

STATE OF HAWAII  
**NOTICE OF AND REQUEST FOR  
 RESTRICTIVE PURCHASE OF SERVICE  
 PURSUANT TO §103F-403, HRS**

'07 JUL 26 A9:13

ADMINISTRATION  
 STATE PROCUREMENT OFFICE  
 2000 KALANOAUO DRIVE  
 HONOLULU, HI 96822

To: Chief Procurement Officer

From: Department of Human Services, Office of Youth Services  
*Department/Division/Branch or Office*

Pursuant to §103F-403, HRS, and Chapter 3-144, HAR, the department head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                         |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Title and description of health and human service(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |
|    | The Department of Human Services (DHS) wants to use a specific unique model, the Redirectional Method. This model is a unique approach to working with gangs that treats the entire gang as a therapy group (Rosen, S. M., Hingano, P. V., & Spencer, D. L. K. <i>Toward a Gang Solution: The Redirectional Method</i> . Tulsa, OK: National Resource Center for Youth Services, The University of Oklahoma, 1996). Two Program Specialists will assist in working with six gangs for a period of two years. Service will target a new population of TANF-eligible families. |                                                                                                                                         |
| 2. | Provider Name and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Adult Friends for Youth<br>3375 Koapaka Street, Suite B290<br>Honolulu, HI 96819                                                        |
| 3. | Total Contract Funds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$200,000                                                                                                                               |
|    | Contract Funds per Year (if applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$100,000                                                                                                                               |
| 4. | RH No. of Previous Request for this Service (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 5. | Term of Contract:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Start: 8/1/07                      End: 7/31/09                                                                                         |
|    | If the contract term is longer than 1 year, provide justification for the extended term:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | It will take two years to fully evaluate this specific intensive intervention in the new targeted population of TANF-eligible families. |
| 6. | Describe the circumstances justifying a restrictive purchase:<br>Adult Friends for Youth is the only organization that utilizes this unique model. The program director is the first author of the book on the model <i>Toward a Gang Solution: The Redirectional Method</i> , and it is recognized as the sole provider of this unique service by the National Resource Center for Youth Services. Given the unique nature of this model, it can only efficaciously implemented for the State by an agency with hands-on experience in implementing this program model.     |                                                                                                                                         |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>7. Describe the efforts and results in determining that this is the sole provider who can render services. Include approximate dates:</p> <p>From April 16 to April 18, DHS workers reviewed portions of the book as well as a review of that book by the National Resource Center for Youth Services that inventories and studies youth programs across the country. An additional Internet search verified no other agencies employing this unique model in working with youth gangs. Program staff who have worked with youth agencies locally for many years are not aware of any other program that has used and developed skills in applying this unique model.</p> |
| <p>8. List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:</p> <p>Lillian B. Koller, Esq., Director of Human Services<br/>Ed Igarashi, Fiscal Management Office Administrator<br/>Martha Torney, Acting Executive Director, Office of Youth Services</p>                                                                                                                                                                                                                                                                                                                                         |
| <p>9. Direct questions to (name &amp; position):</p> <p style="text-align: right;">Scott Ray</p> <p>Phone number: 721-6225</p> <p>e-mail address: scott_ray_assoc@yahoo.com</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**I certify that the information provided above is to the best of my knowledge true and correct.**

  
\_\_\_\_\_  
*Department Head Signature*

  
\_\_\_\_\_  
*Typed Name*

Lillian B. Koller

7/23/07  
\_\_\_\_\_  
*Date*

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**NOTICE**

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the aforementioned purchasing agency has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals.

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Statutes and Rules* and *Procurement of Health and Human Services*. Protests shall be hand delivered or postmarked by United States Postal Service within seven (7) days after the date this notice is first published on the internet. If hand delivered it must be submitted by 4:30 PM, Hawaii Standard Time, within seven days after day this notice is first published. Protests must be submitted to the following procurement officer **and** head of the purchasing agency:

**Procurement Officer for this Procurement**  
Martha Torney  
820 Mililani Street  
Suite 817  
Honolulu, HI 96813

**Head of Purchasing Agency**  
Lillian B. Koller  
1390 Miller Street, Room 209  
Honolulu, HI 96813

Protest forms and instructions are on the web at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Health and Human Services, Chapter 103F...* and *Forms for Private Providers*. Questions should be directed to the contact person noted in item 9 of the request.

Published: JUL 26 2007

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

No action required. DHS revised and resubmitted as RH No. 08-04-A.

APPROVED     DISAPPROVED     NO ACTION

  
Chief Procurement Officer Signature

8/22/07  
Date

Please ensure adherence to applicable administrative requirements.

LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR

HENRY OLIVA  
DEPUTY DIRECTOR

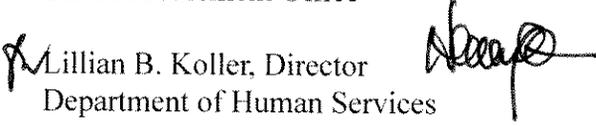
STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

July 23, 2007

MEMORANDUM

TO: Aaron Fujioka, Administrator  
State Procurement Office

FROM:  Lillian B. Koller, Director  
Department of Human Services

SUBJECT: Resubmission of Request for Restrictive Procurement for the Redirection Method of gang intervention

Please find the attached resubmission of a Request for Restrictive Procurement for the Redirection Method of gang intervention provided exclusively by Adult Friends for Youth.

The previous exemption request (#RH07-29) was approved for the period May 15, 2007 to May 14, 2010, but that request incorrectly described the procurement as a pilot project.

The Department of Human Services (DHS) seeks to procure this specific unique model to serve TANF-eligible families. The model had never previously been procured specifically to serve that special population, although it had been used in the past, and it was, therefore, incorrect to describe it as a pilot.

I request that you please approve this revised version of the request for the two-year period August 1, 2007 to July 31, 2009.

Your assistance in this matter will be most appreciated.

Attachment

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FOR RESTRICTIVE PURCHASE OF SERVICE  
PURSUANT TO §103F-403, HRS

Pursuant to §103F-403, Hawaii Revised Statutes and Chapter 3-144, Hawaii Administrative Rules, the Department of Human Services, Office of Youth Services, has submitted a request to the chief procurement officer for a restrictive purchase of service for health and human services, and if approved, intends to purchase the service without issuing a request for proposals. (To see the request, go back to the [State and County Procurement Notices](#) page and click on "More Info.")

Any person may file a written protest under the procedures established under Chapter 3-148, Hawaii Administrative Rules, located on the web at <http://www.spo.hawaii.gov/>, click "Statutes and Rules," then "Procurement of Health and Human Services." Protests shall be hand delivered or postmarked by United States Postal Service within seven days after the date this notice is first published on the Internet. If hand delivered, it must be submitted by 4:30 p.m., Hawaii Standard Time, within seven days from the date this notice is first published. Protests must be submitted to the procurement officer and head of the purchasing agency as specified in the request. Protest forms and instructions are on the web at <http://www.spo.hawaii.gov/>, click on "Health and Human Services, Chapter 103F..." then "Forms for Private Providers." Questions should be directed to the contact person noted in item 9 of the request.