

State of Hawaii
Department of Health
Alcohol and Drug Abuse Division
Program Development Services Office

Request for Proposals

RFP No. HTH 440-2-2

Substance Abuse Prevention Services Elderly Effective Medication Management

June 29, 2007

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

June 29, 2007

REQUEST FOR PROPOSALS

SUBSTANCE ABUSE PREVENTION SERVICES Elderly Effective Medication Management HTH 440-10-2

The Department of Health, Alcohol and Drug Abuse Division, Program Development Services Office, is requesting proposals from qualified applicants to provide substance abuse prevention services that fill resource gaps and focus on universal, indicated or selected populations of adults, 60 years of age or older, and/or their caregivers who have been identified to be at-risk or high-risk for substance abuse and medication mismanagement. Services shall include the problem identification and referral strategy and may include information dissemination, education, or community-based process strategies. Applicants shall be able to demonstrate the effectiveness of medication management services in reducing unnecessary hospital and nursing home admissions. The contract term shall be from September 1, 2007 through June 30, 2009. Multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before – July 31, 2007, 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 July 31, 2007, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Deliveries by private mail services such as FEDEX or UPS shall be considered hand deliveries. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Alcohol and Drug Abuse Division will conduct an orientation on Tuesday, July 10, 2007, from 9:00 a.m. to 12:00 noon HST, at 601 Kamokila Boulevard, Room 111A/B, Kapolei, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on Friday, July 13, 2007. All written questions will receive a written response from the State on or about July 18, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Cory Nicolas, at 601 Kamokila Boulevard, Room 360, Kapolei, HI 96707, telephone: (808) 692-7510, fax: (808) 692-7521, e-mail: cory.nicolas@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**PLEASE SUBMIT ONE ORIGINAL
PLUS THREE (3) COPIES
(COPIES MAY BE ON DISKETTE/CD)**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **July 31, 2007** and received by the state purchasing agency no later than 10 days from the submittal deadline. Dated USPS shipping labels are not considered postmarks.

All Mail-ins

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707

DOH RFP COORDINATOR

Cory Nicolas
For further information or inquiries
Phone: 692-75133
Fax: 692-7521

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL **4:30 P.M., Hawaii Standard Time (HST), July 31, 2007**. Hand deliveries shall not be accepted if received after 4:30 p.m., July 31, 2007. Deliveries by private mail services such as FEDEX or UPS shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

Drop-off Site

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360
Kapolei, Hawaii

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Section 1

Administrative Overview

Section 1

Administrative Overview

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

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Request for Information	June 26, 2007
Public notice announcing RFP	June 29, 2007
Distribution of RFP	June 29, 2007
RFP orientation session	July 10, 2007
Closing date for submission of written questions for written responses	July 13, 2007
State purchasing agency's response to applicants' written questions	July 18, 2007
Discussions with applicant prior to proposal submittal deadline (optional)	July 27, 2007
Proposal submittal deadline	July 31, 2007
Discussions with applicant after proposal submittal deadline (optional)	August 10, 2007
Final revised proposals (optional)	August 13, 2007
Proposal evaluation period	August 2007
Provider selection	August 2007
Notice of statement of findings and decision	August 15, 2007
Contract start date	September 1, 2007

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

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

Non-SPO websites

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

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

For guidance related to principles and practices of effective prevention services, please refer to the following websites:

	For	Go to
12	Assessing Needs	http://prevention.samhsa.gov/assessment/default.aspx www.doh.hawaii.gov/substanceabuse (click “Alcohol, Tobacco, and Drug Use Survey”)
13	Building Capacity	http://prevention.samhsa.gov/capacity/default.aspx http://preventionplatform.samhsa.gov
14	Planning	http://prevention.samhsa.gov/planning/default.aspx http://captus.samhsa.gov/western/resources/bp/index.cfm
15	Identifying and Selecting Evidence-Based Interventions	http://prevention.samhsa.gov/implementation/default.aspx http://www.nrepp.samhsa.gov www.maine.gov/dhhs/osa/prevention/community/spfsig/documents/national/indenselectinterventions.pdf
16	Evaluating Outcomes	http://prevention.samhsa.gov/evaluation/default.aspx

III. Authority

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

IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Alcohol and Drug Abuse Division
Kakuhihewa Building
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707
Phone (808) 692-7517
Fax: (808) 692-7521

VI. Orientation

An orientation for applicants in reference to the request for proposal will be held as indicated below:

Date: July 10, 2007 **Time:** 9:00 A.M. to 12:00 P.M.
Location: Kakuhihewa Building, 601 Kamokila Blvd., Room 111 A/B, Kapolei, Hawaii.

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 next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: July 13, 2007 **Time:** 4:00 P.M. HST

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

Date: July 18, 2007

VIII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.

3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit a comprehensive narrative that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1. Administrative Requirements, and Section 5. A. Proposal Application Checklist to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See Section 2, paragraph II, Website Reference.)

- B. **Program Specific Requirements** - Additional program specific requirements are included in Section 2 Service Specifications and/or Section 3 Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5. A.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See Section 1, paragraph II, Website Reference.)

- E. Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies 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. (See Section 1, paragraph II. Website Reference.)
- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)
- 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. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:
- Postmarked after the designated date; or
 - Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - If hand delivered, received after the designated date and time.
- Deliveries by private mail services such as FEDEX or United Parcel Service shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Proposals submitted by diskette/CD are permitted. See section 2-143-504, HAR.

IX. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

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

XII. RFP Amendments

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

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal*

Application Identification Form (SPO-H-200). After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, 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 sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith (Section 3-141-201, HAR).
- (2) Rejection for inadequate accounting system (Section 3-141-202, HAR).
- (3) Late proposals (Section 3-143-603, HAR).
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR).
- (5) Proposal not responsive (Section 3-143-610(a)(1), HAR).

- (6) Applicant not responsible (Section 3-143-610(a)(2), HAR).

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

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

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

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services such as FedEx or UPS 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: Chiyome Leinaala Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P. O. Box 3378 Honolulu, HI 96801	Mailing Address: P. O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl St. Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

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

(1) Performance/Outcome Measures

An assessment will be done to determine if the contractor is satisfactorily meeting its short-term outcomes and/or performance objectives as indicated by monthly/annual reports and was effective in reducing risk factors or strengthening protective factors among the participants served by the program as measured by variance data in the Year-End Report.

(2) Process/Output Measures

An assessment will be done to determine if the contractor is satisfactorily meeting its output measures, i.e., serving the specified number of persons, conducting the required frequency or duration of the program, and fully utilizing the contract funding as reported on monthly and Year-End Reports?

(3) Quality of Care/Quality of Services

An assessment will be done to determine if the contractor is meeting established standards for the quality and delivery of services as delineated in the Scope of Services and as evaluated through the Contract Monitoring Report and the contractor's Corrective action Plan (CAP).

(4) Financial Management

An assessment will be done to determine if the contractor is expending funds in accordance with the Generally Accepted Accounting Principles (GAAP), has an adequate internal control system, and is

submitting the required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner.

(5) Administrative Requirements

An assessment will be done to determine if the contractor has sound administrative policies and procedures as evaluated by the Policy and Procedures section of the Contract Monitoring Report.

XXII. General and Special Conditions of Contract

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

XXIII. Cost Principles

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

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Alcohol and Drug Abuse Division (ADAD), the designated single state agency to apply for and expend federal substance abuse funds administered under P.L. 102-321, the federal Substance Abuse Prevention and Treatment Block Grant, is focused on addressing the increasing social needs of its fastest growing population over the age of 65. The 2000 Census estimates that approximately one-fifth of Hawaii's population is 60 years of age or older and by the year 2020, one in four residents will be senior citizens.

Since the 1992 Congressional House Committee on Aging report was released that indicated the most prevalent problem among senior adults is the mixture of alcohol and medications, the problem is augmented with high rates of multiple chronic diseases among the elderly and the potential for drug interactions and adverse health consequences. The elderly are likely prescribed more long-term prescriptions, as well as multiple prescriptions and over the counter medicines and dietary supplements, and have more than one prescribing physician. Approximately one-fourth of all hospital and nursing home admissions result from older adults not taking medications properly.

B. Planning activities conducted in preparation for this RFP

A Request for Information (RFI) was held on June 26, 2007 to gather input related to this RFP. Topics of discussion centered on current services for the elderly that address effective elderly medication management; gaps in services for various geographic areas in the State; how services solicited by this RFP should be coordinated with both current and future prevention efforts statewide; data collection and the mechanism for the collection and utilization of data; and best practices. While videoconferencing of the orientation was considered as a way to increase neighbor island participation, it was not possible to acquire the sites and staffing on each island before the scheduled orientation date.

C. Description of the goals of the service

This RFP intends to provide funding to help communities address prescription and over-the-counter medication mismanagement in Hawaii's elderly population which can result in unnecessary hospitalization or nursing home admissions. Services shall include ongoing (recurrent) activities or a coordinated series of activities (not "one-shot" events).

D. Description of the target population to be served

According to the 2000 U. S. Census projections, increases in the number of Hawaii residents age 65 or older will continue to outpace the national rate over the next several years. The Hawaii Executive Office of Aging estimates that in 2004 there were 230,929 individuals age 60 and over in Hawaii, representing 18% of the total and 24% of the adult population. With the aging of the baby boomers and increased life expectancy, projections indicate that by 2030 over one-in-four individuals and one-in-three adults in Hawaii will be age 60 or over. While Hawaii's older adults increased 19% between 1990 and 2000, the nation as a whole saw a nine (9%) increase in older adults. Hawaii's 85 and older population grew 69% during this period, while the same population grew 38% nationally. In the year 2000, Hawaii's life expectancy was 80 years—three years over the national life expectancy of 77.

In 2000, an estimated 160,601 Hawaii residents were over the age of 65, including 7,938 Native Hawaiians. Another 106,961 individuals, including 8,390 Native Hawaiians, were between the ages of 55-64 years of age. Kauai County had the largest percentage of persons aged 65+ at 13.8%, followed by Hawaii County at 13.5%, Honolulu County at 13.4%, and Maui County at 11.4%. The number of persons within the 45-64 year age group was highest in Hawaii County with 26.0%, followed by Kauai County (25.5%), Maui County (24.1%), and Honolulu County (22.0%). Of the leading ethnic groups in Hawaii, Native Hawaiians have the lowest life expectancy at 74 years. While only 4.7% of the Native Hawaiian population in 2000 were age 60+, 23.6% of whites and 61.1% of Asians reached this age milestone.

According to the 2000 U.S. Census, the Hawaii Executive Office on Aging calculates the prevalence of grandparents and grandchildren living under the same roof is nearly twice as high in Hawaii (7.0%) as it is nationally (3.6%). Nationally 30% of grandparents age 60+ are raising grandchildren; in Hawaii 40% are raising children under the age of 18. Over one-third (33%) of care recipients live with their caregivers. A large majority (82%) of family caregivers care for older adults that receive additional care from other family members. Those living alone account for 18% of the state's 65+ population. Of this number, 21.6% live on the Big Island, 20.25% in Maui County, 18.7% in Kauai County, and 17.1% in Honolulu County.

Census data (2000) from the University of Hawaii's Center on the Family indicate that 10% of the state's 65+ population is Native Hawaiian alone or in combination with other ethnicities. Of this number, 13.9% live in Hawaii County, 11.5% in Maui County, 10.1% in Kauai County and 9.2% in Honolulu County. Of these Native Hawaiian elders 14.0% have diabetes, 58% have hypertension, and 34.6% have elevated cholesterol. Smokers make up 8.5% of this population, and 2.0% reported binge drinking.

Health issues are only one of the risk factors for the use of pharmaceuticals (both prescribed and over-the-counter) by those 65+. The death of friends or a spouse, and the loss of self sufficiency may lead to depression which may require prescribed medication. Sensory loss, pain from chronic conditions, reduced mobility, and poor balance often lead to accidents and falls. These conditions may be compounded if the individual self-medicates with alcohol or over-the-counter medications.

The 2005 Drug Abuse Warning Network estimates that nationally 43, 035 patients 65+ visited emergency rooms for the nonmedical use of pharmaceuticals. Another 44,028 patients in the 55-64 year age range visited emergency rooms for the same reason.

E. Geographic coverage of service

The request is for services to be provided in communities in the State of Hawaii. The Alcohol and Drug Abuse Division (ADAD) reserves the right to make awards based on the uniqueness and appropriateness of the proposals in addressing substance abuse prevention issues of specific communities and the best configuration of prevention services statewide. Should an inadequate number of responsive and responsible proposals be submitted or should sufficient monies be available, ADAD reserves the right to allocate funds to other applicants who have submitted acceptable proposals.

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

Total Funding: \$154,500 in federal funds for the period of 09/01/08 to --
6/30/09

\$154,500 in federal funds for the period 07/01/09 to
06/30/10)

Funding is contingent upon the availability of federal funds. Approximately \$154,500 is available in each fiscal year. Applicants should have a plan describing how services will be sustained beyond the funding period.

While no specific funding amounts have been predetermined, the State anticipates award amounts to be a range of \$30,000 to \$50,000 per site. If an applicant receives awards for more than one site, multiple sites may be combined into one contract if the services for each site are similar.

In the event that additional funds become available for similar services, ADAD reserves the right to increase funding amounts.

A maximum of \$5,000 may be advanced for start-up costs for new programs, upon contract execution.

Funds may not be used for major capital improvements or other costs listed as unallowable in 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 State Procurement Office (SPO) website. (See Section 1, paragraph II Website Reference for the website address).

ADAD reserves the right to reallocate funds to other funded organizations if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance, or underutilization of funds such that it appears the provider will not be able to expend all allocated funds by the end of each fiscal year.

If an applicant materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:

- a. Temporarily withhold payments pending correction of a deficiency or submission of an overdue report.
- b. Disallow all or part of the invoice submitted by the applicant.
- c. Suspend or terminate the contract.

For each contract year, approximately twenty percent (20%) shall be spent on services to Native Hawaiians.

II. General Requirements

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

Eligible applicants may include only non-profit organizations and state and county governmental agencies.

If awarded a contract, the applicant shall:

1. Meet all State and County licensing requirements, if any, to operate a business.
2. Arrange for a financial and compliance audit to be done and submitted to ADAD as directed in accordance with "Government OMB Circular A-133" if the applicant expends \$500,000 or more in federal funds in a year.
3. Refund to the State any funds unexpended or expended inappropriately.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

Allowed Unallowed

Alternate proposals must be submitted in physically separate proposals.

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

Criteria for multiple awards: Contracts may be for one site or may include multiple sites when services are similar and sites are located on the same island. Separate contracts may be awarded if services are distinct or are located on different islands.

E. Single or multi-term contracts to be awarded
(Refer to §3-149-302, HAR)

Single term (≤ 2 yrs) Multi-term (> 2 yrs.)

Contract terms: The initial term of the contract shall be 09/01/08 through 06/30/10. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later. Should additional funds become available, an option to extend for up to two (2) additional 12-month periods may be considered. Extensions must be in writing and must be executed prior to expiration of the initial contract.

A. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Cory Nicolas, Phone: (808) 692-7533;
Email: Cory.nicolas@doh.hawaii.gov.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

Appropriate medication mismanagement prevention services shall be implemented for adults, 60 years of age or older, and/or their caregivers who have been identified to be at-risk or high-risk and shall include the problem identification and referral strategy. In addition, one or more of the following strategies may be included: information dissemination, education, or community-based process approaches. The targeted population may be universal, selected, or indicated, but services shall be appropriate in intensity and duration to meet the needs of the population. Activities may be conducted in a variety of settings and shall address one or more of the following domains: peer/individual, family, or community.

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

1. Personnel

The applicant shall:

- Provide services by licensed pharmacists or by individuals possessing licensure such as a registered nurse or licensed practical nurses supervised by a registered nurse.
- Conduct a fingerprint check for any person who is employed or volunteers in an administrative or program position, which necessitates close proximity to vulnerable populations (e.g., school age children and youth, the elderly, etc.)
 - Abide by the Code of Ethical Conduct for Prevention Professionals as created by the Prevention Think Tank™ (Section 5, Attachment E of this RFP). A signed copy shall be placed in the personnel file of each staff member who provides services funded through this RFP.
 - Maintain documentation for each employee or an initial tuberculosis skin test or chest X-ray.
 - Document staff's knowledge, capacity, skills, and at least one year or experience in coordinating, planning, organizing, and conducting age-appropriate services for the target population.

2. Administrative

The applicant shall:

- Develop and implement a written safety plan which includes policies and procedures for handling personal injury, threats, emergencies, or disasters and which includes the posting of evacuation routes in facilities used by the program.
- Develop and maintain fiscal, statistical, and administrative records pertaining to the services.
- Implement a no-smoking policy.

3. Quality assurance and evaluation specifications

The applicant shall reflect in its program evaluation documentation of the achievement of stated goals and the use of measurement tools.

4. Output and performance/outcome measurements

An outcome-based framework has been used for the solicitation, selection, award, monitoring, and reporting of results through this RFP. The outcome-based framework focuses on specific changes to be achieved by participation in the prevention services provided. The applicant shall track and report progress toward these performance targets to ADAD through a monthly standard outcome reporting format and review with ADAD the results and any necessary course of corrections.

Within this outcome-based framework, the applicant shall:

- Describe the substance use consumption patterns and consequences of substance abuse in the identified community or target population.
- State the risk factors to be addressed by the proposed service.
- State measurable outcomes.
- Administer pre- and post-tests to measure information and skills gained through participation in the prevention activity or demonstrate behavioral changes through qualitative data collected.

DESIRED OUTCOME/DOMAIN	PERFORMANCE MEASURE
Increase in perceived risk or harm of substance use and drug interactions.	Ability of elders and/or their caregivers to effectively manage medications
Increased access to services (service capacity)	Number of persons served by age, gender, race, ethnicity

5. Experience

The applicant shall document experience and capacity serving the identified population and working in the targeted geographic area.

6. Coordination of services

The applicant shall describe how the proposed services will fill resource gaps in the community. Furthermore, the applicant shall describe how services will be coordinated with other services within the community. The proposed services shall not duplicate existing services unless the augmentation of existing services can be justified.

7. Reporting requirements for program and fiscal data

a. Required program reports:

The applicant shall submit to ADAD a narrative monthly report documenting progress in service delivery, the number of individuals served, and expenditures. The applicant shall submit **Monthly** and **Year-End Reports** summarizing and analyzing outcome data and accomplishments and challenges. Monthly reports are due 15 days after the end of each month. Year-End Reports are due 45 days after the end of each fiscal year.

b. Required fiscal reports:

- (1) The applicant shall submit monthly the **Statement of Revenue and Expenditures Report** (ADAD Fiscal Form 200, 9/95).
- (2) The applicant shall submit to ADAD its **final invoice** no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received by ADAD in a timely manner.
- (3) Within 45 calendar days after the expiration of each contract year, the applicant shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report**, which includes persons served and activities.

8. Pricing structure or pricing methodology to be used

The method of pricing shall be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agree-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

9. Units of service and unit rate

Not applicable.

10. Method of compensation and payment

The provider shall be paid monthly upon the submission to ADAD of a narrative **monthly report** and the **Statement of Revenue and Expenditures Report** (ADAD Fiscal Form 200, 9/95). Any start-up payment shall be reconciled by the fourth month of the contract. Final payment for each contract year shall be made upon acceptance of the provider's **Year-End Report** and **Final Invoice**.

XXIV. Facilities

The applicant shall provide a description of the facilities to be used and shall demonstrate their 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 how alternative sites and/or special equipment may be used to accommodate those with disabilities

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 (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*
- *The applicant shall follow the order of sections as they are presented in Section 3 of this RFP. Narratives regarding each specific topic shall be included within the appropriate section of the proposal. References may be made to related discussions located in other sections of the proposal. References shall also be made to any attachments to the proposal that are related to the specific topic.*

The Proposal Application comprises the following sections:

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

I. Program Overview (Do not exceed one page).

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide a broad understanding of the entire proposal. This section is not scored during the proposal evaluation. Include in this section:

- A description of the service to be provided;
- Why the service is needed;
- A description of the population who will be served;
- How the population to be served was selected;
- Who will implement the prevention service;
- When and where the service will be provided; and
- A statement of the outcomes to be achieved.

II. Experience and Capability (Do not exceed three (3) pages).

B. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall demonstrate a thorough understanding of the purpose and scope of the RFP and an understanding of substance abuse prevention principles and practices. The applicant shall also demonstrate the capacity to plan and implement evidence-based prevention services. The applicant is referred to the guidance resources listed in Section 1, Paragraph II. Website Reference, Items 12-16.

C. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. The applicant shall include points of contact, addresses, e-mail addresses and phone numbers of references who can verify the applicant's experience. The applicant shall provide a narrative describing its experience serving the identified population and working in the target geographic area and include:

- Prevention services,
- Substance abuse specific prevention services,
- Services to the identified population, and
- Services and community relationships within the targeted geographic area.

D. Quality Assurance and Evaluation

The applicant shall describe its quality assurance and evaluation plans for the proposed services, including methodology. The quality assurance plan shall describe the services to be delivered and the standards that will be used to assess

or evaluate the quality and utilization of the services. The applicant shall describe how the quality assurance system is to be used to identify strengths and deficiencies; indicate corrective actions to be taken; validate corrections; and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement. The evaluation plan shall include tools and measures to be used to demonstrate the achievement of the program's stated goals.

E. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. Letters of agreement are necessary and should describe the terms of the agreement that the applicant has negotiated with other agencies or organizations. The letters of agreement may be attached to the applicant's proposal and will not count in the page limit for this section of the RFP.

F. Facilities

The applicant 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 special equipment or accommodations that may be required for the services.

III. Project Organization and Staffing (Do not exceed two (2) pages).

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) On the Staff Position Chart (Section 5, Attachment C of this RFP), please list all staff that will be responsible for providing each service, including contract oversight functions and direct services to the identified population. For joint ventures, include the number and full-time equivalent of staff and the name of the organization that will employ them.

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) Provide as an

attachment to the proposal, the resumes and job descriptions of key staff who will be providing services.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The proposal should describe how staff will participate in provider meetings or trainings that may be held on O'ahu.

2. Organization Chart

The applicant shall reflect the position of each staff and lines 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 and will not count in the page limit for this section of the RFP.

IV. Service Delivery (Do not exceed five (5) pages).

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

The Action Plan (Section 5, Attachments) shall be completed and made an attachment to the proposal. The proposal shall provide sufficient detail in IV. Service Delivery to explain each section of the Action Plan. The completed forms will not count in the page limit for this section.

The proposal shall describe how the outcome/performance measures presented in Section 2 Service Specifications, paragraph III Scope of Work, subparagraph 4. Outcomes and performance/Outcome Measurements will be measured.

V. Financial

A. Pricing Structure

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

The pricing structure for this RFP shall be based on cost reimbursement. The cost reimbursement pricing structure reflects a purchase arrangement in which the

State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

All budget forms, instructions and samples are located on the SPO website (see Section 1, paragraph II Websites referred to in this RFP). Only the following budget forms, which are available on the State Procurement Office website, shall be submitted with the proposal application:

1. Form SPO-H205 Budget
2. Form SPO-H205B Organization-Wide Budget By Programs
3. Form SPO-H206A Personnel – Salaries and Wages
4. Form SPO-H206B Personnel – Payroll Taxes, Assessments, and Fringe
5. Form SPO-H206C Travel – Inter-Island
6. Form SPO-H206E Contractual Services – Administrative
7. Form SPO-H206F Contractual Services – Subcontracts
8. Form SPO-H206H Program Activities
9. Form SPO-H206I Equipment Purchases
10. Form SPO-H206J Motor Vehicle

The applicant shall describe how the program outcomes will be sustained if funding from the State Purchasing Agency is reduced or ceases to exist.

B. Other Financial Related Materials

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the proposal application (shall be attached).

1. Latest Single Audit Report of Financial Audit.
2. Cost Allocation Plan, which provides an explanation of how cost is allocated to various sources of funding.

VI. Other

A. Litigation

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

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

Registration is required, unless the applicant has already pre-registered with the State Procurement Office. Assurances and Certifications, a certificate of insurance and a tax clearance certificate will be required when a contract is awarded.

2. Proposal Application Requirements

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

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

Each item may receive up to one (1) point multiplied by the weights indicated below.

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

2. Experience and Capability (20 Points)

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

- a. Necessary Skills (Maximum 6 points)**
- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. 2.00
 - Demonstrated a thorough understanding of the purpose and scope of substance abuse prevention services. 1.75
 - Described the capacity to effectively plan and implement substance abuse prevention services. 1.25

	<ul style="list-style-type: none"> • Demonstrated an understanding of substance abuse prevention principles and practices. 	<u>1.00</u>
b.	Experience (Maximum 6 points)	
	<ul style="list-style-type: none"> • Documented experience in providing prevention services. 	<u>2.00</u>
	<ul style="list-style-type: none"> • Documented experience in providing substance abuse specific prevention services. 	<u>1.25</u>
	<ul style="list-style-type: none"> • Documented experience serving the identified population. 	<u>1.75</u>
	<ul style="list-style-type: none"> • Documented experience working in the targeted geographic area. 	<u>1.00</u>
c.	Quality Assurance and Evaluation (Maximum 3 points)	
	<ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. 	<u>.75</u>
	<ul style="list-style-type: none"> • Quality assurance plan describes the services that are delivered and the standards used to assess or evaluate the quality and utilization of the services. 	<u>.50</u>
	<ul style="list-style-type: none"> • Quality assurance system is used to identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement. 	<u>.75</u>
	<ul style="list-style-type: none"> • The evaluation plan documents the achievement of the program's stated goals using appropriate tools and measures. 	<u>1.00</u>
d.	Coordination of Services (Maximum 3 points)	
	<ul style="list-style-type: none"> • Demonstrated capability to coordinate services with other agencies and resources in the community. 	<u>1.50</u>
	<ul style="list-style-type: none"> • Documented verifiable collaborative prevention activities. 	1.50
e.	Facilities (Maximum 2 points)	
	<ul style="list-style-type: none"> • Adequacy of facilities relative to the proposed services. 	<u>1.00</u>
	<ul style="list-style-type: none"> • Capacity to make accommodations for participants with special needs. 	<u>1.00</u>

2. *Project Organization and Staffing (Maximum 15 Points)*

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

a. *Staffing (Maximum 8 points)*

- Proposed Staffing: the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. 1.00
- A staffing chart is attached to the proposal. 2.00
- Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. 1.00
- Job descriptions for key positions are included. 2.00
- Resumes for key staff are included. 2.00

b. *Project Organization (Maximum 7 points)*

- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 2.00
- Organization Chart: Approach and rationale for the structure, functions, and staffing of the applicant organization for the overall service activity and tasks. 2.50
- Organization charts are provided for the proposed project, showing the relationship of the applicant to any other entities collaborating in the delivery of services. 2.50

3. *Service Delivery (Maximum 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 applicant has used available data to identify risk factors to be addressed and the target population to be served by the proposed services. 7.0
- The applicant has described the community to be served, including prevention partners, resources, and service 7.0

- | | |
|---|---------------|
| gaps. | <u> </u> |
| • The applicant has described the community level or participant level changes that are anticipated as an outcome of the services. | <u> </u> |
| • The action plan describes the services to be provided, who will provide the services, and where the services will be delivered. | <u> </u> |
| • Dosage of the program is described (number of cycles, number of sessions in each cycle, the length in hours of each session) and dates are given for beginning and ending each cycle of service delivery. | <u> </u> |
| • The description describes how and when outcomes will be measured, including the tools to be used. | <u> </u> |
| • Work assignments clearly indicate staff responsibilities. | <u> </u> |
| • The description names the staff who will be responsible for monitoring and evaluating outcomes. | <u> </u> |
| • Timetables for the planning, implementing, and evaluation of services are realistic. | <u> </u> |
| • Strategies for the recruitment of participants are described. | <u> </u> |

5. Financial (Maximum 10 Points)

Pricing structure based on cost reimbursement

- | | |
|--|---------------|
| • Personnel costs are reasonable and comparable to positions in the community. | <u> </u> |
| • Non-personnel costs are reasonable and adequately justified. | <u> </u> |
| • The budget fully supports the scope of service and requirements of the Request for Proposal. | <u> </u> |
| • Cost allocations are explained and are reasonable. | <u> </u> |
| • Costs are allowable expenses. | <u> </u> |
| • The accounting system is adequate. | <u> </u> |

C. Phase 3 - Recommendation for Award

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

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Staff Position Chart
- D. Action Plan
- E. Code of Ethical Conduct for Prevention Professionals
- F. Assurances and Certifications for Programs Funded by Substance Abuse Prevention and Treatment Block Grant

Attachment A. Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-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 (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	Required ONLY upon notification of award	
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	No	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	X	
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*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	No	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	Not allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Single Audit Report of Financial Audit	Section 3, RFP		X	
Cost Allocation Plan	Section 3, RFP		X	
Certifications:				
Debarment, Suspension, Ineligibility and Voluntary Exclusion	Section 5, RFP		X	
Lobbying	Section 5, RFP		X	
Assurances:				
Drug-Free Workplace	Section 5, RFP		X	
Environmental Tobacco Smoke	Section 5, RFP		X	
Charitable Choice	Section 5, RFP		X	
Program Specific Requirements:				
Code of Ethical Conduct	Section 5, RFP		To be required at time of award	
Action Plan	Section 5, RFP		X	

Authorized Signature

Date

Attachment B
SAMPLE
Proposal Application
Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for most recent fiscal year	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	E. Program Specific Requirements	

3. COMMUNITY PREVENTION NEEDS ASSESSMENT

Domain	#	A. Risk Factor Prioritized	B. Protective Factors Prioritized	C. Resource Assessment	
				Available	Gaps
		<i>Specify the risk factors by domain to be addressed through action plan</i>	<i>Specify protective factors by domain to be addressed through action plan</i>	<i>Specify resources available by assessed risk and protective factors to address in action plan</i>	<i>Specify resources gaps by assessed risk and protective factors to be address in action plan</i>
1 Individual					
2. Caregiver					

4. DESIRED LONG-RANGE OUTCOMES

A. Problem Behavior Outcomes

#	Problem Behavior	Measurement Tool	Baseline and Year	Proposed Change and Year

B. Risk Factors Outcomes

#	Risk Factors	Measurement Tool	Baseline and Year	Proposed Change and Year

C. Protective Factors Outcomes

#	Protective Factors	Measurement Tool	Baseline and Year	Proposed Change and Year

5A. IMPLEMENTATION OF PREVENTION PROGRAM DETAILS

Out- come #	A. Name Prevention Program	B. Description of Activities of Prevention Program	C. Recruitment Strategies	D. Incentives to be provided	E. CSAP Code -IOM*
1					
2					
3					
4					

* CSAP Strategies ; IOM code U-S-I

5B. TARGET POPULATION (To receive the prevention services)

Program #	A. 65+ Population to Receive Services		B. Caregiver Population to Receive Services		C. Community Population to Receive Services	
	<i>Proposed Number</i>	<i>Characteristics of the Population to Receive Services (Home care, day care, ethnicity, etc.)</i>	<i>Proposed Number</i>	<i>Relationship to Service Recipient</i>	<i>Proposed Number</i>	<i>Relationship to Service Recipient</i>

6A. MONITORING AND EVALUATION (DELIVERY OF THE PREVENTION SERVICES)

Program #	A. Who will Deliver each Prevention Services	B. Where will each Service be Delivered	C. What Agency will Coordinate Delivery	D. Dosage Each Program Service			E. Cycle Begin Dates
				<i># Cycles time period</i>	<i># Sessions each cycle</i>	<i>Length in hrs each session</i>	

6B. MONITORING AND EVALUATION (PARTICIPANT LEVEL OUTCOMES)

Prog #	A. Participant Level Outcomes	B. When measured?	C. <i>What is the measure of change?</i>	D. What measurement tool?	E. Who responsible?

6C. MONITORING AND EVALUATION (IMPLEMENTATION OUTCOMES)

Prog #	A. What Outcome for Implementation?	B. How will Services be Provided?	C. When Will Services Be Provided?	D. How and When Measure Implementation Outcomes?	E. Who Responsible for Implementation Outcomes?

7. BUDGET DETAILS

Program #	A. Budget Details	B. Budget Description	C. Amount		
	<i>Item</i>	<i>Detail cost for project administration, training for evidence-based programs, specific costs related to each prevention service.</i>	State Amount*	Other Funding Specify Sources	Total All Sources
	Start up	<i>Includes cost for training on evidence-based prevention programs.</i>			
	○	○			
	○	○			
	Administration/Management	<i>Related to cost for administration/project management</i>			0
	○	○			
	○	○			
	○	○			
	Delivery Prevention Services	<i>Costs limited to actual provision of each prevention program/service</i>	\$	\$	\$
	○	<ul style="list-style-type: none"> • ___ Number of cycles provided during funding period • ___ Proposed number of adults 65+ served in each cycle • ___ Number of caregivers to be served in each cycle 	\$		
	○	<ul style="list-style-type: none"> • ___ Number of cycles provided during funding period • ___ Proposed number of adults 65+ served in each cycle • ___ Number of caregivers to be served in each cycle 			
	○	<ul style="list-style-type: none"> • ___ Number of cycles provided during funding period • ___ Proposed number of adults 65+ served in each cycle • ___ Number of caregivers to be served in each cycle 			
	○	<ul style="list-style-type: none"> • ___ Number of cycles provided during funding period • ___ Proposed number of adults 65+ served in each cycle • ___ Number of caregivers to be served in each cycle 			
	1Totals		\$	\$	\$

* Specify percent spent on Native Hawaiian population

D. Program Budget Totals (includes all costs)

Name of Prevention Program	Amount
	\$
	\$
	\$
Total	\$

Attachment E: Code of Ethical Conduct for Prevention Professionals

All developing fields need an ethical code to guide behavior. The field of substance abuse prevention needs to develop a code of ethics to serve as a guide for professional conduct. Circumstances and situations often arise in the helping professions that are both complex and difficult to handle. A code of ethics can help us make good decisions when faced with problematic situations.

The following is a set of ethics for prevention professionals to consider. The National Association of Prevention Professionals and Advocates (NAPPA) originally developed these ethical codes. However, this organization is no longer in existence. As an emerging discipline, ethical codes of conduct need to be developed and advanced for the field of prevention to act as a benchmark for positive professional behavior.

Preamble

The Principles of Ethics are a model of standards of exemplary professional conduct. These Principles of the Code of Ethical Conduct for Prevention Professionals express the professional's recognition of his/her responsibilities to the public, to service recipients and to colleagues. They guide members in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for commitment to honorable behavior, even at the sacrifice of personal advantage. These Principles should not be regarded as limitations or restrictions, but as goals for which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged in the development of the field.

Principles

1. Nondiscrimination

A prevention professional shall not discriminate against recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition, or physical or mental disability, including persons testing positive for HIV. A prevention professional shall broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

2. Competence

A prevention professional shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately any professional activity for which she or he is responsible.
- C. A prevention professional should recognize limitations and boundaries of competencies and not use techniques or offer services outside his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- D. When a prevention professional is aware of unethical conduct or practice on the part of an agency or prevention professional, he or she has an ethical responsibility to report the conduct or practices to appropriate authorities or to the public.

III. Integrity

To maintain and broaden public confidence, prevention professionals should perform all professional responsibilities with the highest sense of integrity. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. Personal gain and advantage should not subordinate service and the public trust. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.

- B. Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. A prevention professional should not be associated directly or indirectly with any services or products in a way that is misleading or incorrect.

IV. Nature of Services

Above all, prevention professionals should do no harm to service recipients. Practices shall be respectful and nonexploitive. Services should protect the recipient from harm and the professional and the profession from censure.

- A. Where there is evidence of child or other abuse, the prevention professional shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.
- B. Where there is evidence of impairment in a colleague or a service recipient, a prevention professional should be supportive of assistance or treatment.
- C. A prevention professional should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself/ or herself.

V. Confidentiality

Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases.

VI. Ethical Obligations to Community and Society

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals who must adopt a personal and professional stance that promotes the well-being of all humankind.

ATTACHMENT F: ASSURANCES AND CERTIFICATIONS FOR PROGRAMS FUNDED BY THE SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS

This certification is pursuant to 45 CFR Part 76:

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name of Authorized Representative (printed)

Title

Signature of Authorized Representative

Date

CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants, contracts, loans, and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant, contract, loan, or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant, contract, loan, or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to Federal grants, contracts, loans, and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name of Authorized Representative (printed)

Title

Signature of Authorized Representative

Date

ASSURANCE REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention, and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace.

Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-Free Workplace Policies, ADAD requires its prospective contractors to comply with the following:

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
 - (1) The dangers of drug use in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug use violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required in paragraph (a) above;
- (d) Notifying the employee in the statement required in paragraph (a), above, that, as a condition of employment under the contract, the employee will—
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of such affected contract;

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, ADAD has designated the following central point for receipt of such notices:

Department of Health, Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract. Please refer to ADAD’s written policy regarding Drug-free Workplace Policy Requirements Affecting Contracted Providers for more information.

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:

- (1) *Rationale*, including the reasons for the policy, what the policy is designed to do, and how it was developed;
- (2) *Expectations and Prohibitions*, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
- (3) *Consequences and Appeals*, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
- (4) *Benefits and Assurances*, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention’s (CSAP) Workplace Hotline at 1-800-WORKPLACE.

Organization Name

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

As a subgrantee of the Substance Abuse Prevention and Treatment Block Grant, the APPLICANT certifies that it will comply with the requirements of the Act.

Organization Name

Name of Authorized Representative

Title

Signature

Date

ASSURANCE
Of Compliance with SAMHSA Charitable Choice Statutes and Regulations

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

The undersigned APPLICANT agrees that it will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutory provisions of sections 581-584 and 1955 of the Public Health Service Act (codified as 42 U.S.C. "290kk, et seq., and 300x-65) and their governing regulations at 42 C. F. R. parts 54 and 54a, respectively.

Organization Name

Name of Authorized Representative (printed)

Title

Signature of Authorized Representative

Date

ADDITIONAL FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT REQUIREMENTS

Restrictions on Expenditures of the Grant

Pursuant to 45 Code of Federal Regulations (45 CFR), Part 96, Substance Abuse Prevention and Treatment (SAPT) Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditures of grant, the APPLICANT shall comply with the following restrictions on the expenditure of the grant. The APPLICANT hereby assures that it shall:

1. Prohibit discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, or disability. The program shall provide access to persons regardless of their ability to speak English.
2. Institute a written policy stating that SAPT funds awarded for this RFP shall not be used to:
 - support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injection;
 - provide inpatient hospital services;
 - make cash payments to intended recipients of health services;
 - purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - provide financial assistance to any entity other than a public or nonprofit private entity;
 - provide treatment services in penal or correctional institutions of the State.
3. Maintain, if applicable, all substance abuse records in a confidential manner pursuant to 42 Code of Federal Regulations (42 CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and if necessary resist in judicial proceedings any efforts to obtain access to participant records except as permitted by such regulations.
4. Adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that the organization:
 - Does not discriminate against persons who have positive tests for antibodies against Human Immunodeficiency Virus (HIV) or with AIDS at admission or through participation;
 - Assures staff education on HIV and AIDS at least once per year;
 - Maintains the confidentiality of any results of HIV antibody testing pursuant to Sec. 325-101 HRS, if applicable;
 - Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT's HIV Counseling and Testing Guidelines, if applicable;
 - Provides for AIDS education as appropriate.

5. Adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

The undersigned (authorized official signing for the applicant organization) certifies that the APPLICANT shall comply with the requirements of the federal Substance Abuse Prevention and Treatment Block Grant.

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the APPLICANT organization shall comply with the terms and conditions of the contract if a contract is awarded as a result of this application.

Organization Name

Name of Authorized Representative (printed)

Title

Signature

Date