

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

**Request for Proposals**  
**RFP HTH 460-09-01**  
**Multisystemic Therapy**

January 22, 2009

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.

January 22, 2009

## **REQUEST FOR PROPOSALS**

### **Multisystemic Therapy RFP No. HTH 460-09-01**

The Department of Health, Child and Adolescent Mental Health Division (CAMHD) is requesting proposals from qualified applicants to provide Multisystemic Therapy services for youth ages eleven (11) through eighteen (18). Multisystemic Therapy (MST) is a research-proven and cost-effective treatment for youth with serious behavioral problems. It is a time-limited, intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior. The contract term will be from July 1, 2009 through June 30, 2010. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before February 25, 2009, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 3:30 p.m., Hawaii Standard Time (HST), on February 25, 2009, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Child and Adolescent Mental Health Division (CAMHD) will conduct an orientation session on February 3, 2009 from 10:00 a.m. to 12:00 noon HST, at Room 418, the Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of proposals is February 25, 2009, and the deadline for submitting written questions is 3:30 p.m., HST, on February 11, 2009. All written questions will receive a written response from the State on or about February 19, 2009.

Inquiries regarding this RFP should be directed to the RFP contact person, Shannon K. Sinton, at Diamond Head Health Center, 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816, telephone: (808) 733-8386, fax: (808) 733-9207, e-mail: [sksinton@camhmis.health.state.hi.us](mailto:sksinton@camhmis.health.state.hi.us).

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

### NUMBER OF COPIES TO BE SUBMITTED:

*Applicants shall submit one electronic copy of their proposal on a Compact Disc (CD) and several paper (hard) copies. For the paper copies, submit one (1) marked Original with original signatures, and four (4) copies, for a total of five (5).*

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **FEBRUARY 25, 2009** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

#### All Mail-ins

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

#### DOH RFP COORDINATOR

*Shannon K. Sinton  
Telephone 808.733.8386  
Fax 808.733.9207  
e-Mail  
sksinton@camhmis.health.state.hi.us*

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **3:30 P.M., Hawaii Standard Time (HST), FEBRUARY 25, 2009.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 3:30 p.m., February 25, 2009.

#### Drop-off Sites

*Contracts Management  
Child and Adolescent Mental Health Division (CAMHD)  
Diamond Head Health Center  
Room 101  
3627 Kilauea Avenue  
Honolulu, HI 96816*

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

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

### 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.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	<u>Jan 22, 2009</u>
Distribution of RFP	<u>Jan 22, 2009</u>
RFP orientation session	<u>Feb 3, 2009</u>
Closing date for submission of written questions for written responses	<u>Feb 11, 2009</u>
State purchasing agency's response to applicants' written questions	<u>Feb 19, 2009</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>Jan 23–Feb 20</u>
Proposal submittal deadline	<u>Feb 25, 2009</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>Mar 11–Mar 18</u>
Final revised proposals (optional)	<u>Mar 20, 2009</u>
Proposal evaluation period	<u>Mar 2–Mar 27</u>
Provider selection	<u>Mar 30, 2009</u>
Notice of statement of findings and decision	<u>Mar 31, 2009</u>
Contract start date	<u>July 1, 2009</u>

## 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)	<a href="http://hawaii.gov/tax/">http://hawaii.gov/tax/</a> click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	<a href="http://capitol.hawaii.gov/">http://capitol.hawaii.gov/</a> click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	<a href="http://hawaii.gov/dcca">http://hawaii.gov/dcca</a> click "Business Registration"
11	Campaign Spending Commission	<a href="http://hawaii.gov/campaign">http://hawaii.gov/campaign</a>

## 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. The Contracting Office is: Department of Health, Child and Adolescent Mental Health Division, Diamond Head Health Center, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816. Contracts Management Contact: Shannon K. Sinton, 808-733-8386, [skinton@camhmis.health.state.hi.us](mailto:skinton@camhmis.health.state.hi.us).

#### VI. Orientation

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

**Date:** February 3, 2009      **Time:** 10am  
**Location:** Diamond Head Health Center, 3627 Kilauea Ave, Room 418, Honolulu, HI 96816

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the

orientation, but no later than the submittal deadline for written questions indicated in the 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:** February 11, 2009      **Time:** 5:00pm HST

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

**Date:** February 19, 2009

## VIII. Submission of Proposals

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

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 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State

certifications are listed on the Proposal Application Checklist located in Section 5.

- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **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 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, 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 System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
- Postmarked after the designated date; or
  - Postmarked by the designated date but not received within 10 days from the submittal deadline; or
  - If hand delivered, received after the designated date and time.

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

Faxed proposals and/or submission of proposals on diskette/CD or transmission by e-mail, website or other electronic means **ARE NOT PERMITTED** for this RFP.

## **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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome L. Fukino, M.D.	Name: Stanton Michels, M.D.
Title: Director of Health	Title: Administrator, CAMHD
Mailing Address: Hawaii State Department of Health, 1250 Punchbowl Street, Honolulu, HI 96813	Mailing Address: 3627 Kilauea Ave, Room 101, Honolulu, HI 96816

**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. 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.

**XXII. 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.

# **Section 2**

## **Service Specifications**

## Section 2

# Service Specifications

### I. Introduction

#### A. Overview

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

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

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

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

#### B. Purpose or Need

The purpose of this request for proposal (RFP) is to provide evidence-based services for a defined group of youth appropriate for referral for MST services. These youth receive the most intensive behavioral health services,

and absorb most of the personnel and fiscal resources of CAMHD. They often have antisocial, aggressive, or delinquent behaviors as their primary presenting issues, and there has been a determination made that these behavioral issues arise more from willful misconduct than from another underlying source of emotional or mental illness. They often have co-occurring alcohol and/or substance abuse diagnoses. There is typically multi-agency involvement with these adolescents, including Department of Human Services Child Protective Services, Office of Youth Services, and Family Court. Often, youth have used services outside of the home during the preceding year, either a residential treatment facility or a correctional facility.

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

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

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

**C. Planning activities conducted in preparation for this RFP**

A Request For Information (RFI) was posted on November 19, 2008 for interested parties to provide information and feedback to assist CAMHD in developing this RFP. CAMHD also conducted a Request for Information meeting on December 9<sup>th</sup>, 2008. Please contact Shannon Sinton, Program Contract Specialist, CAMHD, at [skinton@camhmis.health.state.hi.us](mailto:skinton@camhmis.health.state.hi.us) or 808-733-8386 for more information regarding the RFI.

**D. Description of the goals of the service**

Empirical evidence (Source: MST Treatment) strongly supports a social-ecological view of treating antisocial behavior in children and adolescents. The central principle of this view is that behavior is multi-determined through the reciprocal interplay of the child and his or her social ecology, including the family, peers, school, neighborhood, and other community settings.

The MST approach uses an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in

juvenile offenders, youth at-risk of out-of-home placement due to behavioral problems, and youth at-risk of school failure because of behavioral problems.

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

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

MST has demonstrated:

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

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

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

- Ensuring that youth with multi-agency involvement (e.g., Department of Human Services, Office of Youth Services, Family Court, Alcohol and Drug Abuse Division, Developmental Disabilities Division) receive integrated service delivery.
- Ensuring that services for youth who are involved with multiple agencies and have complex mental health issues produce measurable results and are cost efficient.

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

### Eligibility Criteria

MST targets youth with serious behavioral problems, including co-occurring substance abusers and serious juvenile offenders, between the ages of eleven (11) and eighteen (18). To ensure the effective use of MST treatment for youth with a variety of complex problems, and produce results in a cost-effective manner, the following referral criteria must be met.

### Inclusionary Criteria

- Youth who are recommended for a community-based, family focused program, as an alternative to out-of-home placement due to delinquent or anti-social behavior, **OR**
- Youth who are in an out-of-home placement due to delinquent or anti-social behavior and are recommended for accelerated return to the community, **AND**
- Youth's out-of-home placement is primarily related to issues regarding willful misconduct on the part of the youth. Diagnoses frequently include, but do not exclude, Primary Axis I Diagnoses such Conduct Disorder, Substance Abuse or a dual diagnosis. Generally, youth do not have a thought disorder or other severe mental illness.
- School truancy or school failure associated with behavioral problems.
- Physical aggression in the home or community, or at school.
- Verbal aggression or verbal threats of harm to others in the context of problems listed above.
- Substance abuse in the context of problems listed above.
- **Youth younger than 11 or youth older than 18.** There must be agreement between a provider agency offering MST services and the CAMHD before MST services can be provided to child younger than 11 or youth older than 18.

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

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

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

**F. Geographic coverage of service**

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

**Hawaii**

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

**Maui**

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

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

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

**Kauai**

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

**G. Probable funding amounts, source, and period of availability**

Funding for services being solicited through this RFP will be a portion of CAMHD general funds service allocation. Funding for this service is subject

to appropriation, budget execution policies, and availability of funding.  
Federal funds may be used, if available.

## II. General Requirements

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

*See Scope of Work section.*

**B. Secondary purchaser participation**

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases

None.

**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:

Multiple awards, one for each geographic area.

**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:

Initial term of contract: one (1) year

Length of each extension: one (1) year

Number of possible extensions: five (5)

Maximum length of contract: six (6) years

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

Conditions for extension: Availability of funds

**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.

Shannon K. Sinton  
 Contracts Management  
 Child and Adolescent Mental Health Division  
 3627 Kilauea Avenue, Room 101  
 Honolulu, HI 96816  
 808-733-8386  
[skinton@camhmis.health.state.hi.us](mailto:skinton@camhmis.health.state.hi.us)

**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. MST Training**

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

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

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

**a) Five Day Intensive Training**

Five days of intensive training will be provided for all staff who will engage in treatment and/or clinical supervision of MST cases. Agencies are expected to minimize staff turnover and cover contractual obligations until staff can be trained. Training will

occur at least annually, or when there is a sufficient cohort of staff statewide requiring training as determined by the System Supervisor. New staff may work no more than 60 days prior to participating in an Intensive Five Day Training.

The objectives of the Intensive Five Day Training program are:

- To familiarize participants with the scope, correlates, and causes of the serious behavior problems addressed with MST family preservation;
- To describe the theoretical and empirical underpinnings of MST using family preservation;
- To describe the family, peer, school, and individual intervention strategies used in MST;
- To train participants to conceptualize cases and interventions in terms of the principles of MST; and
- To provide participants with practice in delivering multisystemic interventions.

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

b) Quarterly Booster Sessions

The quarterly booster sessions are designed to provide training in special topics related to the target populations/problems being treated by the MST therapists/counselors, and to address issues that may arise for individuals and agencies using the approach (e.g., ensuring treatment integrity, individual and agency accountability for outcome, inter-agency collaboration, etc.). The booster sessions are also designed to allow for discussion of particularly difficult cases.

c) Weekly Telephone Consultation (approximately 45 per year, given holiday and training allowances for the system supervisor). Weekly telephone consultation is provided through one-hour conference calls in which the treatment team and supervisor consult with the MST System Supervisor regarding case conceptualization, goals, intervention strategies, and progress according to the MST model and IPSPG. The weekly consultation is designed to assist the team and supervisor in clearly articulating treatment priorities, identifying obstacles to success, and developing strategies aimed at successfully navigating those obstacles. In addition to this weekly

consultation, it is expected that the Contractor will provide onsite supervision by staff that have obtained an advanced degree in a clinical discipline (i.e., psychology, counseling, social work, psychiatry) and have had additional clinical experience with family-based services prior to receiving MST training.

## **2. MST Program**

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

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

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

## **3. MST Referral Process**

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

MST Service Team Referral Process will be implemented as follows:

- a) Based upon the target population as defined in this RFP, the FGC Care Coordinator or designee determines and documents the referral to the MST Service Team utilizing the MST referral form and including required attachments. The Contractor agrees to accept all referrals that meet the eligibility criteria for the target population (within the service team capacity at that time).
- b) All youth and families who enter the MST program shall be asked to sign an agreement or contract affirming their willingness to

participate in the program and comply with all MST program requirements.

- c) The Contractor is required to work with families who are reluctant to participate and who may be uncooperative. Should a family refuse MST services, after agreed upon attempts to engage, the MST Service Team notifies the referring Care Coordinator, in writing, within 48 hours of the last attempt to engage the family. This notification shall describe all attempts to engage the family.
- d) Referrals may be made to begin MST 30 days prior to a planned discharge from another program. In this case, MST services will focus on planning for the youth's transition to their home community.

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

The MST program must be provided in accordance with the following standards and as described in the Interagency Performance Standards and Practice Guidelines (IPSPG), unless given written exception by the CAMHD Medical / Clinical Director.

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

management plans, action steps and activities needed on MST cases. Emphasis shall be on the MST clinical supervision of all active cases and on developing outcome-focused weekly plans to achieve client/family goals; and

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

## **5. MST Service Standards**

The contracted agency shall provide services in accordance with the following standards:

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

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

## **6. Treatment Plan Development**

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

- a) Identify the multiple determinants of anti-social behavior for each case.
- b) Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (peers, school, neighborhood, etc.).
- c) Identify and document problems throughout the family and extra-familial systems (peers, school, neighborhood, etc.) that explicitly need to be targeted for change, in collaboration with the family.

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

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

Upon termination of a case, the Contractor shall submit a written final progress report to the referring Family Guidance Center Care Coordinator and shall provide the following:

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

and assess the family's satisfaction with the MST services that were provided. The referring Care Coordinator shall be invited to the termination interview.

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

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

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

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

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

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

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

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

### 1. Personnel

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

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

The applicant is required to submit with the proposal, and maintain throughout the contract period, policy and procedures that include competency and privileging requirements. The policy must also clearly identify scope over all subcontractors of the contracting agency.

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

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

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

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

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

MST *supervisors* must meet the requirements for a Qualified Mental Health Professional specified in the Interagency Performance Standards

and Practice Guidelines as well as the CAMHD credentialing requirements based upon National Commission for Quality Assurance (NCQA) standards.

MST therapists must meet the requirements for a Mental Health Professional or Paraprofessional as specified in CAMHD credentialing requirements and the Interagency Performance Standards and Practice Guidelines – with the exception that paraprofessionals must have a minimum of 5 years of appropriate supervised experience.

All MST therapists/counselors shall be assigned to the MST program on a full-time basis. Licensed Social Workers, MFTs, or APRNs are preferred.

Contracted agency must adhere to a direct employment model. Contractor assumes all responsibility for the quality of work provided by employees.

Applicants must describe how it will implement measures to ensure that all employees are oriented to the Interagency Performance Standards and Practice Guidelines, Evidence Based Services Committee Biennial Report, the Hawaii Child and Adolescent Service System Program (CASSP) Principles, and the most recent Evidence Based Services Matrix Summary (i.e., “blue menu”). Documents aforementioned are available on the following website, <http://www.state.hi.us/health/camhd/>.

Applicant must ensure that it will adhere to all applicable state laws regarding the obtaining and release of client information.

## **2. Administrative**

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

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

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

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

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

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

- a) Client referral sheet.
- b) Date of initial request for service.
- c) Results of the strength and needs assessment.
- d) Treatment plan.
- e) Weekly MST Progress Summaries.
- f) Goal attainment summary.
- g) Family's response.
- h) Ongoing progress reports, at least monthly, detailing:
  - Specific interventions used and outcomes;
  - Notation of every contact (MST treatment logs) to include date, time and duration of contact;
  - Placement status determination, including date;
  - Termination Summary; and
  - Any other pertinent material deemed necessary or as specified by the most current IPSPG.

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

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

To ensure consistent administration of the Treatment Adherence Measures (TAM-R), the MST Institute will collect these data on each case. Providers will be responsible for the purchase of this service through arrangements with MST Institute. The monthly cost per family is \$20.00, which includes all of the "trials" it takes to reach the family to get a completed TAM-R. The cost for TAM-R collection should therefore be included in the proposed budget and should be based on expected utilization.

### **3. Quality assurance and evaluation specifications**

All contractors must participate in at least annually, and possibly more frequently, contract monitoring. This contract monitoring is based on compliance with the standards defined by this request for proposal and compliance with all administrative and fiscal aspects of the contract. The

CAMHD Program Monitoring Tool will be used to assess the contractor's adherence to standards and contractual requirements.

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

- a) A description of the organization's vision, mission, and values, inclusive of:
  - a. Goals and objectives;
  - b. Scope of the QAIP
  - c. Specific activities to be undertaken, including studies;
  - d. Continuous tracking of issues;
  - e. Focus on educational and positive behavioral health outcomes;
  - f. Systematic process of quality assessment and improvement;
  - g. Evaluation of the continuity and effectiveness of the QAIP
  - h. Resources needed for the activities of the QAIP; and
  - i. A description of how QAIP documentation will be maintained and available for inspection and review
- b) A description of how the organizational structure supports and supervises its QAIP, and the internal mechanisms involved in quality monitoring process. Description of the roles and responsibilities of organizational staff, youth, families, and direct providers.
- c) A description of how QA activities findings, conclusions, recommendations, and actions taken shall be documented and reported.
- d) Demonstration of an active QA committee.
- e) Description of the utilization review and management programs.
- f) Description of the following:
  - a. Plan for ongoing credentialing and re-credentialing compliance;
  - b. Plan for managing communication of youth's rights and responsibilities;
  - c. Plan for service accessibility and availability; and
  - d. Plan for how records will be maintained, including how confidentiality will be ensured in compliance with all relevant state and federal laws and regulations.
- g) Complete yearly evaluations of workers to assess knowledge of and compliance with MST philosophy and intervention strategies.
- h) Participate in quality assurance evaluation activities as designated by CAMHD, including but not limited to service testing

methodology. Activities include, but are not limited to group meetings, site visitations, and peer review of policies and procedures.

- i) Contractors will arrange for the collection of MST TAM-Rs through contracts with the MST Institute ([www.mstinstitute.org](http://www.mstinstitute.org)). These costs will not be covered by CAMHD directly, but rather through the proposed budgets. The MST System Supervisor will have access to TAM-R data for all teams.
- j) Contractor will be responsible to maintain accurate and current organization, team and client progress data on the MST Institute Enhanced Website. Access to the Enhanced Website is maintained via contract between the Contractor and the MST Institute ([www.mstinstitute.org](http://www.mstinstitute.org)).
- k) Providers are responsible to administer the MST Supervisory Adherence Measure. The implementation and scoring of these measures is estimated to take one hour of administrative time per month per MST staff member (a total of four hours per month of administrative time for a team consisting of a supervisor and four therapists).

#### 4. Output and performance/outcome measurements

Contracted agencies are required to collect, analyze and report the following information on a quarterly basis. All Contractors must submit quarterly reports of quality monitoring including analyses of performance trends through the Contractor's quality assurance and improvement processes. Quarterly reports must include data with trend analysis in the quarterly reporting format provided by CAMHD. Quarterly reports will be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance.

##### Quality Assurance and Evaluation Reporting Requirements:

- a) All contractors must submit to the CAMHD Performance Management Office a Quarterly Report forty-five days after the preceding quarter ends.
  - a) The quarterly report must follow the *Quarterly Summary of Quality Assurance Activities* format.
  - b) The following is a list of the reporting areas and the information that should be included in the specific area:
    - a. Sentinel Events -
      1. Analysis of Trends and Patterns
      2. Discussion of Significant Events
      3. Opportunities for Improvement Identified
      4. Actions taken to Impact Client Care

- b. Clinical Supervision – Individual, Group, and Peer -
    - 1. Analysis of Performance of Supervision Program and Practices
    - 2. Description of any Barriers to Implementing Supervision
    - 3. Actions taken to impact effectiveness of supervision
  - c. Clinical Documentation –
    - 1. Findings of Internal Chart Reviews
    - 2. Opportunities for Improvement Identified
    - 3. Actions taken to Impact Quality of Charts and Documentation
  - d. Facility Conditions (if applicable)
    - 1. Brief analysis of Facility Condition
    - 2. Opportunities for Improvement Identified
    - 3. Actions Taken
  - e. Highlights of other Significant Quality Assurance Findings and Accomplishments
    - 1. Findings
    - 2. Key Accomplishments
  - f. Updates on Improvement Plan Activities (if applicable)
- c) Quality Assurance Meeting Minutes and Agenda must be submitted with the quarterly report.
  - d) A template for the quarterly report can be electronically provided to the contractor.

## 5. Experience

Applicants with verifiable expertise and experience will be given preference in the evaluation process.

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

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

## 6. Coordination of services

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

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

## 7. Reporting requirements for program and fiscal data

The following information must be provided:

### a) Fiscal Data

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

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

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

All contractors are required to adhere to the CAMHD billing reporting requirements. Contractor's submission must comply with the Health Insurance Portability and Accountability Act (HIPAA) and CAMHD policies and procedures.

Contractors are responsible for planning, implementing, and maintaining their own Information System. Contractors must also supply Child and Adolescent Mental Health Management Information System (CAMHMIS) with a functional e-mail address that can receive documents as well as notices. CAMHD will not provide technical support for Provider Information Systems or e-mail.

Contractors are required to have computer hardware that supports Microsoft Windows 2003, Microsoft Access 2003, Internet connection, Internet e-mail, and laser printer.

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

- a. The provider shall submit an annual organization-wide fiscal audit completed by a certified public accountant in accordance with the following standards.
  - 1) Generally accepted auditing standards issued by the American Institute of Certified Public Accountants.
  - 2) Government Auditing Standards issued by the Comptroller General of the United States.
  - 3) Office of Management and Budget (OMB) Circular A-128 for state and local governmental agencies, if applicable.
  - 4) Office of Management and Budget (OMB) Circular A-133 for institutions of higher education and other non-profit organizations, if applicable.
  - 5) The audit must be conducted on an annual basis and submitted to the STATE within six months after the close of the organization's fiscal year.
  
- b. All contractors are required to be compliant with CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.

**b) Program Data**

- a. The Contractor shall, at the completion of the contract period, submit a final written report summarizing contract performance to the CAMHD in a format to be prescribed by CAMHD.
  
- b. All contractors must submit a quarterly summary of quality assurance findings as identified in the Contractor's Quality Assurance Plan (QAP).

- c. All CAMHD contractors must have policies and procedures that address critical risk management activities that include the following:
- 1) **Seclusion and Restraints:** All contractors must have internal policies and procedures regarding restraints and seclusion in accordance with the CAMHD's Seclusion and Restraint Policy and Procedure (CAMHD P&P 80.602). Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements.
  - 2) **Sentinel Events and Incidents:** All Contractors must have internal policies and procedures regarding sentinel events and incidents in accordance with the CAMHD Sentinel Event/Incidents Policy and Procedure (CAMHD P&P 80.805). Contractors must notify the FGC and CAMHD Sentinel Events Coordinator of all sentinel events as defined, within twenty-four (24) hours by fax or telephone. Written reports, in a format specified by CAMHD, must be submitted to the FGC MHCC and the CAMHD Sentinel Events Coordinator within seventy-two (72) hours.
  - 3) **Monthly Credentialing** report identifying active and terminated staff in prescribed CAMHD Credentialing format.
- d. The provider shall furnish any additional reports or information that the CAMHD may require or request from time to time.

### C. Facilities

The applicant shall provide offices or facilities located in the service area. Facilities shall meet the Health Insurance Portability and Accountability Act (HIPAA) and American Disability Association (ADA) requirements, as applicable, and have special equipment that may be required for the services. The physical location of the administrative office and any service offices shall be maximally accessible to clients and families.

## IV. COMPENSATION AND METHOD OF PAYMENT

The method of pricing shall be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Contractor for budgeted costs that are actually incurred in delivering the

services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the state purchasing agency.

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

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Applicants shall submit one electronic copy of their proposal on a Compact Disc (CD) and several paper (hard) copies. For the paper copies, submit one (1) marked Original with original signatures, and four (4) copies, for a total of five (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 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.

## II. Experience and Capability

### A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

### B. Experience

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

### C. Quality Assurance and Evaluation

The applicant shall describe its QAP for the proposed services, including methodology. The QAP shall include, but not be limited to, the organization's policies and procedures for ensuring that performance meets or exceeds the IPSPG. The QAP shall include a continuous quality improvement approach to improve performance in all service delivery. The QAP must also be responsive both to the internal organization standards for service delivery and the external standards of CAMHD, MedQuest Division (MQD), and the Individual with Disabilities Education Act (IDEA) Regulations.

A QAP shall include:

1. A description of the organization's vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
  - Goals and objectives;
  - Scope of the QAP;
  - Specific activities to be undertaken such as studies;
  - Continuous activity and tracking of issues;
  - Focus on mental health outcomes;
  - Systematic process of quality assessment and improvement;
  - Evaluation of the continuity and effectiveness of the QAP;
  - Resources needed for the activities of the QAP; and
  - A description of how QAP documentation will be maintained and available for inspection and review.
  
2. A description of how the organizational structure (identified in Section 3, Part III-D) supports and supervises its QAP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
  - Description of accountability of the governing body of the organization;
  - Oversight and supervision of the QAP;
  - How progress of the QAP will be reviewed; and

- Accountability for modifications to the program.
3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.
  4. A description of how QA activities will be coordinated with other management activities including how findings, conclusions, recommendations, and actions taken shall be documented and reported.
  5. A demonstration of active QA committee
    - Schedule of meetings
    - Documentation of activities
    - How findings and recommendations will be directed
    - Accountability to the governing body
  6. Description of the organization's utilization review and management program to determine whether the level and the cost of benefits provided are appropriate to the mental health needs of clients. The plan will:
    - Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
    - Identify and maintain levels of review that correspond with the client's level of acuity;
    - Monitor service utilization guidelines including evaluating medical necessity;
    - Monitor and assure the prior authorization of services;
    - Monitor and assure the provision of services within the timelines stated in this RFP;
    - Maintain a process of concurrent review for ongoing treatment and for requests for authorization of services; and
    - Provide a mechanism for assuring the timely submittal of utilization data per CAMHD requirements.
  7. A description of the following:
    - The organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification;
    - The organization's plan for managing how clients rights and responsibilities will be communicated;
    - The organization's plan for how services will be made accessible and available; and
    - The organization's plan for how records will be maintained including how confidentiality will be ensured.

**D. Coordination of Services**

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

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

**E. Facilities**

The applicant shall provide location of the corporate office and provide a description of all offices or facilities located in the service area. Also describe how the facilities meet the Health Insurance Portability and Accountability Act (HIPAA) and American Disability Association (ADA) requirements, as applicable, and special equipment that may be required for the services. Describe efforts taken to ensure that the physical location of the administrative office and any service offices are maximally accessible to clients and families.

**III. Project Organization and Staffing****A. Staffing****1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the MST services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

**2. Staff Qualifications**

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

- Individual with direct management authority for the contract;
- Individual responsible for day-to-day work management;
- MST Supervisor;
- Financial Manager; and
- MST Therapist(s).

The applicant shall provide evidence that all employee staff meet minimum qualifications (including experience) for any service identified in the proposal. (Refer to the qualifications in the Service Specifications, or the CAMHD/DOE Interagency Performance Standards and Practice Guidelines, as applicable)

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

## **B. Project Organization**

### **1. Supervision and Training**

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

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

### **2. Organization Chart**

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

## **IV. Service Delivery**

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

### **A. Program Planning**

Describe the process utilized by the organization to obtain information and collaborate with the local school system and the Children's Community Councils (CCCs) in the development of this proposal and plan for service delivery.

### **B. Service Implementation**

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

The applicant shall submit details of how the organization will ensure the provision of services in the least restrictive and most convenient location for the youth and family; detail the organizational policies and procedures governing the respect for, and protection of, youth and family choice regarding service delivery location.

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

**C. Emergency/Crisis Capacity**

The applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family receiving services from your organization. The applicant shall specifically address individual crisis plans and detail staff accessibility 24 hours a day, seven days a week.

**D. Service Provision**

The applicant shall detail:

- The entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and review process will occur in an inclusive and collaborative manner within the organization;
- How the decisions regarding service recommendations and professional/provider assignment are made within the organization;
- The population proposed to be served, the geographic area to be served, and the specific services to be provided;
- How the proposed services will meet the goals of CAMHD; and
- What standards the organization will use to evaluate the performance of staff.
- How the agency will do social marketing of the MST program to assure ongoing referrals to maintain high levels of utilization.

## V. Financial

### A. Pricing Structure

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

Cost Reimbursement Service:

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

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

### B. Other Financial Related Materials

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

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

#### 1. Accounting System

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

- Most recent financial audit with management letter.
- The applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.
- The applicant must submit a policy and procedure to ensure that claims and utilization data are properly supported through appropriate documentation prior to submission to CAMHD.

## **2. Information System**

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

## **VI. Other**

### **A. Litigation**

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

# **Section 4**

## **Proposal Evaluation**

## Section 4

# Proposal Evaluation

### 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*

##### *Proposal Application*

**100 Points**

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

**TOTAL POSSIBLE POINTS**

**100 Points**

### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

- Proposal Application Checklist
- Registration (if not pre-registered with the State Procurement Office)

- Federal Certifications
- Geographical Service Coverage Form
- Proposal Evaluation Guide

## 2. Proposal Application Requirements

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

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

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

2. **Experience and Capability (30 Points)**

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

- Demonstration of knowledge, skills, and abilities related to the effective delivery of the proposed services; [4 points]
- Demonstration of the applicant's history, if any, in effectively providing intensive in home services from a social-ecological perspective; [4 points]
- Sufficiency of Quality Assurance Plan (QAP), including all required key elements as defined in the RFP; [3 points]
- Sufficiency of the Performance Management Plan for the proposed services; [3 points]
- Demonstration of capability and a history of commitment to coordinate services with other agencies and resources in the community; [4 points]
- Demonstration of capability to provide services that allow the youth to remain in the least restrictive, most normalized environment; [4 points]

- Adequacy and viability of facilities relative to the proposed services; and [3 points]
- Demonstrated success at providing MST services. [5 points]

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

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

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

### **4. *Service Delivery (30 Points)***

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

- A clear description of proposed services and the way in which the services "mesh" with the organization; [2 points]

- Demonstrates thorough understanding of the CASSP principles and thoroughly describes the plan to integrate the organization within all aspects of the system of care; [2 points]
- Demonstrates a thorough understanding of the goals and objectives of the proposed service and thoroughly describes how the organization will assist CAMHD in achieving the goals within this contract term; [3 points]
- A clear description of population intended to be served including geographic locations and diagnostic groupings; [2 points]
- A clear description of the geographic area to be served including a map to delineate service area and the specific school complexes; [1 point]
- A clear description of entry to services, flow of youth through services, and discharge protocols; [2 points]
- Thoroughly describes how the proposed service is designed to build on the youth's, family's and community's inherent strengths, including mechanisms to assure that the family participates as equal partners in all aspects of service delivery; [3 points]
- A clear description of mechanisms for integrating/collaborating with other agencies, providers, courts, schools, etc; [3 points]
- A clear description of services that are logistically convenient to youth interface with the DOE in regards to the identification and eligibility procedures, and the ongoing IEP/MP process; [3 points]
- Demonstrates a thorough understanding of the Individuals with Disabilities Education Act (IDEA) and Section 504, Subpart D, and defines how the organization and the services proposed will integrate seamlessly with the DOE, and will be focused on assisting youth in achieving school success; [3 points]
- Evidence of support for organization from agencies, schools, CCCs and other community organizations in geographic vicinity; and [3 points]
- Demonstration of policy governing support to collaborate with agencies and other providers in the provision of services. [3 points]

**5. Financial (20 Points)**

**Pricing structure based on cost-reimbursement**

- Personnel costs are reasonable and comparable to positions in the community; [4 points]
- Non-personnel costs are reasonable and adequately justified; [4 points]
- Administrative or indirect costs are reasonable and adequately justified; [3 points]
- Degree to which the budget demonstrates support of the scope of service and requirements of the RFP; [3 points]
- Adequacy of accounting system; [2 points]
- Adequacy of infrastructure to support electronic billing requirements; and [2 points]
- Demonstration of applicant's financial solvency. [2 points]

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

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

## **Section 5**

### **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Interagency Performance Standards and Practice Guidelines (effective July 1, 2006)
- D. State of Hawaii, Coordinated Service Plan
- E. Certifications
- F. Hawaii Child & Adolescent Service System Program (CASSP) Principles
- G. Evidence-Based Services Committee – Biennial Report – Summary of Effective Interventions for Youth with Behavioral and Emotional Needs. Fall 2007.
- H. CAMHD Credentialing and Recredentialing Policy & Procedures
- I. CAMHD Quality Assurance and Improvement Plan
- J. Quarterly Title IV-E Training Activities and Cost Reports
- K. MST Referral Form
- L. Monthly Treatment Progress Summary