

STATE OF HAWAII

10 JUL 15 P1 53 NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS

STATE PROCUREMENT OFFICE
To: STATE OF HAWAII Chief Procurement Officer

From: Department of Health, Alcohol and Drug Abuse Division (ADAD)
Department/Division/Branch or Office

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):	Hawaii Access to Recovery (ATR Ohana) Services. The ATR Ohana grant project will provide clinical treatment and recovery support services to substance using clients age 12 and older in Hawaii. The purpose of this initiative is to expand capacity of the recovery oriented system of care, to ensure client choice in the process of gaining access to and enrollment in ATR Ohana clinical treatment and recovery support services, to provide services to clients seeking access to substance abuse treatment and recovery support services through non-traditional pathways, and to assist clients in recovery to successfully maintain their sobriety and to minimize the likelihood of return to use. Clinical treatment services include, but are not limited to: substance abuse assessment, substance abuse education classes, motivational enhancement, outpatient treatment, intensive outpatient treatment, and recovery check-ups. Recovery support services include, but are not limited to: transportation, child care, housing support, individual and group education services, mentoring services, dental services, and sober support activities.
2. Provider Name and Address:	Multiple vendors interested in providing various ATR Ohana clinical treatment and recovery support services in Hawaii, obtained from a request for qualification type process.
3. Total Contract Funds: Contract Funds per Year (if applicable):	\$11,079,615 (estimated) ^{CU} \$2,769,904
4. Reference number of Previous Request for this Service (if applicable):	PEH No. 08-21
5. Term of Contract:	Start: Upon Approval End: 8/31/14

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
EXEMPTION FROM CHAPTER 103F, HRS

6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:

It is not feasible to procure these services because of the following specific ATR Ohana grant requirements: 1) No Contracting Allowed-States are not allowed to contract with agencies to provide ATR Ohana funded clinical treatment or recovery support services [See attachment Page 6]; 2) Client Choice Required-States must ensure that eligible clients are able to choose from various qualified clinical treatment and recovery support services in their community [See attachment page 5]; 3) Full and Prompt Implementation-ATR Ohana must be fully implemented within ninety (90) days of notice of award [See attachment Page 8]; and 4) Building a Robust Service List-States are required to develop and maintain clinical treatment and recovery support service lists that ensure client choice and include faith-based and community based service provider options [See attachment Page 7]. This requires traditional application processes to be simplified to ensure that non-traditional faith-based and community-based service providers can effectively compete with sophisticated traditional service providers, and that eligibility requirements are flexible enough to allow adding qualified providers on an on-going and regular basis to ensure that client choice is maintained across all four years of the grant. The usual RFI approach is not feasible since the RFI announcement would need to be posted continuously throughout the entire 4 years period of the grant. Additionally, those agencies that are the target of the ATR grant are small, non-traditional, unsophisticated local faith-based and culture-based service provider agencies who would not be likely to learn about the procurement opportunity through the usual RFI processes. As some of the services may be areas that have not been traditionally procured by the public sector, such as spiritual counseling and cultural healing practices, the State anticipates that, initially, a limited number of qualified service providers will be open to participate in this effort. It is important that the state have the ability throughout the four year grant period to add new providers and remove problematic providers in an expeditious and efficient manner in order to maintain the choice requirement of this grant. Procurement activities likely to be effective with the target provider group include newspaper, radio, and social media avenues (Craig's list, e-mail groups, faith community bulletin boards), community outreach, and other direct appeals during community events or speaking engagements. For specific grant requirements related to procurement, please see the attached documents.

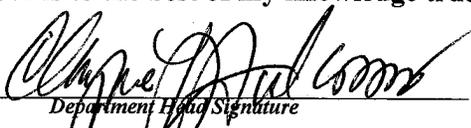
7. Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:

The ADAD, in accordance with the ATR Ohana grant requirements, will clearly articulate the various qualifying factors for the various clinical treatment and recovery support services in order to ensure quality services are provided to participants in the ATR Ohana project. ADAD will, in service areas that are licensed, certified, or regulated by government entities, rely on the provider's good standing and compliance with these agencies as the primary basis to determine their qualification (clinical treatment, child care, transportation, and housing). In areas that are not regulated or licensed by a government entity (spiritual counseling and cultural healing practices), ADAD will establish qualifying factors based on standard clinical practices, available best practices or science-based practices, or self-identified community or field practitioner standards. ADAD will not determine a ranking of qualified providers, but merely determine if the interested providers meet the Stated qualification and are interested in working with the targeted population. Client survey results and other service content information will be made available to potential clients to assist them in their personal decision process for selecting their preferred service provider from among all ATR Ohana providers. Efforts will be made to assess and qualify as many interested providers as possible and to build the service provider directory in order to ensure that clients can choose from a range of clinical treatment and recovery support services in their community. ADAD will host numerous "request for qualified providers" sessions in local communities in order to initially build the service list as quickly as possible. On-going targeted provider solicitation sessions will be held throughout the duration of the ATR Ohana grant project in order to maintain a current and resource rich listing of providers.

STATE OF HAWAII
 NOTICE OF AND REQUEST FOR
 EXEMPTION FROM CHAPTER 103F, HRS

8.	Describe the state agency's internal controls and approval requirements for the exempted procurement: The ADAD, in accordance with the ATR Ohana grant requirements, will be working with substance using clients who have been assessed for clinical treatment and recovery support needs. ATR Ohana staff, along with contracted treatment and recovery support service providers, will ensure that only eligible individuals will have access to ATR Ohana clinical treatment and recovery support services. The ATR Ohana grant also supports five positions, Project Director, Treatment and Recovery Support Services Coordinator (Service Developer), Fiscal Coordinator (Accountant), Internet Technology (IT) Coordinator (Quality Assurance Monitor), and Secretary, that will assist in the operationalization of this grant. The Project Director is directly responsible to ensure that all grant requirements are executed and provides oversight of all aspects of grant implementation. The Treatment and Recovery Support Services Coordinator (Service Developer) will be directly responsible for ensuring that the service procurement process is maintained as detailed in the request for exemption, and will continue to provide a fair, open, and clear process that ensures that all qualified providers are added to the service list. The IT Coordinator (Quality Assurance Monitor) will assist in ensuring that the service providers are providing necessary service delivery data required by the grant, will confirm that services are provided as stated in the provider service agreements, and will ensure that funds are not expended wastefully, fraudulently, or abusively. The Fiscal Coordinator (Accountant) will ensure that payment procedures are followed, claims are paid in a timely manner, grant funds are expended in managed yearly and quarterly increments, problematic or unusual expenditure patterns are identified and investigated, and performs routine financial monitoring and full audits of service providers at a rate of no less than ten (10) percent of ATR Ohana grant vouchers.
9.	List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract: Keith Yamamoto, Division Chief; Margaret Tom, CCSB Chief; Bernie Strand, ATR Project Director; Dr. JoHanna Mechergui, ATR Service Developer; Allan Sagayaga, ATR Quality Assurance Monitor; Enrique "Mike" Palma, ATR Accountant.
10.	Direct questions to (name & position): Bernie Strand, ATR Project Director Phone number: 808-692-7619 e-mail address: bernie.strand@doh.hawaii.gov

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



Department Head Signature 7/06/2010
Date
 Chiyome Leinzata Fukino, M.D.,
 Director of Health

Typed Name

NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

Chief Procurement Officer's Comments:

STATE OF HAWAII
NOTICE OF AND REQUEST FOR
EXEMPTION FROM CHAPTER 103F, HRS

APPROVED DISAPPROVED NO ACTION



Chief Procurement Officer Signature

7/27/2020
Date

Please ensure adherence to applicable administrative requirements.

I. FUNDING OPPORTUNITY DESCRIPTION

1. INTRODUCTION

The United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of fiscal year (FY) 2010 funds for Access to Recovery (ATR) grants. The ATR grants provide funding to Single-State Substance Abuse Agencies in the States, Territories, and the District of Columbia, Tribes and Tribal organizations to carry-out voucher programs for substance abuse clinical treatment and recovery support services pursuant to sections 501(d)(5) and 509 of the Public Health Service Act (42 U.S.C. sections 290aa(d)(5) and 290bb-2). This program addresses Healthy People 2010 focus area 26 (Substance Abuse).

The Access to Recovery (ATR) Program is designed to provide client choice among substance abuse clinical treatment and recovery support service providers, expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and increase substance abuse treatment capacity. Monitoring outcomes, tracking costs, and preventing waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds are also important elements of the ATR program.

Through the ATR grants, the Single-State Substance Abuse Agencies in the States, Territories, and the District of Columbia, Tribes and Tribal Organizations (hereinafter collectively referred to as "SSAs/Tribes/Tribal Organizations") will have flexibility in designing and implementing voucher programs, consistent with proven models, to meet the needs of clients in their target regions. A major goal of the ATR program is to ensure that clients have a genuine, free, and independent choice among a network of eligible providers. SSAs/Tribes/Tribal Organizations are encouraged to develop provider networks that offer an array of clinical treatment and recovery support services that can be expected to result in cost-effective, successful outcomes for the largest number of people.

Current and former ATR grantees, as well as entities that have not received an ATR grant and that meet the eligibility criteria, may apply. (See Section III-Eligibility Information for additional information about eligibility for the ATR program.) Current grantees must propose to enhance or expand efforts in the proposed geographic area, client population, services provided, or any other component that was not included in previous grant(s). Applications from previously funded ATR grantees will be subject to evaluation of past performance (GPRA client targets and use of funds as planned in the program budget), among other review criteria (See **Section I-2-Expectations and Appendix M of this RFA**).

As of February 2009, approximately 1.89 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Individuals returning from Iraq and

Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

2. EXPECTATIONS

ATR grantees will be expected to use their ATR grant funds to facilitate individual choice and promote multiple pathways to recovery through the development and implementation of substance abuse treatment and recovery support service voucher systems. Multiple pathways to recovery include, for example, the use of anti-addiction medications, faith-based treatment and recovery support services, peer-to-peer recovery support services, among other pathways.

SSAs/Tribes/Tribal Organizations should propose innovative strategies for their ATR projects to accomplish the following program objectives:

- Ensure genuine, free, and independent client choice for substance abuse clinical treatment and recovery support services appropriate to the level of care needed by the client. For the purposes of this grant program, choice is defined as a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.
- Provide all substance abuse assessment, clinical treatment, and recovery support services funded through the ATR grant through vouchers given to a client by an SSA/Tribe/Tribal Organization. No funding shall be given directly to a provider through a grant or contract to provide any services under this program, including assessments. By vouchering services, the ATR program employs an indirect funding mechanism¹.
- Ensure each client receives an assessment for the appropriate level of services and is then provided a genuine, free, and independent choice among eligible providers, among them at least one provider to which the client has no religious objection.

¹ Indirect funding means that individual, private choice, rather than the Government, determines which substance abuse service provider eventually receives the funds. With indirect funding, the individual in need of the service is given a voucher, coupon, certificate, or other means of free agency, such that he or she has the power to select for himself or herself from among eligible substance abuse service providers, whereupon the voucher (or other method of payment) may be “redeemed” for the service rendered. Under “direct” funding, the Government or an intermediate organization with the same duties as a governmental entity purchases the needed services directly from the substance abuse service provider. Under this scenario, there are no intervening steps in which the client’s choice comes into play. The government or intermediate organization selects the provider from which the client will receive services.

Allow eligible clients to use their vouchers to pay for assessment and other clinical treatment and recovery support services from a broad network of eligible providers. The network of eligible providers should include provider organizations that have not previously received public funding. Eligible service providers for the voucher program may include the following: public and private, nonprofit, proprietary organizations, including faith-based and community-based organizations, as approved through established procedures by the SSA/Tribe/Tribal Organization.

Ensure that faith-based organizations otherwise eligible to participate in this program are not discriminated against on the basis of their religious character or affiliation.

Maintain accountability by creating an incentive system for positive outcomes and taking active steps to prevent waste, fraud and abuse.

Expand clinical treatment and recovery support services by leveraging use of all Federal funds, preventing cost shifting, and ensuring that these funds are used to supplement and not supplant current funding for substance abuse clinical treatment and recovery support services in the State. [Note: SSAs/Tribes/Tribal Organizations must include a letter in **Attachment 4** of the application certifying that they will not use ATR funds to supplant current funding if they receive an award.]

In developing applications for the ATR program, applicants must establish a goal for the total number of clients to be served over the four years of the program (“four-years numbers-served goal”) and identify key milestones over the four-year grant project that will result in achievement of the four-year numbers-served goal. Applicants should be aware that SAMHSA is seeking to serve 225,000 people over the four years of the ATR program (33,500 in year 1; 70,750 in year 2; 70,750 in year 3; and 50,000 in year 4). Grantees will be held accountable for meeting the milestones they have identified in their applications and contributing to the overall target for the ATR program. If a grantee fails to meet a milestone, future funding may be delayed until the grantee provides evidence that the milestone has been met. Furthermore, failure to meet the clients served target in any year of the program may affect competitiveness for future funding opportunities. Given the 225,000 SAMHSA target for the four years of the program, successful applicants may be asked to negotiate their clients served goals, in total and by year, to comport with the overall target SAMHSA must achieve.

SAMHSA is especially interested in ensuring that the voucher systems supported through the ATR projects include the most cost-effective mix of clinical treatment and recovery support services necessary to achieve intended outcomes. Applicants must include both types of services in their proposed projects and are encouraged to devote substantial funds to recovery support services. In the 2007 cohort of ATR grantees, 48% of funds spent on vouchers were allocated to recovery support services. SAMHSA encourages ATR grantees to continue allocating a comparable level of resources for recovery support services.

For many clients, it will be desirable to provide a full array of services with the emphasis changing as the client moves through the recovery process. For example, in the early, acute phase of the recovery process, greater emphasis may be placed on clinical treatment services. However, when clients complete clinical treatment and enter a maintenance phase, the emphasis may switch toward recovery support services. In some cases, depending on the results of the initial assessment, recovery support services alone will suffice.

Applicants may wish to prioritize the proposed services/target populations (e.g., services for methamphetamine-addicted clients, services for drug court clients, etc.) based on local needs.

SAMHSA is interested in supporting different organizational models to implement substance abuse voucher programs, including, but not limited to the following:

- Full implementation of the program through the SSA/Tribe/Tribal Organization.

- Implementation of the program through public/private partnerships (i.e., a contract between the SSA/Tribe/Tribal Organization and a lead private entity to implement all or part of the program).

SSAs/Tribes/Tribal Organizations may implement the program Statewide, or may target geographic areas of greatest need, specific populations in need, or areas/populations with a high degree of readiness to implement a voucher program. SSAs/Tribes/Tribal Organizations may propose alternate models for consideration, as long as they conform to the expectations articulated above.

SSAs/Tribes/Tribal Organizations are encouraged to minimize the funds used to cover both the direct and indirect costs of administration of the program, to develop a system to manage the program on the basis of reasonable costs, to develop a system to provide incentives to eligible providers with superior outcomes, and to include a broad range of stakeholders in planning and designing their proposal.

Appendix A of this announcement provides hypothetical examples of two projects that conform to these expectations. SSAs/Tribes/Tribal Organizations may wish to consult this appendix as a starting point for developing their ATR grant applications.

Newly funded grantees are expected to fully implement their voucher programs no later than 4 months after the award date. Previously ATR-funded grantees are expected to fully implement their voucher programs no later than 3 months after the award date. **See Appendix B** for a listing of full implementation requirements for new and previously ATR-funded applicants. SAMHSA/CSAT will provide technical assistance to support grantees with meeting these implementation deadlines.

Grantees are expected to maintain four key staff on the grant project: Project Director, Treatment and Recovery Support Services Coordinator, Information Technology



"Strand, Bernice \\\(Bernie)"
<Bernice.Strand@doh.hawaii.gov>

07/19/2010 08:47 AM

To <corinne.y.higa@hawaii.gov>

cc

bcc

Subject Clarification on PEH No. 08-21

Aloha Corinne,

Thank you for speaking with me on the phone this morning. I appreciate all you are doing to assist us with ensuring that our forms are accurate related to the anticipated 2010 ATR grant funding.

As we discussed, I am requesting that the funding estimate listed in item 3, "Total Contract Funds", of the Notice of and Request for Exemption from Chapter 103F, HRS (Form PEH No. 08-21), should be indicated as an estimated amount. This is because we anticipate opportunities during the grant period for Hawaii ATR to earn additional incentive grant funds based on positive performance.

Thank you for your assistance in this matter.

Bernie Strand

Bernie Strand, MSW, Project Director
Hawaii Access To Recovery (ATR)
601 Kamokila Blvd., Room 360
Kapolei, HI 96707
work: (808) 692-7619
fax: (808) 692-7521

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or privileged information. Any review, use, disclosure, or distribution by unintended recipients is prohibited. If you are not the intended recipient, please contact the sender by replying to this e-mail and destroying all copies of the original message.