

State of Hawaii
Department of Public Safety
Hawaii Paroling Authority

Request for Proposals

RFP No.: PSD 16-HPA-25 Multiple Substance Abuse Treatment Services for Male and Female Parolees on Oahu

February 19, 2016

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

February 19, 2016

**REQUEST FOR PROPOSALS
PSD 16-HPA-25**

**MULTIPLE SUBSTANCE ABUSE TREATMENT SERVICES FOR MALE AND
FEMALE PAROLEES ON OAHU**

The Department of Public Safety, Hawaii Paroling Authority, is requesting proposals from qualified applicants to provide multiple substance abuse treatment services for male and female parolees on the island of Oahu. The initial contract term will be for a twelve month period commencing on June 1, 2016, or the Start Date on the Notice to Proceed. This contract may be extended for an additional two (2) twelve-month periods or portions thereof, subject to the satisfactory performance of the provider, the availability of funds and upon mutual agreement. Multiple contracts will not be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service before midnight on or before March 21, 2016, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on March 21, 2016, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after 4:30 p.m. HST, of the submittal deadline shall be considered late, and will be returned to the applicant as rejected. There are no exceptions to this requirement.

The Department of Public Safety, Hawaii Paroling Authority, will conduct an orientation on February 26, 2016 from 10:00 A.M. to 11:00 A.M., HST, at 919 Ala Moana Boulevard, Room 413, Honolulu, Hawaii 96814. A telephone call-in is also available at 1 (712) 432-1212, enter meeting ID 271 724 223# when prompted. All prospective Applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on March 1, 2016. All written questions will receive a written response from the State on or about March 4, 2016.

Any inquiries and requests regarding this RFP should be directed in writing to Mr. Marc Yamamoto or Shelley Kohashikawa at 919 Ala Moana Boulevard, Room 413 Honolulu, Hawaii 96814, fax: (808) 587- 1244, e-mail: marc.s.yamamoto@hawaii.gov or shelley.i.kohashikawa@hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One (1) Original + Three (3) Copies

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN *March 21, 2016* and received by the state purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins

Department of Public Safety
Administrative Services Office-
Procurement & Contracts
919 Ala Moana Boulevard
Room 413
Honolulu, Hawaii 96814

RFP COORDINATOR

Marc S. Yamamoto, PSS IV
Telephone: (808) 587-1215
Facsimile: (808) 587-1244
Email:
marc.s.yamamoto@hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), March 21, 2016.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., **March 21, 2016.**

Drop-off Sites

Department of Public Safety
Administrative Services Office-
Procurement & Contracts
919 Ala Moana Boulevard
Room 413
Honolulu, Hawaii 96814

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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.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. 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)	February 18, 2016
Distribution of RFP	February 18, 2016
RFP orientation session	February 26, 2016
Closing date for submission of written questions for written responses	March 1, 2016
State purchasing agency's response to applicants' written questions	March 4, 2016
Discussions with applicant prior to proposal submittal deadline (optional)	Not Applicable
Proposal submittal deadline	March 21, 2016
Discussions with applicant after proposal submittal deadline (optional)	March 24, 2016
Final revised proposals (optional)	March 31, 2016
Proposal evaluation period	March 21, 2016 to April 15, 2016
Provider selection	April 18, 2016
Notice of statement of findings and decision	April 18, 2016
Contract start date	June 1, 2016

1.2 Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	http://spo.hawaii.gov/wp-content/uploads/2013/12/103F13.pdf
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

1.3 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.

1.4 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.

1.5 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 Public Safety
Hawaii Paroling Authority
1177 Alakea Street first floor
Honolulu, HI 96813

Attention: Mr. Michael Knott
Telephone: (808) 587-1309
Facsimile: (808) 587-1314
e-mail Address: michael.d.knott@hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Marc S. Yamamoto
Department of Public Safety
Administrative Services Office – Procurement and Contracts
919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

e-mail: marc.s.yamamoto@hawaii.gov
Telephone: (808) 587-1215
Facsimile: (808) 587-1244

1.7 Orientation

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

Date: February 26, 2016 **Time:** 10:00 am to 11:00 am HST
Location: 919 Ala Moana Boulevard, Room 413
Honolulu, Hawaii 96814

A telephone call-in is also available at 1 (712) 432-1212, enter meeting ID 271 724 223# when prompted. All prospective Applicants are encouraged to attend the orientation.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: March 1, 2016 **Time:** 4:30 p.m. HST

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

Date: March 4, 2016

1.9 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 Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

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

2. **Proposal Application Checklist.** The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated 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 SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. 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. **Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
 - **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a

nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **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.

- H. **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, or as amended. 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, or as amended. Proposals shall be rejected when:
 - 1. Postmarked after the designated date; or
 - 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - 3. 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.

Facsimile or E-mailed Proposal Submittals. Proposals submitted through electronic means shall **not** be accepted.

1.10 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 with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal 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.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

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

1.14 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 final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 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 interest of the State.

1.16 Costs for Proposal Preparation

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

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the 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 §§3-142-202 and 3-142-203.

1.18 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 §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant 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 provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. 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: Nolan P. Espinda	Name: Teresita V. Fernandez
Title: Director	Title: Business Management Officer
Mailing Address: 919 Ala Moana Boulevard, Room 400 Honolulu, Hawaii 96814	Mailing Address: 919 Ala Moana Boulevard, Room 413 Honolulu, Hawaii 96814
Business Address: Same as Above	Business Address:

1.21 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.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Liability Insurance

The Service Provider shall maintain insurance acceptable to the State in full force and effect throughout the term of this contract. The policy or policies of insurance maintained by the Contractor shall provide the following limit(s) and coverage:

Coverage	Limits
Commercial General Liability (occurrence form)	\$2,000,000 each occurrence
Automobile, if applicable	Bodily injury \$2,000,000/person \$2,000,000/occurrence Property damage \$1,000,000/accident
Professional Liability, if applicable	\$2,000,000/claim \$2,000,000 annual aggregate

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

1. “The State of Hawaii, Department of Public Safety, is added as an additional insured as respects 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.”

Each insurance policy shall be written by insurance companies licensed to do business in the State or meet Section 431:8-301, HRS, if utilizing an insurance company not licensed by the State of Hawaii.

The Service Provider agrees to deposit with the State of Hawaii, on or before the effective date of this contract, 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. Upon request by the State, Contractor shall furnish 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 procuring of such required policy or policies of 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.

If the Contractor is authorized by the Department Coordinator to subcontract, subcontractor(s) is not excused from the indemnification and/or insurance provisions of this contract. In order to indemnify the State, the Contractor agrees to require its subcontractor(s) to obtain insurance in accordance with the insurance provisions of this contract.

1.23 Cost Principles

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 as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. 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

2.1 Introduction

A. Overview, purpose or need

Drug abuse is a serious problem in the State of Hawaii, and current policies and practices in the criminal justice system have not adequately addressed the issue. Within Hawaii's criminal justice system, there is a major shift in philosophy on how to deal with the needs of drug offenders by requiring nonviolent drug possession offenders to participate in community-based supervision and treatment.

The research in the area of substance abuse demonstrates the destructive impact of alcohol and other substance abuse on personal health and health care costs, the spread of communicable disease, educational performance and attainment, work force participation, safety and productivity in the workplace, and financial stability. These indicators of social erosion are in turn, related to crime in many obvious, but hard to measure ways. Given the recognized relationship between crime and substance abuse and addiction, it is necessary and appropriate to use, adapt, and expand the resources and remedies available within the criminal justice system to address the problem of substance abuse dependency and thereby to help reduce the demand for illicit drugs and the incidence of drug-related crimes.

Studies reveal that a large percentage of persons who are arrested for both drug and non-drug offenses (such as thefts, burglaries, robberies, assaults, rapes, and homicides) test positive for recent drug use. Adults who are under the influence of a controlled substance or alcohol commit many offenses to raise revenues to support their habits. Some mind and mood altering drugs induce criminal and often-violent behavior, reducing the person's inhibitions as well as the person's ability to anticipate future consequences, thereby undermining the deterrent thrust of the criminal law.

Finally, some crimes, including crimes of violence, are committed in the normal course of conducting illicit drug businesses and enterprises. These include strong-arm robberies and "rip-offs," violent retaliations for these offenses, and efforts to protect markets and "turf" by means of intimidation and terrorism directed against "would be" competitors and drug purchasers who patronize competing drug distributors.

Most addicted offenders who are convicted of serious crimes and who are sentenced to terms of imprisonment will eventually be released back into the community either on parole or at the expiration of their sentences. Without proper treatment, an offender is at risk to continue to be drug dependent and to commit new offenses,

resulting in further injury to victims, loss of property, and the expenditure of limited resources to identify, apprehend, prosecute, and return the offender to confinement.

The Hawaii Paroling Authority is responsible for supervising a parole population of more than 1,640. During fiscal year 2014, there were three hundred and eighty three (383) Parole Violation Hearings. Of these 383 hearings, about eight five (85%) of the violations, were drug related.

The State of Hawaii has incorporated a continuum of “best practice – evidence based” services as opposed to the reliance on a single program intervention. The designed continuum of care service delivery system comprises of substance abuse education programming for the low-risk offender, standard and intensive outpatient programming for the medium-to-low-risk offender and day treatment, short-term and long-term residential treatment for high risk offenders. This service delivery continuum is based on the assessment and matching process that is critical in the effort to maximize positive client outcomes and the effective use of funding, time and resources.

The Hawaii Paroling Authority believes based upon all of the available research, if a parolee’s substance abuse problem is left untreated, their likelihood for succeeding on parole is severely diminished. By treating this significant criminogenic need, the parolees’ ability to conform to the terms and conditions of his/her parole will be greatly enhanced.

A continuum of gender appropriate multi-disciplinary treatment services for male and female parolees is critical to provide smooth transition from incarceration to parole. This continuum of gender appropriate services shall include (but not be limited to), Residential, Intensive Outpatient, Outpatient, and Aftercare. This continuum of treatment services will permit the service provider to match the parolee with the appropriate level of treatment, depending on the extent of the substance abuse problem.

B. Planning activities conducted in preparation for this RFP

Pursuant to HAR, Chapter 3-142-202(e), the head of purchasing agency has waived the requirement for the issuance of a request for information on the basis that the following have remained unchanged: target population for services; the geographic location; and the scope of services.

C. Description of the service goals

The goal of the program is to prevent re-incarceration by providing parolees with histories of substance abuse with the skills to assist them in remaining drug and alcohol free. The service provider shall develop an individualized treatment plan for each male and female parolee and link the offenders with the appropriate treatment services in the community.

D. Description of the target population to be served

The target population consists of male and female parolees who have a problem with substance abuse. All referrals must come from the Hawaii Paroling Authority. All clients shall have been assessed by the Hawaii Paroling Authority as being at medium-to-high risk for recidivism due to the presence of substance dependence, and shall meet the DSM-V criteria for substance abuse dependence. All clients in any level of treatment shall meet the latest version of the American Society for Addiction Medicine Criteria, (ASAM Criteria) for admission, continuance, and discharge.

E. Geographic coverage of service

Services shall be provided to male and female parolees on the island of Oahu referred by the Hawaii Paroling Authority.

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

Funding for the Multiple Substance Abuse Treatment Services for Male and Female Parolees on Oahu is estimated at \$200,000.00, for the period commencing on the date indicated on the Notice to Proceed for a period of 12 months. Subject to satisfactory performance of the provider, the availability of funds and upon mutual agreement in writing, this contract may be extended for not more than two (2) additional twelve month periods or fraction thereof.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

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

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

- a.) Residential programs, in accordance with **Title 11, Chapter 98, Special Treatment Facility**, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs.
 - b.) All SERVICE PROVIDERS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System**.
2. The Service Provider shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
 3. The Service Provider receiving advanced payment for services shall reconcile the amount of the advance by the end of the first quarter of the contract.
 4. After contract execution, the Service Provider shall submit a copy of its operating policies and procedures to the DEPARTMENT when requested. The copy is to be provided at the Service Provider's expense.
 5. The Service Provider shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.
 6. All substance abuse record shall be kept confidential pursuant to **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the Service Provider shall resist in judicial proceedings, any efforts to obtain access to patient records except as permitted by such regulations, and **Section 334-5, HRS, Confidentiality of Records**.
 7. The Service Provider shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a.) Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b.) Assures staff education on HIV and AIDS at least once per year.
 - c.) Provides AIDS education to all clients.
 - d.) Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS**.

- e.) Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines**.
 - f.) Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high-risk clients to have a blood test for HIV antibodies.
8. The Service Provider shall adopt a policy regarding tuberculosis (TB) which states it provides for TB education as appropriate.
 9. The Service Provider shall develop and maintain fiscal, statistical, and Administrative records pertaining to services as specified by the DEPARTMENT.
 10. The Service Provider shall make an acknowledgment of the DEPARTMENT and ADAD as the SERVICE PROVIDER'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.
 11. The Service Provider shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the SERVICE PROVIDER may consult the Substance Abuse and Mental Health Services Administration (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-7, "Important Website Addresses."**
 12. The Service Provider shall have a mechanism for receiving, documenting, and responding to consumer grievances, including an appeals process.
 13. The Service Provider shall have a written plan for disaster preparedness.
 14. The Service Provider must have by-laws or policies that describe the manner in which business is conducted and policies that relate to nepotism and management of potential conflict of interest situations.
 15. The Service Provider shall have a minimum of one (1) year experience in the provision of substance abuse treatment services for substance abuse clients

plus a minimum of one (1) additional year of successful experience in the provision of substance abuse treatment services for the parole population.

16. The Service Provider shall be required to accept parolees who have been assessed by the Department as being appropriate for services, unless the service provider presents to the Department, justifiable reason(s) that a parolee should not be accepted into the program.

B. Secondary purchaser participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: none.

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards: not applicable.

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

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

Contract terms:

Initial Term of contract: The initial period shall commence on June 1, 2016, or the start date or Notice to Proceed, whichever is later for a twelve month period.

Length of each extension: 12 months

Number of Possible Extensions: Two (2)

Maximum Length of Contract: Three Years (36 months)

Conditions for extension: Upon availability of funds, and written agreement prior to the expiration of the contract period.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. The overall rehabilitation approach of the offender treatment shall be cognitive and behavioral with heavy emphasis on relapse prevention. The therapeutic approach shall be holistic, with a focus on the bio-psycho-social needs of the parolees (physical, mental, social, emotional, familial, and spiritual). Services shall be designed to help offenders change their thought process, attitudes, values and behaviors from negative and dysfunctional to positive and self-fulfilling. Treatment services shall follow the principles of effective treatment intervention, based in part on the National Institute on Drug Abuse principles of drug addiction treatment as follows:
 - Assessment of offenders, to include risk of re-offending, substance abuse treatment needs, and criminogenic needs are essential.
 - Match level of services to level of risk
 - Match treatment with appropriate levels of care that meet individual needs based on assessment of parolee characteristics, such as learning style, and responsivity.
 - Treatment models should be research based and include social learning and cognitive behavioral techniques.
 - Relapse/recidivism prevention of both substance abuse and criminal behaviors needs to be the focus of treatment.
 - Treatment must target criminogenic issues, such as antisocial attitudes, chemical dependency, criminal companions, physical and mental health, social relationships, vocational/financial, residence/neighborhood, and education.
 - Length of stay in treatment must be sufficient for change to occur, but not so long as to reduce treatment effectiveness.
 - Treatment providers must be responsive to the parolee population and goals of the overall program.
 - Possible drug use during treatment must be monitored continuously.
 - Medications are an important element of treatment for many, especially when combined with counseling and behavioral therapies.
 - Aftercare is essential.

2. The multiple substance abuse treatment services for parolees shall be comprehensive and include a continuum of services such as Initial Screening and Assessment Services, Residential, Intensive Outpatient, Outpatient, and Aftercare modalities as defined below. Services under this section shall be provided to only those parolees referred by the Hawaii Paroling Authority.
 - a. Initial Screening and Assessment Services

The Service Provider shall provide staff to conduct screening and assessment services of parolees referred for treatment within

fourteen (14) days of referral and shall not exceed one hour per individual.

Assessment results shall be presented in writing to the referring parole officer within five (5) working days of the assessment session based on the assessment results, plans shall be developed for those individuals who have been identified as having moderate to serious substance abuse problems. Treatment plans shall include problem areas to be addressed in treatment, treatment services recommended (group, individual, and family counseling), projected time in treatment, short and long range treatment goals, and shall measure a parolee's progress in treatment.

The Service Provider shall develop and have a mechanism for periodic review and updating of the treatment plan as the parolee progresses through treatment with monthly written progress reports being submitted to the referring parole officer. Progress reports shall include:

1. The first and last name of the offender;
2. The date of the report;
3. The time period the report covers.
4. The name of the agency providing services.
5. The location (facility) where the service was delivered.
6. The number of attended sessions versus the total number of sessions offered during the time period covered by the report.

Each progress report for each inmate shall be stamped CONFIDENTIAL in the upper right corner on the first page. Reports shall focus on the content of the individual's progress. Progress reports for group sessions will include the stated goals covered during the reporting period; the parolee's improved performance to reach the stated goal; any problems (i.e. when parolees lack the support of their family members in treatment) encountered during reporting period and how these problems were addressed. Inadequate progress reports will be grounds for contract termination.

Upon acceptance to the Service Provider's program, parole officers shall provide a copy of the Level of Service Inventory-Revised (LSI-R) to the Service Provider. The Service Provider shall openly communicate with the referring parole officer.

The Service Provider shall immediately notify the referring parole officer when a parolee is not accepted into the program, when parolees do not contact the program, when parolees are terminated or when parolees do not attend their initial sessions within five (5) working days of the referral.

As ruled by the Office of Information Practices, the Hawaii Paroling Authority may withhold from inspection by the parolee or his attorney, all confidential progress reports, assessment reports, and treatment recommendations provided by the Service Provider, unless instructed otherwise by the Department of the Attorney General.

Whenever the Service Provider is requested by the parolee, his/her family, or his/her attorney, to provide assessment reports or treatment progress reports to the parolee, his family, or his attorney, the Service Provider shall inform the requesting party that such reports are the property of the Hawaii Paroling Authority, and that all requests should be directed to the Contracting Officer. The Service Provider shall notify the Contracting Officer, that such a request was made. The Service Provider shall not release such reports directly to the parolee or to any party representing the parolee. Hawaii Revised Statutes Chapter 92 Section F-22 (1) (B) prohibits the release of confidential records that were previously submitted to criminal justice agencies.

b. Residential Program

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

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

The program shall consist of twenty-four (24) hours per week of face-to-face activities that shall include, but are not limited to, group counseling, education, skill building, recreational therapy, and family services. One (1) hour per week of individual counseling shall be scheduled with each client.

c. Intensive Outpatient Program

Non-residential outpatient alcohol and/or other drug treatment services will provide a minimum of nine (9) hours up to a maximum of nineteen (19) hours per client per week of face-to-face treatment. Clients will participate in accordance with an approved Individualized Treatment Plan. Intensive outpatient services may include, but are not limited to: assessment, individual and group counseling, crisis intervention, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information, drug-screening urinalysis, medication administration, medical services, case management services and nutrition counseling; however, the listed below must be provided.

Intensive Outpatient Programs shall include, but are not limited to, the following face-to-face activities: Assessment Services; Individual and Group Counseling Services, Crisis Intervention Services; and Activity therapies and/or alcoholism and other drug addiction client education.

The scheduling of a one (1) hour per client per week session of individual counseling shall be included.

d. Outpatient Program

Provides non-residential comprehensive specialized services on a scheduled basis for individual with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program.

Outpatient Programs consist of:

- Individual Counseling, which provides the utilization special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Group Counseling, which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment

objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.

- Family/Couple Counseling, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.

- Skills Development, which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.

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

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

e. Aftercare

A reduced intensity Outpatient Program, for purposes of this RFP referred to as "Aftercare," provides a minimum of one (1) hour per client per week of face-to-face treatment, generally in a group setting, prior to clinical discharge, for a twenty-four week period, although there may be variations according to individual transitional plan of each parolee. Aftercare groups will be no more than 20 participants.

Aftercare is essential. Service Provider shall develop an aftercare component for those parolees that have been clinically discharged from the intensive outpatient and/or outpatient treatment phase of the program. A strong support system needs to be established to maintain an abstinent life style and prevent the parolees from reverting back to old patterns of dealing with stressful situations. The establishment of a group support system with professional guidance will provide a framework that will strengthen an effective social support system, health and coping skills.

Aftercare sessions will focus upon personal stress factors, vocational and family issues, and relapse prevention strategies. Aftercare services are open-ended. The groups will be offered continuously with participants starting and stopping according to their transitional treatment.

The Service Provider will work with the Hawaii Paroling Authority to develop a mechanism for transitioning each parolee to appropriate treatment in the community. Proposals must describe the following items:

- Frequency and duration of services
 - Types of services
 - Procedures for linking parolees with community services
 - Description of how the PROVIDER will provide basic and treatment services to a fluctuating population with changing needs
 - Unit cost for aftercare and maintenance as well as the estimated number of units to be provided
3. Clients in any level of treatment shall meet the most current version of the American Society for Addictive Medicine Criteria (ASAM Criteria) for admission, continuance, and discharge. The PROVIDER shall document in writing in the client's chart that ASAM criteria have been met.
 4. Each part of the continuum shall include, as appropriate, face-to-face activities.
 5. The Service Provider that provides Outpatient, Intensive Outpatient, Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in Sec. 334-104, Least Restrictive Level of Service.
7. Adult treatment programs shall administer the Addiction Severity Index (ASI) as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the ASI must be included in the Client Data System Admission form.
8. The PROVIDER shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. Client cannot be excluded solely on the basis of use of medically prescribed medication.
9. The PROVIDER shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

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

1. Personnel

- a. The Service Provider shall ensure that staff receives appropriate supervision including clinical supervision, and administrative direction.

Individuals performing the following functions shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to 321-193 (10), Hawaii Revised Statutes (HRS), or hold an advanced degree in behavioral health sciences unless otherwise approved by ADAD:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non CSACs or non-Masters level providers

may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

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

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

- b. The Service Provider shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per 11-175-14(e)(I)-(4), HAR, which shall include:
 1. Staff education on HIV and AIDS.
 2. Staff education on the risks of TB for those abusing substances.
- c. The Service Provider shall document verifiable experience of staff in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.
- d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- e. The Service Provider shall have on the premises, at least one person currently certified for First Aid and Cardiopulmonary Resuscitation (CPR).
- f. The Service Provider shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- g. The Service Provider shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close

proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, the criminal history check shall also include fingerprinting. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

2. **Administrative**

- a. The Service Provider shall operate their program in accordance with the rules, regulations, and policies of the Department of Public Safety.
- b. The Service Provider is required to meet the qualifying requirements specified in Chapter 103F, Hawaii Revised Statutes.
- c. The Service Provider shall comply with all codes and ordinances as required by the State of Hawaii and the City and County of Honolulu.
- d. The Service Provider shall have the ability to supervise, train, and provide administrative direction relative to the delivery of services.
- e. The Service Provider shall maintain and show proof of a liability insurance policy of at least two million dollars. The State of Hawaii shall be named as an additional insured.

3. **Quality assurance and evaluation specifications**

a. The Service Provider shall have a quality assurance plan which identifies:

- The mission of the organization
- What services will be provided
- How services are delivered
- Who is qualified to deliver them
- Who is eligible to receive the services
- What standards are used to assess or evaluate the quality and utilization of services

b. The quality assurance plan shall:

- Serve as procedural guidelines for staff, and will
- Confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance

c. The quality assurance system shall:

- Identify strengths and deficiencies
- Indicate corrective actions to be taken and validate corrections
- Recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement

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

e. PROVIDER will allow the appropriate agency's (i.e. Hawaii Paroling Authority, Department of Public Safety, Attorney General, and Judiciary) staff to complete a Correctional Program Checklist (CPC) assessment.

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

a. Performance measures shall be summarized and analyzed and based on the data specified below, on a yearly basis. The Service Provider shall set a threshold percentage of achievement for each of the following:

- 1) Number of clients completing treatment
 - 2) Employment status at follow-up
 - 3) Living arrangements at follow-up
 - 4) Number of clients receiving substance abuse treatment since discharge
 - 5) Number of clients currently in substance abuse treatment
 - 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress
 - 7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use
 - 8) Number of arrests since discharge
 - 9) Number of emergency room visits since discharge
 - 10) Number of times client has been hospitalized for medical problems since discharge
 - 11) Frequency of use thirty (30) days prior to follow-up
 - 12) Usual route of administration
- b. The Service Provider shall submit a Client Data System Follow-Up Report form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

5. Experience

- a. The Service Provider shall describe the experience of its staff and the ability to hire and retain qualified substance abuse counselors. The Service Provider is to report the success it has had in recruiting and retaining quality staff.
- b. The Service Provider shall provide a listing of verifiable experience with projects or contracts that clearly shows one (1) year experience in the provision of substance abuse treatment services for substance abuse clients plus a minimum of one (1) additional year of successful experience in the provision of substance abuse treatment for parolees.
- c. For those Service Providers that do not meet the one (1) year experience requirement, an exception can be made. The request for an exception shall include at a minimum, a discussion of the following:

- The reasons why the exception is being requested (i.e. the reasons why the organization does not meet the two (2) year experience requirement, the service for which funds are being requested is a new service, etc.)
- The qualification and experience of the organization in providing services for other related state programs in the past
- A description of the activities performed to date, and accompanying statistical data

d. The Service Provider to provide a list of experience as an agency providing _____ services to offenders and their families.

- What services will be provided
- How services are delivered
- Who is qualified to deliver them
- Who is eligible to receive the services
- What standards are used to assess or evaluate the quality and utilization of services

6. Coordination of services

- a. The Service Provider intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.
- b. The Service Provider shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

7. Reporting requirements for program and fiscal data

- a. In order to determine the adequacy of the Service Provider’s accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

The Service Provider’s current financial statement and any financial audit completed in the last three (3) years

- b. The Service Provider shall submit to the Contracting Person, a monthly invoice (an original and two copies) for payment of

delivered service no later than thirty (30) days after the last treatment intervention for the month.

Each monthly invoice shall include:

- 1) The date and time of each session, whether completed or interrupted, and whether for screening, group, or individual treatment.
- 2) A roster for each session of inmates who attended each session, signed by each inmate in his handwriting and by the treating therapists.
- 3) A one-page summary roster attendance sheet for the entire reporting period.
- 4) For absent parolees, whether they were excused or unexcused, and the reason for the absence if known

The Service Provider's invoices shall not include costs incurred by subcontracted service providers, unless such costs are paid by the Service Provider under the terms and conditions provided herein.

The invoice shall be mailed to the following address:

Mr. Michael D. Knott (Contracting Person)
Hawaii Paroling Authority
1177 Alakea Street, Ground Floor
Honolulu, HI 96813

Any discrepancies in regards to the invoice, will be handled in 45 days or less.

C. Facilities

The Service Provider shall provide a description of the facility(s) and site that will be used to meet the treatment needs of the parolees.

2.5 COMPENSATION AND METHOD OF PAYMENT

A. Pricing Structure Based on a Fixed Unit of Service Rate

Pricing shall be based on unit of service pricing structure. The pricing shall include all taxes, shall be all-inclusive cost to the State, and no other charges will be honored.

B. Units of Service and Rate

The unit of service and unit rate shall be based on price per bed per day based on an estimated number of beds and price per bed day.

The unit of service and unit rate shall be based on price per treatment.

The number of beds may be increased provided that funds are available from under utilized vacant bed days. The ability to provide services will be dependent upon the ability to charge the specific dollar amount per day from the program budget.

- a. Initial Screening and Assessment Services
 - Cost per Intake/Assessment
- b. Residential Substance Abuse Treatment
 - Cost per client per bed day
- c. Intensive Outpatient Substance Abuse Treatment
 - Cost per day which shall include a minimum of three (3) hours per day of face-to-face individual, group and/or family sessions
- d. Outpatient Substance Abuse Treatment
 - Cost per sixty (60) minute individual activity per client
 - Cost per sixty (60) minute group activity per client
 - Cost per sixty (60) minute family counseling activity
- e. Aftercare Services
 - Cost per sixty (60) minute activity per client

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 may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (Refer to Section 1.2 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 is comprised of the following sections:

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

3.1 Program Overview

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

3.2 Experience and Capability

A. Necessary Skills

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

B. Experience

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

1. The Service Provider shall provide a description of projects/contracts pertinent to the proposed services.
2. The Service Provider shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to providing substance abuse services.
3. The Service Provider to provide a list of contracts performed for the Department of Public Safety.
4. The Service Provider to provide a list of prior contracts with the public sector in providing services in general for male and female offenders specifically.

Discuss any problems or difficulties encountered in prior contracts. Service Provider shall provide a point of contact and telephone number for each contract listed. The Department reserves the rights to contact any of the listed points of contact to inquire about the Service Provider's past service performance and personnel.

C. Quality Assurance and Evaluation

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

1. The quality assurance program includes the specifications to monitor, evaluate and improve the results of the program. The Service Provider will present a plan for collecting, analyzing, and reporting the information required to document that the Service Provider's goals and objectives have been reached.

2. The quality assurance process shall serve as a source of information for internal and external parties interested in knowing how the program monitors and improves the quality of its services:

- Findings shall be summarized and reviewed by the quality assurance committee
- Information shall be conveyed at least semi-annually to: the program administrator (e.g. clinical supervisor, program director), the organization's executive officer (e.g. Executive Director) and governing body (e.g. Board of Directors).

D. Coordination of Services

The Service Provider shall collaborate with other appropriate services, including, but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services. The Service Provider shall demonstrate the capability to coordinate services with other agencies and resources in the community.

- Describe coordination efforts with other agencies and resources. Efforts towards reduction of fragmentation and/or duplication of services should be described.
- Describe and document arrangements with other agencies to provide levels of care as needed for clients.

E. Facilities

The Service Provider shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and the special equipment that may be required for the services.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The Service Provider 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 Section 2, Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in Section 2, Service Specifications, as applicable)

- 1) List names and submits copies of resumes of all executive/administrative staff already in the employ of the Service Provider and/or of those likely to be hired.
- 2) List names and submit resumes of all program staff already in the employ of the Service Provider and/or of those likely to be hired.

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

The Service Provider shall also describe all pre-service and in-service training provided to Service Provider's staff, including number of training hours, and the method(s) used to evaluate the performance of Service Provider's staff.

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.

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.

3.4 Service Delivery

The Service Provider shall include a detailed discussion of the Service Provider's approach to applicable service activities and management requirements from Section 2.1, 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 of treatment services.

The Service Provider shall include a comprehensive description and flow of the services and activities proposed to provide the substance abuse treatment services to male and female parolees on Oahu. This section shall include, at minimum, the following:

- Program philosophy;
- Program components;
- Admission criteria;
- Description of case management services, including record-keeping and report writing methods;
- Description of how the basic services will be provided:
 - i. Initial Screening and Assessment;
 - ii. Residential substance abuse treatment;
 - iii. Intensive Outpatient substance abuse treatment;
 - iv. Outpatient substance abuse treatment; and
 - v. Aftercare.
- Frequency and duration of the treatment intervention for each;
- Maximum number of inmates that will be allowed in each component of treatment;
- Discharge criteria for both successful completion and unsuccessful completion; and
- Procedures for linking parolees with community services

The Service Provider shall also provide a detailed description of its outcome evaluation and measures of effectiveness.

3.5 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. Pricing shall be based on a fixed unit of service pricing structure. Proposals shall include the unit of cost for each component, as well as a reasonable estimate of the number of units to be provided. The pricing shall include all taxes, shall be the all inclusive cost to the State, and no other charges will be honored.

All budget forms, instructions and samples are located on the SPO website. Refer to Section 1.2, Websites References for website address. 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-206A, Budget Justification – Personnel – Salaries and Wages

SPO-H-206B, Budget Justification – Personnel – Payroll Taxes,
Assessments, and Fringe Benefits

SPO-H-206F, Budget Justification – Contractual Services–Subcontractors

B. Units of Service and Rate

The unit of service and unit rate shall be based on price per bed per day based on an estimated number of beds and price per bed day.

The unit of service and unit rate shall be based on price per treatment.

The number of beds may be increased provided that funds are available from under utilized vacant bed days. The ability to provide services will be dependent upon the ability to charge the specific dollar amount per day from the program budget.

a. Initial Screening and Assessment Services

- Cost per Intake/Assessment

b. Residential Substance Abuse Treatment

- Cost per client per bed day

c. Intensive Outpatient Substance Abuse Treatment

- Cost per day which shall include a minimum of three (3) hours per day of face-to-face individual, group and/or family sessions

d. Outpatient Substance Abuse Treatment

- Cost per sixty (60) minute individual activity per client
- Cost per sixty (60) minute group activity per client
- Cost per sixty (60) minute family counseling activity

e. Aftercare Services

- Cost per sixty (60) minute activity per client

C. Other Financial Related Materials

1. Accounting System

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 Service Provider's current financial statement and any financial audit completed in the last three (3) years

3.6 Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 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.

4.2 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

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist

- Certificate of Liability Assurance

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPOH-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 (20 Points)

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

- | | |
|---|-----------------|
| <p>A. Necessary Skills</p> <ul style="list-style-type: none"> • Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. | <p><u>4</u></p> |
| <p>B. Experience</p> <ul style="list-style-type: none"> • Provided a description of projects/contracts pertinent to the proposed services. (1 pt) • Demonstrated that it has the necessary skills, abilities, knowledge of, and experience relating to providing substance abuse services. (1 pt) • Provided a list of contracts performed for the Department of Public Safety. (1 pt) • Provided a list of prior contracts with the public sector in providing services in general for male and female offenders specifically. (1 pt) | <p><u>4</u></p> |

C. Quality Assurance and Evaluation 4

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

- Presented a plan for collecting, analyzing, and reporting the information required to document that the Service Provider's goals and objectives have been reached. (2 pts)
- Demonstrated how the quality assurance process shall serve as a source of information for internal and external parties interested in knowing how the program monitors and improves the quality of its services by: (2pts)
 - Findings shall be summarized and reviewed by the quality assurance committee
 - Information shall be conveyed at least semi-annually to: the program administrator (e.g. clinical supervisor, program director), the organization's executive officer (e.g. Executive Director) and governing body (e.g. Board of Directors).

D. Coordination of Services 4

- Demonstrated capability to coordinate services with other agencies and resources in the community. (1 pt)
- Described coordination efforts with other agencies and resources. (1 pt)
- Described efforts towards reduction of fragmentation and/or duplication of services. (1 pt)
- Described and documented arrangements with other agencies to provide levels of care as needed for clients. (1 pt)

E. Facilities 4

- Adequacy of facilities relative to the proposed services.

2. Project Organization and Staffing (15 Points)

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

A. Staffing

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- Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. (1pt)
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. (2 pts)
 1. Listed names and copies of resumes of all executive/administrative staff already in employ of Service Provider and/or likely to be hired.
 2. Listed names and submitted resumes of all program staff already in the employ of the Service Provider and/or of those likely to be hired.
- Described its ability to supervise, train and provide administrative direction relative to the delivery of proposed services. (2 pts)
- Described all pre-service and in-service training provided to Service Provider's staff, included the number of training hours, and the method(s) used to evaluate the performance of Service Provider's staff. (2 pts)

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. Described its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. (4 pts)
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. The chart reflected the position of each staff and line of responsibility/supervision (including position title, name and full time equivalency). Attached both “Organization-wide” and “Program” organization chart. (4 pts)

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the applicant’s approach to the service activities and management requirements outlined in the Proposal Application.

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

The Service Provider provided comprehensive description of:

- Program Philosophy; (4 pts)
- Program components; (4 pts)
- Admission Criteria; (3 pts)
- Case management services, including record-keeping and report writing methods; (4 pts)
- Described how basic services will be provided: (20 pts)
 1. Initial Screening & Assessment
 2. Residential Substance Abuse Treatment
 3. Intensive Outpatient Substance Abuse Treatment
 4. Outpatient Substance Abuse Treatment
 5. Aftercare

- Frequency and duration of the treatment intervention for each; (4 pts)
- Maximum number of inmates that will be allowed in each component of treatment; (4 pts)
- Discharge Criteria for both successful completion and unsuccessful completion; (4 pts)
- Procedures for linking parolees with community services (4 pts)
- Outcome Evaluation and measure of effectiveness. (4 pts)

5. *Financial (10 Points)*

- Service Providers proposal budget is reasonable, given program resources and operational capacity.
- Adequacy of accounting system.
 1. Provided current financial statement and any financial audit completed in the last three (3) years

B. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents

Proposal Application Checklist

Applicant: _____ RFP No.: PSD 16-HPA-25 _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Certificate of Liability Insurance			X	

*Refer to Section 1.2, Website Reference for website address.

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