Pregnant and Parenting Women with Children)

ADAD

- Non-medical (social) residential detoxification is a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary services 24 hours a day, 7 days a week for pregnant and parenting women with children with substance abuse problems.

HCPCS

- H2037-Developmental Delay, prevention activities, dependent child of client, per diem

ADAD

- Services designed to foster the development of children of clients receiving residential treatment while the client is in residential treatment, per day, including, but not limited to, the children's psychological, emotional, social and intellectual development

Intensive Outpatient Treatment Services Include the Following:

HCPCS

- H0015-Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education

ADAD

- An intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 3 hours a day and at least 3 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment services and other ancillary alcohol and/or other drug services. Services include, are not limit to assessment, counseling, crisis intervention, and activity therapies or education.

Therapeutic Living Program and Clean and Sober Housing Services Include the Following:

A. Therapeutic Living Programs

HCPCS

- H2034-Alcohol and/or drug abuse halfway house services, per diem

ADAD

- A service for unrelated clients without children who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is provided per diem. This is not a residential primary treatment service and does not apply to hospital inpatient programs.

HCPCS

- H2034PP-Alcohol and/or drug abuse halfway house services, per diem (Pregnant and Parenting Women with Children)

ADAD

- A service for pregnant and parenting women with children who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is provided per diem. This is not a residential primary treatment service and does not apply to hospital inpatient programs.

B. Clean and Sober Housing

HCPCS

- H0043-Alcohol and/or drug abuse supported housing, per diem

ADAD

- A service for clients who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is not provided. This is not a residential primary treatment service and does not apply to hospital inpatient programs.

Intravenous Drug Users (IDU) Addiction Recovery Services Include the Following:

HCPCS

- H0003NT-Alcohol and/or other drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs

ADAD

- The laboratory testing of client specimens to detect the presence of alcohol and other drugs—screening (non-confirmatory test)

HCPCS

- H0003CT-Alcohol and/or other drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs

ADAD

- Known as confirmatory testing, the laboratory testing of client specimens to confirm the presence of a specific drug or drugs, usually given after a screen/non-confirmatory test has indicated the presence of a specific drug or drugs

HCPCS

- H0016-Alcohol and/or drug; medical/somatic (medical intervention in ambulatory setting)

ADAD

- Medical intervention including physical examinations and prescriptions or supervision of medication to address the physical health needs of the alcohol and other drug addiction clients served. Medical service means the same as medical somatic service. This service does not include detoxification, rehabilitation, methadone administration or alcohol and other drug screening analysis.

HCPCS

- H0020OS-Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program) (on-site administration of methadone)

ADAD

- The provision of methadone by an alcohol and/or other drug program certified by the U.S. DHHS/SAMHSA/CSAT and State of Hawaii to conduct a methadone program—administration of methadone to clients at the program (on-site)

HCPCS

- H0020TH-Alcohol and/or drug services; methadone administration and/or

service (provisions of the drug by a licensed program) (take-home dosages of methadone)

ADAD

- The provision of methadone by an alcohol and/or other drug program certified by the U.S. DHHS/SAMHSA/CSAT and State of Hawaii to conduct a methadone program—administration of methadone to clients through take-home dosages.

IDU Outreach Services Include the Following:

HCPCS

- H0023-Behavioral Health outreach service (planned approach to reach a targeted population)

ADAD

- A planned approach to reach a target population (intravenous drug users) in its own environment. The purpose of this approach is to prevent and/or address issues and problems as they relate to substance use disorders or co-occurring substance use and mental health disorders

Guidelines for Programs Serving the Criminal Justice Population

The overall rehabilitation approach of the offender treatment shall be cognitive and behavioral focused with heavy emphasis on relapse prevention. The therapeutic approach shall be holistic and take into account the responsivity principle. The treatment mode should fit, as much as possible, the individual's characteristics, factors such as IQ, learning style, gender/ethnicity and motivational readiness stage. Services shall be designed to help offenders change their thought processes, attitudes, values and behaviors from negative and dysfunctional to positive and self-fulfilling. Treatment services shall follow the principles of effective treatment intervention, based in part on the National Institute on Drug Abuse principles of drug addiction treatment, as follows:

- Assessment of offenders, to include risk of re-offending, substance abuse treatment needs, and criminogenic needs is essential.
- Match level of services to level of risk as much as possible.
- Match treatment with appropriate levels of care that meet individual needs based on assessment of offender characteristics, such as learning style, and responsivity, when feasible.
- Treatment models should be research based and include social learning and cognitive behavioral techniques.

- Relapse/recidivism prevention of both substance abuse and criminal behaviors needs to be the focus of treatment.
- Treatment must target criminogenic issues, such as antisocial attitudes, chemical dependency, criminal companions, physical and mental health, social relationships, vocational/financial, residence/neighborhood, and education.
- Length of stay in treatment must be sufficient for change to occur but not so long as to reduce treatment effectiveness.
- Treatment providers must be responsive to the offender population and goals of the overall program.
- Possible drug use during treatment must be monitored continuously. (The U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA) recommends a random testing schedule no less frequently than one time per week.)
- Medications are an important element of treatment for many, especially when combined with counseling and behavioral therapies.
- Aftercare is essential.

In addition, to enhance their existing curricula so as to reflect the unique needs of the offender population, each agency providing substance abuse treatment should have and implement a curriculum focusing on cognitive restructuring, such as those suggested by the U.S. Department of Justice, National Institute of Corrections and the Federal Bureau of Prisons. These include "Thinking for a Change: Integrated Cognitive Behavior Change Program;" "Think: Cognitive Interventions Program;" and "Cognitive Intervention: A Program for Offenders," by B.A. Cox et al (7/97); "Choice and Change" evidence-based process of Interactive Journaling, Federal Bureau of Prisons & The Change Companies (1988); and "Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC) – Pathways to Responsible Living", by K.W. Wanberg & H.B. Milkman (2006). Other structured curricula designed to assist people in evaluating the consequences of their thinking may also be acceptable.

A separate track for higher-risk individual, specialized staff, space and curriculum would be preferable. However, 15-20 individuals in a program would be needed to create a separate track for these higher- risk offenders. For less than 15 individuals it is not cost-effective for an agency to create separate programs for so few offenders.

APPLICANTS may wish to consult the following Treatment Improvement Protocol Series (TIPs) published by the Center for Substance Abuse Treatment, as references in designing and implementing substance abuse services for adult offenders: TIP #7-"Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System;" TIP #27-"Comprehensive Case Management for Substance Abuse Treatment;" and TIP #30-"Continuity of Offender Treatment for Substance Use Disorders From Institution to Community." These and other TIPs may be found on the Internet at the following URL: www.samhsa.gov/centers/csat/csat.html.

1. Operational Principles:

a. The APPLICANT shall describe the program's admission eligibility or exclusionary criteria.

b. The APPLICANT shall describe the program's completion criteria for the clinical discharge of the client.

c. The APPLICANT shall describe the Continuing/Aftercare services.

2. Target Population:

Referrals of offenders for this program will be approved by the Department of Public Safety's Intake Services Center and its Corrections Division, the Judiciary's Adult Client Services Branch, and the Hawaii Paroling Authority. Eligibility for the program shall be determined collaboratively by the referring criminal justice agency, the substance abuse provider, and the ICM case management services agency's Program Administrator. Criteria for admission include:

a. The offender must be assessed as being at medium-to-high risk for legal sanctions due to a present or past history of substance abuse or dependence. The offender must have a substance-related disorder, which if addressed, would greatly decrease the offender's probability of re-offense and re-incarceration. For parolees and furloughees, clients may meet the DSM IV and ASAM PPC criteria based on their use and abuse of substances for the 90 day period prior to their incarceration.

b. The offender must be under the active supervision of the Judiciary, the Department of Public Safety, or the Hawaii Paroling Authority.

c. The offender must agree to engage in treatment.

d. Preference shall be given to the offender who is a non-violent offender, which is defined as a person who has not committed serious and/or substantial bodily injury as defined by Chapter 707 HRS, within the previous five (5) years and is not currently charged with committing such injury. Exceptions to this requirement may be granted only if agreed upon by the referring criminal justice agency the ICM case management services agency's Program Administrator, and the substance abuse treatment provider.

e. The offender must not display current assaultive behaviors.

f. The offender must be financially unable to seek treatment independently.

g. The offender's risk of recidivism and incarceration must be moderate to high.

3. Service Requirements

Services shall be based on evidence based practices in working with drug abusing offenders and shall focus on the risk/need/responsivity principles in addressing the criminal justice client.

Wait List Management and Interim Services
Policy and Procedures

I. Wait List Policy and Procedures

A. A wait list is a list of clients who have been screened and determined to be eligible for future admission for services when no open slots currently exist.

B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall notify ADAD of its Wait List status by using the "waitlist" function on the **Web-based Infrastructure for Treatment Services (WITS) system.** If the WITS system is not accessible, then the program will be required to submit weekly faxed reports to the ADAD Waitlist monitor, by noon on the first working day of each week. Any request for services the program has received from a pregnant woman or injection drug user must be indicated within the WITS system waitlist function.

   The requirement for the **WITS** system is that the counselor has access to a computer running Internet Explorer 6.0 and a high speed internet connection.

C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedures that includes the requirements listed below:

   1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.

   2. Instructions for what individuals must do to remain on a wait list and be eligible for services, as well as criteria for the removal of a person from the wait list.

   3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:

      a. Who reviews the list;
      b. How frequently the list is reviewed;
      c. Disposition data specifying whether the individual continues to be eligible or is dropped from the wait list because he/she is no longer interested, has found other treatment, cannot be contacted or did not maintain contact with the program at specified intervals, and how and where removed names are recorded for statistical purposes; and
      d. Specification that individuals who are removed from the list will not be barred from reapplying for services. Pregnant women and injection drug users (IDU) will be given preference at the time of reapplication (as specified in item number 8, below).

4. Procedures shall be developed for maintaining contact with individuals on the wait list.

   Contact:
   a. May be face-to-face (which is preferred), by telephone, or by mail;
   b. Shall be made every 30 days at a minimum; more frequently is preferable;
   c. When initiated by the program requires that client confidentiality be protected.

   Contact procedures shall be clearly communicated to the prospective client when agreement is reached to place a person on the list. Maintaining contact is ideally the individual's responsibility. However, due to the characteristics of substance abusers, treatment programs shall assume additional responsibility to maintain contact with the individual seeking treatment.

5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:

   a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
   b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
   c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
   d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.

6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.

7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:

   a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
   b. Assessment: current status of substance abuse and associated problems;
   c. Contact: dates, types and outcomes of subsequent contacts;
   d. Referral: when the client was referred to another program, the program recommended, how the referral was made (e.g., by phone, letter or in person);

e. Follow-up: subsequent contacts with the referral program to determine the outcome of the referral.

If the client is subsequently admitted, the Individual Wait List File will be added as an identifiable section to the regular client file. If the client is not admitted this file shall be retained separately.

8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:

   a. Pregnant injecting drug users,
   b. Pregnant substance abusers,
   c. Injecting drug users, and
   d. All others.

9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:

   a. Pregnant Women:
      1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
      2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
         (a) Provide interim services (see part II of this attachment) within 48 hours; or
         (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
   b. Injection Drug Users:
      1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
      2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
         (a) Provide interim services within 48 hours; or
         (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
      3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.

c. Each ADAD-funded substance abuse treatment program shall inform ADAD of every request for services that it receives from a pregnant woman or IDU, and of the status of the client who made the request. The program shall do this by using the WITS waitlist function.

II. Interim Services Policy for Pregnant Women and Injection Drug Users

A. Interim services are services that are provided until a client is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the client, and reduce the risk of transmission of disease.

B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall develop and implement an Interim Services Policy and Procedures that includes the following elements:

1. For each client placed in Interim Services, the program shall keep a record of the number of days between the request for treatment and the admission to treatment.

2. At a minimum, interim services shall include counseling and education about the following:

   a. HIV and tuberculosis (TB),
   b. The risks of needle-sharing,
   c. The risks of transmission to sexual partners and infants,
   d. Steps that can be taken to ensure that HIV and TB transmission does not occur,
   e. Referral for HIV or TB treatment services if necessary.

3. For pregnant women, interim services also include:

   a. Counseling on the effects of alcohol and drug use on the fetus, and
   b. Referral for prenatal care.

C. Every program shall keep information in the individual client's file for each interim services client. This includes but is not limited to the following records:

1) Date of the client's entry into interim services,
2) Source of client's referral into interim services,
3) Application form,
4) A screening or assessment form,
5) Number of days elapsed since the initial request for treatment,
6) An interim plan of action,
7) A log of the services provided including the date on which services were provided,
8) The date of client's admittance into treatment and the name of the program admitting the client into treatment,
9) Progress notes of each face-to-face interaction with the client. These shall include progress made on the plan of action, any current problems indicated by the client, recommendations made to the client, any plans for follow-up meetings, and any help that the program said it would provide the client. The staff member responsible for convening the face-to-face contact with the client shall sign each entry.

D. The disposition of pregnant women and IDUs shall be monitored by ADAD to determine if they have received treatment in accordance with the above requirements, if their admission has been given proper priority and if services have been provided within the requirements specified in this document.

E. The ADAD-designated Opioid Therapy Outpatient Treatment Program and Specialized Substance Abuse Treatment Services for Women for interim services shall submit separate quarterly and year end reports on ADAD-developed forms.

Principles of Effective Treatment
National Institute on Drug Abuse (NIDA)

1. **No single treatment is appropriate for all individuals.**
   Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.**
   Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.**
   To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. **An individual's treatment and services plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.**
   A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**
   The appropriate duration for an individual depends on his her problems and needs. Research indicates that for most patients, the threshold of significant improvements is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. **Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.**
   In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**
   Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a

nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
   Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**
   Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addition treatment.

10. **Treatment does not need to be voluntary to be effective.**
    Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. **Possible drug use during treatment must be monitored continuously.**
    Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. **Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.**
    Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.**
    As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

From: Principles of Drug Addiction Treatment; A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999.

Alcohol and Drug Abuse Division
IDU Outreach Services Policy and Procedures

I. Injection Drug Use (IDU) Outreach shall be defined as the effort to bring services and information about availability of services to injection drug users (IDUs) in their environment. The purpose of IDU Outreach is to encourage IDUs to utilize the program designated as the specialized opioid therapy outpatient treatment program for IDUs and to accept referral and linkage to appropriate resources in the community.

II. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall develop and implement an **outreach component** that includes but is not limited to the following elements:

A. A **self-monitoring mechanism** shall be used to assure that the services for which reimbursement is requested are being provided.

B. The program shall submit separate **quarterly** and **year end reports** for outreach services on quarterly and year end forms to be provided by the Alcohol and Drug Abuse Division (ADAD).

C. An **ADAD - IDU Outreach Direct Service Log** at the end of this Attachment shall be completed for each week that outreach services are provided.

D. An **ADAD - IDU Outreach Screening Information** form provided at the end of this Attachment shall be completed for each individual who is contacted and shows a willingness to discuss his or her problems and to be referred to appropriate community resources or to the opioid therapy outpatient treatment program.

E. Program shall develop and maintain a **separate record for each person** who has been screened. The record shall include but not be limited to the following information:

1. The name or other identifier of the person contacted and the site of contact; where available, the address and phone number of the person contacted, and the name of another contact who could reach the individual; and

2. The individual's screening form; and

3. For each contact made, the signatures of the staff making the contact; and

4. Subsequent to screening, the date and place of each contact; and

5. Description of goals to be attained; and

6. Description of plan of action; and

7. A brief description on a **progress-note form** (to be developed by agency) of each interaction with the IDU including, but not limited to, progress made on the plan of action, any current problems indicated by the IDU, recommendations made to the IDU, any plans for follow-up meetings, any help that the agency said it would provide the IDU.

F. There shall be a **final summary** of all interactions referred to in II.E.7. above developed for each individual who has been screened with whom outreach contacts have been terminated either because outreach contacts are no longer feasible or because the client has been successfully referred to appropriate community resources. The final summary shall include but not be limited to the following information:

1. Name of the individual who is no longer receiving services; and

2. Where available, current address and phone number of individual, and/or name of a person or agency who could contact the individual; and

3. Problem areas at time of last contact; and

4. Severity of problem indicated on a scale numbered from 0-9, where zero (0) means no problem and nine (9) means a severe problem; and

5. Reasons why contact with the individual ceased. Reasons could include, but need not be limited to, client's loss of interest, unresponsiveness, withdrawal, relocation, successful referral and linkage to community resources or opioid therapy outpatient treatment, etc.

III. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall comply with the following requirements for personnel:

A. Staff responsible for implementing the outreach program shall have the following:

1. Experience in working with IDUs,

2. Knowledge of the relationship between injecting drug abuse and communicable diseases including but not limited to HIV,

3. Knowledge of prevention practices that can be recommended to IDUs to ensure that HIV transmission does not occur,

4. The ability to communicate with an IDU population that has been unable

or unwilling to access traditional IDU services.

B. The agency shall provide and document ongoing training to help its staff increase their outreach skills and their knowledge of the transmission of communicable diseases such as HIV and of prevention practices to ensure that HIV transmission does not occur.

C. The agency shall ensure that its outreach staff shall be supervised. A **separate supervision record** shall be kept for each staff assigned to the outreach program. The record shall contain the dates of the supervision, the signature of the person providing the supervision, and a brief description of what transpired during the supervision including but not limited to any problem areas identified, and plans for addressing those problem areas.

Attachment E-4

ADAD IDU OUTREACH - DIRECT SERVICE LOG

THIS FORM MAYBE SUBJECT TO CHANGE IN ORDER TO MEET REQUIREMENTS

OUTREACH STAFF NAME(S):

MONTH/YEAR: _____ WEEK OF: _____ TO:

Date	**Site Zip**	**Client Identifier** - To be determined by agency	* **REF**	** **E/C**	**M/F**	**Age**	**LOC**	**A C**	**Duration**	**SERVICE CODE / EVENT DESCRIPTION** (Refer to Form D3, Listing of Services, for CODE)

REF - REFERRAL SOURCE *

01 - Self
02 - ADA Provider
03 - Other Health Prov.
04 - School (education)
05 - Employer/EAP
06 - Other Community
07 - Crim. Just. St./Fed Court
08 - Crim. Just. Other Formal Adj.
09 - Crim. Just. Probation/Parole
10 - Crim. Just. Other Legal Ent.
11 - Crim. Just. Diversionary Prog.
12 - Crim. Just. Prison
13 - Crim. Just. DUI/DWI
14 - Crim. Just. Other
15 - Child Prot. Svcs.
16 - QUEST
97 - Unknown

E/C - ETHNIC CODE **

01 - Hispan.-Puer. Rico
02 - Hispan.-Mexican
03 - Hispan.-Cuban
04 - Other Hispanic
05 - Caucasian
06 - Portuguese
07 - Black/African Amer.
08 - American Indian
09 - Aleutian/Eskimo
10 - Japanese
11 - Okinawan
12 - Chinese
13 - Korean
14 - Vietnamese
15 - Cambodian
16 - Filipino
17 - Samoan
18 - Hawaiian
19 - Mix- Part Hawaiian
20 - Mix- Not Hawaiian
21 - Other
97 - Unknown

LOC - PLACE OF CONTACT

1 - Street
2 - Park
3 - Shelter
4 - Soup Kitchen
5 - Place of Residence
6 - Social Service Agency
7 - Other

AC - ACTIVITY CODE

01 - Outreach
02 - Guidance / Education
03 - Case Management

* Referral Source to be identified at initial contact only.

Attachment E-4

ADAD IDU OUTREACH - SCREENING/ADMISSION INFORMATION

THIS FORM MAYBE SUBJECT TO CHANGE IN ORDER TO MEET REQUIREMENTS

Referred by						Date	
Client ID [1]						Telephone	
Ethnicity		Gender		Pregnant Female?		Married?	
Client Name						DOB	
Address						Occupation	
City, ST Zip						Employer	
Other Contact: [2]						Last Job	
Address/Tel#						Income source	
City, ST Zip						Edu. Level	

[1] - Client Identifier (ID) should be consistent with direct service log.
[2] - Other Contact: Person who could contact client and/or IDU program when necessary.

Problem Areas and Status at time of Screening/Admission		Severity
Medical Status		
Employment/ Support		
Alcohol/ Drug Use		
Legal Status		
Family History		
Family/ Social		
Psychiatric		

Severity of Problem: Scale = 0 1 2 3 4 5 6 7 8 9
None Mild Moderate Severe

GOALS:

Use reverse side if necessary

Plan of Action:

Use reverse side if necessary

Progress Notes on form provided by agency

Counselor Signature	Date

ALCOHOL AND DRUG ABUSE DIVISION

LISTING OF SERVICES

THIS FORM MAYBE SUBJECT TO CHANGE IN ORDER TO MEET REQUIREMENTS

SVC. CODE	ACTIVITY
01	**Outreach Activities**
A1	Street face-to-face (FTF) contact
A2	FTF contact in any facility [1]
A3	FTF with client network [2]
A4	Other, such as telephone calls
02	**Guidance/Education**
B1	IDU and communicable disease
B2	HIV prevention practices
B3	Entry into Substance Abuse (SA) treatment
B4	Linkage to community resources
B5	Other
03	**Case Management**
C1	Transportation
C2	QUEST Enrollment
C3	Pre/Post HIV tests counseling
C4	TB/Hepatitis B/Hepatitis C testing
C5	Links to community resources
C6	Admittance to IDU OP Treatment
C7	Other

[1] - Facilities: Shelters, soup kitchens, doctor's office, police station, courts, etc.

[2] - Client's network includes, but is not limited to, client's acquaintances, friends, significant others, case workers, etc.

Therapeutic Living Program Requirements

Note: These requirements are subject to change to be in compliance with the Department of Health's Hawaii Administrative Rules (HAR) upon the promulgation of its Therapeutic Living Programs requirements.

Part 1:
General Requirements for all Therapeutic Living Programs

I. Therapeutic living programs - Definition and Type

These programs serve persons suffering from substance abuse requiring a residential setting, but who do not need the structure of a special treatment program or are transitioning from a more restrictive setting to independent living. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan. These programs can be transitional living programs for adults (age 18 and over); transitional living programs for adolescents (age 12 - 17 years); or transitional living programs for women with children (birth - 11 years). A therapeutic living program serves residents through a transitional residential program.

A. A strength and needs-based assessment shall be performed or obtained upon admission and the recovery plan shall be based on the assessment.

B. A recovery plan shall contain, at a minimum, the following:
   1. Goals to be attained while the resident is in the program;
   2. Measurable recovery objectives;
   3. A summary of the services and activities provided to enable attainment of goals; and
   4. Regular time periods for the plan to be revised.

C. The program shall have policies and procedures which shall contain, at minimum, the following:
   1. The formulation of discharge plans; and
   2. Six months of ongoing monitoring of the status of discharged residents.

II. Fire safety/disaster

A. Therapeutic Living Programs shall comply, and be inspected by appropriate fire authorities for compliance with state and county zoning, building, fire safety and health codes or in the case of a vessel inspected by the United States Coast Guard, for relevant regulations promulgated by that agency.

B. The facility shall have a written plan for care givers/staff and residents to follow in case of fire, explosion, or other emergencies. The plan shall be posted in conspicuous places throughout the facility. The plan shall include, but not be limited to:

1. Assignments;
2. Instructions;
3. Special escape routes; and
4. Quarterly drills.

C. Drills shall be conducted quarterly at various times of the day to provide training for residents and staff. (When new residents are admitted or staff hired they shall be in-serviced on fire procedures. Drills shall be conducted under conditions that simulate fire emergencies.)

D. The drill record shall contain the date, hour, personnel participating, description of drill, and the time taken to evacuate the building. A copy of the drill shall be available for inspection by fire authorities and the Department.

E. Facilities shall be safe from fire hazards. All combustible items must be stored away from heat sources.

F. Exits shall be unobstructed and maintained in an operational manner.

G. If smoking is allowed, there shall be designated smoking areas.

H. All locking devices shall automatically pop open upon turning the doorknob in one motion. Locking devices for sleeping room doors shall be readily opened by the occupant from inside the room without the use of a key or special knowledge.

I. Fire extinguishers shall be installed in accordance with NFPA 101 Fire Safety Code. A minimum fire extinguisher classification rating of 2a10bc is required.

J. Hardwired smoke detectors shall be located in the hallway outside the residents' sleeping rooms and also in the living/activity room. Hardwired or battery-operated smoke detectors, or both shall also be located in all resident sleeping rooms.

K. All residents occupying rooms above or below street level of a facility shall be able to evacuate without the physical help of another person.

L. All multi-story homes shall have an internal stairwell.

M. Fees for fire inspection shall be the responsibility of the licensee.

N. Automatic sprinkler systems may be required for Group I occupancies and facilities with nine or more residents as determined by the respective city and county building and fire codes.

O. Vessels shall comply with fire rules and regulations of the United States Coast Guard. In addition, they shall comply with subsections (c), (e), and (r).

P. The facility shall have a written disaster plan which identifies the actions that should be taken in each type of hazard: hurricane, earthquake, tsunami or flood. The plan shall include the following provisions:

1. Plan of evacuation;
2. Identification of the closest emergency shelter;
3. Transportation to the emergency shelter if necessary;
4. Identification of staff accompanying and remaining with residents while at the emergency shelter; and
5. Maintenance of survival kits.

Q. Each facility shall have basic first-aid supplies accessible for use.

III. Nutrition

Therapeutic living programs operating in a residential setting with eight or less residents, who prepare food only for family consumption shall meet the following dietary requirements:

A. The program shall provide balanced nutritional meals for the residents.

B. There shall be three meals a day and snacks provided daily with no more than fourteen hours between meals

C. There shall be a minimum of three days food supply, which will be adequate for the number of people to be served.

D. Residents who have identified special nutritional needs, or who require dietetic services, shall have a diet order written by a physician or APRN. The order shall be updated annually, with a written plan for the provision of dietetic service, which may require the consultation by a dietician, physician or APRN. The implementation of the plan shall be recorded on admission and quarterly thereafter.

E. The program's policies and procedures shall be in accordance with the National Research Council's most current "Recommended Dietary Allowance," and shall be adjusted to the resident's age, sex, activity and disability when evaluating the resident's diet, or ordering diet supplements and provision of special diet training to the staff;

F. Menus for special diets shall be available for review by the Department of Health.

G. The resident record shall have:

1. Documentation of special diet needs;
2. Documentation of reactions to food, and evidence that a report to a physician was made immediately upon occurrence.

IV. Health screening/infection control

A. The facility shall have documentation indicating that each employee has had a health examination by a physician to determine the presence of infectious diseases prior to direct contact with residents.

B. Each facility shall have on file documented evidence that every direct care staff or any individuals having contact with residents has an initial and annual tuberculosis (TB) clearance following current Departmental policy.

C. Any direct care staff or any individual providing service to the residents who develops evidence of an infectious disease shall be relieved of any duties relating to food handling or direct resident contact until such time as the infection clears and it is safe for the individual to resume duties. If the care giver has a condition, which may place the well-being of the residents at risk, a physician shall be consulted for a clearance and a procedure for infection control. Undiagnosed skin lesions, or respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease.

D. There shall be appropriate policies and procedures written and implemented for the identification, prevention, control, and voluntary testing of infectious diseases including, but not limited to HIV and hepatitis.

E. Therapeutic Living Programs shall provide training in safety and risk management, including standard precautions to care givers and staff. The training shall be documented and available for review by the Department on request.

F. Incident reports shall be completed where staff or residents are exposed to infectious disease, and the action taken following such incident shall be documented.

V. Changes in Circumstances, Transfers, and Program Mergers

A. A service provider shall notify the Department in writing of any of the following changes in circumstances not less than thirty (30) calendar days before the change takes effect:

1. Program name,
2. Mailing address,
3. Telephone number,

4. Executive director,
5. Program location,
6. Program discontinuation, or
7. Expansion of service capacity.

B. In addition to completing the required written notification change in circumstance, a discontinued program shall also provide the following information:

1. A written notification to residents who require continued services of the date closure and where continued services may be obtained;
2. A procedure to transfer certain information or entire resident records to another agency or person where such information is necessary and authorized; and
3. A procedure to store and dispose of resident records pursuant to 42 C.F.R., Parts 1 and 2, Confidentiality of Alcohol and Drug Abuse Patient Records; Chapter 323 C, HRS; section 325-101; HRS 334-5; HRS section 622-58, and other applicable laws or regulations relating to the retention of mental health records.

VI. Governing authority

A. The service provider shall document its governance authority and the delegation of governance. The purposes of the program and its governing documents shall be reviewed annually.

B. The service provider shall furnish the Department with the names, addresses, and phone numbers of all owners, corporate officers or general and limited partners and the board of directors. In addition, the minutes of meetings of the governing body and of its committees, at which issues relevant to the facilities or programs are discussed, shall be available for review by the Department.

C. The governing body responsible for each facility or service shall develop and implement a mission and philosophy statement of the geographical area served, the ages, the target population of residents and the limitations and scope of services.

VII. Program

A. The program shall focus on rehabilitation to encourage the resident to develop skills to become self-sufficient and capable of increasing levels of independent functioning where appropriate. It shall include prevocational and vocational programs, as appropriate.

B. The program shall encourage the participation of the resident in the daily milieu and in the development of the resident’s treatment or recovery planning and evaluation.

C. The program environment shall attempt to reflect aspects associated with a family home without sacrificing resident safety or care. The program shall have furniture

and equipment that are age-appropriate to its residents. The program shall have policies and procedures addressing the residents' opportunities for regular physical exercise.

D. The program shall provide a room for residents to gather during leisure time. There shall also be an area set aside where residents may receive and visit with parents, guardians, relatives, or friends with some degree of privacy

E. The program shall have written policies regarding the use of behavior management and prohibit the use of physical or emotional punishment, physical exercise to eliminate or curb behaviors, use of punitive versus therapeutic assignments, use of medication for behavioral management, excessive use of physical or emotional isolation, and deprivation of residents' rights.

F. The program shall have a non-smoking policy in accordance with sections 328K-2, 328K-13 HRS.

G. The service provider shall have and maintain policies and procedures for a comprehensive drug-free work place.

H. The service provider shall have policy and procedures identifying:

1. An individual who is designated as the administrator and is responsible for the overall operations of the program. During periods of absences of the administrator, a designated staff member shall assume the responsibilities of the administrator;
2. An individual who is designated as program director of the residential program;
3. An individual designated as the rights advisor who is responsible for reviewing residents' rights. The individual shall be responsible for answering questions upon admission, maintaining a log that describes possible rights violations, making an effort to resolve resident rights violations, making an effort to resolve resident complaint, investigating the complaints and providing consultation and assistance to residents who wish to file a formal complaint. If a resident feels threatened by physical or psychological harm, or does not believe a complaint has been adequately dealt with at the staff level, the resident may direct the complaint in writing to the director or to an independent agency identified by the Department; and
4. An individual designated to verify staff credentials, provide staff in sufficient number and qualifications to meet the service needs of the residents and adequately carry out the program's goals, services, and activities.

I. Quality improvement activities shall include:

1. Composition and activities of a quality assurance and quality improvement committee;
2. Methods for monitoring and evaluating the quality and appropriateness of resident care, including delineation of resident outcomes and utilization of services;
3. A requirement that staff who are not qualified professionals and who provide direct care shall be supervised by a qualified mental health professional for those residents requiring mental health services or a substance abuse professional for those residents recovering from substance abuse;
4. Strategies for improving resident care;
5. Methods for annual monitoring and maintenance of staff qualifications, licensure and certifications;
6. Review of all sentinel events and establishment of measures to provide for resident's safety; and
7. Adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice.

J. Safety and risk management

1. The service provider shall have a written safety plan in existence that includes but is not limited to, policies and procedures for dealing with:
   a) Residents who are dangerous to themselves or others;
   b) Incidents in which staff or residents are injured or exposed to hazards;
   c) Medication errors;
   d) Vehicle safety; and
   e) An arrangement for voluntary testing of HIV and of standard precautions.
2. The service provider shall verbally or via facsimile, report *sentinel events to the Alcohol and Drug Abuse Division, with a written report submitted within seventy-two hours.
3. The service provider shall have written policies and procedures regarding the use of least restrictive alternatives to the use of physical or chemical restraints and seclusion, which may include but not be limited to holding and time out.
4. The service provider shall have written policies and procedures for reporting of abuse or neglect to the Child Protective Services for children, adolescents or Adult Intake and Protective Services for adults.
5. The service provider shall have written policies and procedures for management of residents suspected of having any communicable disease.
6. The service provider shall have written policies and procedures to follow when arranging for and obtaining emergency medical or psychiatric treatment, which shall include names and telephone numbers of persons to provide the emergency care.

7. The service provider shall provide staff training in safety and risk management procedures. The safety program shall be reviewed annually and documented.
8. The service provider shall have policies and procedures for residents addressing proper safety measures, including but not limited to emergency and medical issues, nutrition requirement, sanitation, medication storage for day or overnight field trips or adventure program activities.
9. Adolescent service providers shall report sentinel events.
   a) Sentinel events shall be reported by phone to the Alcohol and Drug Abuse Division, within 24 hours of the event, or, for events occurring on weekends or holidays, on the next working day.
   b) After the notification by phone, a written report must be submitted to the same division within 72 hours giving details of the event and actions taken.

K. Medication requirements

The program shall have written policies and procedures to address staff training, and storage, labeling, availability, and disposal of medications. Procedures shall at a minimum address:

1. Medication storage:
   a) Programs shall have double-locked storage for medications. If required to be stored in a refrigerator used for food items, medications shall be kept in a separate, single locked compartment or container;
   b) Medications shall be kept separately for each resident;
   c) Medications shall be kept separately for external and internal use;
   d) Medications approved by a physician or APRN for self-administration shall be kept in a secure manner.
2. Medication labeling:

   The packaging label of each prescription medication dispensed shall include the following:

   a) The resident's name;
   b) The prescriber's name;
   c) The current dispensing date;
   d) Clear directions for self-administration;
   e) The name, strength, quantity, and expiration date of the prescribed medication; and
   f) The name, addresses, and phone number of the pharmacy or dispensing location.
3. Medication availability:
   a) All prescription medications shall be made available only under written order and direction of a physician or APRN and shall be based upon a physician’s or APRN’s evaluation of the resident's condition.

b) Non-prescription medications shall be made available only under physician orders specified to each resident.
c) All physician orders for prescription medication shall be re-evaluated and signed by the physician at a minimum of every three months or at the next physician's visit, whichever comes first.
d) Program shall designate and train staff prior to making medications available, and on an annual basis, to:
    1) Make prescribed medications available to residents;
    2) Supervise and assist with self-medication;
    3) Record information immediately after medications have been made available to each resident, including date, time, name of medication, dosage, number or amount given, and signature of person making medication available, according to prescription;
    4) Record any side effects of medication;
    5) Record resident requests for medication changes, questions, or concerns and any follow up with an appointment or consultation with a physician or designee.
e) Medications shall not be offered to any resident other than the resident for whom they were prescribed.
f) Self-administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, or case manager and service provider, and upon authorization of the physician or APRN and supervised by trained staff; and
g) Medication errors and drug reactions shall be reported immediately to the physician responsible for the medical care of the resident and designated individuals deemed responsible for the care of the resident. An incident report shall be prepared within twenty-four (24) hours from the time of the incident.

4. Medication disposal:

Prescription and non-prescription medications which have been discontinued by physician’s order or retained by the facility after the resident is discharged shall be disposed of by incineration, flushing into a septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the resident's name, medication name, strength, quantity, disposal date and method, and the signatures of the person disposing of the medication and of the person witnessing the disposal.

L. Personnel requirements

The service provider delivering services to children and adolescents shall have policies and procedures requiring background checks and a criminal history check that includes fingerprints. The service provider delivering services to adults shall have policies and procedures requiring background checks and

a criminal history check, which may not include fingerprints.

1. Staffing patterns shall reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual, and other social characteristics of the community the facility serves;
2. The program shall be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic, rehabilitation, and treatment needs of the resident; and
3. A personnel record shall be maintained for each individual employed by the service provider. The record shall include training, experience, and qualifications of the position, and verification appropriate to licensure, registration or certification.
4. The service provider shall have documentation verifying that each staff member has received annual training on confidentiality, residents rights, cultural sensitivity, community resources, and on the program's safety procedures.
5. The service provider shall have documentation verifying that each staff member has reviewed his or her position description on an annual basis.
6. All direct services staff shall have current first aid and Cardio-Pulmonary Resuscitation (CPR) certification, and infant CPR for those programs working with infants and children. The training must be conducted by trainers certified by American Lung Association, American Red Cross, or other organization accepted by the Department.

M. Personnel orientation

The program shall have documentation of each staff member's orientation to the program. The orientation shall include but not be limited to:

1. Program(s);
2. Policies and procedures;
3. Duties and responsibilities of the position;
4. Health and safety procedures, including the use of standard health care precautions;
5. Crisis intervention procedures;
6. Record keeping requirements;
7. Confidentiality;
8. Resident rights;
9. Cultural needs;
10. Community resources; and
11. The procedure for identifying and reporting abuse and neglect.

N. Staff training and supervision

The program shall have documentation of each staff member's completion of training recorded in the employee's personnel record. A regular assessment of the training

needs of the staff shall be performed and documented. A written training schedule shall be in place and constantly updated at least annually.

1. Direct services staff shall be supervised by a clinical supervisor.
2. Direct services staff shall receive a minimum of one hour per month of supervision, or as determined by the Department.
3. At a minimum, the documentation shall contain:
   a) Name of the person supervised and the date of supervision.
   b) General content of the discussion.
   c) Documentation of the follow up to concerns and activities identified in clinical supervision sessions.

O. Personnel policies shall include qualifications, duties, and responsibilities of each staff position. The program shall adopt and enforce policies and procedures on hiring, termination, suspension, assignment, evaluation, promotion, confidentiality, and prohibiting personal involvement with residents.

P. Resident record

Each resident's individual record shall contain, at a minimum, the following:

1. An identification face sheet which includes:
   a) Last, first, middle, maiden names;
   b) Home address;
   c) Date of birth;
   d) Race, gender, marital status;
   e) Admission date;
   f) Discharge date;
   g) Social security identification number;
   h) Resident record number;
   i) Telephone number of referral agency; and
   j) Emergency information including the name, address, and telephone number of the person to be contacted in an emergency and the name, address, and telephone number of the resident's physician;
2. A signed statement from the resident, or a person legally responsible, granting permission to seek emergency care from a hospital or physician;
3. Documentation of resident's orientation to the facility and program, including procedures for filing complaints and grievances;
4. Documentation that all required consent forms are signed and dated by the resident, legal guardian and program staff
5. Documentation of the pre-admission, qualifying diagnosis, screening and assessment;
6. Documentation that the resident was informed of his or her legal, civil, and human rights;

7. A written treatment plan or recovery plan within seven days of the admission for long-term residential programs and within forty eight hours for short-term residential programs;
8. Documentation attesting to resident's involvement in the following:
   a) The resident's presence during the development of the treatment plan or recovery plan, as well as that of the resident's parent or legal guardian, as necessary;
   b) The resident's opportunity to participate and comment in the development of the treatment or recovery plan. The resident's parent or legal guardian shall be given the opportunity to give input, as necessary;
   c) The resident's participation in revising or updating the treatment or recovery plan.
9. Daily documentation of progress toward goals;
10. Documentation of services provided;
11. Documentation of a medical examination or written evidence of a physical examination conducted within thirty days prior to admission or documentation of on-going medical services and monitoring by an RN, APRN, or physician within the past thirty days. For programs providing services to children and adolescents with mental health services, a physical examination is required within forty-eight hours after placement, in the event of an emergency;
12. Documentation that a physician was consulted for all illnesses and injuries, of concern to the resident or staff, within five days from the date the condition was first reported.
13. Resident record shall contain the following medical information:
    a) Documentation of medical or physical diagnosis, including allergies to food or medication;
    b) Documentation of tuberculin skin test conducted according to Department requirements. If positive, documentation that appropriate medical follow-up has been obtained;
    c) Documentation of dental treatment for any resident requiring dental care;
    d) A copy of a current immunization record, for programs with children and adolescents. If immunizations are not up to date, the program shall make every effort to have the child or adolescent's immunizations updated unless a parent refuses due to religious preferences or it is medically contraindicated by a physician;
    e) Documentation of medication orders and a complete record of each medication utilized by the resident;
    f) Documentation of all orders for and results of lab test; and
    g) Documentation of height and weight recorded on admission and at least quarterly thereafter.
14. A completed discharge summary, entered into the resident's record within two weeks after discharge, including but not limited to:

a) The date of admission;
b) Description of the condition of the resident at admission;
c) Services provided;
d) Discharge placement, including the name, address, and telephone number of the program, agency, or individual who will be responsible for the resident's continuing care if applicable;
e) Rationale for discharge;
f) The resident's treatment and rehabilitation status or condition at discharge; and
g) The instructions given the resident about a continuing service plan and follow-up.

Q. Fiscal

The program shall have in place fiscal policies and procedures that shall include:

1. Maintenance of financial records including an annual budget showing income and expenditures.
2. Provisions for an independent examination of the program's financial records, with documentation of such to be available for inspection by the appropriate agencies; and
3. Additional policies and procedures addressing the following:
   a) Management of the program's funds;
   b) Any insurance policies secured by the agency to protect funds; and
   c) Donations accepted by the service provider or program.
4. Financial information including:
   a) Charges for services, which shall be based on knowledge of direct and indirect costs;
   b) An established fee schedule that is available to residents in printed form when fees are charged for services; and
   c) A procedure for identification, accountability, documentation of money transfers, and safeguards of funds belonging to residents shall be implemented if the program is responsible for funds belonging to residents.

R. Linkages

1. The service provider shall facilitate medical, psychiatric, and any other specialized services or consultation in cooperation with the resident and appropriate individuals or agencies. For those residents recovering from substance abuse, the primary counselor or aftercare counselor will assist to enhance maintenance of sobriety and independent living.
2. The program shall develop and maintain current service agreements, as appropriate for referrals to more or less intensive levels of care such as counseling services, supportive programs, agencies, and other community resources to ensure continued progress towards independence and rehabilitation.

3. Each therapeutic living program shall provide or have access to the following services:
   a) Individual, group, or family therapy for each resident;
   b) Educational counseling or vocational counseling as appropriate, including academics and school for child and adolescent residents;
   c) Nutrition education;
   d) Referrals to supportive services including self-help groups, legal counseling, vocational training, and placement;
   e) Community resources for financial and employment assistance, housing, and other specialized services; and
   f) Programs providing services for pregnant women recovering from substance abuse or such women with children, prenatal care and well childcare shall be provided.

S. Nondiscrimination

The program shall have a policy and procedure complying with all federal and state laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, or disability. The program shall provide access to persons regardless of their ability to speak English.

T. Admission and discharge

The program shall have policies and procedures for residents, which include:

1. Intake process.
2. Admission criteria.
3. Documentation of eligibility at prescreening or preadmission.
4. Documentation of ineligibility and referral when appropriate.
5. Updating of appropriate individuals or agencies, as appropriate, of the transition and discharge.
6. Discharge summary.

U. Residents' rights

The program shall have the residents' rights policies and procedures governing the legal, civil, and human rights and policies in the residents' orientation including:

1. Procedures for handling complaints and grievances of residents.
2. Documentation of consent to program services.
3. Financial information.
4. The need for and use of an interpreter.

V. Confidentiality

The service provider shall have policies and procedures dealing with confidential nature of information regarding residents. The policies requiring written consent for the release of confidential information to persons or agencies shall conform to applicable law, including as appropriate 42 C.F.R. Part 1 and Part 431, subpart F, chapter 323C, HRS; and sections 325-101 and 334-5, HRS.

1. Appropriate resident records shall be readily accessible to those staff members who provide services directly to the resident.
2. The service provider shall provide sufficient facilities for the storage, processing, and security of all records and data, which shall include suitably locked and secured rooms and files.
3. If a program stores data on automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files. The security measures shall be documented in the operating manual.

W. Research policy

A therapeutic living program that includes human-subject research in its objectives or allows itself to be a resource for research shall have written policies and procedures addressing the purpose and conduct of all research utilizing the program's staff, residents, or services. The written policies and procedures shall require informed consent for all research activities and shall be subject to review and approval of a qualified Internal Review Board in accordance with 45 C. F. R. Part 46.

Part 2:
Specific Requirements by Type of Therapeutic Living Program

In addition to the requirements in Part 1, therapeutic living programs shall comply with the Therapeutic Living Programs requirements described below and Sections I, II, and/or III according to the target populations served.

Therapeutic Living Programs:

A. Therapeutic living programs shall serve persons recovering from substance abuse who require a residential setting less structured than that of an STF. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan.

B. A strength and needs-based assessment shall be performed or obtained upon admission and a recovery plan shall be based on the assessment.

C. A recovery plan shall contain, at a minimum, the following:

1. Goals to be attained while the resident is in the program;
2. Measurable recovery objectives;
3. A summary of the services and activities provided to enable attainment of goals; and
4. Regular time periods for the plan to be revised.

D. The program shall have policies and procedures, which shall contain, at minimum, the following:

1. The formulation of discharge plans; and
2. Six months of ongoing monitoring of the status of discharged residents.

I. Transitional residential living programs for adults

These programs provide residential living to residents who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment.

A. Staffing requirements

1. A minimum of one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
2. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the Department, to ensure the safety, health, and delivery of the services.
3. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
4. All direct service staff shall be familiar with substance abuse treatment and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
5. All direct service staff shall receive supervision no less than once per month.
6. All direct service staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

B. Program services

1. All residents in the same transitional residential living program house shall be adults of the same gender.
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The service shall be based

on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.

3. A resident recovery plan shall be prepared within seven days of admission by program's staff in cooperation with the resident and, when applicable, staff of any outpatient or day treatment program serving the resident.
4. Services provided on-site or through resources in the community shall include vocational rehabilitation, substance abuse education, recreation therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Services provided through resources in the community may include individual and group counseling and family counseling when appropriate.
6. Implementation of the recovery plan including contacts and a weekly progress note shall be documented in the resident record.
7. The program shall provide or arrange for primary medical care for all residents.
8. The program shall provide or arrange for prenatal care for all pregnant women.

II. Transitional residential living programs for adolescents

These programs provide residential living for residents who are without appropriate living alternatives, who need staff supervision, and who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment.

A. Staffing requirements.

1. Adequate supervision of the residents shall be provided at all times.
   a) At a minimum, no fewer than two staff members shall be present in the program twenty four hours a day, seven days a week;
   b) When residents are present and awake, a minimum of one on-duty staff member shall provide continuous supervision for every five residents; and
   c) During sleeping hours, a minimum of one awake on-duty staff shall provide supervision for each group of ten residents.
2. At a minimum, one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
3. All direct services staff shall receive supervision no less than once per month.
4. All direct services staff shall be familiar with substance abuse treatment and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
5. All direct services staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

6. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
7. Staff shall have training in order to maintain the requirements and qualifications of their positions.
8. All staff providing services shall be familiar with substance abuse treatment and recovery issues and practices including knowledge of the biopsychosocial dimensions of substance abuse, resident education on substance abuse and relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
9. Direct services staff shall have training on current program procedures and practices in order to meet all aspects of admission, treatment care, and referral of residents.
10. Direct services staff shall receive specialized training in adolescent development and therapeutic techniques in working with adolescents.
11. The program shall provide sixteen hours of training in adolescent management techniques, human growth and development, and adolescent substance abuse to staff on an annual basis.

B. Program services.

1. All residents in each housing unit of the program shall be adolescents of the same gender.
2. A minimum of fifteen hours per week of face-to-face supportive psychosocial services, including a minimum of one hour of individual supportive counseling, shall be provided to each resident each week. The service shall be based on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of this plan.
4. Services provided on-site or through resources in the community shall include, but not be limited to: vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, resident support and advocacy, monitoring, and follow-up.
6. Services provided through resources in the community may include, but are not limited to: individual and group counseling and family counseling as appropriate.
7. Implementation of the recovery plan shall be documented in the resident record, and contacts shall be noted.

8. The program shall have a written policy that assures access to appropriate educational services for each adolescent. Quarterly progress reports of the educational services provided shall become a part of the resident record.
9. Behavior management techniques
   a) The rights of the resident shall be protected at all times;
   b) The program shall have written policies prohibiting the use of abusive and punitive methods in managing resident behaviors, as well as methods implemented for staff convenience;
   c) All behavior management shall be addressed in the recovery plan.
   d) All behavior management shall be developmentally appropriate and reasonable to the resident's age. All behavior management shall be limited to the least restrictive appropriate method and administered by direct care staff; and
   e) The program shall show evidence that the resident and the resident's legal guardian had the opportunity to ask questions in reference to the behavior management techniques.

III. Transitional residential living programs for women with child(ren)

These programs provide residential living services to residents who are currently receiving substance abuse treatment in a day or outpatient program, or who have been clinically discharged from treatment yet still need supervision and a clean and sober living environment.

A. Staffing requirements
   1. Staff shall be on-site twenty-four hours per day, seven days per week.
   2. At a minimum, one staff member shall be present in the program for every ten residents.
   3. The program's staffing pattern shall include a fully certified program administrator pursuant to section 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
   4. At a minimum, one direct services staff member with a current first aid certificate and CPR training, and infant CPR training for those programs working with infants and children, shall be present in the program when residents are present in the program.
   5. All direct services staff shall receive supervision no less than once per month.
   6. Staff shall have training to maintain the requirements and qualifications of their positions.
   7. All staff providing direct care services shall be familiar with substance abuse and recovery issues including resident education on substance abuse, relapse prevention, vocational rehabilitation, case management, life skills, and community resources.

8. Staff shall have training on current program procedures and practices, in order to meet all aspects of admission, therapeutic living services, and the referral of residents.
9. Programs that provide childcare in which parents are not on site must comply with childcare staffing requirements pursuant to sections 346-151, 346-161, HRS.
10. Staff shall be trained in supporting normal development and developmentally appropriate behavior management techniques.

B. Program Services

1. All residents in the program shall be pregnant women or women with child(ren).
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The resident's recovery plan shall determine the services, which shall include a minimum of one hour of individual counseling each week.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of the plan.
4. The recovery plan shall identify barriers to independent, sober living as well as goals to be attained while the resident is in the program.
5. Services provided on site or through resources in the community may include but are not limited to, parenting skills, vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
6. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Based on the resident assessment, services provided through resources in the community may include individual, group, and family counseling.
7. Implementation of the recovery plan, including contacts and a weekly progress note, shall be documented in the resident record.
8. The program shall provide or arrange for the following services:
   a) Primary medical care for adult resident;
   b) Sufficient case management and transportation services to ensure that residents have access to services provided as described in this subsection; and
   c) Referrals for the following services shall be included, when appropriate, and coordinated with all other treatment providers involved.
      1) Referral for prenatal care;
      2) Childcare while the women are receiving primary medical or prenatal care;
      3) Primary pediatric care, including immunization for children and development screening;

4) Therapeutic interventions, which may, at a minimum, address developmental needs, and issues of sexual and physical abuse and neglect, for children in custody of women in the program; and
5) Sufficient case management and transportation services to ensure that the children have access to services as described in this subsection.

9. The program shall develop standards to evaluate the appropriateness of admitting a resident's child(ren). A decision regarding the admission shall be based on these standards and documented in the child(ren)'s and resident's record
10. When services are provided for each child admitted to the program, the program shall develop a recovery plan for the family that shall identify the resident's family, support and advocacy needs.
11. The program shall provide support to the parent in interacting positively with his or her child and shall document areas of strength and concern.
12. The program shall provide or arrange for an initial health assessment for each child admitted into the program within two weeks of admission or as recommended by the child's pediatrician. The dates and results of the assessment shall be documented in the child's record.
13. The program shall consult with Child Protective Services, when applicable, and document that agency's goals and objectives for the child or parent while in the program. When applicable, a collaborative written working agreement shall be developed which delineates responsibilities of the program, the resident, and Child Protective Services.
14. The program shall provide a recovery plan for the child which:
    a) Establishes and documents the goals and objectives for the child's development and progress, in the parent and child's recovery plan, while in the child-care program.
    b) Assists the parent in goal setting for the child's behavior and development while in the program. These goals shall be documented in the parent and child's recovery plans.
    c) Weekly appointments involving the parent and program staff shall be scheduled to review the goals and objectives established in the child's and parent's recovery plan.
    d) Provides the child a variety of developmentally appropriate learning and play materials. The materials shall be culturally relevant and promote social, developmental, and intellectual abilities; and
    e) Case management for the child and for the parent and child family unit shall be provided and documented.

* **Sentinel event** includes but is not limited to:

1) Any inappropriate sexual contact between residents, or credible allegation thereof;
2) Any inappropriate, intentional physical contact between residents that could reasonably be expected to result in bodily harm, or credible allegation thereof;
3) Any physical or sexual mistreatment of a resident by staff, or credible allegation thereof;
4) Any accidental injury to the resident or medical condition requiring transfer to a medical facility for emergency treatment or admission;
5) Adverse medication errors and drug reaction;
6) Any fire, spill of hazardous materials, or other environmental emergency requiring the removal of residents from the facility;
7) Any incident of elopement by a resident;
8) Arrest for other than truancy;
9) Illegal alcohol or drug use;
10) Suicidal gestures;
11) Significant self injury or self mutilation;
12) Physical restraint, chemical restraint, and seclusion; or
13) Resident death.

Attachment E-6

STATE OF HAWAII
Department of Health
Alcohol and Drug Abuse Division

Request for Information (RFI)
RFP 440-08-1
Substance Abuse Treatment Services

Summary of RFI

As part of its planning process the Alcohol and Drug Abuse Division (ADAD) scheduled a total of six (6) public requests for information forums to gather information for all of the proposed sub-categories which consisted of the adult continuum, adolescent continuum, dual diagnosis continuum, injection drug users, pregnant and parenting women and women with children, criminal justice continuum, and wrap-around services.

The Oahu RFI forum was held on July 27, 2007 at the Kinau Hale Board room, from 8:00 am to 11:00 am. for the adult continuum and 12:00 noon to 2:00 pm for the adolescent continuum. In conjunction, there was a telephone conference connection with the island of Kauai. For the morning, adult continuum session, there were seventeen (17) Oahu participants and 4 Kauai participants. In the afternoon, adolescent continuum session, there were three (3) Oahu participants and three (3) Kauai participants.

The Maui RFI forum was held on August 03, 2007, at the Wailuku Health Center from 9:00 am to 11:00 am, for the adult continuum and 11:00 am to 1:00 pm for the adolescent continuum. There were four (4) participants for the adult continuum session. There were two (2) participants for the adolescent continuum.

The Kona RFI forum was held on August 30, 2007, at the Kona Health Center from 9:30 am to 11:00 am for the adult continuum and 11:30 am to 2:00 pm for the adolescent continuum. There were three (3) participants for the adult continuum session and one (1) participant for the adolescent continuum session.

The Hilo RFI forum was held on August 31, 2007, at the Hilo Department of Health Office 9:00 a.m. to 11:00 a.m. for the adult continuum and 11:00 a.m. to 1:00 p.m. for the adolescent continuum. There were four (4) participants for both the adult and adolescent continuum sessions.

The Lanai RFI forum was held on September 21, 2007, at 555 Frazer Avenue, from 9:00 a.m. to 11:00 a.m. for the adult continuum and 12:00 noon to 1:00 p.m. for the adolescent continuum. There were a total of seven (7) participants for both sessions.

The Molokai RFI forum was held on September 27, 2007, at the Molokai Department of Health of Office, 9:00 a.m. to 11:00 a.m. for the adult continuum and 11:00 a.m. to 1:00 p.m. for the adolescent continuum. There were no participants for either session.

At each forum an outline of the continuum with designated time limits for each section, was given to each participant in order to allow information to be gathered in an efficient and timely manner. Participants were also informed that they could still e-mail any additional comments to ADAD until October 15, 2007.

In lieu of listing all of the comments and details from the various RFI forums, interested parties may request this information through ADAD's Community and Consultative Services Branch (CCSB).

Participants were also informed that ADAD was in the process of requesting technical assistance from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) for a rates study of substance abuse treatment services in Hawaii. The rates study was completed in April 2008 by Mr. Thomas Lucking. Mr. Lucking conducted site visits with three substance abuse treatment programs and later held an informational meeting which was open to all of the ADAD treatment programs on Oahu.

Important Website Addresses

ADAD does not intend this reference to be an exhaustive list of substance abuse treatment Website addresses. APPLICANTS are encouraged to utilize additional resources should more information be needed. Please also note that Website addresses may change periodically.

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):
http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

- **42 CFR Part 2** – Confidentiality of Alcohol and Drug Abuse Patient Records

  http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html

- **45 CFR Part 96** – Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule

  http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html

- **45 CFR Parts 160 and 164** – Health Insurance Portability and Accountability Act (HIPAA)
  http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr160_02.html
  http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr164_02.html

Public Law (P.L.):
http://www.gpoaccess.gov/plaws/index.html

- **P. L. 102-321 – Subpart II** Block Grants for Prevention and Treatment of Substance Abuse

  http://tie.samhsa.gov/legis/PLAW102.html

Hawaii Revised Statutes (HRS):
www.capitol.hawaii.gov/site1/docs/docs.asp?press1=docs

- **Chapter 321, Title 19, HRS –** Department of Health (Index)

  http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321_0344/HRS0321/HRS_0321-.htm

- **325-101 HRS** -- Confidentiality of HIV Records

  http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321_0344/HRS0325/HRS_0325-0101.htm

- **328J HRS** – Smoking (Index)

  http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0328J/HRS-0328J-.htm

- **Chapter 334 HRS** – Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)

  http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-.htm

- **577 HRS** -- Adolescents and Confidentiality
  http://www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0577/HRS_0577-0026.htm

Hawaii Administrative Rules (HAR), Department of Health
http://gen.doh.hawaii.gov/sites/har/admrules/default.aspx

- **Title 11, Chapter 98 HAR** – Special Treatment Facility License
  http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-98.pdf

- **Title 11, Chapter 175 HAR** – Mental Health and Substance Abuse System
  http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-175.pdf

- Title 11, Chapter 92 – Therapeutic Living Programs (in progress)

II. Government Resources

Hawaii

- **Alcohol and Drug Abuse Division** (ADAD), Department of Health
  http://hawaii.gov/health/about/admin/health/substance-abuse/index_html
- **Department of Commerce and Consumer Affairs**
  http://hawaii.gov/dcca

National

- **Center for Substance Abuse Prevention** (CSAP), SAMHSA
  http://www.samhsa.gov/centers/csap/csap.html
- **Center for Substance Abuse Treatment** (CSAT), SAMHSA
  http://www.samhsa.gov/centers/csat/csat.html
- **Drug-Free Workplace Program** -- SAMHSA's model program and resource
  http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17808
- **National Clearinghouse for Alcohol and Drug Information** (NCADI), SAMHSA
  http://www.health.org/
- **National Institute on Alcohol Abuse and Alcoholism** (NIAAA)
  http://www.niaaa.nih.gov/
- **National Institute on Drug Abuse** (NIDA)
  http://www.nida.nih.gov/
- **Substance Abuse and Mental Health Services Administration** (SAMHSA), U.S. Dept. of Health and Human Services
  http://www.samhsa.gov/

ASSURANCE
Of Compliance with SAMHSA Charitable Choice
Statutes and Regulations

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

The undersigned PROVIDER agrees that it will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutory provisions of sections 581-584 and 1955 of the Public Health Service Act (codified as 42 U.S.C. "290kk, et seq., and 300x-65) and their governing regulations at 42 C. F. R. parts 54 and 54a, respectively.

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature of Authorized Representative Date

ADM. SERV. OFFICE
LOG NO. _____

ADAD POLICY AND PROCEDURES FOR CHARITABLE CHOICE

Purpose: Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Services (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] ensures that religious organizations are able to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services.

1. Religious organization is defined as a non-profit religious organization (42 CFR Parts 54 and 54a).

   A. Working definitions of faith-based organization (FBO)—an organization that has a connection to an organized faith community. (Source: Nelson A. Rockefeller Institute of Government Webpage: www.rockinst.org).

   B. Congregation-based FBO is a house of worship that provides treatment or prevention services, e.g. church, synagogue, mosque.

   C. Religiously-affiliated non-profit agency is a service provider that has 501(c) (3) status and a connection to a religious community at the local (individual congregation), regional (e.g. western states of the U.S.) or national level.

   D. Faith-based coalition is a coalition of several organizations, some or all of which are faith-based.

   E. Faith-based intermediary is an organization that provides administrative, fiscal, operational, technical or training assistance to an FBO.

2. Program beneficiary is an individual who receives substance abuse services under a program funded in whole or in part by applicable programs.

3. Program participant is a public or private entity that has received funding under an applicable program

4. Religious organizations may participate in applicable programs as long as they meet the same eligibility requirements applied to any other non-profit private organization and provide services in a manner consistent with the First Amendment of the U.S. Constitution (Establishment and Free Exercise Clauses).

5. No Federal, State or local government agency that receives applicable SAMHSA funds shall discriminate against an organization that is or applies to be a program participant on the basis of its religious character or affiliation.

6. A program participant that receives funds directly from SAMHSA or from State or local governments under applicable programs may not spend such funds on inherently religious activities such as worship, religious instruction or proselytization. Inherently religious activities must be offered separately in time or location from its SAMHSA-funded substance abuse treatment or prevention services. Participation in religious activities must be voluntary for the program beneficiary.

7. A program participant will retain its independence from Federal, State and local governments, including control over the practice and expression of its religious beliefs and internal governance. A program participant may provide substance abuse services in its facilities without having to remove religious art, icons, scriptures or other religious symbols.

8. Religious nondiscrimination requirements of 42 U.S.C. 300x-57(a)(2) and 42 U.S.C. 290cc-33(a)(2) that relate to employment practices do not apply to a program participant if it is a religious corporation, association, educational institution, or society and can demonstrate that its religious exercise would be substantially burdened by application of the religious nondiscrimination requirements to its employment practices. To make this demonstration, a religious program participant must be able to certify that it sincerely believes that employing individuals of a particular religion is important to the definition and maintenance of its religious identity, autonomy, and/or communal religious exercise; it makes employment decisions on a religious basis in analogous programs; the SAMHSA funds would materially affect its ability to provide the type of substance abuse services in question; and that providing the services in question is expressive of its values or mission. Documentation to support these determinations must be maintained and available to SAMHSA upon request.

9. The program participant who identifies themselves as a religious organization is required to provide a <u>Notice of Charitable Choice Rights</u> to all existing and potential program beneficiaries.

   A. In the provision of substance abuse treatment and/or prevention services and outreach activities, a religious program participant shall not discriminate against any prospective or actual program beneficiary on the basis of:

1. Religion
2. a religious belief
3. a refusal to hold a religious belief
4. a refusal to actively participate in a religious practice

B. If a program beneficiary or prospective beneficiary objects to the religious character of a program participant, such individual is entitled to a referral to another provider of substance abuse services to which that individual has no religious objection.

10. Religious program participant's responsibilities to provide Referral for alternative services

A. Each religious program participant receiving SAPT Block Grant funds through the Alcohol and Drug Abuse Division (ADAD) shall e-mail the following information to the ADAD monitor within seven working days from date of the request for a referral:

1. Data on every program beneficiary for whom a Charitable Choice referral was made. The program participant shall completely fill out a form, noting the date of the request for alternative services, the date and type of contact made with the alternative program, and the status of admission into the alternative program.

2. Such individual shall be **referred** to an alternative provider of services within two working days after the date of the objection and shall be provided with the alternative services within a two week period of time.

3. A monthly report consisting of the number of Notice of Charitable Choice Rights distributed and the number of referrals made shall be reported to the ADAD monitor via e-mail, by the last working day of the month.

B. The alternative provider must be located on the same island as the referring program participant and have the capacity to provide comparable services that have a value that is not less than the value of services of the program to which the individual had objected.

C. In making such referral, the program participant may refer to the ADAD-designated alternate service provider or consider any list that the State (ADAD) makes available to entities in the geographic area that provides program services.

D. Make all such referrals in accordance with all applicable Federal and State confidentiality laws, including, but not limited to, 42 CFR Part 2 ("Confidentiality of Alcohol and Drug Abuse Patient Records").

E. Ensure that the referred program beneficiary makes contact with alternate service provider.

11. A CCSB Program Specialist will be designated as the Charitable Choice Monitor and will collect incoming data, monitor compliance, contact program participants not in compliance and notify the Branch Chief of any irregularities. The Branch Chief will notify the Division Chief of all instances of referral irregularities. The Charitable Choice Monitor has the following responsibilities:

    A. Establish a list of program participants required to report on Charitable Choice referrals and check monthly that each program participant has sent in Charitable Choice Referral Reports within seven days of receiving a request.

    B. Issue a written warning to agencies not responding on time, and notify the Branch Chief. The Branch Chief will then notify the Division Chief.

    C. Keep a running log of data on each program participant which includes the following information:

        1. Number of Notices provided to all potential beneficiaries.
        2. Number of referrals made by religious objection.
        3. Number of referrals made within 2 working days.
        4. Number of referrals made in excess of 2 days.

ADAD POLICY AND PROCEDURES FOR

TRAFFICKING IN PERSONS

Trafficking In Persons

a. **Provisions applicable to a recipient that is a private entity.**
    1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
        i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
        ii. Procure a commercial sex act during the period of time that the award is in effect; or
        iii. Use forced labor in the performance of the award or subawards under the award.
    2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
        i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
        ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
            A. Associated with performance under this award; or
            B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
    1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
    2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
        i. Associated with performance under this award; or
        ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

c. **Provisions applicable to any recipient.**
   1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
   2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
      i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
      ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
   3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. **Definitions.** For purposes of this award term:
   1. "Employee" means either:
      i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
      ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
   2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
   3. "Private entity":
      i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
      ii. Includes:
         A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
         B. A for-profit organization.
   4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

ASSURANCE
Of Compliance with SAMHSA's Provisions Prohibiting Trafficking in Persons

Recipients and subrecipients of the Substance Abuse Prevention and Treatment Block Grant and the employees of such recipients and subrecipients are required to comply with SAMHSA's provisions pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). These provisions prohibit severe forms of trafficking in persons, or the procurement of a commercial sex act during the period of time that the Block Grant award is in effect, or the use of forced labor in the performance of the award or subawards under the award.

The undersigned APPLICANT agrees that it will comply with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Trafficking in Persons provisions below, pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). The undersigned APPLICANT also agrees that it will notify the Department of Health, Alcohol and Drug Abuse Division immediately of any information it receives from any source alleging a violation of a prohibition in paragraph a.1 below.

_____
Organization Name

_____ _____
Name of Authorized Representative (printed) Title

_____ _____
Signature Date

SAMHSA's Provisions Prohibiting Trafficking in Persons:
Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

a. **Provisions applicable to a recipient that is a private entity.**

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
   - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
   - ii. Procure a commercial sex act during the period of time that the award is in effect; or
   - iii. Use forced labor in the performance of the award or subawards under the award.
2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
   - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or

ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
    A. Associated with performance under this award; or
    B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency in 2 CFR part 376.

b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
    1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
    2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
        i. Associated with performance under this award; or
        ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency in 2 CFR part 376

c. **Provisions applicable to any recipient.**
    1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
    2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
        i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)); and
        ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
    3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. **Definitions.** For purposes of this award term:
    1. "Employee" means either:
        i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
        ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
    2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
    3. "Private entity":
        i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
        ii. Includes:
            A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than the one included in the definition of Indian tribe in 2 CFR 175.25(b); and
            B. A for-profit organization.
    4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

Indigenous Evidence Based Effective Practice Model
Cook Inlet Tribal Council, Inc.
May, 2007
International Initiative for Mental Health Leadership Forum, Alaska

Level I: Client-Based Evidence: Data from three of eight of these types of evidence will be analyzed and an evidence-report generated to support effective practice status.

- Stakeholder and Consumer Satisfaction Surveys
- Comment Cards
- Interviews of Appropriate Sample (based on appropriate sampling criteria)
- Focus Groups (Appropriate Sample based on appropriate sampling criteria)
- Case Studies (Appropriate Sample based on appropriate sampling criteria)
- Discharge Interviews
- Follow-Up Surveys
- Alumni Interviews (Appropriate Sample based on appropriate sampling criteria)

Level II: Practice-Based Evidence: Data from any four of eleven of these types of evidence will be analyzed and an evidence-report generated to support effective practice status

- Staff or client satisfaction survey or interviews
- Funding agency or accreditation agency acknowledges as effective practice
- Expert opinion from the field (focus on experts from Native Hawaiian and other ethnic groups; however experts that are not Native Hawaiian or from specific ethnic groups can also be used)
- Awards
- Articles (newspaper, professional publication)
- Process evaluation
- Family Interviews
- Elder or Traditional Healer interviews
- Community Interviews
- Personal testimonies
- Spiritual ceremonies

Level III: Research-Based Evidence: Outcomes driven (Item A plus any two from B through F establishes Level III status)

A. Utilizing Local Data (qualitative and/or quantitative design)
    - Participatory Research
    - Action-Based Research
    - Single group pretest/posttest design
    - Government Performance and Results Act (GPRA) (U.S. Substance Abuse Mental Health Services Administration, SAMHSA)
    - National Outcome Measures NOMS (SAMHSA)

B. Peer Reviewed Journal

C. Documented in comprehensive evaluation report

D. Native Hawaiian or other ethnic group Review Panel
E. SAMHSA's National Registry of Effective Programs (NREP) or other government agency review
F. Document review by external agency

SAMHSA's "Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services" January, 2001

Principle of Cultural Competence:
Cultural competence includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations, i.e., to work within the person's values and reality conditions. Recovery and rehabilitation are more likely to occur where managed care systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers from the four underserved/underrepresented racial/ethnic groups*, their families, and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in:

- determining an individual's mental wellness/illness, and
- incorporating those variables into assessment and treatment.

*African Americans, Latinos, Native Americans/Alaska Natives, and Asian/Pacific Islander Americans.

Principle of Consumer-Driven System of Care:
A consumer-driven system of care promotes consumer and family as the most important participants in the service-providing process. Whenever possible and appropriate, the services adapt self-help concepts from the racial/ethnic culture, taking into account the significant role that mothers and fathers play in the life of consumers from the four groups.

Principle of Community-Based System of Care:
A community based system of care includes a full continuum of care. The focus is on: including familiar and valued community resources from the minority culture; investing in early intervention and preventive efforts; and treating the consumer in the least restrictive environment possible.

Principle of Managed Care:
The costs of a public managed health care delivery system are best contained through the delivery of effective, quality services, not by cutting or limiting services. Effective systems provide individualized and tailor-made services that emphasize outcome-driven systems and positive results. Such systems acknowledge the importance of added-value inclusion of ethnic/cultural groups as treatment partners. The system includes an emphasis on managing care, not dollars. It recognizes that dollars will manage themselves if overall care is well managed. It recognizes racial/ethnic group-specific variables which have significant implications for individualized assessment and treatment.

Principle of Natural Support:
Natural community support and culturally competent practices are viewed as an integral part of a

system of care which contributes to desired outcomes in a managed care environment. Traditional healing practices are used when relevant or possible, and family is defined by function rather than bloodlines, as individuals from the four groups generally conceive of family much more broadly than nuclear family.

Principle of Sovereign Nation Status:
Systems of health care for Native Americans who are members of sovereign nations shall acknowledge the right of those sovereign nations to participate in the process of defining cultural competent managed care.

Principle of Collaboration and Empowerment:
Consumers from the four groups and their families have the capacity to collaborate with managed care systems and providers in determining the course of treatment. The greater the extent of this collaboration, the better the chances are that recovery and long-term functioning will occur and be sustained. The risk of psychological dependency and lower functioning increases with a decrease in collaboration with consumers and families. Empowering consumers and families enhances their self esteem and ability to manage their own health.

Principle of Holism:
Consumers from the four groups are more likely to respond to managed care systems, organizations, and providers who recognize the value of holistic approaches to health care and implement these in their clinical work, policies, and standards. Where holistic approaches are absent, there is greater risk that consumers from the four groups will over-utilize mental health [and substance abuse] services, resulting in increased costs.

Principle of Feedback:
Managed care systems, organizations, and providers shall improve the quality of their services and enhance desired outcomes of their service delivery to consumers from the four groups through legitimate opportunities for feedback and exchange. Where such opportunities for feedback are absent, there is a greater likelihood that the system of managed care services and policies will not be congruent with the needs of consumers from the four groups and will not result in high levels of consumer satisfaction. Managed care systems that lack opportunities for this feedback limit their chances of making culturally specific corrections in their approaches to services while simultaneously increasing their risks.

Principle of Access:
For consumers from the four groups to seek, utilize, and gain from mental health [and substance abuse] care in a Managed Health Plan, services, facilities, and providers shall be accessible. Where services and facilities are geographically, psychologically, and culturally accessible, the chances are increased that consumers from the four populations will respond positively to treatment for mental illness [and substance abuse]. Inadequate access to services will result in increased costs, limited benefit to the consumer, and a greater probability that services will not result in the outcomes desired.

Principle of Universal Coverage:
Populations of the four groups have higher than average frequencies of unemployment and receipt of transfer payments, along with lower disposable income. Where health care coverage,

benefits, and access are based on employment or ability to pay, consumers from the four groups are more likely to be medically underserved. The greater the extent to which health care is universally available without regard to income, the greater the likelihood that the health status of consumers from the four groups will be enhanced.

Principle of Integration:
Consumers from the four groups have higher than expected frequencies of physical health problems. Integrating primary care medicine, mental health, and substance abuse services in a Managed Care Plan increases the potential that consumers from the four groups will receive comprehensive treatment services and recover more rapidly, with fewer disruptions due to a fragmented system of care.

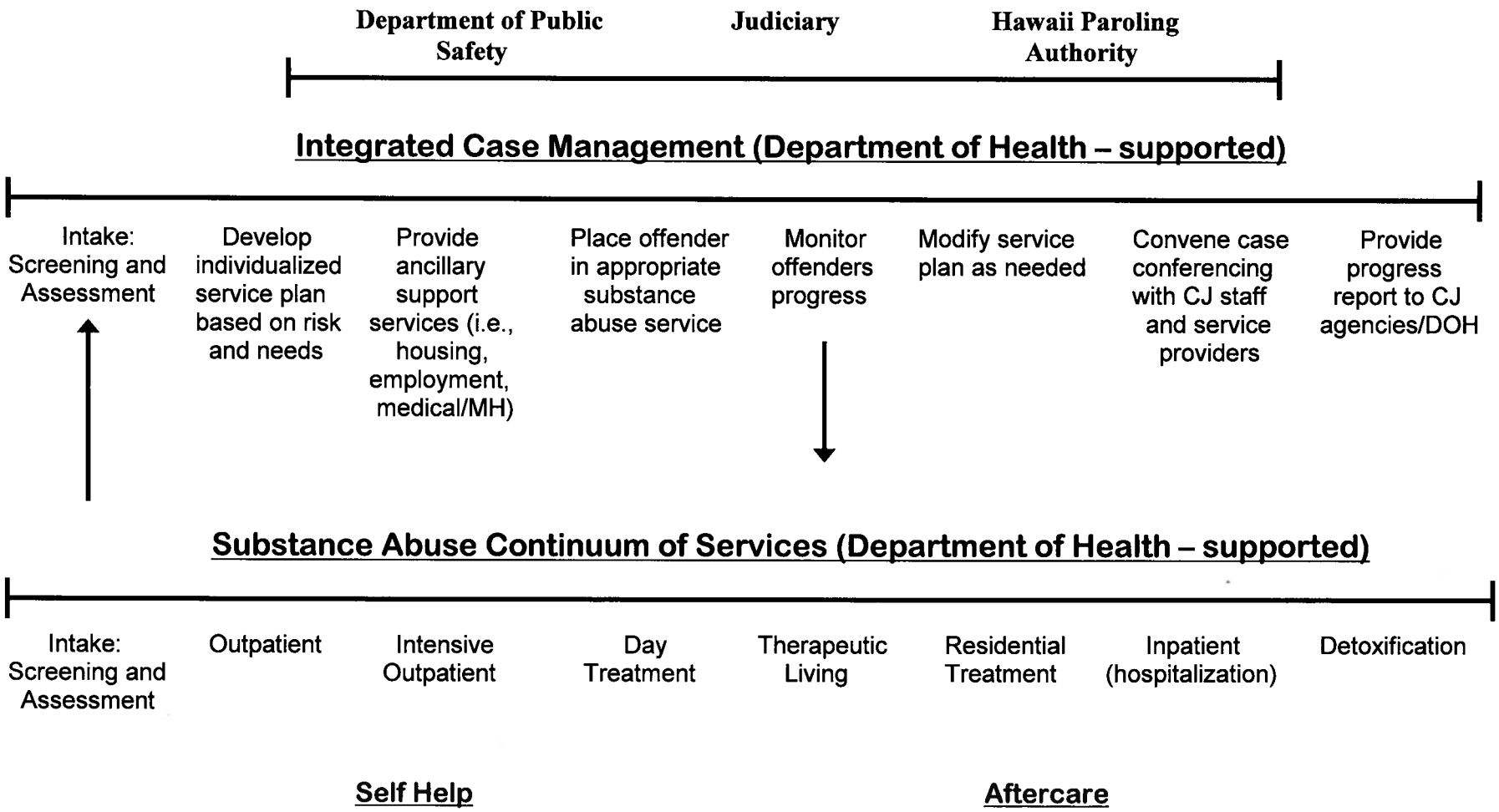
Principle of Quality:
The more emphasis that managed care systems place on ensuring continuous quality culturally competent service to consumers from the four groups, the greater the likelihood that relapse will be prevented; with sickness treated appropriately and costs lowered. The less emphasis placed on providing quality services to consumers from the four groups, the greater the chances that costs will increase.

Principle of Data Driven Systems:
The quality of decision making, service design, and clinical intervention for consumers from the four groups in managed health care is increased where data on prevalence, incidence, service utilization, and treatment outcomes are used to inform and guide decisions.

Principle of Outcomes:
Consumers from the four groups and their families evaluate services on the basis of actual outcomes relative to the problems that stimulated help seeking in a managed care environment. The greater the extent to which managed care plans, organizations, and providers emphasize and measure these outcomes in comparison to the expectations of consumers from the four groups, the higher the degree of consumer satisfaction.

Principle of Prevention:
States, managed care organizations, and provider organizations should provide community education programs about mental illness [and substance abuse] and the risk factors associated with specific disorders. The goal should be to increase the capacity of families to provide a healthy environment and to identify the early warning signs of mental health [and substance abuse] problems. Early problem identification and intervention can prevent the exacerbation and reduce the disabling effect of mental illness [and substance abuse].”

INTEGRATED CASE MANAGEMENT/SUBSTANCE ABUSE SERVICES CONTINUUM IDEAL MODEL



ASSURANCE REGARDING DRUG-FREE WORKPLACE

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace.

Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-free Workplace Policies, ADAD requires its prospective contractors to comply with the following:

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The contractor's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will --
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten working days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of each affected contract;

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

Department of Health, Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707

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

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract. Please refer to ADAD's written policy regarding Drug-free Workplace Policy Requirements Affecting Contracted Providers for more information.

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:

(1) ***Rationale***, including the reason for the policy, what the policy is designed to do, and how it was developed;
(2) ***Expectations and Prohibitions***, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
(3) ***Consequences and Appeals***, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
(4) ***Benefits and Assurances***, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention's (CSAP) Workplace Hotline at 1-800-WORKPLACE.

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date