

**State of Hawai'i
Department of Health
Alcohol and Drug Abuse Division
Community and Consultative Services Branch**

Request for Proposals (RFP)

RFP No. HTH 440-1-16

**RFP Title: Community-Based Adolescent
Outpatient Substance Abuse Treatment Services**

Date Issued: June 21, 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, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or faxed 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.

**DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION**

SUBSTANCE ABUSE TREATMENT SERVICES HTH 440-1

The Department of Health, Alcohol and Drug Abuse Division (ADAD) is requesting proposals from qualified applicants to provide community-based outpatient substance abuse treatment services for adolescents statewide as described in Section 2 of this Request for Proposals (RFP).

I. FUNDING:	<u>TOTAL AMOUNT</u>	<u>FISCAL YEAR</u>
	\$ 400,000	NTP, 2007 to June 30, 2008
	\$ 600,000	July 1, 2008 to June 30, 2009

II. CONTRACT TERM:

Contracts will commence on the STATE's Notice to Proceed, and may extend for variable terms through June 30, 2009. Multiple contracts may be awarded under this RFP.

III. APPLICATION DEADLINE:

Proposals must be postmarked before 12:00 midnight, Hawaii Standard Time (HST) July 20, 2007 or hand delivered by 4:00 PM, HST, July 20, 2007, at the drop site designated on the following page. Deliveries by private mail services such as FedEx shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., HST, July 20, 2007.

Proposals postmarked after 12:00 midnight HST July 20, 2007, or hand delivered after 4:00 PM, HST, on July 20, 2007, **will not be accepted** for review and will be returned to the applicant.

IV. APPLICANT ORIENTATION TO RFP:

Date: Thursday, June 28, 2007
Time: 10:00 a.m. to 12:00 noon (HST)
Location: Kakuhikewa Building
601 Kamokila Boulevard, Room 317
Kapolei, Hawai'i 96707

V. QUESTIONS:

Written questions shall be submitted via email or fax to the contact person below. Written question submission must be postmarked before midnight, HST, June 29, 2007. All written questions will receive a written response from the State by July 6, 2007.

VI. CONTACT PERSON FOR INQUIRIES:

Terri Nakano, Phone: (808) 692-7511 Fax: (808) 692-7521
Email: terri.nakano@doh.hawaii.gov
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawai'i 96707

**DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION
PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

IMPORTANT INFORMATION

**ONE ORIGINAL AND FOUR COPIES OF THE PROPOSAL ARE
REQUIRED.**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) BEFORE 12:00 MIDNIGHT, HST, July 20, 2007 and received by the state purchasing agency no later than 10 days from the submittal deadline.

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:00 P.M., HST, July 20, 2007.

All Mail-ins and Hand Deliveries

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

ADAD RFP COORDINATOR

Terri Nakano
For further infor. or inquiries
Phone: (808) 692-7511
Fax: (808) 692-7521

BE ADVISED: All mail-ins postmarked by USPS after 12:00 midnight, HST, July 20, 2007, will not be accepted for review and will be returned. *Additionally, all applicants are urged to submit an RFP Interest form that can be downloaded at the SPO website as soon as possible after the decision to apply has been made. This will alert ADAD that you intend to apply and that correct contact information is available early in the process should applicants need to be contacted about Addenda to the RFP.*

Hand deliveries will not be accepted after 4:00 p.m., HST, July 20, 2007. Deliveries by private mail services such as FedEx shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., HST, July 20, 2007.

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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
Public notice announcing RFP	<u>June 21, 2007</u>
Distribution of RFP	<u>June 21, 2007</u>
RFP orientation session	<u>June 28, 2007</u>
Closing date for submission of written questions for written responses	<u>June 29, 2007</u>
State purchasing agency's response to applicants' written questions	<u>July 06, 2007</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>N/A</u>
Proposal submittal deadline	<u>July 20, 2007</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>N/A</u>
Final revised proposals (optional)	<u>N/A</u>
Proposal evaluation period	<u>July-Aug. 2007</u>
Provider selection	<u>July-Aug. 2007</u>
Notice of statement of findings and decision	<u>Sept.-Oct. 2007</u>
Contract start date	<u>Nov. 2007</u>

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

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
601 Kamokila Blvd., Room 360 Kapolei, Hawaii 96707
Phone: (808) 692-7506 Fax: (808) 692-7521

VI. Orientation

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

Date: June 28, 2007 Time: 10:00 am-12:00 noon HST
Location: 601 Kamokila Blvd., Room 317 Kapolei, Hawaii 96707

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 emailed or faxed questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions received by the deadline will receive a written response from the state purchasing agency.

Deadline for receipt of written questions via email or fax:

Date: June 29, 2007 **Time:** 4:30 pm HST

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

Date: July 06, 2007

Email to RFP Coordinator, Terri Nakano at terri.nakano@doh.hawaii.gov
or fax to Terri Nakano at (808) 692-7521.

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 comprehensive narratives 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 the Proposal Application Checklist (located in Section 5) 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 paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the 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.
- 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 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 be register 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 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.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

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 cancelled 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 other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Keith Yamamoto
Title: Director of Health	Title: Chief, Alcohol and Drug Abuse Division
Mailing Address: P.O. Box 3378 Honolulu, HI 96801	Mailing Address: 601 Kamokila Blvd, Room 360, Kapolei, HI 96707
Business Address: 1250 Punchbowl St Honolulu, HI 96813	Business Address: 601 Kamokila Blvd, Room 360, Kapolei, HI 96707

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

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

Community-Based Adolescent Outpatient Substance Abuse Treatment Services

I. Introduction

A. Overview, purpose or need

The mission of the ADAD is to provide 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. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse....”

The purpose of this RFP is to provide intensive outpatient and outpatient substance abuse treatment services specifically designed for adolescents.

In 2003 the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii collaborated in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Study. This Study was designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. A survey was the main instrument used to conduct the study and it was administered anonymously to approximately 30,000 students in 181 public and 41 private schools, and seven (7) charter schools. As in previous years, the report focuses on students in grades 6, 8, 10, and 12. The self-administered questionnaire incorporated criteria from the DSM-III-R to estimate the numbers of youth who need treatment for a substance abuse disorder. Estimates for the State and counties are as follows:

COUNTY INFORMATION 2003		Treatment Needs for Alcohol Abuse Only		Treatment Needs for Drug Abuse Only		Treatment Needs for Both Alcohol and Drug Abuse		Any Substance Abuse Treatment Needs	
COUNTY	Enrollment TOTAL (N)	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
City & County of Honolulu	61,096	1,203	2.0	1,073	1.8	1,493	2.4	3,759	6.2
Honolulu District	16,542	289	1.7	238	1.4	378	2.3	902	5.5
Central District	16,046	291	1.8	324	2.0	309	1.9	922	5.7
Leeward District	19,921	399	2.0	347	1.7	467	2.3	1,208	6.1
Windward District	8,587	224	2.6	164	1.9	339	4.0	727	8.5
Hawaii County/District	12,734	450	3.5	275	2.2	602	4.7	1,330	10.4
Maui County/District	10,976	326	3.0	301	2.7	419	3.8	1,044	9.5
Kauai County/District	5,632	88	1.6	104	1.9	199	3.5	392	7.0
All Public Schools	90,438	2,067	2.3	1,753	1.9	2,713	3.0	6,525	7.2
Private/Charter Schools	22,871	433	1.9	208	0.9	660	2.9	1,301	5.7
TOTAL STATEWIDE	113,309	2,500	2.2	1,961	1.7	3,373	3.0	7,826	6.9

The table above shows that 6,525 public school students in grades 6 through 12 (7%) are estimated to need treatment for alcohol and/or drug abuse. Statewide treatment needs for the combined public, private, and charter school population in grades 6 through 12 are estimated to be, 7,826 (7%), which is less than estimated statewide treatment needs in 2002 (11%), 2000 (13%), 1998 (16%), and 1996 (10%). As in previous years, treatment needs are highest in Hawaii and Maui Counties (10%) and lowest in the City and County of Honolulu (6%) and Kauai County (7%). The City and County of Honolulu, however, has a much larger number of students with treatment needs ($n = 3,759$) than Hawaii ($n = 1,330$), Kauai ($n = 392$), or Maui Counties ($n = 1,044$). At the district level, Windward District exceeds other districts on Oahu in regards to the proportion of students needing treatment (9%); all other districts on Oahu have 6% of their students needing treatment.

Treatment needs dropped across all counties in 2003, bringing county-level treatment needs below treatment needs reported in 1996. Kauai County witnessed the greatest decrease in treatment need estimates in 2003. Treatment need estimates in Kauai County increased in 1998 then dropped slightly in 2000, and then dropped substantially in 2002 and 2003. Treatment needs in Hawaii and Maui Counties followed a similar pattern. Treatment need estimates in the City and County of Honolulu nearly doubled from 1996 to 1998 and then dropped slightly in 2000, 2002, and 2003.

Total treatment needs nearly doubled across most districts from 1996 to 1998 and then dropped slightly or remained unchanged in 2000. In 2002, total treatment needs dropped across all

districts. Although the decline in treatment needs continued in 2003, they are only a few percentage points lower than the 1996 treatment need estimates.

Although the school-based and adolescent residential substance abuse treatment services that have been provided since 1996 have been beneficial to the school-aged population in the State of Hawaii, the data also reflects that the majority of students diagnosed with a substance abuse problem have failed to utilize a treatment program. This RFP seeks to make additional treatment available by adding Intensive Outpatient and Outpatient modalities to the continuum of services for adolescents in the community. Treatment models that include experiential components and pro-social skill building activities as a means to motivate participants to enter treatment, achieve their treatment goals, and maintain their sobriety are encouraged.

B. Planning activities conducted in preparation for the RFP

A Request For Information (**RFI**) in conjunction with this RFP was held on April 10, 2007. The summary of the RFI is in Attachment E-8.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making community-based outpatient treatment services available to adolescents. This service consists of Intensive Outpatient and Outpatient Treatment for adolescents in the counties of Honolulu (Windward District), Hawaii, and Maui. This modality of service is meant to provide a continuum of adolescent substance abuse treatment services.

D. Description of the target population to be served

The target population is middle-school and high-school age adolescents who meet either the Diagnostic and Statistical Manual of Mental Disorders IV Text Revision (**DSM-IV-TR**) criteria for substance abuse or dependence or the American Society for Addiction Medicine Patient Placement Criteria Second Edition-Revised (**ASAM PPC-2R**). All clients in any level of treatment shall meet the most current version of the ASAM PPC-2R for admission, continuance, and discharge from Level 0.5 Early Intervention, Level I, Outpatient Treatment and Level II Intensive Outpatient Treatment.

E. Geographic coverage of service

The service area for this RFP includes the counties of Honolulu (Windward District), Hawaii, and Maui. The Windward district of Oahu was selected since this was the highest area of treatment need according to the **2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study**. Other districts on Oahu may be considered, based on the justification submitted through the proposal. The ADAD reserves the right to adjust the

shall be the same as the basis for initial allocation of funds as specified in Section 4, Proposal Evaluation.

2. A maximum of \$25,000 may be advanced for start-up costs for new programs. A request for start-up cost may be submitted to the ADAD fiscal section, upon award of a contract. Start-up cost will be reconciled within the first six (6) months of the contract.
3. 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 a non-submission of a report by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.
4. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but all actions must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.
5. In the event that additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts and reconfigure the geographic coverage areas of service.

II. General Requirements

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

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR)**. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR**.
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT 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. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:
 - a. The APPLICANT shall institute a policy that funds cannot 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 injections.
 - b. The APPLICANT shall not use funds to provide inpatient hospital services.
 - c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.
 - d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.
 - e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State.
5. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
6. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.
7. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as

permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b. Assures staff education on HIV and AIDS at least once per year.
 - c. Provides for AIDS education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**
 - f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.
9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.
12. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol**

Series (TIPS), the National Institute on Drug Abuse's (NIDA) Principles of Drug Addiction Treatment, and/or access website resources listed in Attachment E-7, "Important Website Addresses."

13. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration ("SAMHSA") funds are subject to the U.S. Department of Health and Human Services regulations 42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA Charitable Choice Statutes and Regulations shall be completed.
14. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.
15. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary Purchaser participation

1. The ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.
2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals

- Allowed Unallowed

D. Single or multiple contracts to be awarded

- Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

- Single term (< 2 yrs) Multi-term (> 2 yrs)

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services with an option for renewal of one or two years.

2. Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) and availability of funds.

F. RFP Contact Person/Liaison

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning contractor. Written questions should be emailed or faxed to the RFP Contact Person and received on or before the day and time specified in Section 1, Item I (Procurement Timetable) of this RFP.

Contact Person: Terri Nakano at (808) 692-7511 or
Email: terri.nakano@doh.hawaii.gov
Fax: (808) 692-7521

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Adolescent Substance Abuse Outpatient Treatment shall be comprehensive and shall include a continuum of services, which are: Intensive Outpatient Treatment, and Outpatient Treatment modalities as defined below. The curriculum should be an overall sound structural component. The activities of the curriculum should be designed to recruit, maintain and engage the adolescent in treatment.
 - a. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for at least three (3) or more hours per day for up to five (5) days per week, in which the client participates in accordance with an approved Individualized Treatment Plan. The unit of service to be recorded shall be per day. The Applicant may record service data by quarter hour (15 minute) increments in excess of one (1) hour. The scheduling of a **one (1) hour per client per week session of individual counseling** is recommended.
Intensive Outpatient services may include, but are not limited to assessment, individual and group counseling, crisis intervention, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information, drug screening urinalysis, case management services and nutrition counseling; however, the activities listed below must be provided.

Intensive Outpatient Programs shall include, but are not limited to the following face-to-face activities: Assessment Services; Individual and

Group Counseling Services; Activity Therapies and alcoholism and other drug addiction client education.

- b. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program. An Outpatient Program regularly provides between **one (1) and eight (8) hours per client per week** of face-to-face treatment and **one (1) hour of scheduled individual counseling per client per month**. The scheduling of **one (1) hour per client per week of individual counseling** is recommended when clinically indicated. The Applicant may record service data in quarter hour (15 minute) increments in excess of thirty (30) minutes.

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

Intensive Outpatient and Outpatient Programs consist of:

- Individual Counseling, which provides the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Group Counseling, which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
- Family/Couple Counseling, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.

- Skills Development, which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not be scheduled events, but may be applied in the context of other normal activities, such as education or employment.
 - Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.
- c. Pregnant adolescents shall receive preference for treatment.
2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria Second Edition-Revised (**ASAM PPC-2R**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria Level 0.5 Early Intervention, Level I Outpatient Treatment, or Level II Intensive Outpatient Treatment have been met.
 3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.
 4. The APPLICANT shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.
 5. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.
 6. The program shall administer the **Adolescent Drug Abuse Diagnosis (ADAD)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ADAD** must be included in the Client Data System Admission form.
 7. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

8. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
9. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.
10. The APPLICANT may use the “Partner Abuse and Sexual Assault Risk Assessment Guidelines” in Section 5, Attachment E-6 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.
11. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

- a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. For administrative and program staff working in a position which necessitates close proximity to children or adolescents, a criminal history check shall be obtained through the Hawaii Criminal Justice Data Center, at cost to the APPLICANT. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.

- b. Individuals performing the following function shall be Hawaii State certified substance abuse counselors (CSACs) pursuant to **321-193 (10), Hawaii Revised Statutes** (HRS), or hold an advanced degree in behavioral health sciences:

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

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

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

- c. Staff shall document verifiable experience in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.
- d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- e. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.
- f. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- g. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(1)-(4), HAR**, which shall include:

- 1) Staff education on HIV and AIDS.
 - 2) Staff education on the risks of TB for those abusing substances.
- h. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

- a. Pregnant adolescent women shall receive preference for treatment. To ensure that pregnant adolescent women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant adolescent women shall receive preference for treatment.
- b. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- c. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- d. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

- a. The APPLICANT shall have a quality assurance plan which identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the

quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

- d. The quality assurance system shall 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.
- e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's **Year-End Program Report** and shall be based on the data specified below, which is, with the exception of #1, taken from the Client Data System Follow-Up Report form (**CDSFR**). The CDS is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following CDSFR items:

- 1) Number of clients completing treatment (CDS Discharge Rpt. #9)
- 2) Employment status at follow-up. (CDS #12)
- 3) Living arrangements at follow-up. (CDS #13)
- 4) Number of clients receiving substance abuse treatment since discharge. (CDS #17)
- 5) Number of clients currently in substance abuse treatment. (CDS #18)
- 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress. (CDS #22)
- 7) In past thirty (30) days, number of days of work/school missed because of drinking/drug use. (CDS #23)
- 8) Number of arrests since discharge. (CDS #24)
- 9) Number of emergency room visits since discharge. (CDS #25)
- 10) Number of times client has been hospitalized for medical problems since discharge. (CDS #26)
- 11) Frequency of use thirty (30) days prior to follow-up. (CDS #33)
- 12) Usual route of administration. (CDS #34)

Note: CDS numbers may change throughout the contract period if forms are revised. Therefore, it is the content of the item that needs to be reported on.

- b. The APPLICANT shall submit a **CDS Follow-Up Report (CDSFR)** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.
- c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one (1) year experience in the provision of substance abuse treatment services to adolescent clients.

6. Coordination of Services

The APPLICANT shall collaborate with other appropriate programs including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. Reporting requirements for program and fiscal data

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-End Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due 30 days after the end of the quarter. Year-end Reports are due 45 days after the end of each fiscal year.

Quarterly reports shall be submitted as follows:

Year 1:

Period 1:	NTP – December 31	Report due January 31.
Period 2:	January 1 – March 31	Report due April 30.
Period 3:	April 1 – June 30	Report due July 31.

Year End:	July 1 – June 30	Report due August 15.
Year 2:		
Quarter 1:	July 1 – September 30	Report due October 31.
Quarter 2:	October 1 – December 31	Report due January 31.
Quarter 3:	January 1 – March 31	Report due April 30.
Quarter 4:	April 1 – June 30	Report due July 31.
Year End:	July 1 – June 30	Report due August 15.

b. Required Fiscal Reports:

- 1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).
- 2) The APPLICANT must have sufficient computer capacity to utilize ADAD's computerized **POS Provider Sub-system** and shall submit monthly requests for reimbursement (invoices), client services information and **Client Data System (CDS)** data on computer diskette. CDS forms include **Admission, Discharge and Follow-Up Report** forms. A hard copy of the monthly invoice with an original signature shall also be submitted.

Once the ADAD implements the **Web-based Infrastructure for Treatment Services (WITS)** system, the APPLICANT will be required to submit the Client Data System information directly into the WITS system. The APPLICANT will be required to utilize both computer systems until WITS can be fully implemented.

- 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 client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform the audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

8. Pricing Structure or pricing methodology to be used

For community-based adolescent outpatient substance abuse treatment services, the method of pricing shall be reimbursement by actual expenditure.

9. Units of service and unit rate

The units of service and unit rate are not applicable for this RFP since the method of payment is actual expenditure. However, the ADAD has the option to adjust unit rates on contracts covered under this RFP. The ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

10. Method of compensation and payment

Payments shall be made in monthly installments upon the monthly submission by the AWARDEE of expense invoices for the services provided in accordance with III. Scope of Work, and in accordance with the costs identified in the Budget Summary. The first payment shall be an advance installment of one (1) month of the first year and shall be made within approximately thirty (30) calendar days after execution of the agreement and upon receipt of an invoice for the advance payment.

IV. Facilities

- A. APPLICANTS need to be able to secure a space that will assure confidentiality during group and individual sessions. Access to phone lines and copy machines would be preferred. If a site is on school property, the adolescent outpatient treatment services shall not be rendered in conjunction with any adolescent school-based program.
- B. APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:
 - 1. Physical address
 - 2. Narrative description
 - 3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act (ADA) requirements.
 - 4. Description of the facility's accessibility to clients.

SECTION 3:

POS 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 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 (*Previously Background and Summary. No longer scored.*)

Applicant shall give a brief overview to orient evaluators as to the program/services being offered. Include an Organization-wide organizational chart that shows where the proposed program fits within the APPLICANT agency. See a sample in Section 5 – Attachments, C-5.

II. Experience and Capability (*10 page maximum for Sections A-D*)

A. Necessary Skills (*2 pages*)

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

B. Experience (*2 pages*)

The APPLICANT shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

Respond to Section 2, Subsection III.B.5. “Experience” of the RFP regarding experience requirements in the provision of substance abuse treatment.

The APPLICANT shall also demonstrate the capability to coordinate services with resources within the community. Efforts should be made to provide cohesive services that will assist the adolescent to smoothly transition through the various stages of treatment.

1. Describe coordination efforts with resources within the community, including school-based services.
2. Describe how services will meet the needs of the adolescent.
Respond to Section 2, Subsection III.A.1.a and b.

C. Quality Assurance and Evaluation (*4 pages*)

The applicant shall describe its quality improvement and risk management plans for the proposed services, including methodology.

Respond to Section 2, Subsections III.B.3, “Quality assurance and evaluation specifications” and III.B.4, “Output and performance/outcome measurements” of the RFP. Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT’S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to

implementation of the proposed model will be achieved, and how results will be assessed. Set a threshold percentage for each Outcome Objective specified in this subsection and provide the rationale for not setting a lower or higher percentage.

D. Coordination of Services (*1 page*)

Specify any intermediaries, e.g., judiciary, mental health centers, QUEST plans, etc., whose involvement is critical for the program to work. Indicate if and how these intermediaries will cooperate. Include also a description of coordination efforts with other agencies in the community.

Respond to Section 2, Subsection III.B.6 “Coordination of Services” of the RFP.

E. Facilities (*1 page*)

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 that may be required for the services.

Respond to Section 2, IV. “Facilities” requirements of the RFP as appropriate.

III. Personnel: Project Organization and Staffing (*7 page maximum*)

A. Staffing

1. Proposed Staffing (*2 pages*)

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. Indicate the Staff-To-Client Ratio for each modality as described in the **Service Delivery Tables** in Section 5, Attachment C-4.

Discuss staffing, including level of effort with justification for key personnel. Include position descriptions for all significant staff budgeted to this program directly or through subcontract. For direct service staff, reflect any minimum qualifications, including experience, as specified in Section 2, Subsection III.B.1. of the RFP.

2. Staff Qualifications (2 pages)

The APPLICANT shall provide the minimum qualifications, including experience for staff assigned to the program. Refer to the qualifications in the Service Specifications, as applicable. Complete the **Staffing Position Chart** in Attachment C-1. Incumbent Qualifications column needs to be completed with actual qualifications, not with a reference to the job descriptions or resumes.

Describe the extent to which the staff's qualification/competency is responsive to the needs of the target population. Refer to the RFP Section 2, Subsection III.B.1.c.

Include resumes for key administrative and clinical personnel.

B. Project Organization

1. Supervision and Training (2 pages)

The APPLICANT shall describe its plan and ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Refer to the RFP Section 2, Subsection III.B.1.a. and b. for requirements regarding supervising and training direct service staff, and to Subsections c. – h. as appropriate, for additional staff qualifications and requirements.

2. Organization Chart

The APPLICANT shall provide a "Program-wide" organizational chart that reflects the position of each staff and line of responsibility/supervision. Include position title, name and full-time equivalency. The "Organization-wide" organizational chart is addressed under Section 3, Subsection I "Program Overview."

Provide a program-wide organizational chart, show each position budgeted to the program, including **title, level** (e.g., paraprofessional, bachelor's, master's), and full-time equivalency (**FTE**); **geographic area**; and **lines of authority/supervision**. Present a justification for the staffing pattern, taking into account the numbers of people to be served and the levels of service activities to be provided. See a sample in Section 5 - Attachment C-5.

IV. Service Delivery *(20 page maximum)*

The Service Delivery Section shall include a detailed discussion of the APPLICANT'S approach to applicable service activities and management requirements from Section 2, Subsection III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. A separate weekly schedule, showing all hours of operation for all seven days, showing the activities to be provided to ADAD clients. See a sample in Section 5- Attachment C-6. Work Plan Forms are found in Attachment C.

Describe the treatment component to be created or expanded and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data, and follows the **NIDA Principles of Effective Treatment** found in Section 5, Attachment E-3. For treatment components that will be expanded, include data on current capacity, average length of treatment, retention rates, and outcomes. Address how services will be provided to each targeted population to be served by this proposal.

Provide annual quantitative goals and objectives for the treatment component in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved. Describe how the targeted population will be recruited into treatment and retained in treatment. Include a description of available resources (e.g., facilities, equipment) and transition planning process within the community.

Present a management plan which discusses the proposed schedules of activities, products, events, and implementation timelines.

Describe the basis of any curricula to be used and describe how each curriculum will be applied to the targeted population to be served by this proposal.

Incorporate the use of innovative and/or culturally relevant approaches designed for middle-school and high-school aged youth, and provide justifications for their use.

Respond to the following Subsections of Section 2 of the RFP:

- I.C. "Description of the goals of the service;"
- I.D. "Description of the target population to be served;"
- I.E. "Geographic coverage of service;"
- II.A. 1-15 "Specific Requirements;" and
- III.A.1.a-e, and 2-11 "Service Activities."

Financial (*1 page maximum for Section A*)

A. Pricing Structure (*1 page*)

The APPLICANT shall submit a cost proposal utilizing the pricing structure designated in Section 2 of the RFP. The cost proposal shall be attached to the POS Proposal Application.

1. Pricing Structure Based on Negotiated Unit of Service Rate

NOT APPLICABLE TO THIS RFP

2. Pricing Structure Based on Fixed Unit of Service Rate

The fixed rate pricing structure reflects a purchase arrangement in which the State pays the contractor a pre-determined fixed rate for a performance unit.

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

- | | | |
|----|-----------------|---|
| a. | Form SPO-H 205 | Budget |
| b. | Form SPO-H 205B | Organization-Wide Budget by Programs |
| c. | Form SPO-H 206A | Personnel – Salaries & Wages |
| d. | Form SPO-H 206B | Personnel – Payroll Taxes, Assessments and Fringe |
| e. | Form SPO-H 206C | Travel – Inter-island |
| f. | Form SPO-H 206E | Contractual Services – Administrative |
| g. | Form SPO-H 206F | Contractual Services – Subcontracts |
| h. | Form SPO-H 206H | Program Activities |
| i. | Form SPO-H 206I | Equipment Purchases |
| j. | Form SPO-H 206J | Motor Vehicle |

All budget forms, instructions and samples are located on the SPO Website (see Section I. paragraph II. Websites referred to in this RFP). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

- | | | |
|----|----------------|-----------------------------------|
| k. | Attachment C-1 | Staffing Position Chart |
| l. | Attachment C-2 | Organization-wide RFP Information |
| m. | Attachment C-3 | Performance Based Budget |

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each for

which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

3. Pricing Structure Based on Fixed Price

NOT APPLICABLE TO THIS RFP

B. Other Financial Related Materials (*Page limitation not applicable*)

1. Accounting System

In order to determine the adequacy of the APPLICANT'S accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

- a. The latest Single Audit Report, Financial Audit (no earlier than June 30, 2005), or financial statement.
- b. Cost Allocation plan which provides an explanation of how costs are allocated to various sources of funding.

Respond to Section 2, Subsection II.A.2-5, "General Requirements."

For the APPLICANT'S organization, list all currently active support and any applications/proposals pending review or funding that relate to the proposed program. If there are none, state "none." For all active and pending support listed, provide the following information:

1. Source of support (including identifying number and title.
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Whether project overlaps, duplicates, or is being supplemented by the present application, with delineation and justification of the nature and extent of any programmatic and/or budgetary overlaps.
5. Respond to Section 2, I. F., Probable funding amounts, source, and period of availability, *Pending availability of General funds. Funding may only be available for one year.

2. Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation

(DOTAX) and the Internal Revenue Service (IRS) shall be submitted **upon notification of award**. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

VI. Other (*Page limitation not applicable*)

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.

B. Assurance

The APPLICANT shall complete the Assurance Regarding Drug-Free Workplace found in Section 5, Attachment E-9 and also submit the letter(s) of support completed by the school principal.

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 (the Technical Review Committee), 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 Mandatory Proposal Requirements

Phase 2 – Evaluation of Proposal Application

Phase 3 – Recommendation for Award

Phase 1 – Evaluation of Mandatory Proposal Requirements

Mandatory proposal requirements are items that must be submitted with the application or addressed in order for the proposal to be evaluated. They do not receive a rating.

1. Registration (Form SPO-H-100A if not pre-registered with the State Procurement Office)
2. Application Checklist
3. Required Licenses (if applicable)
4. POS Application Identification Form (Form SPO-H-200)
5. Table of Contents
6. Litigation Disclosure (for review & determination)
7. Administrative Assurances
8. Program Overview

Phase 2 – Evaluation of Proposal Application

Each of the four sections listed below must be addressed in the proposal application narrative. How the proposal needs to address each area is listed in Section 3, Proposal Application, and how it will be evaluated is listed here in Section 4, Proposal Application. Attention should be paid to the Service Specifications listed in Section 2, that are referenced in the proposal application.

<u>Proposal Application Section</u>	
1. Experience and Capability	20 points
2. Project Organization & Staffing	15 points
3. Service Delivery	55 points
4. Financial	10 Points
TOTAL POSSIBLE POINTS:	100 Points

The Technical Review Committee will use the scale in the table below to rate each section from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as a Satisfactory response, the score for that item would equal
 60% (.60) X 6 = 3.6.

0	20% (.20)	40% (.40)	60% (.60)	80% (.80)	100% (1.00)
Not Addressed	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory	Excellent

Rating scale definitions:

Not Addressed – The required information was not present in the APPLICANT’S proposal.

Unsatisfactory – A major item was not addressed or was addressed incorrectly, or was addressed in the wrong category.

Satisfactory – All major items were addressed. APPLICANT may just repeat the requirements in the RFP.

Excellent – All items were addressed satisfactorily. Some items were addressed in an exceptionally clear, concise, or original manner.

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

1. Experience and Capability (20 Points)

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

A. Necessary Skills (6)

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. 6

B. Experience (6)

- Provided a description of verifiable experience with projects/contracts for the most recent 5 years pertinent to the proposed services. Consider experience with same age level, delivery of service in same geographic area, delivery of same modality of service, and other specialization appropriate to the population. 5
- Demonstrated satisfactory performance 1

C. Quality Assurance and Evaluation (4)

- The quality assurance and evaluation plan identifies: the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services. 1
- The quality assurance plan serves as procedural guidelines for staff, and confers designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance. 1
- The quality assurance process serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services: Findings are integrated and reviewed by the quality assurance committee, and information is conveyed to the program administrator and the organization's executive officer and governing body (e.g. Board of Directors) at least semi-annually. .5
- The quality assurance system identified strengths and deficiencies, indicates corrective actions to be taken, validates corrections, and recognizes and implements innovative, efficient, or effective methods for the purpose of overall program improvement. 1

- Program evaluation reflects the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services. .5

D. Coordination of Services (1)

- Demonstrated capability to coordinate services with other agencies and resources in the community to reduce fragmentation and/or duplication of services. .5
- Specified appropriate intermediaries who are critical for the program to work and indicated how these intermediaries will cooperate. .5

E. Facilities (3)

- Described the facilities and clearly demonstrated their adequacy in relation to the proposed services. 1.5
- Described realistic plans to secure a facility if one is not presently available. .5
- Described how the facilities meet ADAD requirements, as applicable and any special equipment that may be required for the services. Described viable alternate plans to meet ADAD requirements if facilities do not meet ADAD requirements. 1

2. *Project Organization and Staffing (15)*

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

A. *Staffing (10)*

- The proposed Staffing Pattern, Client/Staff Ratio, and Proposed Caseload capacity is clearly described. The rationale to determine how many hours are needed to perform the activities for which part time positions are responsible is clearly presented. 2

- The Client/Staff Ratio meets minimum requirements or is reasonable for the activity if no minimum is stated. There are adequate numbers of staff to cover the full program (sufficient staff to cover the program during staff illness, holidays and vacations) and staffing appears able to insure the viability of services. 5

- The proposed Staffing Pattern is consistent with the personnel requirements in the Service Specifications 3

B. *Project Organization (5)*

- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 3

- Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 2

When scoring, refer to the following forms from the applicant's proposal:

- *Attachment C1, Staffing Position Chart*
- *Program Organization Chart*
- *Attachment C4, Service Delivery Tables*
- *Resumes*

3. *Service Delivery (55 Points)*

The State will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application. The criteria also includes an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

- A. The service activities and management structure presented by the applicant meets the service activities and management requirements outlines in the POS proposal application and Section 3, Subsection III. Scope of Work, in the RFP
 - 1. Service activities and tasks:
 - a. The modalities of service that the applicant intends to provide are clearly specified; including an estimation of the number of clients that the applicant plans to serve, and match Subsection III. Scope of Work specified in the RFP, per proposal narrative, the Service Delivery Table, and Program-wide Organization chart. 3

 - b. The activities/methods the applicant intends to provide 3

	demonstrates best practices for the population.	<u> </u> <u> </u>
c.	The applicant demonstrates the capability to recruit and retain the population.	<u> 3 </u>
d.	The applicant addresses demographic and cultural issues as appropriate for the target population.	<u> 3 </u>
e.	The activities/methods that the applicant intends to use for each type of service and an estimation of the Average Length of Stay (ALOS) for each type of service are clearly specified, and are consistent with the Definitions of Treatment Activities and Section 2, Subsection III. Scope of Work specified in the RFP, per proposal narrative and Performance Based Budget.	<u> 3 </u>
f.	How the program will address transition and recovery issues and relapse prevention for clients who are in the final phase of treatment is clearly described and is sufficient to suggest a high degree of likelihood of successful transition.	<u> 3 </u>
2.	Related work assignments/responsibilities: The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities.	<u> 3 </u>
3.	Timelines/Schedules	
a.	The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Subsection III. Scope of Work, in the RFP.	<u> 3 </u>
b.	A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical.	<u> 3 </u>
c.	A weekly schedule of activities for each modality is provided and is practical, meets the minimum hours per week of required service. A legend that corresponds to ADAD required activities has been provided indicating which activities are considered individual counseling or group activities and type.	<u> 3 </u>
B.	Assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the practicality of the	

timelines and schedules, as applicable.

- | | |
|--|----------|
| 1. The goals of the service are clearly described and are realistic and achievable. | <u>5</u> |
| 2. The objectives the applicant's program is most focused on achieving are clearly described and are achievable. | <u>3</u> |
| a. A threshold percentage for each outcome specified in the RFP was established; and | |
| b. The selected level is sufficiently justified. | <u>2</u> |
| 3. A clear rationale is given for the estimated number of ADAD clients that the applicant intends to serve. | <u>5</u> |
| 4. A clear rationale is provided for why the activities/methods that the applicant will use are appropriate for the target population and are most likely to achieve the objectives requested. | <u>5</u> |
| 5. The work plan for the major service activities and tasks to be completed is logically related to the state goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner. | <u>5</u> |

4. Financial (10 Points)

A. Pricing Structure

- | | |
|--|----------|
| 1. Pricing structure based on fixed unit of service rate
Applicants' proposal budget is reasonable, given program resources and operational capacity. | <u>3</u> |
| 2. Budget forms are complete and accurate and support the narrative description in the proposal. | <u>3</u> |

B. Adequacy of accounting system.

The Single Audit Report or Financial Audit indicates minimal or no material deficiencies. 2

The Cost Allocation Plan provides a fiscally sound explanation of how costs are allocated to various sources of funding. 2

Phase 3 – Recommendation for Award

Based on the results of the technical review of all of the proposals submitted for consideration under this RFP, the Technical Review Committee will recommend those proposals to be considered for contracts. A Statement of Findings and Decision will be sent to each applicant that will contain a statement of findings and decision for the award or non-award of the contract to each applicant.

SECTION 5:

ATTACHMENTS

SECTION 5

ATTACHMENTS

<u>Attachment</u>	<u>Document</u>
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms <ul style="list-style-type: none">C-1 Staffing Position ChartC-2 Organization-Wide RFP InformationC-3 Performance-Based BudgetC-4 Service Delivery TableC-5 Program Organization ChartC-6 Weekly Schedule Format
D.	Certifications <ul style="list-style-type: none">D-1 Debarment and SuspensionD-2 LobbyingD-3 Environmental Tobacco SmokeD-4 Assurance of Charitable with Charitable Choice
E.	Program Specific Requirements <ul style="list-style-type: none">E-1 Substance Abuse Treatment GuidelinesE-2 Wait List Management and Interim Services Policy and ProceduresE-3 NIDA Principles of Effective TreatmentE-4 IDU Outreach Services Policy and Procedures N/AE-5 Therapeutic Living Program Requirements N/AE-6 Partner Abuse and Sexual Assault Risk Assessment GuidelinesE-7 Important Website AddressesE-8 Request for Information SummaryE-9 Assurance Regarding Drug-Free Workplace

SECTION 5

ATTACHMENT A:

COMPETITIVE POS

APPLICATION CHECKLIST

Competitive POS Application Checklist

Applicant: _____

No.: HTH 440-1-16

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at <http://www2.state.hi.us/spo/>. Click on "If you are looking for forms and instructions to respond to a Request for Proposals (RFP) *click here!*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Competitive POS Application Checklist	Section 1, RFP	Section 5, Attachment A (This document.)	X	
3. Table of Contents	Section 3, RFP	Section 5, Attachment B	X	
4. POS Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 3, RFP	SPO Website*	(Required ONLY upon notification of an award)	
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*	No	
SPO-H-205B	Section 3, RFP	SPO Website*	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*	Not Allowed	
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	
Program Specific Requirements:				
8. Audit	Section 2, RFP	Section 2, RFP	X	
9. Drug Free Workplace Assurance	Section 3, RFP	Section 5, Attachment E9, RFP	X	
10. Attachments C-1 to C-6	Section 2, RFP	Section 5, Attachment C, RFP	X	
11. Resumes	Section 3, RFP		X	
12. Position Descriptions	Section 3, RFP		X	

Authorized Signature

Date

SECTION 5

ATTACHMENT B:

**SAMPLE TABLE OF
CONTENTS FOR THE
POS PROPOSAL
APPLICATION**

SAMPLE

Organization: _____
RFP No: _____

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 fiscal year ended June 30, 1996	
C.	Organization Chart Program Organization-wide	
D.	Performance and Output Measurement Tables Table A Table B Table C	
E.	Program Specific Requirement	

SECTION 5

ATTACHMENT C:

WORKPLAN FORMS

Submit the following with Attachment C:

- C-1 Staffing Position Chart**
- C-2 Organization-Wide Request for Proposal
Information**
- C-3 Performance-Based Budget**
- C-4 Service Delivery Table**
- C-5 Program Organization Chart Example**
- C-6 Weekly Schedule Example**

Instructions for Completing Form C-2 ORGANIZATION-WIDE RFP INFORMATION

<p>Instructions:</p> <p>This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-1 and 440-3 (Treatment RFPs) and HTH 440-2 and 440-4 (Prevention RFPs), the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.</p>
<p>Page ____ of ____: Indicate the correct page number for this page and total number of pages.</p>
<p>Applicant/Awardee: Enter your organization name.</p>
<p>Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2,I.F.</p>
<p>RFP NO.: Enter the number (RFP No.: HTH 440-X-XX*) from the upper right-hand corner of the RFP Sub-category you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.</p>
<p>Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.</p>
<p>Services: List the specific service/modality the funding source targets.</p>
<p>RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.</p>
<p>Actual FY: List all actual funds received (or anticipated to be received) for this service/modality during the current fiscal year.</p>
<p>Amount Requested: Enter the amount of funds that you are requesting from each funding source Where ADAD is the funding source, do not enter an amount greater than the Probable Funding Amount listed in Section 2, I.F. of the RFP Sub-category, for the geographic area/target population you are applying for. Submit information for SFY 2008, at a minimum. Submit figures for SFY 2009 should the anticipated funding sources and/or amounts differ from SFY 2008. (Note: ADAD funds will remain the same.)</p>
<p>TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).</p>
<p>Prepared by:/Title/Phone No./Date: Type or print name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contacted for further information and clarification.</p>

*For 440-X, "X" should be replaced with the appropriate RFP number: 440-1 or 440-3 for Treatment RFPs and 440-2 or 440-4 for Prevention RFPs. For 440-X-XX, "XX" should be replaced with the appropriate sub-category number, as listed in each individual RFP.

ORGANIZATION-WIDE RFP INFORMATION

Attachment C

Page ____ of ____

Applicant/Awardee _____ **Period** _____

RFP No: HTH 440-1-16

FUNDING SOURCES	SERVICE	RFP #/ ID #	Actual 2008	AMOUNT REQUESTED*
				2009
TOTAL				

Prepared by: _____

Phone No.: _____

Title: _____

Date: _____

* Submit information for 2008, at a minimum. Submit figures for 2009 should the anticipated funding sources and/or amounts differ from SFY 2008. Base your budget on a 12 month period.

PERFORMANCE BASED BUDGET

Page _____ of _____
 RFP No.: _____

Applicant/Provider: _____

MODALITY/ SERVICES TO BE PROVIDED	UNIT	COST	TOTAL AMOUNT	
	(bed day, hr/day/etc.)	\$	SFY 2008	SFY 2009
Outpatient				
Intensive Outpatient				
TOTAL				

Prepared by: _____

Phone No.: _____

Date: _____

Signature of Authorized Official: _____

Phone No.: _____

Name & Title (Please Print or Type): _____

Date: _____

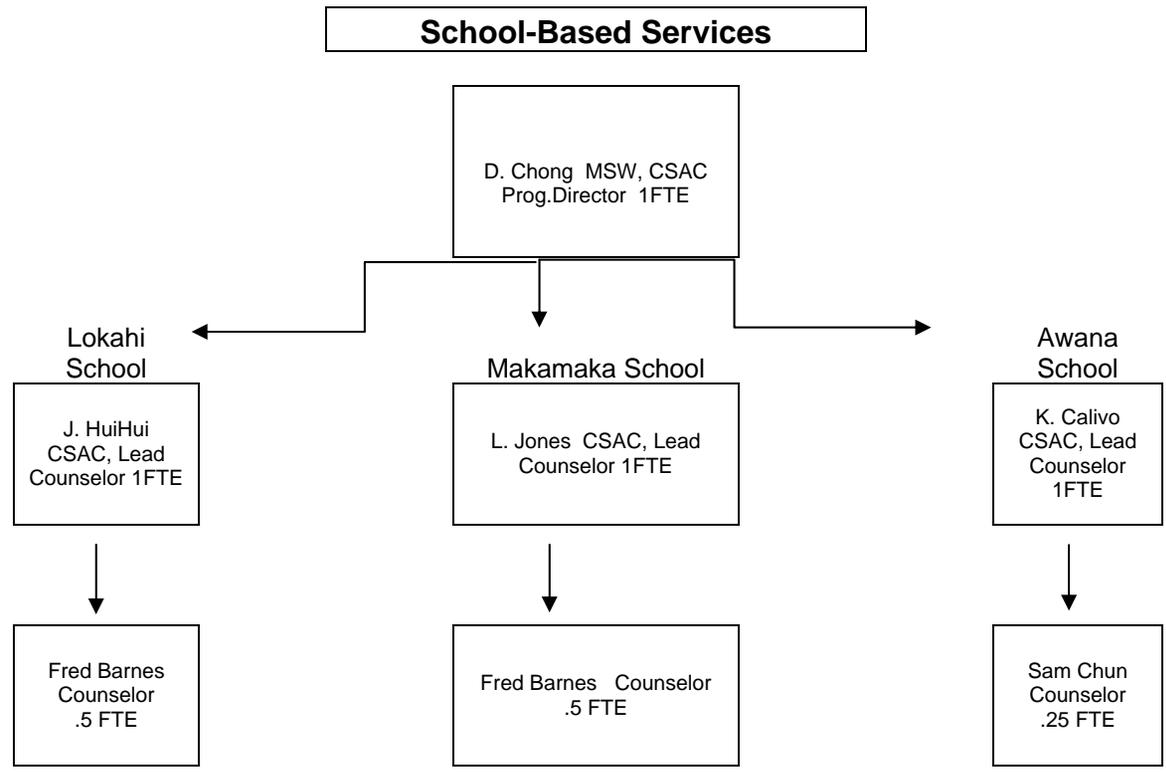
SERVICE DELIVERY TABLE

Modality	Staff-To-Client Ratio	Estimated Number of Clients to be Admitted	Total Average Units Per Client	Total Cost Per Client	Total Cost Per Modality
Residential					
Day Treatment					
Intensive Outpatient					
Outpatient					
Therapeutic Living					
Other (Describe)					

Submit a weekly schedule of activities for each modality to be provided. Activities which will be paid for by ADAD must be clearly identified either by the use of ADAD's **Definition of Treatment Activities** (Process Group, Task Group, Individual Counseling, etc.) or a legend which relates the agency's activity names to ADAD's Definitions. The name and position of the staff providing the activity, if known, should also be provided and match staff names provided in the **Staffing Position Chart**. Total Cost Per Modality should match the cost data provided on the **Performance-Based Budget**.

EXAMPLE

Program Organization Chart



NOTE: This example is for a School-Based program, but may be applied to any type of program.

**General format to use for a
Weekly Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Legend for ADAD Activities:

- IC=Individual Counseling
- GP=Process Group
- GS=Skill Building Group
- GE=Educational Group
- GR=Recreational Group

SECTION 5

ATTACHMENT D:

CERTIFICATIONS

- ~~D-1 — Debarment and Suspension~~
NOT APPLICABLE to this RFP
- ~~D-2 — Lobbying~~
NOT APPLICABLE to this RFP
- ~~D-3 — Environmental Tobacco Smoke~~
NOT APPLICABLE to this RFP
- ~~D-4 — Assurance of Compliance with Charitable Choice~~
NOT APPLICABLE to this RFP

SECTION 5

ATTACHMENT E:

PROGRAM SPECIFIC

REQUIREMENTS

- E-1 Substance Abuse Treatment Guidelines**
- E-2 Wait List Management and Interim Services Policy and Procedures**
- E-3 NIDA Principles of Effective Treatment**
- ~~E-4 IDU Outreach Services Policy and Procedures~~
NOT APPLICABLE to this RFP**
- ~~E-5 Therapeutic Living Program Requirements~~
NOT APPLICABLE to this RFP**
- E-6 Partner Abuse and Sexual Assault Risk Assessment Guidelines**
- E-7 Important Website Addresses**
- E-8 Request for Information Summary**
- E-9 Assurance Regarding Drug-Free Workplace**

Substance Abuse Treatment Guidelines

BEST PRACTICES/EVIDENCE-BASED PRACTICES

The following sources provide resources and links to Internet web sites referencing evidenced-based best practices, such as a cognitive-behavioral approaches, motivational interviewing techniques, and screening and assessment tools that are required to be incorporated into substance abuse treatment programs funded by ADAD.

- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. October 1999. (An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)
- Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1995.
- National Institute of Corrections Home Page. 24 September 2002 <<http://www.nicic.org>>
- Gornik, Mark, Brian Bilodeau, and Jacqueline Rizzuto. Cognitive Reflective Communications: Advanced Communication Intervention and Offender Management Strategies, Participant Manual and Training Guide. February, 2001. U.S. Department of Justice, National Institute of Corrections. 24 September 2002
- Gornik, Mark. Critical Knowledge About 12-Step Programs for Criminal Justice Professionals. [Videoconference held August 29, 2001]. 2001. U.S. Department of Justice, National Institute of Corrections Academy. 24 September 2002
- Participant Manual – Motivational Interviewing. 1999. The Vermont Department of Corrections. 24 September 2002

DEFINITIONS OF TREATMENT ACTIVITIES

Reimbursable Activities:

All individual, group and family sessions shall involve direct, formal, clinically appropriate face-to-face contact with a client and/or significant other. A professional staff person must be actively involved in the provision of the service. Clients meeting on their own to read, watch videos, or run a support group will not be considered as reimbursable sessions.

The draft Health Insurance Portability and Accountability Act (HIPAA) Code and Description (HCPCS) has been included at the beginning of each definition. The HCPCS definitions and codes have not been finalized. Adjustments will need to be made in definitions and codes when they are finalized if there are differences.

Individual Sessions May Include the Following:

A. *SCREENING*

HIPAA

- H0002-Alcohol/and/or drug screening to determine eligibility for admission to a treatment program.

ADAD

- The process by which the client is determined appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality, as well as the use of established patient placement criteria.
- Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, motivation, and program philosophy.
- Eligibility is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.
- **NOTE:** Programs will only be reimbursed for screenings that result in a client's admittance into the program.

B. *ASSESSMENT*

HIPAA

- H0001-Alcohol and/or drug assessment.

ADAD

- The evaluation following admission by a clinician to determine the nature and extent of an individual's abuse, misuse and/or addiction to drugs, including all services related to identifying the detailed nature and extent of the person's condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered.)
- The process by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the

development of a treatment plan. Although assessment is a continuing process, it is generally emphasized early in treatment.

- The counselor evaluates major life areas (e.g., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

C. *TREATMENT PLANNING*

HIPAA

- T1007-Alcohol and/or substance abuse services, treatment plan development and/or modification.

ADAD

- Alcohol and/or Other Drug (also known as Chemical Dependency or Substance Abuse) (service) Plan Development and/or Modification means design or modification of the treatment or service plan for alcohol and/or other drug abuse. This may be the initial plan for a client already engaged.

Treatment planning is also the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.

- The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.
- The plan describes the services, who shall perform them, when they shall be provided, and at what frequency.

D. *INDIVIDUAL COUNSELING*

HIPAA

- H0004-Alcohol and/or drug abuse services; individual counseling by a clinician.

ADAD

- Individual counseling is the utilization of special skills to assist individuals in achieving objectives through exploration of a problem and

its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

- Various counseling approaches such as motivational interviewing, reality therapy, client-centered therapy, cognitive, behavioral, etc., may be used.

Group Sessions May Include the Following:

A. *PROCESS GROUPS*

HIPAA

- H0005-Alcohol and/or drug services; group counseling by a clinician.

ADAD

- These involve the utilization of special skills to assist groups in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The maximum number of total clients (ADAD-funded plus others) per process group should generally not exceed 15. Groups held that exceed 15 clients need to be clinically justifiable and documented appropriately in order to be reimbursed.

B. *EDUCATION GROUPS*

HIPAA

- H0025-Alcohol and/or drug prevention education; delivery of services with target population to affect knowledge, attitude, and/or behavior.

ADAD

- These groups have as their primary objective the provision of information by the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session.
- Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

C. *SKILL BUILDING GROUPS*

HIPAA

- T1012-Alcohol and/or substance abuse services, skills development (or

H0025-see above).

ADAD

- Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill.
- The skills taught can be divided into either daily living skills (e.g., managing money, food preparation, accessing information directories), or inter-personal skills (e.g., affective assertiveness, stress management, ability to give positive reinforcement).

D. *RECREATIONAL GROUPS*

HIPAA

- H0022-Alcohol and/or drug intervention service (planned facilitation).

ADAD

- These groups involve the client in learning leisure-time activities.
- In order to be reimbursable as a treatment session:
 1. The goals for the activity must be specified in the treatment plan,
 2. A counselor must be actively involved in facilitating the group, and
 3. The participants must have an opportunity to discuss their participation in the activity.

Family Sessions May Include the Following:A. *FAMILY COUNSELING*

HIPAA

- T1006-Alcohol and/or substance abuse services, family/couple counseling.

ADAD

- Family counseling is the utilization of special skills to assist families in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. Behavioral, cognitive, interpersonal strategies/approaches may be used.
- The "family" may involve parents, children, partners or other significant others within the client's home environment who will have a major role to play in the client's recovery, e.g., aunts, foster parents, boarding home operators.
- Large groups of multiple family members shall be reimbursed under the group rate.

Residential Treatment Program Description and Reimbursable Activities**Program Description**

A residential treatment program is organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with substance abuse problems.

Standards

1. For an organization to be reimbursed for residential treatment, a client shall receive a minimum of twenty-five (25) hours per week of a combination of the following services:
 - a. Therapeutic activities such as individual and group counseling.
 - b. Educational activities.
 - c. Training activities. Such training may address:
 - (1) Community integration goals and activities.
 - (2) Identification of target symptoms.
 - (3) Behavior management and interview practices.
 - (4) Factors impacting the persons served, such as:
 - Communication skills.

- Degree of support and supervision required.
 - Guardianship issues.
 - Special needs.
 - Medications.
 - General health considerations.
 - Religious beliefs.
 - Literacy.
- (5) Functional skills.
- (6) Housekeeping/maintenance skills.
- (7) Human sexuality.
- (8) Incident reporting.
- (9) Menu planning and meal preparations.
- (10) Cultural competency and relevance.
- (11) Sanitation and infection control.
- (12) Safety procedures.
- (13) Scheduling of:
- Menu planning and meal preparation.
 - Cleaning and maintenance of appliances.
 - Daily routines.
- (14) Maintenance of adaptive equipment.
- (15) Addressing special dietary requirements.
- d. Crisis intervention.
- e. Development of community living skills.
- f. Family support with the approval of the persons served.
- g. Linkages to community resources.
- h. Advocacy.
- i. Development of social skills.
- j. Development of a social support network.
- k. Development of vocational skills.
- l. Assistance in securing housing that is safe, decent, affordable, and accessible.
- m. Assistance in receiving primary health care.
- n. Assistance in receiving primary health care for children in pregnant and parenting women and children (PPWC) specialty programs.
- o. Assistance in complying with criminal justice requirements.

Note: Not all listed services must be provided. Some services may be provided off site.

Wait List Management and Interim Services Policy and Procedures

I. Wait List Policy and Procedures

- A. A wait list is a list of clients who have been screened and determined to be eligible for future admission for services when no open slots currently exist.

- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall notify ADAD of its Wait List status weekly (before noon on the first working day of each week). Each program shall FAX or hand-deliver at least one ADAD Client Wait List Status Form indicating whether or not it has reached 90% capacity. Any request for services the program has received from a pregnant woman or injection drug user during that week shall be recorded on that form or a duplicate and sent to ADAD within the same time frame.

- C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedures that includes the requirements listed below:
 - 1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.

 - 2. Instructions for what individuals must do to remain on a wait list and be eligible for services, as well as criteria for the removal of a person from the wait list.

 - 3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:
 - a. Who reviews the list;
 - b. How frequently the list is reviewed;
 - c. Disposition data specifying whether the individual continues to be eligible or is dropped from the wait list because he/she is no longer interested, has found other treatment, cannot be contacted or did not maintain contact with the program at specified intervals, and how and where removed names are recorded for statistical purposes; and
 - d. Specification that individuals who are removed from the list will not be barred from reapplying for services. Pregnant women and injection drug users (IDU) will be given preference at the time of reapplication (as specified in item number 8, below).

4. Procedures shall be developed for maintaining contact with individuals on the wait list.

Contact:

- a. May be face-to-face (which is preferred), by telephone, or by mail;
- b. Shall be made every 30 days at a minimum; more frequently is preferable;
- c. When initiated by the program requires that client confidentiality be protected.

Contact procedures shall be clearly communicated to the prospective client when agreement is reached to place a person on the list. Maintaining contact is ideally the individual's responsibility. However, due to the characteristics of substance abusers, treatment programs shall assume additional responsibility to maintain contact with the individual seeking treatment.

5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:
 - a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
 - b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
 - c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
 - d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.
6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.
7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:
 - a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
 - b. Assessment: current status of substance abuse and associated problems;
 - c. Contact: dates, types and outcomes of subsequent contacts;
 - d. Referral: when the client was referred to another program, the program recommended, how the referral was made (e.g., by phone, letter or in person);

- e. Follow-up: subsequent contacts with the referral program to determine the outcome of the referral.

If the client is subsequently admitted, the Individual Wait List File will be added as an identifiable section to the regular client file. If the client is not admitted this file shall be retained separately.

- 8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:
 - a. Pregnant injecting drug users,
 - b. Pregnant substance abusers,
 - c. Injecting drug users, and
 - d. All others.
- 9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:
 - a. Pregnant Women:
 - 1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
 - 2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
 - (a) Provide interim services (see part II of this attachment) within 48 hours; or
 - (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
 - b. Injection Drug Users:
 - 1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
 - 2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
 - (a) Provide interim services within 48 hours; or
 - (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
 - 3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.

- a. Each ADAD-funded substance abuse treatment program shall inform ADAD of every request for services that it receives from a pregnant woman or IDU, and of the status of the client who made the request. The program shall do the following:
 - 1) Submit the required information for each client on the ADAD Client Wait List Status Form as found at the end of this Attachment.
 - 2) Before 12 noon on the first working day of each week, fax one form for each pregnant and/or IDU applicant from the previous week. At least one form shall be faxed to ADAD each week, indicating whether the program has reached 90% capacity during the previous week.

II. Interim Services Policy for Pregnant Women and Injection Drug Users

- A. Interim services are services that are provided until a client is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the client, and reduce the risk of transmission of disease.
- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall develop and implement an Interim Services Policy and Procedures that includes the following elements:
 1. For each client placed in Interim Services, the program shall keep a record of the number of days between the request for treatment and the admission to treatment.
 2. At a minimum, interim services shall include counseling and education about the following:
 - a. HIV and tuberculosis (TB),
 - b. The risks of needle-sharing,
 - c. The risks of transmission to sexual partners and infants,
 - d. Steps that can be taken to ensure that HIV and TB transmission does not occur,
 - e. Referral for HIV or TB treatment services if necessary.
 3. For pregnant women, interim services also include:
 - a. Counseling on the effects of alcohol and drug use on the fetus, and
 - b. Referral for prenatal care.

- C. Every program shall keep information in the individual client's file for each interim services client. This includes but is not limited to the following records:
- 1) Date of the client's entry into interim services,
 - 2) Source of client's referral into interim services,
 - 3) Application form,
 - 4) A screening or assessment form,
 - 5) Number of days elapsed since the initial request for treatment,
 - 6) An interim plan of action,
 - 7) A log of the services provided including the date on which services were provided,
 - 8) The date of client's admittance into treatment and the name of the program admitting the client into treatment,
 - 9) Progress notes of each face-to-face interaction with the client. These shall include progress made on the plan of action, any current problems indicated by the client, recommendations made to the client, any plans for follow-up meetings, and any help that the program said it would provide the client. The staff member responsible for convening the face-to-face contact with the client shall sign each entry.
- D. The disposition of pregnant women and IDUs shall be monitored by ADAD to determine if they have received treatment in accordance with the above requirements, if their admission has been given proper priority and if services have been provided within the requirements specified in this document.
- E. The ADAD-designated Opioid Therapy Outpatient Treatment Program and Specialized Substance Abuse Treatment Services for Women for interim services shall submit separate quarterly and year end reports on ADAD-developed forms.

Principles of Effective Treatment

National Institute on Drug Abuse (NIDA)

- 1. No single treatment is appropriate for all individuals.**

Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- 2. Treatment needs to be readily available.**

Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
- 3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.**

To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
- 4. An individual's treatment and services plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.**

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.
- 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**

The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvements is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
- 6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.**

In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.
- 7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**

Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a

nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective.

Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously.

Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.

Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

From: Principles of Drug Addiction Treatment; A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999.

Partner Abuse and Sexual Assault Risk Assessment Guidelines

A. Questions Relating to Partner Abuse

1. In what ways, if any, has a partner (or ex) ever verbally abused you (called you names, humiliated you in public, screamed at you, blamed you for everything, lied, made empty promises, etc.)?
2. In what ways, if any, has a partner (or ex) ever physically hurt you (slapped, punched, shoved, choked, threatened with weapons, or otherwise hurt you)?
3. In what ways, if any, has a partner prevented you from seeking support (insisting on taking you to your appointments, speaking for you, answering doctors, counselor, pastors for you, keeping the car from you)?
4. In what ways, if any, has a partner (or ex) ever psychologically abused or terrorized you (For example, kept you from seeing family/friends, threatened to hurt or kill you or loved ones, controlled your life, interrogated you, controlled money, destroyed your belongings, accused you of having affairs, smashed things, kept you up at night, punched walls, had affairs, or caused you to be fired from a job)?
5. In what ways, if any, has your life and safety ever been in danger because of an intimate partner or ex-partner? Are you safe now?
6. In what ways, if any, have you ever been stalked by a partner or ex-partner (following you or keeping track of your activities, causing you to feel intimidated or concerned for your safety)?
7. In what ways, if any, has a partner (or ex) ever forced you to have sex or perform sexual acts in such a way that caused you either distress, harm, fear, or humiliation?

B. Questions Relating to Sexual Assault

1. In what ways, if any, has anyone made sexual comments to you that made you feel uncomfortable?
2. In what ways, if any, has anyone ever had sexual contact with you without your consent or against your will?
3. In what ways, if any, have you ever been stalked? For example, has anyone followed you or kept track of your activities causing you to feel intimidated or concerned for your safety?
4. In what ways, if any, have you been forced to witness or perform humiliating or degrading sexual acts?

C. Questions Relating to Substance Abuse

1. Explain why, if ever, you've felt you should cut down on drinking or drug use?
2. When, if ever, have people complained about your drinking or drug use?
3. In what ways, if ever, have you felt guilty about your drinking or drug use?

4. In what ways, if ever, has your drinking or drug use caused family, job or legal problems?
5. How often, if ever, have you had a drink or drug in the morning ("*eye opener*") to steady your nerves or to get rid of a hangover?
6. Which, if any, drugs (not prescribed by a physician) do you take?
7. Describe times of memory loss (blackout) related to drug or alcohol use.
8. Has a doctor ever advised you to reduce your use or to quit using alcohol or drugs?
9. What, if any, treatment have you ever received for drug or alcohol abuse?

D. Questions Relating to Mental Health

1. Have you lost interest in things you used to enjoy?
2. Do you have difficulty falling or staying asleep?
3. Do you ever excessively diet, exercise or force yourself to vomit after eating?
4. Have you ever experienced or witnesses anything which caused you to feel either extreme fear, helplessness or horror?
5. During your childhood, described any of the following which you experienced:
 - Emotional or psychological injury inflicted by others
 - Parental neglect, abandonment, violence or substance abuse
 - Physical injury inflicted by others
 - Sexual abuse
 - Verbal abuse or putdowns
6. Describe any thoughts you have ever had about hurting or killing yourself and when this occurred. Do you plan to hurt yourself? If so, how and when?
7. How often, if ever, have you ever seen a counselor, therapist or psychologist?
8. What, if any, psychiatric medications have ever been prescribed for you?
9. How many times, if ever, have you been hospitalized for psychiatric reasons and why?

Important Website Addresses

ADAD does not intend this reference to be an exhaustive list of substance abuse treatment Website addresses. APPLICANTS are encouraged to utilize additional resources should more information be needed. Please also note that Website addresses may change periodically.

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

- **42 CFR Part 2** -- Confidentiality of Alcohol and Drug Abuse Patient Records
www.access.gpo.gov/nara/cfr/waisidx_01/42cfrv1_01.html
- **45 CFR Part 96** -- Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule
www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html

Public Law (P.L.):

<http://www.gpoaccess.gov/plaws/index.html>

- **P. L. 102-321 – Subpart II** Block Grants for Prevention and Treatment of Substance Abuse
<http://www.samhsa.gov>

Hawaii Revised Statutes (HRS):

www.capitol.hawaii.gov/site1/docs/docs.asp?press1=docs

- **Chapter 321, Title 19, HRS** – Department of Health (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-.HTM
- **325-101 HRS** -- Confidentiality of HIV Records
www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0325/HRS_0325-0101.HTM
- **328K HRS** -- Smoking
www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0328K/HRS_0328K-.HTM
- **Chapter 334 HRS** – Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-.HTM
- **577 HRS** – Children (Index)
www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0577/HRS_0577-.HTM

Hawaii Administrative Rules (HAR), Department of Health

<http://mano.icsd.hawaii.gov/health/about/rules/admrules.html>

- **Title 11, Chapter 98 HAR** -- Special Treatment Facility License
<http://www.hawaii.gov/health/about/rules/11-98.pdf>
- **Title 11, Chapter 175 HAR** -- Mental Health and Substance Abuse System
<http://www.hawaii.gov/health/about/rules/11-175.pdf>

II. Government Resources

Hawaii

- **Alcohol and Drug Abuse Division (ADAD)**, Department of Health
<http://www.hawaii.gov/health/substance-abuse//prevention-treatment/>
- **Department of Commerce and Consumer Affairs**
<http://www.hawaii.gov/dcca>

National

- **Center for Substance Abuse Prevention (CSAP)**, SAMHSA
<http://www.samhsa.gov/centers/csap/csap.html>
- **Center for Substance Abuse Treatment (CSAT)**, SAMHSA
<http://www.samhsa.gov/centers/csat/csat.html>
- **Drug-Free Workplace Program** -- SAMHSA's model program and resource
http://workplace.samhsa.gov/frames/frame_starting.htm
- **National Clearinghouse for Alcohol and Drug Information (NCADI)**, SAMHSA
<http://www.health.org/>
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
<http://www.niaaa.nih.gov/>
- **National Institute on Drug Abuse (NIDA)**
<http://www.nida.nih.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**,
U.S. Dept. of Health and Human Services
<http://www.samhsa.gov/>

**STATE OF HAWAII
Department of Health
Alcohol and Drug Abuse Division**

**Request For Information (RFI)
RFP 440-1-16
Community-Based Adolescent Outpatient Substance Abuse Treatment
Services**

Summary of RFI

As part of its planning process, the Alcohol and Drug Abuse Division (ADAD) scheduled a public request for information in order to gather information for the community-based adolescent outpatient substance abuse treatment services. The RFI forum took place on April 10, 2007, at the Kinau Hale Department Operations Center, from 1:30 pm to 3:30 pm. There were four (4) Oahu participants present and two (2) participants via telephone conference with the island of Hawaii. Attempts were made to include the islands of Kauai and Maui however, those connections were not possible. During the RFI, an agenda, an informational sheet, and a copy of the substance abuse treatment guidelines were given to each participant. The information sheet contained the purpose, service description, target population, geographic coverage service, and probable funding information for the RFP. All of the handouts were also faxed to the Kauai and Maui participants on this date. All participants were allowed to send in their comments via e-mail up until April 13, 2007. Three (3) e-mail transmissions were received from providers: one from Oahu, one from Maui and one from Hawaii.

The ADAD will be awarding approximately \$800,000 for the community-based adolescent outpatient substance abuse treatment service. Adolescents must meet either the Diagnostic and Statistical Manual of Mental Disorders IV, Text Revision (DSM-IV-TR) criteria for substance abuse or dependence or the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC). The service areas that are under consideration are Honolulu, Maui and Hawaii counties.

Some of the common issues that were raised during the RFI as well as through e-mail are as follows:

- Do not include day treatment services due to the educational requirement, which would be better combined with an adolescent residential RFP.
- While this is not a school-based service, allow agencies to use the school-based facilities or sites as a convenient location to provide the service to the adolescents.
- Consider using reimbursement by actual expenditure.
- Suggest using treatment models that encourage “experiential components” and pro-social, skill building activities as a means to motivate the participants in achieving their treatment goals.

- The cost of transporting the adolescent to the outpatient program should be factored in to the cost of treatment. A travel voucher system should be considered.

Other issues that were raised individually are as follows:

- For both IOP and OP, the reimbursable rate should be at least the amount of school-based treatment rates (\$85.00 for individual, \$53.00 for group).
- For IOP, allow agencies to bill for each hour of group and individual sessions separately, as opposed to a session rate.
- Recommend having a reimbursable rate for other expenses such as vehicle, building lease, activity fees and food. Items that are not normally included in a performance based rate.
- If the insurance has to be the first payer, then allow state funds to cover cases where the insurance limits utilization or does not allow payment for services or is restrictive in such a way that keeps the adolescent from treatment.
- Allow multiple awards per county.

The ADAD is in agreement that the day treatment modality does not need to be a part of the adolescent community-based outpatient continuum. The IOP level will allow up to 20 hours of treatment per week, and if a client is in need of a higher level of treatment, a referral can be made to either of two adolescent residential treatment facilities.

As for using school facilities for this community-based outpatient treatment, ADAD recognizes that this may be a good opportunity to reach the adolescents in their community, thus making treatment more accessible for them.

The ADAD realizes that due to this being a new modality of service, there may be various program costs involved, as well as start-up cost issues. The ADAD has decided that payment will be by actual expenditure as opposed to performance based reimbursement. This will also alleviate some of the concerns regarding expenses for vehicle and building leases, activity fees and food items which also encourage and motivate the adolescents to receive treatment.

An actual expenditure based contract will also provide more flexibility for treatment models consisting of “experiential components” that will assist clients in achieving goals and motivating treatment completion.

The ADAD has always been the payer of last resort. The ADAD funds will not be allowed as a supplement to other insurance coverages.

Funding multiple agencies per county is not recommended for this RFP.

ASSURANCE REGARDING DRUG-FREE WORKPLACE

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 contractor'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 abuse in the workplace;
 - (2) The contractor'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 abuse 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 by paragraph (a) above;
- (d) Notifying the employee in the statement required by 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 working 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 each 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; and*
- (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 reason 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

Date