

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

Request for Proposals

RFP HTH 460-12-01

Comprehensive Behavioral Health Services for Children, Youths, and Families

Date Issued: September 1, 2011

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.

September 1, 2011

REQUEST FOR PROPOSALS

RFP HTH 460-12-01

Comprehensive Behavioral Health Services for Children, Youths, and Families

The Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD), is requesting proposals from qualified applicants to provide comprehensive behavioral health services for children, youths, and families. The proposed contract term will be from July 1, 2012 (or effective upon contract execution date, whichever is later) through June 30, 2013, and renewable annually for additional terms up to a total of six (6) years. Single or multiple contracts will be awarded under this Request for Proposal (RFP) based on the proposal evaluation.

Mailed Proposals must be approved for mailing by the **DOH RFP COORDINATOR** and postmarked before midnight, Friday, October 28, 2011 and received by November 7, 2011, or hand-delivered by 3:30 p.m. Hawaii Standard Time (HST) on Friday, October 28, 2011. Any proposal submitted without the required mailing approval and after the deadline will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The CAMHD will conduct an RFP orientation session on Friday, September 16, 2011, from 1:00 p.m. to 3:30 p.m., at 3627 Kilauea Avenue, Room #418, Honolulu, Hawaii, 96816. All prospective applicants are encouraged to attend either the live conference or the video presentation available at their nearest Family Guidance Center.

The deadline for submitting written questions is Friday, September 23, 2011. All questions shall be submitted via Fax, Email or hand delivery. All written questions to the current RFP will receive a written response from the State by Monday, September 30, 2011 posted as an addendum to the RFP website. Inquiries regarding this RFP should be directed to the RFP contact person, Mr. John MacDonald at 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816, telephone: (808) 733-9338, fax: (808) 733-8375, e-mail: john.macdonald@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 6 Hard copies and 1 CD copy for each Level of Care Application

ALL APPROVED MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN OCTOBER 28, 2011 AND RECEIVED BY THE STATE PURCHASING AGENCY NO LATER THAN 10 DAYS FROM THE SUBMITTAL DEADLINE.

All Mail-ins

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

DOH RFP COORDINATOR

John MacDonald
808-733-9338
Fax 808-733-8375
john.macdonald@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 3:30 P.M., HAWAII STANDARD TIME (HST), OCTOBER 28, 2011. 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., OCTOBER 28, 2011.

Drop-off Sites

Department of Health
Child and Adolescent Mental Health
Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 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)	9/01/2011
Distribution of RFP	9/01/2011
RFP orientation session	9/16/2011
Closing date for submission of written questions for written responses	9/23/2011
State purchasing agency's response to applicants' written questions	9/30/2011
Discussions with applicant prior to proposal submittal deadline (optional)	9/23 – 9/30/2011
Proposal submittal deadline	10/28/2011
Discussions with applicant after proposal submittal deadline (optional)	11/16 – 11/30/2011
Final revised proposals (optional)	12/15/2011
Proposal evaluation period	11/16- 01/31/2012
Provider selection	02/16/2012
Notice of statement of findings and decision	2/16/2012
Contract start date (FY 13)	7/01/2012

II. Website Reference

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

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

Non-SPO websites

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

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

III. Authority

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

IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is: Department of Health, Child and Adolescent Mental Health Division, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816; Attention to: **DOH RFP COORDINATOR** John MacDonald phone: 808-733-9338; fax: 808-733-8375; Email: john.macdonald@doh.hawaii.gov

VI. Orientation

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

Date: September 16, 2011 **Time:** 1:00 a.m. HST
Location: Diamond Head Health Center, Room 418,
3627 Kilauea Avenue, Honolulu, HI 96816

We will conduct a RFP orientation meeting live and by videoconference to discuss issues with the Request for Proposal (“RFP”) to procure the above services on September 16, 2011 from 1:00 pm to 3:30 pm. The RFP will be

conducted live from the Diamond Head Health Center, Room 418 and available by video-conference at the following sites:

1. Diamond Head Health Center conference room 418, 3627 Kilauea Avenue, Honolulu, Hawaii 96816. Ph (808) 733-9338
2. Leeward Oahu FGC 601 Kamokila Blvd Suite 355, Kapolei, HI 96707 Ph (808) 692-7700
3. Central Oahu FGC 860 Fourth St., 2nd Floor, Pearl City, HI 96782 Ph (808) 453-5900
4. Maui FGC 270 Waiehu Beach Road, Suite 213, Wailuku, HI 96793 Ph (808) 243-1252
5. Hawaii FGC - Hilo Office 88 Kanoelehua Ave, Suite A-204, Hilo, HI 96720 Ph (808) 933-0610
6. Hawaii FGC - Kona Office 81-980 Halekii St., Room 101, Kealahou, HI 96750 Ph (808) 322-1541
7. Kauai FGC 3-3204 Kuhio Ave., Room 104, Lihue, HI 96766 Ph (808) 274-3883

Participants are invited to attend the video conference at the any of the above facilities, please contact your chosen site to ensure sufficient seating.

Participation in this RFP orientation is optional and not required in order to respond to any procurement the purchasing agency may take.

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 as an addendum to the RFP. 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, II. GENERAL REQUIREMENTS, F. RFP contact person.

VIII.

All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: September 23, 2011 **Time:** 3:30 p.m. HST

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

Date: September 30, 2011

IX. 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 Sections 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 and Act 190, as a prerequisite to entering into contracts of \$2,500 or more, providers shall be required to be compliant with the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS).
- 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 shall 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. Act 190 mandates a vendor, contractor, or service provider that wants a government contract/award shall be in compliance with State laws and show proof via HCE certification.

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. Confidentiality of Personal Information. Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

J. 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 solely on diskette/CD or transmission by e-mail, website or other electronic means are not permitted for this RFP.

X. 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.

XI. 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.

XII. 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.

XIII. RFP Amendments

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

XIV. 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.

XV. 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.

XVI. Costs for Proposal Preparation

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

XVII. 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.

XVIII. 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))

XIX. 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.

XX. Protests

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

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

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

Head of State Purchasing Agency	Procurement Officer
Name: Loretta J. Fuddy, A.C.S.W., M.P.H.	Name: M. Stanton Michels, M.D.
Title: Director of Health	Title: CAMHD Administrator
Mailing Address: Hawaii State Department of Health, 1250 Punchbowl Street, Honolulu, HI 96813	Mailing Address: 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816

XXI. 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.

XXII. General and Special Conditions of Contract

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

LIABILITY INSURANCE

The Contractor shall maintain in full force and effect during the life of this contract, liability and property damage insurance to protect the Contractor and his subcontractors, if any, from claims for damages for personal injury, accidental death and property damage which may arise from operations under this contract, whether such operations be by himself or by a subcontractor or anyone directly or indirectly employed by either of them. If any subcontractor is involved in the performance of the contract, the insurance policy or policies shall name the subcontractor as additional insured.

As an alternative to the Contractor providing insurance to cover operations performed by a subcontractor and naming the subcontractor as additional insured, Contractor may require subcontractor to provide its own insurance which meets the requirements herein. It is understood that a subcontractor's insurance policy or policies are in addition to the Contractor's own policy or policies.

The following minimum insurance coverage(s) and limit(s) shall be provided by the Contractor, including its subcontractor(s) where appropriate.

<u>Coverage</u>	<u>Limits</u>
Commercial General Liability	\$1,000,000 per occurrence for bodily injury and property damage and \$2,000,000 in aggregate
Professional Liability	\$1,000,000 per occurrence and \$2,000,000 in aggregate
Basic Motor Vehicle Insurance	\$1,000,000 per occurrence

Each insurance policy required by this contract, including a subcontractor's policy, shall contain the following clauses:

1. "It is agreed that the State of Hawaii, its officers, employees and agents are named as an additional insured, but only with respect to operations arising out of the operations performed by the named insured."
2. "It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

If the insurance company listed on the certificate of insurance is not registered with the Department of Commerce and Consumer Affairs. The following disclaimer per Hawaii Revised Statutes ("HRS") must be present on the certificate:

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

The minimum insurance required shall be in full compliance with the Hawaii Insurance Code throughout the entire term of the contract, including supplemental agreements.

Upon Contractor's execution of the contract, the Contractor agrees to deposit with the State of Hawaii certificate(s) of insurance necessary to satisfy the State that the insurance provisions of this contract have been complied with and to keep such insurance in effect and the certificate(s) therefore on deposit with the State during the entire term of this contract, including those of its subcontractor(s), where appropriate. Upon request by the State, Contractor shall be responsible for furnishing a copy of the policy or policies.

Failure of the Contractor to provide and keep in force such insurance shall be regarded as material default under this contract, entitling the State to exercise any or all of the remedies provided in this contract for a default of the Contractor. The Contractor shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its Certificate of Insurance form be cancelled, limited in scope , or not renewed upon expiration

The procuring of such required insurance shall not be construed to limit Contractor's liability hereunder nor to fulfill the indemnification provisions and requirements of this contract. Notwithstanding said policy or policies of insurance, Contractor shall be obliged for the full and total amount of any damage, injury, or loss caused by negligence or neglect connected with this contract.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

Over the past decade, the Child & Adolescent Mental Health Division (“CAMHD”) of the State of Hawaii Department of Health (“DOH”) has matured into an integrated network of services and supports. These services and supports are managed through a public-private partnership consisting of contracted community-based agencies and state managed, community-based Family Guidance Centers and the Family Court Liaison Branch (both hereinafter identified as “Branches”) with administrative and performance oversight functions at the state office.

With its mission of providing “*timely and effective mental health services to children and youth with emotional and behavioral challenges and their families*”, the CAMHD system of care has developed into a comprehensive array of evidence-based services and supports for these children, youth and their families. Over the years, numerous factors have played a role in the design and development of the current CAMHD system. These factors contributing to the development of the CAMHD system, along with quality improvement efforts to enhance the effectiveness of mental health services and system operations as described below.

CONTRIBUTING FACTORS

Department of Justice CRIPA Settlement. In 1991, the federal court approved the settlement of a class action lawsuit filed against the State of Hawaii and its Hawaii State Hospital (“HSH”) for violation of the Civil Rights of Institutionalized Persons Act (“CRIPA”). The settlement agreement required that child and adolescent residential services (“CARS”) meet specified staffing, programming, and safety measures. As a result, the CAMHD removed all children and adolescents from the HSH and began providing those services in contracted hospital settings. Due to the improvements in the quality of services of these CARS programs, and the demonstrated ability to provide quality oversight of the agencies, the Department of Justice (“DOJ”) released the State of Hawaii and the CAMHD from the Settlement Agreement in 2003.

SAMHSA System of Care Grant (Hawaii Ohana Project). In 1993, the Substance Abuse and Mental Health Administration (SAMHSA) awarded the CAMHD a six (6)-year federally funded grant to develop a community-based system of care for children, youth and their families on the Leeward Coast. The grant not only brought tremendous technical assistance resources to the Leeward district, but also to the entire state. Based on research, the SAMHSA encouraged states to adopt a “system of care” approach to children’s mental health services. With the grant the system of care principles were introduced to communities across the state.

Felix Consent Decree. In October 1994, the United States Federal Court approved the settlement of a class action lawsuit (known as the *Felix case*) filed against the State of Hawaii and its Departments of Education and Health for failing to provide a

free and appropriate public education to Hawaii's children and youth with special needs. The court subsequently issued the Felix Consent Decree (“FCD”) under which the state agreed to provide all related services necessary for youth certified as eligible under the Individuals with Disabilities Act (“IDEA”) or under Section 504, Subpart D of the Rehabilitation Act of 1973 (Section 504) to benefit from a free and appropriate public education (“FAPE”). The plaintiff classes of the FCD were youth who were educationally disabled and were determined to be in need of mental health services to benefit from their FAPE. In April;2004, the U.S. District Court approved the plan to end the court’s oversight of special education in Hawaii schools and in May of 2005, the court’s oversight of the Departments of Education and Health officially ended with the state found to be in substantial compliance with federal laws. The state met requirements as outlined in the FCD by developing an integrated system of care in accordance with the Hawaii Child & Adolescent Service System Program (“CASSP”) (*See Section 5, Attachment F*) in May 2005.

Evidence-Based Services (“EBS”) Committee. In 1999, the development of the CAMHD system reached a critical point. The state found that the cost of newly contracted comprehensive array of services was at an all-time high, and yet these services were producing minimal positive outcomes for the children, families or communities. During this period, the state sent or court-ordered approximately a hundred (100) youth to mainland treatment due to the inability of the new service programs to meet their needs. The majority of the youth that were challenging for the system had problems with aggressive behaviors and willful misconduct. As such, the CAMHD formed the Evidence-Based Task Force that included the University of Hawaii psychology/psychiatry staff, the CAMHD leadership, provider agencies and families to review the research literature. The Evidence-Based Task Force later became a formalized part of the CAMHD system, with the change to EBS Committee. The CAMHD modified its service system to include many of the evidence-based practices and services. As the provider network increased its use of evidence-based interventions, there was a marked decrease in mainland placements. Under several ensuing RFPs, the CAMHD procured evidence-based programs including Functional Family Therapy (“FFT”), Multisystemic Therapy (“MST”) and Multi-dimensional Treatment Foster Care (“MTFC”). The EBS committee continues to review the current evidence-based research to assure that the services provided in the system have a reasonable chance of producing positive outcomes for the children, youth and families.

HRS 321-175: CAMHD Strategic Plan. The CAMHD is obligated to comply with HRS 321-175 – (See website http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0175.htm) that requires a four (4) year Strategic Plan, and HRS 321-176 – (See website http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0176.htm) - that requires a two (2) year review of the implementation of that Strategic Plan. For much of the 1990’s, the Implementation Plan of the FCD served as the CAMHD’s strategic plan. Since 2002, the CAMHD has engaged in community-based initiatives to develop the CAMHD strategic plans that outline a vision, mission and strategic goals to guide the CAMHD.

The CAMHD's current Strategic Plan is available on the following website:
<http://hawaii.gov/health/mental-health/camhd/library/webs/camhdplan/camhdplan2.html>

2011-2014 Strategic Goals:

- Integrate health information technology
- Strengthen clinical services
- Implement a strategic financial plan
- Strengthen effective collaborations to increase early access to care

CORE COMPONENTS OF CURRENT CAMHD SYSTEM

All Applicants interested in working with the CAMHD should have an understanding of the core values and components of the CAMHD system. They should consider how their agency would collaborate with and/or support the CAMHD in strengthening or solidifying these areas. The CAMHD expects the same commitment from its provider network partners.

Commitment to the Hawaii Child & Adolescent Service System Program (“CASSP”). Nationally, the CASSP principles (Stroul, B.A. and Friedman, R.M., 1986) were developed in accordance with the original work of Jane Knitzer in an effort to provide a framework of principles for newly created systems of care. Early in the 1990's, Hawaii communities and stakeholders made minor language revisions to these CASSP principles to effectively address the relevant cultural issues as they presented in Hawaii. The CAMHD is committed to the CASSP principles (*See Section 5, Attachment F*) and expects the same commitment from contracted providers. Under the CASSP principles, the CAMHD continues its commitment to services being locally available, community-based and least restrictive with the focus on assuring that services and supports are individualized, youth-guided and family-centered and with culturally relevant recreational and community activities.

Commitment to Interagency Collaboration & Coordination. Most of the youth served by the CAMHD attend public schools, and may be involved with the child welfare system, juvenile justice system, or other DOH Divisions, including Alcohol & Drug Abuse Division (“ADAD”), Developmental Disabilities Division (“DDD”), and Early Intervention Services (“EIS”) Division. A large percentage of the CAMHD population is enrolled in MedQUEST Healthplan services, which requires linkages to the primary healthcare providers. The CAMHD system is committed to work with all other child-serving agencies to integrate services and programs across agencies in the best interest of youth and their families.

Commitment to Evidence-based Practices. Mental health services provided within the CAMHD system are expected to be evidence-based. Interventions with youth are meant to incorporate elements of those treatments identified as most promising based on credible scientific data. The proposed array of services provides a medium through which evidence-based interventions can be applied at high levels of intensity and in a variety of settings, depending on the needs of the youth. The CAMHD regularly reviews, summarizes, and disseminates relevant research data to support

agencies in their selection and implementation of services. All treatment planning for psychosocial and pharmacological intervention should stem from careful consideration of the most current research. In addition, agencies are encouraged to gather and evaluate their own data on child outcomes and functioning to further inform clinical decisions and the design of appropriate interventions. See the following links for the (a) CAMHD Biennial Report: <http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs013.pdf> and (b) the evidence-based child and adolescent psychosocial intervention matrix from the American Academy of Pediatrics <http://www.aap.org/compeds/doch/mentalhealth/docs/CR%20Psychosocial%20Interventions.F.0503.pdf>

Commitment to Performance Management. The CAMHD is committed to ongoing evaluation of performance and the use of data to continue the development and management of the system as well as improve provider development. Its performance management practices involve an extensive system for examining performance and using findings to make informed decisions about services and needed adjustments to program implementation. The CAMHD tracks and analyzes contractor performance data across all aspects of service delivery and care. The CAMHD uses this information to determine how well the system is performing for youth, and how well youth are progressing. It is sensitive enough to determine if the system is performing better or worse for certain populations, and comprehensive enough to detect what aspects of care, and in what settings, problems may be occurring. The CAMHD monitors services through the tracking of trends and patterns found in utilization and satisfaction data, and examinations of practice and quality of services.

The CAMHD maintains an active quality assurance and improvement program and expects to achieve goals of the program through an annual work plan that maintains improvement activities and measures for each quality and assurance program objective. Participants, including Contractors, in the system shall engage in ongoing quality assurance activities to improve their services and integration with the system.

Commitment to Access & Continuity of Care. The CAMHD has the belief that every child/youth is capable of recovery and resiliency. The CAMHD seeks to promote care which is individualized empowering children/youth and their families to achieve their goals, and maximize their opportunities to live full lives in their own communities.

The CAMHD is committed to the philosophy of providing treatment at the most appropriate and least restrictive level of care necessary for effective and efficient treatment to meet the youth's bio-psychosocial needs. We see the continuum of care as a fluid treatment pathway, where youth may enter treatment at any level and be transitioned to more or less intensive levels of care as their changing clinical needs dictate. At any level of care, a youth's treatment is individualized and takes into consideration the youth's stage of readiness to change and participate in treatment.

Medical necessity criteria will dictate the admission, continuing stay and discharge criteria for each service the CAMHD provides. While these criteria are designed to

assign the most effective and least restrictive level of care in nearly all instances, an infrequent number of cases may fall beyond their definition and scope. Thorough and careful review of each case, including consultation with supervising clinicians, will identify these exceptions. As in the review of other cases, clinical judgment consistent with the standards of good medical practice will be used in making medical necessity determinations.

Medical necessity decisions about each youth are based on the clinical information provided by the treating practitioner or facility, the application of the medical necessity criteria and available treatment resources. We recognize that a full array of services is not available everywhere. When a medically necessary level of care does not exist or is not available, we will authorize a higher than otherwise necessary level of care so that services are available that will meet the child/youth's essential needs for effective treatment.

The CAMHD assures youth and their families, timely access to necessary mental health services. The CAMHD will refer youth to the contracted agencies, in accordance with the specifications, as written in this RFP and the CAMHD Performance Standards ("CAMHPS"). The CAMHD expects to award contracts to those Applicants that demonstrate a commitment to not only accept all CAMHD youth referred to them in accordance with the CAMHPS but to also remain committed to serving these youth and their families during challenging behavioral and programmatic times.

A. Overview, purpose or need

The DOH CAMHD hereby solicits proposals from parties with an interest in providing mental health services to children and youth, ages three to twenty (3-20) years. The HRS, Section 334-3

(http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-0003.htm) and Section 321-171

(http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0171.htm) outline and define the public health functions of the DOH and the CAMHD in mental health that include:

- preventive health services for children and youth;
- diagnostic and treatment services for emotionally disturbed children and youth; and
- treatment and rehabilitation services to mentally ill children and youth.

The purpose of this Request for Proposal (RFP) is to procure an array of mental health services to meet the needs of the eligible population of children and youth. The services fall into three (3) main categories:

1. Emergency public mental health services
2. Educationally Supportive ("ES") intensive mental health services

3. Support for the Emotional & Behavioral Development (“SEBD”) comprehensive mental health services

The RFP describes in general these services and, with details that are, more specific described in the attached CAMHPS. The CAMHPS defines each mental health service, establishes the clinical and programmatic requirements of each service, and describes the service authorization guidelines.

The Applicant shall carefully read all aspects of this RFP, and its attachments including the CAMHPS, and make assurances in the Applicant’s proposal that the agency is prepared to meet all standards and guidelines as written in the RFP and the CAMHPS. (*See Section 5, Attachment C*)

Specifically, the CAMHD is soliciting provider agencies that are able to assure the capacity to provide timely, consistent, responsive and effective mental health services for one or more of the following mental health services described in Section III, Scope of Work this RFP:

1. EMERGENCY PUBLIC MENTAL HEALTH SERVICES

The provision of emergency public mental health services, as described in the CAMHPS, are limited to times of crisis that involve immediate health and safety concerns to the youth due to mental health issues. These services will be available to youth in the general public and provided as part of the CAMHD commitment to public health service. These services will be available 24 hours a day, 365 days per year.

The levels of care for emergency public mental health services include:

- 24 Hour Crisis Telephone Stabilization (*not solicited in this RFP*)
- Crisis Mobile Outreach
- Therapeutic Crisis Home

There will be no prior authorization required for these emergency public health services, *with the exception of the continuation of Therapeutic Crisis Home emergency services beyond three (3) days for the youth.* There may be situations when, Therapeutic Crisis Home services may need to extend beyond three (3) days where no authorization is necessary. The CAMHD Branch shall determine whether an extension is appropriate and complete the process for ad service authorization.

24 Hour Crisis Telephone Stabilization

Traditionally known as the Hotline, this service *is not being sought in this RFP* as it will be provided by the Adult Mental Health Division (“AMHD”) Access Line through a Memorandum of Agreement between the CAMHD and the AMHD. This service will be available

to *all youth* whose immediate health and safety may be in jeopardy due to a behavioral, psychological or emotional crisis.

Crisis Mobile Outreach (“CMO”)

Crisis Mobile Outreach provides mobile face-to-face outreach assessment and stabilization services for youth in an active state of psychiatric crisis. Any Applicant awarded this level of care shall be available to provide the services twenty-four (24) hours per day, seven (7) days per week throughout the year and can occur in a variety of settings including the youth’s home, local emergency facilities, and other related settings. The CMO Provider will be required to provide an immediate response to conduct a thorough assessment of risk, mental status, and medical stability, and immediate crisis resolution/stabilization and de-escalation if necessary. The CMO Provider will be required respond to calls received from the Access Line and its requests for emergency outreach services.

Therapeutic Crisis Home (“TCH”)

Therapeutic Crisis Home provides short-term crisis stabilization interventions in a safe, structured setting for youth with urgent/emergent mental health needs. This service includes observation and supervision for youth who do not require intensive clinical treatment in a psychiatric setting and can benefit from a short-term, structured stabilizing setting. Youth who are experiencing a period of acute stress that significantly impairs their capacity to cope with normal life circumstances and who cannot be safely managed in his/her natural setting are appropriate for Therapeutic Crisis Home. The primary objective of this service is to provide crisis intervention services necessary to stabilize and restore the youth’s functioning and return them to their natural setting.

2. EDUCATIONALLY SUPPORTIVE (“ES”) INTENSTIVE MENTAL HEALTH SERVICES

The provision of ES services will be for those youth evaluated by the Department of Education (“DOE”) and determined to be eligible for special education services in accordance with IDEA and in need of mental health services to benefit from their education. All IDEA eligible students have an Individualized Education Program (“IEP”) that outlines educational and related services goals established to measure whether the student is making educational progress. All ES Services will emanate from the IEP.

In addition to the IEP, all ES eligible youth will have a CAMHD Coordinated Service Plan (CSP). The CSP is a broad, strengths-based plan that incorporates the multi-agency services and informal supports to be provided. The plan is developed in partnership with the family or legal guardian, and as much as possible, the youth. Often times, IEP teams will refer to the services referenced in the CSP, and visa

versa. All CAMHD provided mental health services described in the IEP will be documented in the CSP with the goal of providing educationally related treatment services that are necessary in order for the youth to meet his/her IEP goals. (*See Section 5, Attachment D, Coordinated Service Plan*)

The levels of care for ES services include:

- Psychosexual Assessment
- Functional Family Therapy
- Intensive In-Home Therapy,
- Intensive In-Home Paraprofessional Services (include with Intensive In-Home Therapy)
- Intensive Independent Living Skills
- Independent Living Skills Paraprofessional Support (include with Intensive Independent Living Skills)
- Transitional Family Homes (formerly contracted as Therapeutic Foster Homes)
- Therapeutic Respite Homes
- Community-based Residential – Level III
- Community-based Residential – Level II
- Community-based Residential – Level I
- Hospital-based Residential
- Ancillary Services

The following are brief descriptions of the ES services that CAMHD seeks to procure through this RFP:

Psychosexual Assessments

Psychosexual Assessments are specialized diagnostic and evaluation service involving a strengths-based approach to identify youths' needs in the specific context of sexually abusive behaviors that have led to the youth being arrested, charged, or adjudicated for a sexual offense. Service components include conducting a comprehensive risk assessment and providing a written assessment report. Psychosexual Assessments are preceded by information gathering from existing sources and should not occur unless a Mental Health Evaluation, Emotional Behavioral assessment, or Psychiatric Evaluation has been completed within the last year. The Psychosexual Assessment is designed to build on the prior mental health assessments, using specialized psychometric instruments designed to assess sexual attitudes and interests.

Functional Family Therapy (“FFT”)

Functional Family Therapy is an evidence-based family treatment system provided in a home or clinic setting for youth experiencing one of a wide range of externalizing behavior disorders (e.g., conduct, violence, drug abuse) along with family problems (e.g., family

conflict, communication) and often with additional co-morbid internalizing behavioral or emotional problems (e.g., anxiety, depression).

FFT services range from eight to twelve (8 to 12) one-hour sessions for mild challenges, up to thirty (30) hours of direct service (i.e., clinical sessions, telephone calls, and meetings involving community resources) for more difficult situations, and are usually spread over a three to six (3 to 6) month period. FFT may be conducted in a clinic setting, as a home based model or as a combination of clinic and home visits.

Intensive In-Home Therapy (“IIH”)

This service is used to stabilize and preserve the family’s capacity to improve the youth’s functioning in the current living environment and to prevent the need for placement outside the home or a DHS resource family home. It also may be used to re-unify the family after the youth has been placed outside the home, or to support the transition to a new DHS resource family for youth with behavioral challenges. This service is a time- limited focused approach that incorporates family- and youth-centered evidence-based interventions and adheres to CASSP principles. This service may be delivered in the family’s home or community. This service also assists families in incorporating their own strengths and their informal support systems to help improve and maintain the youth’s functioning. When a high level of support is needed in the home or community, Intensive In-Home Paraprofessional Support service should be authorized to augment this level of care.

Intensive In-Home Paraprofessional Support

Included as a part of the IIH services, Intensive In-Home Paraprofessional Support services provide trained paraprofessional personnel who provide intensive support to youth and caregivers for the purpose of averting treatment in a more restrictive environment such as a residential or inpatient treatment setting. Offered on a short-term basis, Intensive In-Home Paraprofessional Support Services shall include intervention services such as one-to-one skills training, supportive counseling, positive behavioral support, coaching, modeling, and data collection along with enhanced supervision.

These services must be provided in close accordance with specific goals and objectives as delineated in the youth’s Mental Health Treatment Plan. The Intensive In-Home Paraprofessional Support Worker (PSW) will work under the close guidance of the youth’s assigned IIH therapist. This is not a stand-alone service, and it may not be used in a school setting.

Intensive Independent Living Skills (“IILS”)

A comprehensive treatment service provided to youth and young adults who need to work intensively on developing a range of skills to prepare for independent living. The youth or young adults live in his/her home setting while participating in the service. This service focuses on developing skills and resources related to life in the community and to increasing the participant's ability to live as independently as possible. Service outcomes focus on maximizing the youth or young adults' ability to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational, and vocational opportunities. The amount of time any individual spends in these services will vary, depending on the individual needs. When a high level of support is needed, Intensive Paraprofessional Support for Independent Living Skills should be authorized to augment this level of care.

Independent Living Skills Paraprofessional Support

Included as a part of the IILS, Independent Living Skills Paraprofessional Support provides intensive support for youth and young adults transitioning to independence. This service is offered on a short-term basis, and it must include intervention services such as one-to-one skills training, supportive counseling, positive behavioral support, coaching, modeling, and data collection. These services must be provided in close accordance with specific goals and objectives as delineated in the youth's Mental Health Treatment Plan. The Paraprofessional Support Worker ("PSW") will work under the close guidance of the youth's assigned IILS therapist. This is not a stand-alone service, and it may not be used in a school setting

Transitional Family Homes ("TFH") – formerly known as Therapeutic Foster Home

Transitional Family Homes provide intensive, short-term community-based treatment services provided in a family home setting for youth with emotional and behavioral challenges. The homes provide a normative, community-based environment with therapeutic parental supervision, home structure, and support for youth capable of demonstrating growth in such a setting. This setting provides a supportive platform for family therapy and treatment to occur with the goal of reuniting youth with their family or other longer-term family home. These youth are generally capable of attending their home school or an alternative community educational or vocational program. Such homes may also be beneficial for youth in transition from a more restrictive placement, as these homes offer a family-like orientation. This level of care is appropriate for youth in need of treatment

placements of six (6) to eight (8) months and/or shorter-term crisis stabilization.

Therapeutic Respite Homes (“TRH”)

Therapeutic Respite Homes provide short-term care and supervision for youth with emotional and/or behavioral challenges in a supportive **Transitional Family Home environment**. These homes provide structured relief to the youth to prevent disruptions in the youth’s living arrangement. The goal of the TRH is to provide rest and relief to the youth to help the youth achieve their highest level of functioning. The TRH is not provided as a stand-alone service, and there is close coordination of this service with other on-going mental health treatment services.

Community-Based Residential – Level III (“CBR III”)

A Community-Based Residential Level III program provides twenty-four (24) hour, seven (7) days a week treatment and supervision in a safe and therapeutic environment. The CBR III program provides youth with integrated service planning to address the behavioral, emotional and/or family problems, which prevent the youth from taking part in family and/or community life. The CBR III program provides services in the context of a comprehensive, multidisciplinary and individualized treatment plan based on the youth’s clinical status and response to treatment.

The CBR III program is designed for those youth whose needs can best be met in a structured program that includes onsite educational, diagnostic and treatment services to enhance social skills and activities of daily living that cannot be provided in the community. The treatment primarily provides social, psychosocial, educational, and rehabilitative training and focuses on family/guardian reintegration. Active family/guardian involvement through family therapy is a key element of reintegration into home, school and community life. CBR III programs may be specialized but all contracted programs shall treat mental health and substance abuse symptoms. The CAMHD expects the Provider to supervise the educational component, including its staff, in accordance with all CAMHD staff requirements, even though the Provider will have a separate contract with the DOE for educational services.

Community-Based Residential – Level II (“CBR II”)

A Community-Based Residential Level II program provides twenty-four (24) hour care and integrated evidence-based treatment that address the behavioral and emotional problems related to sexual offending, aggression or deviance, both adjudicated and non-adjudicated offenses, that prevent the youth from taking part in family and/or community life. The CBR II program is designed for those

youth who pose a moderate risk to the community and whose need can best be met in a structured program of small group living that includes educational, recreational, and occupational services. The CBR II program may be specialized but all contracted programs shall treat mental health and substance abuse symptoms.

The CAMHD expects the Provider to supervise the educational component, including its staff, in accordance with all CAMHD staff requirements, even though the Provider will have a separate contract with the DOE for educational services.

The CBR II program provides support and assistance to the youth and the family to:

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

Community-Based Residential – Level I (“CBR I”)

The Community-Based Residential Level I program provides twenty-four (24) hour locked care and integrated evidence-based treatment services that address the behavioral and emotional problems related to adjudicated sexually aggressive or deviant offending, that prevent the youth from taking part in family and/or community life. The CBR I program is designed for those youth who pose a high risk to the community and whose need can best be met in a structured program of small group living that includes educational, recreational, and occupational services. The CBR I program may be specialized but all contracted programs shall treat mental health and substance abuse symptoms.

The CAMHD expects the Provider to supervise the educational component, including its staff, in accordance with all CAMHD staff requirements, even though the Provider will have a separate contract with the DOE for educational services.

The CBR I program provides support and assistance to the youth and the family to:

- 1) promote healthy sexual values and behaviors;
- 2) reduce and control deviant sexual arousal patterns;
- 3) help youth to develop victim empathy and appreciate feelings of others;
- 4) help youth display responsible and accountable behavior for sexually abusive or antisocial behavior with minimizing risk of reoffending and externalizing blame;
- 5) identify and change cognitive distortions or thinking errors that support or trigger offending;
- 6) develop and integrate relapse prevention strategies;
- 7) identify family dysfunction, issues, or problems that act to support minimization, denial, disruption of treatment, or trigger reoffending and; and
- 8) provide management of other behavioral or emotional problems.

Hospital-Based Residential (“HBR”)

The Hospital-based Residential program offers the highest level of intensive psychiatric and nursing intervention twenty-four (24) hours per day, seven (7) days a week. HBR services consist of a full range of diagnostic and therapeutic services offered with capability for emergency implementation of medical and psychiatric interventions. The program provides intensive in-patient treatment services to youth with severe emotional challenges who require short-term, up to sixty (60) days, hospitalization for the purposes of receiving intensive diagnostic, assessment and medication stabilization services. The highly structured program provides educational services, family therapy, and integrated service planning through a multi-disciplinary assessment of the youth, skilled milieu of services by trained staff supervised by a licensed professional on a twenty-four (24) hour per day basis. HBR services are provided in a locked unit of a licensed inpatient facility.

The CAMHD expects the Provider to supervise the educational component, including its staff, in accordance with all CAMHD staff requirements, even though the Provider will have a separate contract with the DOE for educational services.

Ancillary Services

Ancillary support services are provided to residential clients who are not stabilized and need additional services beyond what is offered at the ES residential treatment programs. The ancillary services may include one on one services, partial hospitalization and/or other special services recommended to meet the client's special needs on the short term, until the client is stabilized and can proceed with the standard

residential treatment. Ancillary support will be automatically included in all residential service contracts.

3. SUPPORT FOR EMOTIONAL AND BEHAVIORAL DEVELOPMENT (“SEBD”) PROGRAM SERVICES

The provision of SEBD services will be for those youth enrolled in the CAMHD SEBD program who have been evaluated and determined to meet the following eligibility criteria:

- Enrolled in a QUEST Healthplan (or is Medicaid eligible); and
- Has a current mental health assessment showing active mental health diagnosis and functional assessment showing significant life impairment.

The CAMHD Medical Director or qualified mental health professional designee will determine a youth’s eligibility. If determined to be eligible for the SEBD program, the total array of services, including the ES services, shall be available to each registered youth. CAMHD provides these services in accordance with all requirements of the Balanced Budget Act of 1997 and those agreed upon between the CAMHD and the Med-QUEST Division.

Services are determined through an individualized coordinated service planning process using the CAMHPS as guidance in determining appropriate services.

The levels of care for SEBD services include:

- Mental Health Evaluations
- Summary Annual Evaluations
- Psychological Testing
- Psychiatric Evaluations
- Medication Management
- Individual Therapy
- Family Therapy
- Group Therapy
- Partial Hospitalization

The following are brief descriptions of the SEBD evaluation and outpatient services that the CAMHD seeks to procure through this RFP:

EVALUATION SERVICES

Mental Health Evaluations

A mental health evaluation is performed as part of the data collected to determine eligibility for youth referred for the CAMHD services through the SEBD program, and to provide needed comprehensive

clinical information on youth in the SEBD program to assist with coordination of services and with treatment planning.

This strengths-based approach seeks to identify the needs of the youth in the context of their family and community. This service includes interviews, assessment activities, written report, and feedback to the youth and the parent(s) or guardian(s).

Psychological Testing

Psychological testing is the use of one or more standardized measurements, instruments or procedures to observe or record human behavior, and requires the application of appropriate normative data for interpretation or classification. Psychological testing may be used to guide differential diagnosis in the treatment of mental health disorders and disabilities. Testing may also be used to provide an assessment of cognitive and intellectual abilities, personality and emotional characteristics, and Neuropsychological functioning.

Psychological testing is performed as one component of a Mental Health Evaluation (see page 2-14), and it is not authorized as a stand-alone service. Psychological testing results must be integrated into the written Mental Health Evaluation report, and must be utilized to answer the referral question(s).

Summary Annual Evaluations

This assessment is performed in order to describe the current status of the youth and his or her circumstances. It is performed yearly, when the Branch Clinical Lead determines that there are no clinical concerns that would call for a more in-depth Mental Health Evaluation to be performed instead. The service includes a brief assessment and report, with feedback to the youth and his/her parent(s) or guardian(s).

CAMHD contracted providers that are currently providing services and that have known the youth for at least three (3) months shall provide the Summary Annual Assessment when it is due or as defined in the specific service standard.

Psychiatric Evaluation

A psychiatric evaluation is a diagnostic examination, specifically completed by an American Board of Psychiatry and Neurology Board Eligible/Certified Child Psychiatrist that includes history, mental status exam, physical evaluation or exchange of information with the primary physician, and disposition. This service is limited to an initial or follow-up evaluation for medically complex or diagnostically complex youth. This evaluation does not involve psychiatric treatment or medication management.

OUTPATIENT SERVICES

Medication Management

Medication Management is the ongoing assessment of the youth's response to medication, symptom management, side effects, adjustment and/or change in medication and in medication dosage. An American Board of Psychiatry and Neurology Board Eligible/Certified Child Psychiatrist or a Licensed Advanced Practical Registered Nurse with prescription privileges shall provide routine medication management assessments.

Individual Therapy

Individual Therapy is regularly scheduled face-to-face therapeutic services with a youth focused on improving his/her individual functioning. Individual therapy includes interventions such as cognitive-behavioral strategies, motivational interviewing, psycho-education of the youth, skills training, safety and crisis planning and facilitating access to other community services and supports. Data is gathered regularly through self-monitoring, parent monitoring, or frequent administration of brief standardized measures in order to track progress toward meeting goals. Individual therapy services are designed to promote healthy independent functioning and are intended to be focused and time-limited, with interventions reduced and discontinued, as the youth and family are able to function more effectively. The usual course of treatment is six (6) to twenty-four (24) sessions or six (6) months, most often, provided in conjunction with at least occasional family therapy sessions. Individual therapy shall be provided in conjunction with at least occasional family therapy sessions, and may include a brief "check-in" with the parent or guardian as part of the individual session.

Group Therapy

Group Therapy is regularly scheduled, face-to-face therapeutic services for groups of three or more youth for the purpose of addressing symptoms/problems that prevent the development of healthy functioning in the home, school or community. These therapy services, designed to teach specific skills for addressing the symptoms associated with defined disorders or challenges, shall provide support for the use of these skills and psycho-education about mental health issues. Group Therapy services are focused and time-limited. This service can include groups that address youths' needs utilizing a "multi-family group" format, in which the parents or guardian attend the group along with the youth.

Family Therapy

Family therapy is regularly scheduled face-to-face interventions with a youth and his/her family, designed to improve family functioning and treat the youth's emotional challenges. The family therapist helps the youth and family increase their use of effective coping strategies, healthy communication, and constructive problem-solving skills. Data is gathered regularly through self-monitoring, parent monitoring,

client/parent ratings or frequent administration of brief standardized measures in order to track progress toward meeting treatment goals. Family Therapy sessions may be held in the course of on-going Individual Therapy with the youth in order to provide opportunities for the therapist to consult with the parent(s) or guardian(s) and review progress toward goals either conjointly with the youth present or separately without the youth present. Family Therapy services are designed to be time-limited with interventions reduced, and then discontinued, as the youth and family are able to function more effectively.

Partial Hospitalization

Partial hospitalization is a non-residential day treatment program of a licensed JCAHO certified hospital or behavioral health facility. The environment provides a highly structured, intensive milieu treatment with a focus on medical/psychiatric resources. This level of care provides stabilization of youth with serious emotional disturbances, therapeutically supported diversion from inpatient care, and restoration to a level of functioning that enables a youth's return to the community. Partial hospitalization also provides supportive transitional services to youth who are no longer acutely ill and require minimal supervision to avoid risk. The primary goal of the partial hospitalization programs is to keep youth connected with his/her family/community while providing short-term intensive treatment.

The CAMHD expects the Provider to supervise the educational component, including its staff, in accordance with all CAMHD staff requirements, even though the Provider will have a separate contract with the DOE for educational services.

B. Planning activities conducted in preparation for this RFP

Two Requests for Information (RFI) were posted while planning for this RFP. The first was posted on February 24, 2011 requested feedback on the proposed levels of care with responses from interested parties to provide information and feedback due back by March 10, 2011. The second RFI was posted on March 7, 2011 for interested parties to participate in a live video conference on March 30, 2011 to provide information and feedback to assist CAMHD in developing this RFP. Please contact John MacDonald, Contract Specialist, CAMHD, at john.macdonald@doh.hawaii.gov or 808-733-9338 for more information regarding the RFI.

C. Description of the goals of the service

The five (5) major goals that the CAMHD seeks to meet through this RFP include the following:

Goal 1. Provide eligible youth and young adults with timely access to a comprehensive array of community-based and evidence-based mental health services provided by credentialed individuals that are knowledgeable

and competent in delivering these treatments, and ensure that these treatments and interventions be provided within a system of care embodying the Hawaii CASSP principles.

Goal 2. Promote the use of current knowledge regarding evidence-based services in the development of individualized plans and promote the mental health system in a manner that facilitates the application of these services.

Goal 3. Demonstrate an accountable and efficient child and adolescent behavioral health system through dynamic evaluation of performance data and application of findings to guide management, programmatic and service planning decisions.

Goal 4. Demonstrate an effective and efficient publicly managed behavioral health services for Medicaid eligible youth with the most serious emotional challenges.

Goal 5. Demonstrate an effective integrated cross agency system of services for educationally disabled students identified as requiring mental health services to benefit from their public education.

D. Description of the target population to be served

The CAMHD is looking to procure services for the following eligible populations (including those requiring emergency services):

Emergency Public Mental Health Services. These services are available to all children and youth in Hawaii ages three (3) to eighteen (18) years, experiencing an imminent life threatening mental health crisis.

Youth Eligible for ES Services. Students with an educational disability that have been determined to be in need of intensive mental health services to benefit from public education. The criteria for enrolling a youth in the ES program are:

- IDEA eligibility;
- An IEP with recommendation for services from CAMHD; and
- An IEP meeting with CAMHD participation to determine the goals of mental health services to be provided.

Youth Eligible for the SEBD Program. Medicaid eligible youth or MedQUEST enrolled youth, ages three (3) and up through age twenty (20), requiring mental health services that exceed the scope of intensity what their selected QUEST Healthplan is able to provide. These youth are enrolled in the SEBD Program. The criteria for enrolling a youth in the SEBD program are:

- QUEST or Medicaid eligibility;
- A DSM IV diagnosis current within the last year and
- A CAFAS/PECFAS score of 80 or greater.

The CAMHD Medical Director or designated qualified mental health professional reviews and makes the determination of SEBD eligibility.

Special Populations. Within the populations of youth enrolled in ES and/or SEBD Program, there are specific youth that may require targeted expertise and programming. These services and programs are included within the projected bed need numbers identified. These special populations include:

- Youth requiring integrated services for co-occurring Axis I mental health disorders and developmental disability or Mild Mental Retardation. For this population the CAMHD will procure **non-residential** therapeutically available services; or
- Adolescent girls with patterns of running away.

Population Size. The CAMHD estimates that approximately 1400 youth will need access to some or all of these mental health services on an annual basis.

CAMHD expects to procure some or all contracted mental health services identified in its service array listed in the RFP within the following various geographic regions for:

- Approximately 50 youth residing Kauai County.
- Approximately 150 youth residing in Maui County, inclusive of Molokai and Lanai.
- Approximately 700 youth residing in the City & County of Honolulu.
- Approximately 500 youth residing in Hawaii County.

E. Geographic coverage of service

The geographic coverage areas are identified below for the three (3) service categories described in this RFP.

For purposes of this RFP, the CAMHD has also defined rural service areas in two (2) counties:

- Hawaii County – including Ka`u and Kohala/Waimea; and
- Maui County – including Hana, Lahaina, Molokai, and Lanai.

Consistent with our commitment to community based services and collaboration with community supports and resources, the CAMHD strongly supports provider agencies that have offices directly within the identified rural communities. CAMHD recognizes some of the unique fiscal challenges that come with serving remote and rural communities with small populations. As such, CAMHD offers a 10% rate increase adjustment per unit for this service provided to these remote communities.

Emergency Public Mental Health Services

To ensure timely and responsive emergency mental health services to youth and families in crisis, CAMHD expects to contract with provider agencies in all counties of Hawaii including, Maui County, Kauai County, and the City and County (“C&C) of Honolulu. Providers will be required

to provide services to the entire geographical coverage area as identified and described for the following emergency mental health levels of care.

These will be cost reimbursement contracts that shall assure availability twenty-four (24) hours per day and 365 days per year. CAMHD expects to award a single Crisis Mobile Outreach contract and a single Therapeutic Crisis Home contract for each of the following counties:

Crisis Mobile Outreach

- C&C of Honolulu Single contract
- Kauai County Single contract
- Maui County Single contract

Therapeutic Crisis Home

- C&C of Honolulu Single contract
- Kauai County Single contract
- Maui County Single contract
- Hawaii County
 - East Hawaii Single contract
(Inclusive of the districts of Laupahoehoe, North Hilo, South Hilo, Puna and Kau)
 - West Hawaii Single Contract
(Inclusive of the districts of Hamakua, North Kohala, South Kohala, North Kona and South Kona)

Educationally Supportive Intensive Mental Health Services Program Service

Psychosexual Assessments

The CAMHD is interested in Providers in each of the Hawaii Counties. CAMHD may award a single or multiple contracts depending upon responses to the RFP for this level of care. The CAMHD is interested in There is an estimated need of three (3) psychosexual assessments per quarter, or twelve (12) annually.

- C&C of Honolulu Single contract
- Hawaii County Single contract
- Kauai County Single contract
- Maui County Single contract
- Statewide (will award statewide if no county specific responses)

Intensive In-Home (“IIH”) Therapy & Intensive In-Home Paraprofessional Support (“IIHPS”)

The CAMHD seeks to procure IIH, which includes the sub-level Paraprofessional Support services, across the State, with emphasis on development of service availability within communities allowing youth to remain at home. The Paraprofessional Support services shall be provided in coordination with IIH Therapy services. Providers will be required to provide services to the entire geographical coverage area as identified and

awarded. The CAMHD expects to award single and multiple contracts in each of the following geographic coverage areas:

- **Hawaii County**
East Hawaii
 (Inclusive of the districts of Laupahoehoe, North Hilo, South Hilo, Puna and Kau)

West Hawaii
 (Inclusive of the districts of Hamakua, North Kohala, South Kohala, North Kona and South Kona)
- **Maui County**
- **Kauai County**
- **C&C of Honolulu**
 Central Oahu District
 (Inclusive of the districts of Waialua, Waimanalo and Ko’olauloa)

 Honolulu District

 Leeward Oahu District
 (Inclusive of the district of Waianae)

Intensive Independent Living Skills (“IILS”) & Independent Living Skills Paraprofessional Support (“ILSPS”) (16-20 years)

The CAMHD seeks to procure IILS, which includes the sub-level of ILSPS services, across the State, with emphasis on development of service availability within communities allowing youth/young adults to gain the skills to live independently. The ILSPS services shall be provided in coordination with IILS services. Providers are required to provide services to the entire geographical coverage area identified an awarded.

The CAMHD expects to award a single or multiple contracts in each of the following counties as follows:

- | | |
|-------------------|--------------------|
| • C&C of Honolulu | Multiple contracts |
| • Hawaii County | Multiple contracts |
| • Kauai County | Single contract |
| • Maui County | Single contract |

Functional Family Therapy (FFT)

FFT services are sought on the islands of Hawaii, Kauai and Oahu. Contractors are required to provide services to the entire geographical coverage area identified and awarded. CAMHD expects to award a single contract in each of the following counties:

- | | |
|-------------------|-----------------|
| • C&C of Honolulu | Single contract |
| • Hawaii County | Single contract |
| • Kauai County | Single contract |

Residential Services

The CAMHD seeks the following residential services in each of the counties of Hawaii, Kauai, Maui and the City and County (“C&C”) of Honolulu. The numbers of residential beds are projections based on service utilization patterns in recent years as indicated from Child and Adolescent Mental Health Management Information System (CAMHMIS) claims paid data. This data supports the following CAMHD’s summary projection of three hundred thirty (330) residential beds needed statewide:

The CAMHD may award single or multiple contracts in order to deliver the number of beds allocated to each identified geographic areas. CAMHD seeks the following residential services in the identified geographic coverage areas as indicated below:

Ancillary services will be included with all ES residential service contracts. The ancillary services would be allowed for "high-end" clients as a structured alternative in addition to the standard residential services provided. Ancillary services will be provided based on documented clinical justification from the client's clinical team.

Transitional Family Homes including Respite Home

- C&C of Honolulu 50 beds Multiple contracts
- Hawaii County 60 beds Multiple contracts
- Kauai County 10 beds Single contract
- Maui County 10 beds Single contract

Community-based Residential Level I

- Statewide 10 beds Single contract

Community-based Residential Level II

- Statewide 8 beds Single contract

Community-based Residential Level III

- Statewide 48 beds Multiple contracts

Hospital-based Residential

- Statewide 16 beds Single or Multiple contracts

Support for Emotional and Behavioral Development Services

CAMHD expects to provide internally a limited number of the evaluation and outpatient services using its Branch Clinical Psychologists and Clinical Directors. However, there may be times when CAMHD would need to procure this service from a contracted agency.

Evaluation & Outpatient Services

The CAMHD seeks to procure the **evaluation and outpatient array together as a group** that shall be provided to the entire geographical area

as identified and awarded. CAMHD expects to award a single contract to a provider agency in each of the following counties of Hawaii:

- C&C of Honolulu Single contract
- Kauai County Single contract
- Maui County Single contract
- Hawaii County Single contract

Evaluations

Mental Health Evaluations
 Summary Annual Evaluations
 Psychological Testing
 Psychiatric Evaluations

Outpatient Services

Medication Management
 Individual Therapy
 Group Therapy
 Family Therapy

Partial Hospitalization

The CAMHD expects to award a single or multiple contracts to a provider agency in each of the following counties of Hawaii to provide Partial Hospitalization services:

- C&C of Honolulu Single or Multiple contracts
- Maui County Single contract

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

It is expected that state and federal funds will be used to support these services. The legislative-appropriated funds for the first year of the contract are approximately \$38.7 million and the federal funding is expected to be about \$4.6 million. The CAMHD receives funding through a biennial legislative process. Contracts in the later years will be dependent upon funding received.

The contract period will be from July 1, 2012 through June 30, 2013, and renewable annually for additional terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability of funding

II. General Requirements

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

Facility Licensure

At all times, the Provider shall meet the licensure/certification requirements for foster homes, partial hospitalization, community-based residential and

hospital-based residential facilities. (See Paragraph III C. Facilities of this RFP

National Accreditation

Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) is required for contracted agency at all times. The Applicant who has obtained JCAHO, CARF, or COA accreditation will describe the type of accreditation, location and type of program or facility, and effective date(s) of accreditation and submit evidence of accreditation with their proposal. Providers are required to notify the CAMHD Performance Management Section promptly of any status change to their accreditation status during the contract period.

Insurance

The PROVIDER shall obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

- a. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- c. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For the Professional liability, general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as Exhibit "X " and be made a part of this Contract.

Each insurance policy required by this Contract shall contain the following clauses:

- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

Other Applicable Requirements

The Provider shall complete, execute and submit to the state purchasing agency a certification (**See Attachment E– Federal Certifications** <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>) regarding:

- Debarment and Suspension;
- Drug-Free Workplace Requirements;
- Lobbying;
- Program Fraud Civil Remedies Act (PFCRA)
- Environmental Tobacco Smoke

The Provider shall comply with all applicable federal, state, and county laws; ordinances, codes, rules, and regulations; and policies and procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the Provider's performance.

Cost Principle Compliance

The Provider will comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10-1-98), which can be found at <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-Applicants>

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

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 contract extensions: five (5)
 Maximum length of contract: six (6) years
 The initial period shall commence on the contract start date of July, 1 2012, or Notice to Proceed, whichever is later.
 Conditions for extension: availability of funds; must be in writing, must be executed prior to expiration.

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 to the following RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

John MacDonald
 Contract Specialist, CAMHD
 Room 101, 3627 Kilauea Avenue, Honolulu, HI 96816
 Phone: 808-733-9338 Fax: 808-733-8375
 Email: john.macdonald@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

(Minimum and/or mandatory tasks and responsibilities)

The Provider shall provide all services in accordance the requirements outlined in the general standards and individual level of care standards described in the CAMHPS, and any other applicable requirements referenced in any portion of this RFP. The CAMHPS provides in detail the scope of

work required for each level of care. (*See Section 5, Attachment C – CAMHD Performance Standards*)

A. Service Activities

1. EMERGENCY PUBLIC MENTAL HEALTH SERVICES

Crisis Mobile Outreach
Therapeutic Crisis Home

2. EDUCATIONALLY SUPPORTIVE (“ES”) INTENSIVE MENTAL HEALTH SERVICES

Psychosexual Assessment
Functional Family Therapy
Intensive In-Home Therapy, including Intensive In-Home Paraprofessional Services
Intensive Independent Living Skills, including Independent Living Skills Paraprofessional Services
Transitional Family Homes (formerly contracted as Therapeutic Foster Homes)
Therapeutic Respite Homes
Community-based Residential – Level III
Community-based Residential – Level II
Community-based Residential – Level I
Hospital-based Residential
Ancillary Services (Included with all Residential Levels of Care)

3. SUPPORT FOR EMOTIONAL AND BEHAVIORAL DEVELOPMENT SERVICES

Evaluation Services (one level of Care)
Mental Health Evaluations
Summary Annual Evaluations
Psychological Testing
Psychiatric Evaluations
Outpatient Services (one level of Care)
Medication Management
Individual Therapy
Group Therapy
Family Therapy

Partial Hospitalization (include with Hospital-based Residential Proposal)

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

1. Personnel

Organizational Management

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

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

All subcontracts require CAMHD prior written approval and shall include agreement to comply with all aspects and requirements of this RFP including licensing and credentialing requirements.

The Provider shall

- Ensure the competency of staff and/or subcontractors
- Implement measures to ensure that all employees are oriented to the CAMHPS, 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 websites, (a) (<http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs013.pdf>) and (b) the evidence-based child and adolescent psychosocial intervention matrix from the American Academy of Pediatrics (<http://www.aap.org/commpeps/doch/mentalhealth/docs/CR%20Psychosocial%20Interventions.F.0503.pdf>)
- Ensure that it will adhere to all applicable federal and state laws regarding the obtaining and release of client information.

2. Administrative

The Provider shall:

- Have the necessary infrastructure that supports the provision of contracted services in compliance with the standards as specified herein.
- Provide direct treatment to children and adolescents with credentialed and re-credentialed practitioners who are defined as Qualified Mental Health Professionals (“QMHP”), Mental Health Professionals (“MHP”), or Paraprofessionals.
- Monitor the training, supervision, credentialing, and ongoing monitoring all mental health professional/staff performance, including a description of personnel/provider file maintenance.
- Comply with all credentialing requirements including a systematic process for the timely acquisition and tracking of documents related to credentialing and re-credentialing that adhere to the CAMHD Credentialing and Re-credentialing Policy and Procedures. **(See Section 5, Attachment H)**
- For Hospital-Based Residential Programs **ONLY**. The CAMHD will delegate the credentialing and re-credentialing of licensed QMHPs only, to the contracted provider. MHPs and

Paraprofessionals shall be credentialed through CAMHD according to the CAMHD policies and procedures. .

- Involve youth in their direct treatment plan development and evaluation.
- Train and supervise all employees and subcontractors in providing services in a cultural aware manner.
- Ensure that personnel and subcontractors are recruited, oriented, trained, supervised and evaluated with adherence to the CASSP principles and evidence-based services for populations as addressed in the proposal.
- Ensure peer supervision processes, including orientation, training, and supervision with respect all general standards and relevant level of care standards in the CAMHPS.
- Provide on-going training to their clinical staff on utilizing evidence-based approaches, as part of their agency training plan. The CAMHD's Practice Development Section will continue to provide some specialized training opportunities for provider agency clinicians through periodic large conferences, small consultation and training groups, and other formal training events designed to introduce new evidence-based practices or to improve system performance.
- Ensure training, programmatic supports, and therapeutic approaches/interventions the agency implements in case of youth crisis. The agency should be committed to limiting the contact of emergency response (i.e., police) to only those situations when imminent harm is present to self, others, or property. The policy shall also include consultation with the program QMHP before, during or after the incident, for follow-up or debriefing
- Respond to natural and manmade disasters with plan(s) that include details of a safe evacuation of youth and staff should it be necessary, the management of communication with the CAMHD and the family, the maintenance of consistent staffing during this time and collaboration with state and local agencies in the management of the emergency response.
- Coordinate services with other involved agencies or partners including other involved the CAMHD provider agencies, schools, child welfare agencies, juvenile justice personnel and agencies, MedQUEST health plans, primary care physicians, Medicaid, community service providers and organizations, and primary care providers.
- Conduct its affairs in accordance with all applicable Federal and State Laws, regulations, licensing and contractual obligations.

CAMHD submits claims on behalf of providers to the DHS MedQUEST Division and Federal Medicaid and per regulations, has a mandatory compliance program to ensure adherence to regulations, detect instances of fraud, waste and abuse and promote ethical and legal behavior by the CAMHD employees and contracted providers.

- Properly support claims through appropriate documentation prior to submission to the CAMHD. CAMHD will employ a protocol for the identification of potential fraud or abuse in claims' submission through the conduct of periodic reviews of clinician billing practices.
- Report incidents and sentinel events occurring within the program in a timely manner and in accordance with the CAMHD Sentinel Event Policy & Procedures (**See Section 5, Attachment K**).
- Train staff in the use of seclusion and restraint is in accordance with the CAMHD Seclusion and Restraint Policy and Procedures (**See Section 5, Attachment J**).

3. Quality assurance and evaluation specifications

The CAMHD maintains its own quality and performance management program and monitors all services through its Quality Assurance and Improvement Program (QAIP). The CAMHD does not delegate its quality management and monitoring program. To assure full implementation of the CAMHD QAIP, Providers are required to participate fully in CAMHD's monitoring.

The Provider shall have a systematic process for the timely acquisition and tracking of documents related to credentialing and re-credentialing to ensure timely submission of accurate and current credentialing documentation.

The Provider shall assure the quality of services they deliver at all programmatic levels through in-house quality assurance monitoring. The Provider's quality assurance processes shall comply with the CAMHD's annual QAIP description, which is posted on the CAMHD website in October of each contract year.

The Provider shall have quality assurance processes that assess all services provided, as well as how well the employees and subcontracted personnel provide the treatment services. Agencies are required to incorporate a review of sentinel event data, seclusion and restraint data, outlier length of stay, youth not meeting treatment goal data, and consumer satisfaction data in their quality assurance processes.

The Provider shall ensure that its personnel and its subcontractors adhere to all applicable state laws regarding the obtaining and release of client information and confidentiality.

4. Output and performance/outcome measurements

The Providers are required to collect, analyze and report the following information on a quarterly basis. All Providers shall submit quarterly reports of quality monitoring including analyses of performance trends through the Provider's quality assurance and improvement processes. Quarterly reports shall include data with trend analysis in the quarterly reporting format provided by the CAMHD. Quarterly reports will be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance. Quarterly reports are due at the CAMHD Performance Management Office 45 days after the quarter has ended.

The CAMHD shall provide all required templates or instructions for any performance reporting.

5. Experience

The CAMHD is interested in applicants with:

- clinical and managerial experience including training programs and supervisory structure. A demonstration of experience shall include evidence of prior agency performance in providing similar services and the details of 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.
- culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges.

Evidence of expertise and experience 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 CAMHD is interested in applicants that have:

- mechanisms in place to ensure that all services provided will be coordinated internally within the organization, and externally with the CAMHD Family Guidance Centers, school(s), any involved MedQUEST or other health plan, other provider agencies, and resources in the community.
- mechanisms in place for obtaining routine and regular stakeholder input in evaluating performance surrounding the coordination of services with schools, other child serving agencies, primary care physicians, community programs and/or other the CAMHD contracted agencies.

- (for Applicants of Crisis Mobile Outreach and the Crisis Therapeutic Foster Homes) or are prepared to execute a memorandum of understanding with each other prior to the start of the contract date.
- (for Applicants of Community-Based Residential - Level I and Community-Based Residential - Level II) or are prepared to execute a memorandum of understanding with each other prior to the start of the contract date.

7. Reporting requirements for program and fiscal data

Fiscal Data

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

The Provider shall submit original monthly claims electronically within thirty (30) calendar days after the last day of the calendar month. All submissions and corrections shall be received by the CAMHD within sixty (60) days after the last day of the billing month. CAMHMIS will not accept claims after the sixty (60) day period. Should the Provider know that a claim will be submitted later than the 60 days allowed, the Provider should contact the appropriate Branch before the end of the sixty (60)-day period or no appeal will be granted.

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

All Providers will be required to adhere to the CAMHD billing reporting requirements. The Provider's submission shall comply with the Health Insurance Portability and Accountability Act (HIPAA) and CAMHD policies and procedures.

The Provider is responsible for planning, implementing, and maintaining its own management information system. The Provider shall supply the Child and Adolescent Mental Health Management Information System (CAMHMIS) with a functional e-mail address that can receive documents as well as notices. The CAMHD will not provide technical support for the Provider's Information Systems or e-mail.

The Provider is required to have computer hardware that supports Microsoft Windows 2003, Internet connection, Internet e-mail, and laser printer.

All Provider reporting data shall be submitted in the manner and format specified by the CAMHD.

The Provider shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii Cos Principles. The audit shall be conducted on an annual basis and with a copy, including a management letter, submitted to the STATE within nine (9) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

The CAMHD is committed to conducting its affairs in accordance with all applicable Federal and State Laws, regulations, licensing and contractual obligations. The CAMHD submits claims on behalf of providers to the DHS MedQUEST Division and Federal Medicaid and per regulations, has a mandatory compliance program to ensure adherence to regulations, detect instances of fraud, waste and abuse and promote ethical and legal behavior by the CAMHD employees and contracted providers.

All Providers are required to be compliant with the CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.

Program Data

The Provider shall submit a final written report summarizing contract performance to the CAMHD Contract Management Section in a format to be prescribed by the CAMHD at the completion of the contract period.

All Providers shall submit a quarterly summary of quality assurance findings as identified in the Provider's Quality Assurance Plan (QAP) due at CAMHD Performance Management Office forty-five (45) days after the quarter has ended

The Provider shall furnish any additional reports or information that the CAMHD may require or request during the contracted time of performance.

C. Facilities

All Applicants shall provide office 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 client and families.

Transitional Family Homes (formerly titled Therapeutic Foster Homes)

The Applicant proposing services that involve foster homes shall possess a valid Hawaii license to operate those programs prior to the submission of an application response to the RFP. The CAMHD will not accept an applicant's proposal to this RFP if the agency does not have a valid Hawaii license.

The Applicant shall have certifications of approval for foster parents from the Department of Human Services as a certified Foster Family and meet the requirements to be a certified home as described in Title 17, Subtitle 6, Chapter 890 "Certification of Foster Family Boarding Homes for Children" and Title 17, Subtitle 6, Chapter 893 "Licensing of Child-Placing Organizations" of the HAR prior to the submission of an application response to the RFP.

The Applicant shall ensure that certified foster parents replacements are available if needed to address those times when the foster parents are absent from the home because of emergencies, planned vacations or other reasons.

The Applicant shall provide disclosure(s) of any suspension or revocation of certification for any foster home owned or operated by the Applicant organization in the last five (5) years. Such disclosure(s) will describe the reason for the suspension or revocation of certification. The purchasing agency reserves the right to determine the eligibility to submit a proposal of Applicant organization(s) that have had licensure suspension or revocation for any reason.

The Applicant shall have or consult with a qualified dietitian to develop menus and food service to meet the nutritional needs of the residents including children requiring special diets.

The Applicant shall have written policies and procedures and train foster parents on securing and storing medications; labeling and administering medication as ordered by a physician; recording medication administration, client request for adjustment or change, and any side effects and notifying physician or advance practice registered nurse immediately of possible side effects; and disposing of medications.

Community-Based Residential Programs

The Applicant proposing services that involve community-based residential program facilities shall possess a valid Hawaii license to operate the CBR programs prior to the submission of an application response to the RFP. The CAMHD will not accept an applicant's proposal to this RFP if

the agency does not have a valid Hawaii license. The requirements are described in Title 11, Chapter 98, “Special Treatment Facility” of the HAR. The facility shall be licensed prior to accepting any youth in the facility. The facility shall maintain licensure at all times during the contract period. Any break in licensure will result in immediate contractual action, up to and including transfer of all youth and termination of contract.

The Community-Based Residential (CBR) program Level 1 shall possess a valid Hawaii license to operate the CBR I program prior to the submission of an application response to the RFP. The CAMHD will not accept an applicant’s proposal to this RFP if the agency does not have a valid Hawaii license. The program shall be located at the Waimano Home state facility. Applicants for CBR level 1 shall agree to maintain the facility. The state will not reimburse for costs associated to building lease. Any costs for improvements or renovations shall be proposed and approved.

The Applicant shall have or consult with a qualified dietitian to develop menus and food service to meet the nutritional needs of the residents including children requiring special diets.

Partial Hospitalization and Hospital-based Residential Services

The Applicant proposing Partial Hospitalization, and/or Hospital-Based Residential Services shall possess a valid Hawaii license to operate the program prior to the submission of an application response to the RFP. The CAMHD will not accept an applicant’s proposal to this RFP if the agency does not have a valid Hawaii license. The facility shall be licensed by the DOH under Title 11 Chapter 93, broad service hospital.

IV. COMPENSATION AND METHOD OF PAYMENT

A. Pricing Methodology: Unit Cost

The method of pricing for most of the services requested in this RFP will be on a unit cost basis, in accordance with the CAMHD Maximum Allowable Rates Schedule (**See Section 5, Attachment M**). The levels of care that are priced on a unit cost basis are listing on this schedule. For the purpose of this proposal, the Applicant shall adhere to this maximum allowable rate structure.

The unit rate is inclusive of all cost items whether they are direct or indirect when providing a service. The Applicant shall submit a unit rate for each proposed service identified in Section 2, III, Scope of Work. Example of indirect costs include, but are not limited to, personnel reference checks, orientation, training, clinical supervision, travel time, outreach costs, telephone calls, collateral contacts and travel unless specified as a billable

service. For all services, there is no payment for wait time, no-shows, and or cancellations.

B. Pricing Methodology: Cost Reimbursement Services

Unless otherwise specified, services described as “negotiated” on the maximum allowable schedule are cost reimbursement. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles, which can be found at <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-Applicants>. Budget line items are subject to review, approval, and acceptance by the state purchasing agency. After the first term of the contract or thereafter and based upon cost, utilization and performance reviews, the CAMHD may change the cost structure to performance-based (unit cost) to ensure that the required performance quality levels are achieved and that total payment is related to the degree that services performed meet contract standards. Rates will be negotiated based upon budget agreements, past expenditures and the Contractor’s performance.

C. Pricing Methodology: Cost Plus

Pricing methodology for cost plus will be based on a combination of Fee for Unit of Service Availability and Fee for Unit of Service Utilized with a minimum guaranteed payment equal to seventy-five percent (75%) of the Fee for Unit of Service Utilized rate times the total contracted Unit of Service.

The Fee for Unit of Service Availability structure requires the CAMHD to pay a daily unit rate for each unit of service that the Contractor makes available under the contract, even if that unit is not utilized by any youth.

The Fee for Unit of Service Availability structure requires the CAMHD to pay a daily Unit Rate for the days the unit is Utilized as determined by the formula: Unit Rate x Number of Units of Service Utilized = Payment amount.

A Unit of Service is defined as one day of residential or out of home services that includes program services as described in the CAMHPS, room and board, transportation and other costs related to providing the youth a safe environment. All activities requested for youths under this RFP and the attached CAMHPS are inclusive to the Unit of Service.

The service that will use the cost plus methodology is:

- Community-based Residential III

Total Units of Service and total funding amount allocated to the contract may be increased or decreased at any time, at the discretion of the CAMHD. The reasons for such increases or decreases include but are not limited to, the program’s performance, availability of funds, cost of living adjustments, utilization rates, and a shifting of community needs and priorities.

D. Fiscal Obligations

The CAMHD assumes the responsibility for the travel costs associated with a youth's admission and discharge to off-island contracted out of home programs.

The CAMHD also assumes the responsibility for the transportation costs of therapeutic visits for youth and family who are receiving services on another island other than their home island.

A therapeutic visit is for the purpose of family therapy sessions and family reintegration as discharge nears. The Provider shall incorporate all therapeutic visits into the youth's planned treatment intervention and documented in the youth's treatment plan. The CAMHD shall approve the therapeutic visit. Without the incorporation of the planned treatment intervention into the treatment plan, CAMHD will not authorize the passes and cover the cost of transportation for those visits or passes. It will become the responsibility of the provider agency.

Travel for these family treatment sessions or therapeutic visits require a prior service authorization from the CAMHD BRANCH. To ensure prompt processing of travel arrangements the Provider will be required to submit a written notification of planned therapeutic passes two (2) weeks prior to the travel date.

The CAMHD *does not pay* for pre-acceptance interviews or visits, either hourly or overnight, to the program.

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.*
- *Proposals shall be submitted in a three ring binder.*
- *Tabbing of sections required.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

The Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

In narrative format, the Applicant must clearly and concisely summarize the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. The Applicant must include: (1) a brief description of the organization; (2) the history of the organization inclusive of any and all past

experience pertinent to the delivery of the proposed services and supports for the target population; (3) the organization's philosophies, goals and objectives related to the service activity; (4) how the proposed service(s) will work to assure the provision of high quality services to the identified population; and (5) any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

No points are assigned to the Program Overview.

II. Experience and Capability

A. Necessary Skills & Experience

The Applicant shall:

- demonstrate that the agency has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the CASSP principles (See Section 5, Attachment F) and evidence-based service.
- demonstrate that it has the capacity to provide treatment services in accordance with evidence-based service literature (See Section 5, Attachment H)
- demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services, including but not limited to, previous and current contract performance with the CAMHD and other agencies.

B. Experience

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

The applicant is strongly encouraged to identify all previous experience providing the proposed services and details of 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 applicant shall provide points of contact and their mailing addresses, email addresses, and phone numbers. The CAMHD reserves the right to contact references to verify experience.

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

numbers, for those individuals. The CAMHD reserves the right to contact references to verify experience.

The applicant shall show culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges.

Evidence of expertise and experience will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

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

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

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

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

A description of how QA documentation will be maintained and be available for inspection and review.

A description of how the organizational structure (identified in Section 3, Part III) supports and supervises its QA program, 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 QA program;
- How progress of the quality assurance and improvements will be reviewed; and
- Accountability for modifications to the program.

A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.

A description of how QA activities will be coordinated with other management activities, including how findings, conclusions, recommendations, and actions taken shall be documented and reported.

A demonstration of an active QA committee including, but not limited to:

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

A description of the organization's utilization review and management program to determine whether the level and intensity of services provided are appropriate to the educational and behavioral health needs of youth. The description should include how the program will:

- Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
- Identify and maintain levels of review that correspond with the client's level of acuity;
- Monitor service utilization guidelines including evaluating medical necessity;
- Monitor medication usage including dosage, side effects, polypharmacy, and errors;
- Monitor and assure the prior authorization of services;
- Maintain a process of concurrent review for ongoing treatment and for requests for reauthorization of services; and
- Identify and maintain levels of review in accordance with the CAMHD service guidelines regarding length of service.

- Enforce ongoing compliance with credentialing and re-credentialing of personnel;
- Manage the youth's rights and responsibilities will be communicated;
- Make services accessible and available; and
- Maintain records, including how confidentiality will be ensured in compliance with all relevant state and federal laws and regulations.

The applicant shall agree to assume all responsibility for quality of work provided by employees and subcontracted providers. The Provider may choose to hire direct employees, establish a network of subcontracted professional providers, or use a combination of both. If the Provider utilizes a network of independent providers, each subcontracted practitioner shall meet the state requirements to provide mental health services as an independent practitioner.

All subcontracts require CAMHD prior written approval and shall include agreement to comply with all aspects and requirements of this RFP including licensing and credentialing requirements.

The applicant shall describe the implementation of measure the competency of staff and/or subcontractors.

The applicant shall describe how it will ensure that it will adhere to all applicable federal and state laws regarding the obtaining and release of client information.

The applicant shall describe the implement of measures to ensure that all employees are oriented to the CAMHPS, 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 websites, (a) <http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs013.pdf> and (b) *the evidence-based child and adolescent psychosocial intervention matrix from the American Academy of Pediatrics* <http://www.aap.org/commpeds/doch/mentalhealth/docs/CR%20Psychosocial%20Interventions.F.0503.pdf>

D. Coordination of Services

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

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

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

Applicants of Crisis Mobile Outreach and Therapeutic Crisis Home must demonstrate a willingness to execute a memorandum of understanding. The Crisis Mobile Outreach Contractor and the Therapeutic Crisis Homes Contractor will have a memorandum of understanding which allows for the efficient admission of youth determined to be in need of crisis placement.

Applicants of Community-Based Residential - Level I and Community-Based Residential - Level II must demonstrate a willingness to collaborate with other the other provider, if not awarded both of these levels of care, to ensure that youth are treated in the appropriate level of care. The description shall include how youth being transitioned up to Level I or down to Level II will be engaged in treatment activities based on clinical assessment and not started at the beginning of the curriculum unless clinically warranted.

E. Facilities

The applicant must provide the location of the corporate office, a description of all offices or facilities, and demonstrate its adequacy in relation to the proposed services. If all facilities are not presently available, describe plans to secure facilities. Also, describe how the facilities meet Americans with Disabilities Act (ADA) requirements, as applicable and special equipment that may be required for the services.

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

Specific to residential treatment programs, including therapeutic foster homes, community-based residential programs and hospitals, there must be submission of applicable licenses as described in Section 2, Paragraph II. The applicant shall have the applicable license in place prior to the submission of a proposal response to this RFP.

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

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

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

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

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

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

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

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

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

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

The applicant shall describe its workforce development program detailed the agency's ability to recruit, orient, train, supervise, and provide administrative direction relative to the delivery of the proposed services. (Refer to the requirements in the IPSPG and Section II of this RFP).

The applicant must describe how orientation and training will be provided to personnel and/or subcontracted providers in CASSP principles, evidence-based approaches, as well as other required training as specified in the CAMHPS.

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

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

If the applicant proposes a network of independent providers, the applicant must address how the subcontractors will be monitored. The applicant must also address how it will ensure that each of the practitioner subcontractors meet the State requirements to provide mental health services as an independent practitioner.

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

The applicant must describe the procedures for the maintenance and tracking of information for credentialing and re-credentialing of all employed and subcontracted staff.

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

2. Organization Chart

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

IV. Service Delivery

The Services Delivery Section must include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Paragraph III. - Scope of Work, including (if indicated) a work plan of all service

activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Needs Assessment & Program Planning

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

B. Service Description and Implementation

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

For each service, the applicant must provide a description of the treatment model and how this is supported by evidence-based literature and best practice guidelines as outlined in the CAMHPS and the Evidence-Based Services Committee.

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

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

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

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

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

Applicants must describe how their internal quality assurance practices are in alignment with the CAMHD performance management system and quality assurance practices, including how service quality is internally monitored

through tracking and analyses of trends and patterns. They must also describe how information on their performance and quality will be used to make programmatic and practice improvements. Applicants must describe how they will partner and develop roles for youth and families in the monitoring and management of the agency, and how they will actively partner in performance management activities with the broader service system.

C. Emergency/Crisis Capacity

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

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

D. Referrals and Coordination

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

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

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

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

V. Financial

A. Pricing Structure

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

1. Pricing Methodology: Unit Cost

The method of pricing for most of the services requested in this RFP will be on a unit cost basis, in accordance with the CAMHD Maximum

Allowable Rates Schedule (**See Section 5, Attachment M**). The levels of care that are priced on a unit cost basis are listing on this schedule. For the purpose of this proposal, the Applicant shall adhere to this maximum allowable rate structure.

The unit rate is inclusive of all cost items whether they are direct or indirect when providing a service. The Applicant shall submit a unit rate for each proposed service identified in Section 2, III, Scope of Work. Example of indirect costs include, but are not limited to, personnel reference checks, orientation, training, clinical supervision, travel time, outreach costs, telephone calls, collateral contacts and travel unless specified as a billable service. For all services, there is no payment for wait time, no-shows, and or cancellations.

2. **Pricing Methodology: Cost Reimbursement**

Unless otherwise specified, services described as “negotiated” on the maximum allowable schedule are cost reimbursement. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles, which can be found at <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-Applicants>.

Budget line items are subject to review, approval, and acceptance by the state purchasing agency. After the first term of the contract or thereafter and based upon cost, utilization and performance reviews, the CAMHD may change the cost structure to performance-based (unit cost) to ensure that the required performance quality levels are achieved and that total payment is related to the degree that services performed meet contract standards. Rates will be negotiated based upon budget agreements, past expenditures and the Provider’s performance.

The applicant must submit a separate budget with accompanying justification budget forms for each service proposed. The following budget form(s) shall be submitted with the Proposal Application:

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

- ◆ SPO-H-206H Program Activities
- ◆ SPO-H-206I-Equipment Purchases
- ◆ SPO-H-206J-Motor Vehicle

3. Pricing Methodology: Cost Plus

Pricing methodology for cost plus will be based on a combination of Fee for Unit of Service Availability and Fee for Unit of Service Utilized with a minimum guaranteed payment equal to seventy-five percent (75%) of the Fee for Unit of Service Utilized rate times the total contracted Unit of Service.

The Fee for Unit of Service Availability structure requires the CAMHD to pay a daily unit rate for each unit of service that the Contractor makes available under the contract, even if that unit is not utilized by any youth.

The Fee for Unit of Service Availability structure requires the CAMHD to pay a daily Unit Rate for the days the unit is Utilized as determined by the formula: Unit Rate x Number of Units of Service Utilized = Payment amount.

A Unit of Service is defined as one day of residential or out of home services that includes program services as described in the CAMHPS, room and board, transportation and other costs related to providing the youth a safe environment. All activities requested for youths under this RFP and the attached CAMHPS are inclusive to the Unit of Service.

The service that will use the cost plus methodology is:

- **Community-based Residential III**

Total Units of Service and total funding amount allocated to the contract may be increased or decreased at any time, at the discretion of the CAMHD. The reasons for such increases or decreases, include but are not limited to, the program's performance, availability of funds, cost of living adjustments, utilization rates and a shifting of community needs and priorities.

B. Other Financial Related Materials

Applicants shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii cost principles. A copy of the audit, including a management letter issued by the auditor, shall be conducted on an annual basis and submitted to the STATE within six (6) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

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):

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

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

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

2. Information System

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

Describe the following:

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

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

VI. Other

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

Program Overview	0 points
Experience and Capability	35 points
Project Organization and Staffing	20 points
Service Delivery	30 points
Financial	15 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Proposal Application Checklist
- Hawaii Compliance Express Certificate
- Federal Certifications

- Licenses Required

2. Proposal Application Requirements

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

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

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

1. Experience and Capability (35 Points)

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

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. **[1 point]**
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong commitment to CASSP principles, particularly youth guided and family centered care, community-based care, and culturally competency. **[1 point]**
- Thoroughly describes the agency's vision, mission and goals showing a commitment to serving and supporting the population in manner with consistent with CAMHD values and core commitments. **[1 point]**
- Demonstrates a thorough understanding of the goals of the CAMHD through a specific description of how the agency and the services proposed will assist the CAMHD in achieving the CAMHD's goals within this contract term. **[1 point]**

B. Experience

- Demonstrates that the agency's key clinical leadership personnel possess the knowledge, skills, and abilities to train, supervise and monitor the delivery of the proposed services in accordance with the current evidence-based practice research. *[5 points]*
- Thoroughly describes the history and relevant background of the agency and its professionals and staff, illustrating a strong knowledge and experience base with the evidence-based services for the proposed population. *[1 point]*
- Demonstrates the agency's ability to provide and manage the proposed services in accordance with contractual obligations. Evaluation of this provision will include a specific review of the agency's performance monitoring results within the past three (3) years, as related to any services previously provided to the target population while under contract to the State. (agencies are strongly encouraged to provide monitoring reports) *[4 points]*

C. Quality Assurance and Evaluation

- Demonstrates agency's operational plans to govern implementation critical components of the QAIP. *[4 points]*
- Sufficiency of QAIP, including all required key elements as defined in the RFP. *[5 points]*
- Demonstrates the agency's specific operational work plan to assure how the agency's quality assurance will be integrated throughout the program and with CAMHD's QAIP. *[5 points]*

D. Coordination of Services

- Demonstrates of agency commitment and capability to coordinate services with schools, other child serving agencies, primary care provider and informal community programs and resources in the. *[4 points]*

E. Facilities

- Adequacy of facilities relative to the proposed services. Demonstrates of adequacy and viability of program space and facilities that allow for timely review of referrals, and delivery of proposed services. Residential treatment facilities have applicable licenses. **[3 points]**

2. Project Organization and Staffing (20 Points)

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

A. Staffing

- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. **[3 points]**
- Staff Qualifications: Demonstrates credentialing policy, internal protocols, and oversight that ensures minimum qualifications (including experience) of staff/clinicians/mental health professionals as guided by the CAMHPS requirements. **[2 points]**
- Demonstrates a workforce development program that assures timely and effective recruitment, orientation, training and supervision of mental health professionals, staff, and subcontracted providers, relative to the delivery of the proposed services in accordance with the CAMHPS, and all aspects of the contract. **[3 points]**
- Demonstrates a workforce development program that details how staff and subcontracted providers will be specifically trained and supervised regarding clinical practice in relation to evidence-based services, CASSP centered approaches, and evaluation of clinical outcomes. **[2 points]**
- Degree to which the agency's Youth Engagement policy details how youth and young adults will be given roles across the agency to include voice in their specific care, monitoring and quality assurance, management decisions, and various employment opportunities. **[3 points]**
- Degree to which the agency's Family Engagement policy details how family members will be given roles across the agency to include voice in their specific care, monitoring and quality assurance, management decisions, and various employment opportunities. **[2 points]**

B. Project Organization

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. *[2 points]*
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. *[3 points]*

3. Service Delivery (30 Points)**A. Need Assessment & Program Planning**

- Described how the proposed services are directly aligned with the core commitments and goals of CAMHD including evidence-based services; how youth/families will enter the agency; how youth/families receive evidence-based services, services, and support; and discharge protocols. *[4 points]*

B. Service Description and Implementation

- How the proposed services will be evidence-based and will build on the youth's and family's unique strengths, including mechanisms to assure that the youth and family are informed about evidence-based service options, guide their individualized service plan development and participate in the evaluation of treatment progress. *[4 points]*
- Describe how they will provide the proposed services in a timely and consistent manner, in compliance with the relevant standards, as specified in the CAMHPS. *[3 points]*
- Demonstrates the agency understands of cultural and linguistic needs of the population and community to be served, including unique factors and supports within the proposed geographic region(s). How the proposed services will build on the unique cultural values and linguistic needs of each youth and family within the proposed communities, including mechanisms to assure that the cultural and linguistic needs are addressed in each treatment plan. *[3 points]*
- How the proposed services will support youth by considering the developmental stage of the proposed population, and general life skills strategies to support their growth and development. *[3 points]*

- Demonstrates the agency's commitment to least restrictive interventions and best practices including strategies to include youth in community based normalized social and recreational activities. *[3 points]*
- Describes the agency's policies and procedures for identifying, addressing and managing transitions, showing understanding of the complexity of the needs and the need for collaboration and coordination. *[4 points]*

C. Emergency/Crisis Capacity

- Describes the agency's policies and procedures for developing and evaluating individualized crisis plans. *[3 points]*

D. Referrals and Coordination

- Evidence of support for this proposal from other child serving agencies, schools, CCCs, and community organizations from the community involved in the proposal, *[3 points]*

4. Financial (15 Points)

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

- Degree of competitiveness and reasonableness of unit cost(s) and cost proposal(s)/budget(s). *[3 points]*
 - Degree to which the cost proposal(s)/budget(s) demonstrates support of the scope of services and RFP requirements. *[3 points]*
 - **Pricing structure based on cost reimbursement**
Justification that personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal;
- Or
- **Pricing structure based on fixed unit of service rate**
Applicant's proposal budget is reasonable, given program resources and operational capacity. *[3 points]*
 - Demonstration of the adequacy of accounting system and infrastructure to support electronic/manual billing requirements

including a demonstration of the agency’s ability to accurately track cost of related services by youth served. *[3 points]*

- Demonstration of the agency financial solvency with submission of current (within 12 months of application) financial audit and management letter. *[3 points]*

Methodology for Calculating Scores

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

Figure 1. Likert Rating Scale

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

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 ((5/5)*3=3). If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 ((2/5)*3=1.2). The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

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

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

Section 5 Attachments

Attachment	Description
A	Proposal Application Checklist
B	Sample Proposal Table of Contents
C	Child and Adolescent Mental Health Performance Standards (Effective July 1, 2012)
D	State of Hawaii, Coordinated Service Plan
E	Federal Certifications
F	Hawaii Child & Adolescent Service System Program
G	Weekly Census Report on Client Status
H	CAMHD Credentialing and Recredentialing Policy & Procedures
I	CAMHD Quality Assurance and Improvement Program
J	CAMHD Seclusion and Restraints Policy & Procedures
K	CAMHD Sentinel Events Policy & Procedures
L	Quarterly Title IV-E Training Activities and Cost Report
M	CAMHD Maximum Allowable Rates Schedule