

State of Hawaii
Department of Health
Child and Adolescent Mental Health Division

Request for Proposals

RFP No. HTH 460-12-02

**Multi-Dimensional Treatment Foster
Care**

Date Issued: November 28, 2011

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

REQUEST FOR PROPOSALS

RFP No. HTH 460-12-02

MULTI-DIMENSIONAL TREATMENT FOSTER CARE

The Department of Health (“DOH”), Child and Adolescent Mental Health Division (“CAMHD”) is requesting proposals from qualified applicants to provide Multi-Dimensional Treatment Foster Care (MTFC) Services for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency between the ages of eleven (11) through seventeen (17). Services are time-limited, intensive community-based treatment services provided to youth with a history of delinquent and disruptive behaviors and emotional disturbance in a home setting. MTFC addresses the needs of both the community and the youth. The primary focus of MTFC is to decrease the antisocial behavior and increase the appropriate (pro-social) behavior of these troubled youth in the community. The proposed contract term will be from July 1, 2012 (or effective upon contract execution date, whichever is later) through June 30, 2013, and renewable annually for additional terms up to a total of six (6) years. A single contract will be awarded to provide this level of care on Hawaii under this Request for Proposal (“RFP”) based on the proposal evaluation and selection.

Mailed Proposals must be approved for mailing by the **DOH RFP COORDINATOR** and postmarked by the United States Postal Service (“USPS”) on or before midnight, Hawaii Standard Time (HST), Friday, January 20, 2012 and received by Monday, January 30, 2012, or hand-delivered by 3:30 p.m. HST on Friday, January 20, 2012 at the drop off site designated on the Proposal Mail in and Delivery Information Sheet. Any proposal submitted without the required mailing approval and/or after the deadline will not be considered and will be returned to the applicant. There are no exceptions to these requirements.

The CAMHD will conduct an RFP orientation session on Friday, December 9, 2011, from 10:00 a.m. to 12:30 p.m. HST, at 3627 Kilauea Avenue, Room #108, Honolulu, Hawaii, 96816. All prospective applicants are encouraged to attend the RFP orientation session.

The deadline for submitting written questions is 4:30 p.m., HST, on December 16, 2011. All questions shall be submitted via Fax, Email, or hand delivery. All written questions to the current RFP will receive a written response from the State posted as an addendum to the RFP website. Inquiries regarding this RFP should be directed to the RFP contact person, Mr. John MacDonald at 3627 Kilauea Avenue, Rm 101, Honolulu, Hawaii 96816, telephone: (808) 733-9338, fax: (808) 733-8375, e-mail: john.macdonald@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 1 Original and 5 Hard copies and 1 CD copy

ALL APPROVED MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **JANUARY 20, 2012** AND RECEIVED BY THE STATE PURCHASING AGENCY NO LATER THAN 10 DAYS FROM THE SUBMITTAL DEADLINE.

All Mail-ins

Department of Health
Child and Adolescent Mental Health
Division
Room 101
3627 Kilauea Avenue
Honolulu, HI 96816

DOH RFP COORDINATOR

John MacDonald
808-733-9338
Fax 808-733-8375
john.macdonald@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 3:30 P.M., HAWAII STANDARD TIME (HST), FRIDAY, JANUARY 20, 2012. DELIVERIES BY PRIVATE MAIL SERVICES SUCH AS FEDEX SHALL BE CONSIDERED HAND DELIVERIES. HAND DELIVERIES SHALL NOT BE ACCEPTED IF RECEIVED AFTER 3:30 P.M. HST, FRIDAY, JANUARY 20, 2012.

Drop-off Sites

Department of Health
Child and Adolescent Mental Health
Division
3627 Kilauea Avenue, Room 101
Honolulu, Hawaii 96816

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- Attachment G. Weekly Census Report on Client Status
- Attachment H. CAMHD Credentialing and Re-credentialing Policies and Procedures
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- Attachment L. Quarterly Title IV-E Training Activities and Cost Report

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.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	11/28/2011
Distribution of RFP	11/28/2011
RFP orientation session	12/09/2011
Closing date for submission of written questions for written responses	12/16/2011
State purchasing agency's response to applicants' written questions	12/23/2011
Discussions with applicant prior to proposal submittal deadline (optional)	12/16- 12/23/2011
Proposal submittal deadline	1/20/2012
Discussions with applicant after proposal submittal deadline (optional)	1/20- 2/10/2012
Final revised proposals (optional)	2/24/2012
Proposal evaluation period	1/20- 3/15/2012
Provider selection	03/19/2012
Notice of statement of findings and decision	03/19/2012
Contract start date (FY 13)	07/01/2012

II. Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

	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 “The RFP Website” (located under Quicklinks)
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 <http://hawaii.gov>)

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

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 resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing Provider performance. The Contracting Office is: Department of Health, Child and Adolescent Mental Health Division, 3627 Kilauea Avenue, Room 101, Honolulu, HI 96816; Attention to: DOH RFP COORDINATOR John MacDonald, phone: 808-733-9338; fax: 808-733-8375; Email: john.macdonald@doh.hawaii.gov

VI. Orientation

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

Date: December 9, 2011 **Time:** 10:00 a.m. HST

Location: Diamond Head Health Center, Room 108
3627 Kilauea Avenue, Honolulu, HI 96816

Participation in this RFP orientation is optional and not required in order to respond to any procurement the purchasing agency may take.

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 as an addendum to the RFP. 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 this Section, paragraph VII, Submission of Questions.

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in this Section, paragraph II, General Requirements, subparagraph F, RFP Contact Person.

All written questions will receive a written response from the State purchasing agency posted as an addendum to the RFP website.

Deadline for submission of written questions:

Date: 12/16/2011 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:
12/23/2011

Date: _____

VIII. Submission of Proposals

A. **Forms/Formats.** Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in this Section, paragraph II, Website Reference. 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 address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Section 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. **Tax Clearance.** Pursuant to HRS Section 103-53 and Act 190, as a prerequisite to entering into contracts of \$2,500 or more, Providers shall be required to be compliant with the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS).
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of Providers performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See this Section, paragraph II, Website Reference.)
- F. **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 registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See this Section, paragraph II, Website Reference.)
- G. **Hawaii Compliance Express (HCE)** All Providers shall register with HCE for online proof of DOTAX and IRS tax clearance, Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for

the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered Provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Act 190 mandates a vendor, contractor, or service provider that wants a government contract/award shall be in compliance with State laws and show proof via HCE certification. Refer to this Section, paragraph II, Website Reference for HCE’s website address.

- H. **Campaign Contributions by State and County Contractors.** Providers are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government Providers during the term of the contract if the Providers are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See this Section, paragraph II, Website Reference.)
- I. **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.*
- J. **Confidentiality of Personal Information.** Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General’s General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.
- K. **Proposal Submittal.** All mail-ins must be approved for mailing by the DOH RFP COORDINATOR and 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:

1. Not approved for mailing by the DOH RFP COORDINATOR;
or
2. Postmarked after the designated date; or
3. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
4. 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.

Faxed proposals and/or submission of proposals solely on diskette/CD or transmission by e-mail, website or other electronic means **ARE NOT PERMITTED** for this RFP.

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 with HAR Section 3-143-403.

X. Opening of Proposals

Upon receipt of a 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 RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best 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 RFP, including the sharing of information on community needs, best practices, and Providers' resources, shall not disqualify Providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

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:

- A. Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- B. Rejection for inadequate accounting system. (HAR Section 3-141-202)
- C. Late proposals. (HAR Section 3-143-603)
- D. Inadequate response to request for proposals. (HAR Section 3-143-609)
- E. Proposal not responsive. (HAR Section 3-143-610 (a)(1))
- F. Applicant not responsible. (HAR Section 3-143-610 (a)(2))

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 this Section, paragraph II, Website Reference). Only the following matters may be protested:

- A. A State purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes ("HRS");
- B. A State purchasing agency's failure to follow any rule established by Chapter 103F of the HRS; and

- C. 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 the 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 (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than the 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: Loretta J. Fuddy, A.C.S.W., M.P.H.	Name: M. Stanton Michels, M.D.
Title: Director, Department of Health	Title: CAMHD Administrator
Mailing Address: Hawaii State Department of Health, 1250 Punchbowl Street, Honolulu, HI 96813	Mailing Address: 3627 Kilauea Avenue, Room 101, Honolulu, Hawaii 96816

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 HRS Chapter 37 and subject to the availability of State and/or Federal funds.

XXI. General and Special Conditions of Contract

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

XXII. Cost Principles

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

XXIII. Monitoring and Evaluation

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

A. Performance/Outcome Measure

1. Degree to which performance expectations are met.
2. Degree to which agency's quality assurance and improvement plan (QAIP) is consistently implemented.
3. Evidence of ongoing improvement mechanisms implemented as part of internal/external review feedback.
4. Degree to which services and activities result in positive outcomes for youth served.
5. Adequacy of response to any required corrective actions and calls for improvement.
6. Degree to which performance expectations are met in case-based reviews.
7. Degree of integrity of quality assurance and performance improvement processes.

B. Output Measure

1. Degree to which eligible youth are receiving timely service initiation as described in this RFP.
2. Degree to which eligible youth are receiving services as described in contract.
3. Assessment of performance data and trends.
4. Degree of quality of family engagement including training and expectation-setting for staff in family engagement.
5. Degree to which youth are managed in accordance with the standards described in this RFP, and the Child and Adolescent Mental Health Performance Standards (effective July 1, 2012)("CAMHPS") as the same may be amended from time to time.

C. Quality of Care/Quality of Services

1. Degree to which services and activities described in the contract meet the expected standards, as defined in this RFP, Section 2, Service Specifications.
2. Degree to which the client related documentation meets standards, as defined in this RFP, Section 2, Service Specifications.
3. Degree of to which Provider adheres to its own program operations, policies, and standards.

4. Degree of adherence to the MTFC model.
5. Degree of treatment integrity and adequacy of treatment processes, including how agencies monitor client progress and outcomes.
6. Degree of adherence to credentialing processes and accuracy and completeness of credentialing files.
7. Evidence of current accreditation.
8. Degree of quality of supervision and training processes.

D. Financial Management

1. Accuracy and completeness of accounting files and fiscal records.
2. Accuracy and timeliness of fiscal internal operations.
3. Performance in fiscal and other financially related audits.

E. Administrative Requirements

1. Overall compliance with contract terms.
2. Maintenance of personnel, training, and protocol manuals.
3. Sound administrative practices and plan of operation.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

Over the past decade, the Child & Adolescent Mental Health Division (“CAMHD”) of the State of Hawaii Department of Health (“DOH”) has matured into an integrated network of services and supports. These services and supports are managed through a public-private partnership consisting of contracted community-based agencies and State managed, community-based Family Guidance Centers (“FGC”) and the Family Court Liaison Branch (both hereinafter identified as “Branches”) with administrative and performance oversight functions at the State office.

With its mission of providing “*timely and effective mental health services to children and youth with emotional and behavioral challenges and their families*”, the CAMHD system of care has developed into a comprehensive array of evidence-based services and supports for these children, youth and their families. Over the years, numerous factors have played a role in the design and development of the current CAMHD system. These factors contributing to the development of the CAMHD system, along with quality improvement efforts to enhance the effectiveness of mental health services and system operations as described below.

CONTRIBUTING FACTORS

Department of Justice CRIPA Settlement. In 1991, the Federal court approved the settlement of a class action lawsuit filed against the State of Hawaii and its Hawaii State Hospital (“HSH”) for violation of the Civil Rights of Institutionalized Persons Act (“CRIPA”). The settlement agreement required that child and adolescent residential services (“CARS”) meet specified staffing, programming, and safety measures. As a result, the CAMHD removed all children and adolescents from the HSH and began providing those services in contracted hospital settings. Due to the improvements in the quality of services of these CARS programs, and the demonstrated ability to provide quality oversight of the agencies, the Department of Justice (“DOJ”) released the State of Hawaii and the CAMHD from the Settlement Agreement in 2003.

SAMHSA System of Care Grant (“Hawaii Ohana Project”). In 1993, the Substance Abuse and Mental Health Administration (“SAMHSA”) awarded the CAMHD a six (6) year Federally funded grant to develop a community-based system of care for children, youth and their families on the Leeward Coast. The grant not only brought tremendous technical assistance resources to the Leeward district, but also to the entire State. Based on research, the SAMHSA encouraged states to adopt a “system of care” approach to children’s mental health services. With the grant the system of care principles were introduced to communities across the State.

Felix Consent Decree. In October 1994, the United States Federal Court approved the settlement of a class action lawsuit (known as the *Felix case*) filed against the State of Hawaii and its Departments of Education and Health for failing to provide a free and

appropriate public education to Hawaii's children and youth with special needs. The court subsequently issued the Felix Consent Decree (“FCD”) under which the State agreed to provide all related services necessary for youth certified as eligible under the Individuals with Disabilities Act (“IDEA”) or under Section 504, Subpart D of the Rehabilitation Act of 1973 (Section 504) to benefit from a free and appropriate public education (“FAPE”). The plaintiff classes of the FCD were youth who were educationally disabled and were determined to be in need of mental health services to benefit from their FAPE. In April, 2004, the U.S. District Court approved the plan to end the court’s oversight of special education in Hawaii schools and in May of 2005, the court’s oversight of the Departments of Education and Health officially ended with the State found to be in substantial compliance with Federal laws. The State met requirements as outlined in the FCD by developing an integrated system of care in accordance with the Hawaii Child & Adolescent Service System Program (“CASSP”) (*See Section 5, Attachment F*) in May 2005.

Evidence-Based Services (“EBS”) Committee. In 1999, the development of the CAMHD system reached a critical point. The State found that the cost of newly contracted comprehensive array of services was at an all-time high, and yet these services were producing minimal positive outcomes for the children, families or communities. During this period, the State sent or court-ordered approximately a hundred (100) youth to mainland treatment due to the inability of the new service programs to meet their needs. The majority of the youth that were challenging for the system had problems with aggressive behaviors and willful misconduct. As such, the CAMHD formed the Evidence-Based Task Force that included the University of Hawaii psychology/psychiatry staff, the CAMHD leadership, provider agencies and families to review the research literature. The Evidence-Based Task Force later became a formalized part of the CAMHD system, with the change to EBS Committee. The CAMHD modified its service system to include many of the evidence-based practices and services. As the provider network increased its use of evidence-based interventions, there was a marked decrease in mainland placements. Under several ensuing RFPs, the CAMHD procured evidence-based programs including Functional Family Therapy (“FFT”), Multisystemic Therapy (“MST”) and Multi-dimensional Treatment Foster Care (“MTFC”). The EBS committee continues to review the current evidence-based research to assure that the services provided in the system have a reasonable chance of producing positive outcomes for the children, youth and families.

HRS 321-175: CAMHD Strategic Plan. The CAMHD is obligated to comply with HRS 321-175 – (See website http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0175.htm) that requires a four (4) year Strategic Plan, and HRS 321-176 – (See website http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0176.htm) - that requires a two (2) year review of the implementation of that Strategic Plan. For much of the 1990’s, the Implementation Plan of the FCD served as the CAMHD’s strategic plan. Since 2002, the CAMHD has engaged in community-based initiatives to develop the CAMHD strategic plans that outline a vision, mission and strategic goals to guide the CAMHD.

The CAMHD’s current Strategic Plan is available on the following website:
<http://hawaii.gov/health/mental-health/camhd/library/webs/camhdplan/camhdplan2.html>

2011-2014 Strategic Goals:

- Integrate health information technology
- Strengthen clinical services
- Implement a strategic financial plan
- Strengthen effective collaborations to increase early access to care

CORE COMPONENTS OF CURRENT CAMHD SYSTEM

All applicants interested in working with the CAMHD should have an understanding of the core values and components of the CAMHD system. They should consider how their agency would collaborate with and/or support the CAMHD in strengthening or solidifying these areas. The CAMHD expects the same commitment from its provider network partners.

Commitment to the Hawaii Child & Adolescent Service System Program (“CASSP”). Nationally, the CASSP principles (Stroul, B.A. and Friedman, R.M., 1986) were developed in accordance with the original work of Jane Knitzer in an effort to provide a framework of principles for newly created systems of care. Early in the 1990’s, Hawaii communities and stakeholders made minor language revisions to these CASSP principles to effectively address the relevant cultural issues as they presented in Hawaii. The CAMHD is committed to the CASSP principles (*See Section 5, Attachment F*) and expects the same commitment from contracted providers. Under the CASSP principles, the CAMHD continues its commitment to services being locally available, community-based and least restrictive with the focus on assuring that services and supports are individualized, youth-guided and family-centered and with culturally relevant recreational and community activities.

Commitment to Interagency Collaboration & Coordination. Most of the youth served by the CAMHD attend public schools, and may be involved with the child welfare system, juvenile justice system, or other DOH Divisions, including Alcohol & Drug Abuse Division (“ADAD”), Developmental Disabilities Division (“DDD”), and Early Intervention Services (“EIS”) Division. A large percentage of the CAMHD population is enrolled in MedQUEST Healthplan services, which requires linkages to the primary healthcare providers. The CAMHD system is committed to work with all other child-serving agencies to integrate services and programs across agencies in the best interest of youth and their families.

Commitment to Evidence-based Practices. Mental health services provided within the CAMHD system are expected to be evidence-based. Interventions with youth are meant to incorporate elements of those treatments identified as most promising based on credible scientific data. The proposed array of services provides a medium through which evidence-based interventions can be applied at high levels of intensity and in a variety of settings, depending on the needs of the youth. The CAMHD regularly reviews, summarizes, and disseminates relevant research data to support agencies in their selection and implementation of services. All treatment planning for psychosocial and pharmacological intervention should stem from careful consideration of the most current research. In addition, agencies are encouraged to gather and evaluate their own data on child outcomes and functioning to further inform clinical decisions and the design of

appropriate interventions. See the following links for the (a) CAMHD Biennial Report: <http://hawaii.gov/health/mental-health/camhd/library/pdf/ebs/ebs013.pdf> and (b) the evidence-based child and adolescent psychosocial intervention matrix from the American Academy of Pediatrics <http://www.aap.org/compeds/doch/mentalhealth/docs/CR%20Psychosocial%20Interventions.F.0503.pdf>

Commitment to Performance Management. The CAMHD is committed to ongoing evaluation of performance and the use of data to continue the development and management of the system as well as improve provider development. Its performance management practices involve an extensive system for examining performance and using findings to make informed decisions about services and needed adjustments to program implementation. The CAMHD tracks and analyzes contractor performance data across all aspects of service delivery and care. The CAMHD uses this information to determine how well the system is performing for youth, and how well youth are progressing. It is sensitive enough to determine if the system is performing better or worse for certain populations, and comprehensive enough to detect what aspects of care, and in what settings, problems may be occurring. The CAMHD monitors services through the tracking of trends and patterns found in utilization and satisfaction data, and examinations of practice and quality of services.

The CAMHD maintains an active quality assurance and improvement program and expects to achieve goals of the program through an annual work plan that maintains improvement activities and measures for each quality and assurance program objective. Participants, including Providers, in the system shall engage in ongoing quality assurance activities to improve their services and integration with the system.

Commitment to Access & Continuity of Care. The CAMHD has the belief that every child/youth is capable of recovery and resiliency. The CAMHD seeks to promote care which is individualized empowering children/youth and their families to achieve their goals, and maximize their opportunities to live full lives in their own communities.

The CAMHD is committed to the philosophy of providing treatment at the most appropriate and least restrictive level of care necessary for effective and efficient treatment to meet the youth's bio-psychosocial needs. We see the continuum of care as a fluid treatment pathway, where youth may enter treatment at any level and be transitioned to more or less intensive levels of care as their changing clinical needs dictate. At any level of care, a youth's treatment is individualized and takes into consideration the youth's stage of readiness to change and participate in treatment.

Medical necessity criteria will dictate the admission, continuing stay and discharge criteria for each service the CAMHD provides. While these criteria are designed to assign the most effective and least restrictive level of care in nearly all instances, an infrequent number of cases may fall beyond their definition and scope. Thorough and careful review of each case, including consultation with supervising clinicians, will identify these exceptions. As in the review of other cases, clinical judgment consistent with the standards of good medical practice will be used in making medical necessity determinations.

Medical necessity decisions about each youth are based on the clinical information provided by the treating practitioner or facility, the application of the medical necessity

criteria and available treatment resources. We recognize that a full array of services is not available everywhere. When a medically necessary level of care does not exist or is not available, we will authorize a higher than otherwise necessary level of care so that services are available that will meet the child/youth's essential needs for effective treatment.

The CAMHD assures youth and their families, timely access to necessary mental health services. The CAMHD will refer youth to the contracted agencies, in accordance with the specifications, as written in this RFP and the CAMHD Performance Standards (effective July 1, 2012)(“CAMHPS”). The CAMHD expects to award contracts to those applicants that demonstrate a commitment to not only accept all CAMHD youth referred to them in accordance with the CAMHPS but to also remain committed to serving these youth and their families during challenging behavioral and programmatic times.

A. Overview

In the 90s, Congress urged the Surgeon General to develop a report on youth violence, with particular focus on the scope of the problem, its causes, and how to prevent it. The Surgeon General obtained the assistance of the Centers for Disease Control and Prevention (“CDC”), the National Institutes of Health (“NIH”), and the SAMHSA to identify and recommend solution to youth violence. Since 1993, when the epidemic peaked, youth violence has declined significantly nationwide, as indicated by the downward trends in arrest records, victimization data, and hospital emergency room records. Recent research found “no change since 1993 in the proportion of young people who have committed physically injurious and potentially lethal acts.”

The best information available on general strategies to reduce the risk of further violence among these youths comes from meta-analyses. The most rigorous and most frequently cited meta-analyses of violence prevention programs are those conducted by Lipsey and colleagues and by Andrews and colleagues (Lipsey, 1992a, 1992b; Lipsey & Wilson, 1998; Andrews, 1994; Andrews et al., 1990). Lipsey's research found that “effective treatment can divert a significant proportion of delinquent and violent youths from future violence and crime.” The research also found that “there is enormous variability in the effectiveness of different types of programs for seriously delinquent youth. The most effective programs, on average, reduce the rate of subsequent offending by nearly half (forty-six percent (46%)), compared to controls, whereas the least effective programs actually increase the rate of subsequent offending by eighteen percent (18%), compared to controls.”

Studying serious male offenders, the Surgeon General found that treatment utilizing a social perspective-taking/role-taking component reduced serious delinquent behavior for at least eighteen (18) months after treatment (Chandler, 1993). This finding is consistent with results from the Lipsey and Andrews studies, which indicate that multimodal, behavioral, and skills-oriented interventions are more effective than counseling and other less-structured approaches (see also Gendreau & Ross, 1987). The general finding is that for most youth, behavioral and skills-oriented strategies provide the most effective violence prevention approaches.

Meta-analyses conducted by Lipsey and others demonstrated that community-based treatment is more successful than residential treatment for teenagers with histories of chronic and severe criminal behavior. The Surgeon General specifically identifies Multi-dimensional Treatment Foster Care (“MTFC”) as one of the effective strategies against both early- and late-onset forms of violence in general populations of youths, high-risk youths, and even youths who are already violent or seriously delinquent.

As a society, we want to be safe from youth who commit crimes and at the same time we want to help troubled youth live safely in the community. While incarceration and other restrictive residential programs help to keep the community safe, they do little to prepare troubled youth to live in the community. The MTFC program addresses the needs of **both** the community and the youth.

The goal of MTFC, over a period of six (6) to nine (9) months in a therapeutic foster care setting, is to decrease the antisocial behavior and increase the prosocial (appropriate) behavior of youth in placement. To this end there are four (4) main objectives of the MTFC program:

1. To provide the youth with close supervision.
2. To provide the youth with fair and consistent limits/consequences.
3. To provide a supportive relationship with the child.
4. To minimize association with peers who may be a bad influence.

In order to achieve these objectives, MTFC incorporates the strategies of those parent training programs that have been shown to be most effective: close supervision, clear and consistent limits or consequences, and a warm and supportive relationship with an adult. MTFC also incorporates one (1) other key strategy into the program – minimizing contact with delinquent peers. Studies show that association with deviant peers is a strong predictor of involvement in and the escalation of aggression and delinquency. For this reason, MTFC does **not** place youth in homes with other troubled youth.

Studies to date indicate that putting youth with criminal histories together in **group** situations may actually contribute to the maintenance of delinquent friendship cliques and increase youths repertoire of antisocial skills. The MTFC program attempts, instead, to surround the youth with positive role models and mentors. Youths are isolated from negative peers and taught the prosocial skills they missed earlier in their development.

MTFC implementers recruit, train, and supervise foster families to offer youths treatment and intensive supervision at home, in school, and in the community. The program provides parent training and other services to the biological families of treated youths, helping to improve family relationships and reduce delinquency when youths return to their homes. Youths who participate in this program also receive behavior management and skill-focused therapy and a community liaison who coordinates contacts among case managers and others involved with the youths.

MTFC places one (1) child (occasionally, two (2)) with a family at a time.

MTFC uses a team approach to treatment, with the foster parents a part of the team along with program staff.

Foster Parents in this program implement an individualized, structured program for each youth under the guidance of a MTFC Program Supervisor.

Foster Parents receive an enhanced level of support from program staff.

Crisis intervention is available twenty-four (24) hours a day, seven (7) days a week.

Foster Parents meet regularly with other Foster Parents in the program to support and learn from each other.

Research to date has indicated MTFC can reduce the number of days of incarceration, reduce overall arrest rates, reduce drug use, and reduce program dropout rates in treated youths versus controls during the first twelve (12) months after completing treatment and can speed the placement of youths in less restrictive, family based community settings.

Please visit www.mtfc.com for more details on MTFC services.

Further Evidence of Effectiveness

In a study comparing criminally involved boys placed in MTFC and in Group Care homes, boys in MTFC placement spent significantly more days in their placements, were less likely to run away from their placements, and spent twice as many days living with their families or relatives.

One (1) year after placement the boys in MTFC had less than half the arrests of boys in Group Care.

Almost three (3) times as many boys ran away or were expelled from their Group Care homes than their MTFC homes.

Boys in MTFC reported committing fewer criminal acts (general delinquency, index offenses, and felony assaults) than Group Care boys at six (6), twelve (12), and eighteen (18) months after enrolling in the program.

In prior evaluations that included both boys and girls, MTFC improved rates of program completion, reduced both rates of incarceration and the number of days incarcerated during the first year after treatment, and resulted in a faster drop in rates of problem behavior for seriously impaired youths.

Source: Oregon Social Learning Center

B. Purpose or Need

The CAMHD solicits proposals from parties with an interest in providing mental health services to children and youth. The HRS, Section 334-3 (http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-0003.htm) and Section 321-171 (http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0171.htm) outline and define the public health functions of the DOH and the CAMHD in mental health that include:

1. preventive health services for children and youth;
2. diagnostic and treatment services for emotionally disturbed children and youth; and
3. treatment and rehabilitation services to mentally ill children and youth.

The purpose of this RFP is to further refine and enhance the current CAMHD service array for a defined subgroup of youth (see Section 2, subparagraph I-E) and for other youth appropriate for referral for MTFC services. These youth receive the most intensive behavioral health services, and absorb most of the personnel and fiscal resources of CAMHD. They often have antisocial, aggressive, or delinquent behaviors as their primary presenting issues and multi-agency involvement is typical (Department of Human Services, Child Protective Services, Office of Youth Services, Family Court, and Hawaii Youth Correction Facility).

Services to these youth must be provided in a highly accountable system capable of assuring appropriate access to services, close coordination with all involved stakeholders, effective performance management, and sound fiscal management that will produce positive results.

The RFP describes in general these MTFC services and, with details that are, more specifically described in the attached CAMHPS (See Section 5, pages 103 to 109, Attachment C). The CAMHPS defines the mental health services, establishes the clinical and programmatic requirements of the service, and describes the service authorized guidelines. The applicant shall carefully read all aspects of this RFP, and its attachments including the CAMPHS, and make assurances in the applicant's proposal that the agency is prepared to meet all standards and guidelines as written in the RFP and the CAMHPS.

The CAMHD is soliciting proposals from agencies interested in providing MTFC services on the island of Hawaii.

The CAMHD expects that additional communities may also benefit from MTFC services and, therefore, hopes to release similar RFPs for additional communities in the relatively near future.

The current RFP is for the provision of MTFC services. CAMHD will not directly cover the cost of initial training and ongoing consultation to be provided to MTFC team members and foster families from the selected agency, so allowances should be made in the applicant's proposal budget.

C. Planning activities conducted in preparation for this RFP

A Request for Information (RFI) was posted on May 27, 2011 for interested parties to provide information and feedback to assist CAMHD in developing this RFP. Please contact John MacDonald, Contract Specialist, CAMHD, at john.macdonald@doh.hawaii.gov or 808-733-9338 for more information regarding the RFI.

D. Description of the goals of the service

MTFC was developed in the early 1980's as an alternative to institutional, residential, and group care placements for boys with severe antisocial and delinquent behavior. Subsequently, the MTFC model has been adapted for and tested with children and adolescents with severe emotional and behavioral disorders (SEBD).

There are two (2) major aims of MTFC; 1) to create opportunities so that youth are successfully able to live in families rather than in group or institutional settings, and 2) to simultaneously prepare their parents, relatives, or other aftercare resources to provide these same youth with effective parenting so that the positive changes made in MTFC settings can be sustained over the long run.

1. The following four (4) key elements of treatment are targeted during MTFC placement and aftercare:
 - a. The provision of a consistent, reinforcing living environment where the youth is mentored and encouraged to develop effective academic and living skills.
 - b. The provision of daily structure with clear expectations and limits, and with well-specified consequences delivered in a teaching oriented manner.
 - c. The provision of close supervision of youths' whereabouts.
 - d. The provision of support and assistance designed to help youth avoid deviant peer associations and establish positive peer relationships.

2. It is intended that MTFC services will assist the CAMHD in assessing the following related outcome objectives:
 - a. Reduced long-term rates of criminal offending in serious juvenile offenders.
 - b. Reduced rates of out-of-home placements for serious juvenile offenders.
 - c. Improved family functioning.

- d. Decreased mental health problems for serious juvenile offenders.
- e. Favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Additionally, the Provider will be responsible to:

- f. Develop and support a provider network, which allows for professionals to obtain specialized knowledge and competence in empirically-based practices.
- g. Ensure that youth with multi-agency involvement (e.g., Department of Human Services, Office of Youth Services, Family Court, Alcohol and Drug Abuse Division, Developmental Disabilities Division) receive integrated service delivery.
- h. Ensure that services for the high end, multi-agency youth are defined to produce measurable results and are cost efficient.

Please visit www.mtfc.com for more details on MTFC services.

E. Description of the target population to be served

MTFC services target youth exhibiting severe and chronic antisocial, aggressive and/or delinquent behavior and emotional between the ages of eleven (11) and seventeen (17). This level of care is primarily intended as an alternative to group or residential placement.

To ensure the effective use of MTFC treatment on youth with a variety of complex problems, and produce results in a cost-effective manner, the following referral criteria must be met.

1. Inclusionary Criteria

- a. The identified youth meets at least one (1) of the Service Eligibility criteria for CAMHD (as described in Section I, General Performance Standards, Section B, Access & Availability, CAMPHS), is registered with a Branch, and has an assigned FGC Care Coordinator; and
- b. The youth must be between the ages of eleven (11) and seventeen (17); and
- c. The youth must be identified as needing an out-of-home placement due to challenging delinquent, disruptive, and mental health issues; and
- d. The ability of the youth's family or current caregivers to safely and adequately respond to the youth's needs is significantly strained; and

- e. There is a reasonable expectation that the youth and family can benefit from MTFC within six (6) to nine (9) months; and
- f. Either an adequate trial of active treatment at a less restrictive level has been unsuccessful or the youth is currently placed in a group or residential care facility; and
- g. The youth has an adult/parental figure willing to assume the long term parenting role and to actively participate with MTFC service providers for the duration of treatment.

2. Exclusionary Criteria

- a. MTFC services cannot be provided at the same time as Community-Based Residential Care (General and High Risk) or Hospital Based Residential Care.
- b. MTFC services cannot overlap with Multisystemic Therapy (MST) or other home and community-based services except where the youth will be transitioned out of MTFC within thirty (30) days of the community-based referral.
- c. Youth with the following conditions are excluded from admission:
 - (1) Youth for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends, and other potential surrogate caregivers.
 - (2) Youth whose cognitive capacity prevents effectively working with MTFC's point and level system.
 - (3) Youth in need of immediate crisis stabilization because of active suicidal, homicidal, or psychotic behavior.
 - (4) Youth with a currently active thought disorder or other severe mental illness. Once stable, youth who otherwise meet the eligibility criteria may be referred into the MTFC program.
 - (5) Youth who can effectively and safely be treated at a less restrictive level of care

F. Geographic coverage of service

The CAMHD seeks a single agency to provide a MTFC service site on the island of Hawaii.

The various members of the MTFC team, including the child's family of origin (or alternative long term family resource), should be within 2 (two) hours travel time of each other **at a maximum**.

All applicant agencies should address the following areas in this section of the RFP response:

Where will the members of the MTFC treatment team be housed? List the office location for each team member.

In terms of travel time, how far are MTFC foster homes from the location of the treatment team (include closest and farthest)?

In terms of travel time, how far are the public schools in which the MTFC youths will be enrolled from the foster homes (include closest and farthest)?

In terms of travel time, how far are these schools from the location of the treatment team (include closest and farthest)?

In terms of travel time, how far are the homes of the birth families or alternative aftercare resources from the location of the treatment team (include closest and farthest)?

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

It is expected that State funds will be used to support these services. Federal funds may be used, if available. The CAMHD receives funding through a biennial legislative process. Contracts in the later years will be dependent upon funding received.

The contract period will be from July 1, 2012 through June 30, 2013, and renewable annually for additional terms not to exceed a total of six (6) years. Funding is subject to appropriation, budget execution policies, and availability of funding.

II. General Requirements

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

1. Facility Licensure

At all times, the Provider shall meet the licensure/certification requirements of the Department of Human Services for foster homes. The specific details are found in this Section, paragraph IV, Facilities and Attachment C of Section 5, CAMPHS of this RFP.

2. National Accreditation

Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Council on Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) is required for the Provider at all times. The applicant who has obtained JCAHO, CARF, or COA accreditation will describe the type of accreditation, location and type of program or facility, and effective date(s) of accreditation and submit evidence of accreditation with their proposal. The Provider is required to notify the CAMHD Performance Management Section promptly of any status change to its accreditation status during the contract period.

3. Insurance

The Provider shall obtain, maintain, and keep in force throughout the period of this contract the following types of insurance:

- a. Professional liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- b. General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.
- c. Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

The insurance shall be obtained from a company authorized by the law to issue such insurance in the State of Hawaii (or meet HRS Section 431: 8-301, if utilizing an insurance company not licensed by the State of Hawaii).

For the professional liability, general liability, and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the STATE certifies that the Provider's work under the contract has been completed satisfactorily.

Prior to or upon execution of this Contract, the PROVIDER shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above. The parties agree that the certificate of insurance shall be attached hereto as Exhibit "B" and be made a part of this Contract.

Each insurance policy required by this Contract shall contain the following clause:

“It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.”

The general liability and automobile liability insurance policy required by this Contract shall contain the following clause:

“The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.”

The certificate of insurance shall indicate these provisions are included in the policy.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the expiration date of the time of performance under this Contract, the PROVIDER, upon renewal of the policy, shall promptly cause to be provided to the STATE an updated certificate of insurance.

4. Other Applicable Requirements

- a. The Provider shall complete, execute and submit to the State purchasing agency a certification regarding the following (See Attachment E, Federal Certifications <http://www.cdc.gov/od/pgo/funding/PHS5161-1-Certificates.pdf>) regarding:
 - (1) Debarment and Suspension;
 - (2) Drug-Free Workplace Requirements;
 - (3) Lobbying;
 - (4) Program Fraud Civil Remedies Act (PFCRA)
 - (5) Environmental Tobacco Smoke
- b. The Provider shall comply with all applicable Federal, State, and county laws; ordinances, codes, rules, and regulations; and policies and procedures of the CAMHD, as the same may be amended from time to time, that in any way affect the Provider’s performance.

c. Cost Principle Compliance

The Provider will comply with HRS Chapter 103F Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10-1-98), which can be found at <http://hawaii.gov/spo/spoh/for-private-providers/forms-and-instructions-for-private-providers-applicants>.

B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None.

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

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

Single Multiple Single & Multiple

The proposal will be reviewed in accordance with the following additional criteria.

1. Interest of the State to have geographic accessibility.
2. Readiness to initiate and maintain services.
3. If funded in the past by the CAMHD, the ability of applicant to fully utilize funding.
4. Past performance of applicant in terms of contract compliance (i.e. timely submittal of reports and corrective action plans).
5. Accreditation status.
6. Applicant's past fiscal performance based on the State's fiscal monitoring.
7. Applicants past program performance, based on the State's program monitoring.

E. Single or multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

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

Contract terms:

Initial term of contract: one (1) year
 Length of each extension: one (1) year
 Number of possible extensions: five (5)
 Maximum length of contract: Six (6) Years

The initial period shall commence on the contract start date of July 1, 2012 or Notice to Proceed, whichever is later.

Conditions for extension:

The Contract may be extended provided that the contract price shall remain the same or is adjusted (increased or decreased) based on a negotiated price mutually agreed upon, subject to the availability of funds. The contract must be in writing, must be executed prior to expiration.

F. RFP contact person

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

John MacDonald
 Contract Specialist, CAMHD
 Room 101, 3627 Kilauea Avenue, Honolulu, HI 96816
 Phone: 808-733-9338 Fax: 808-733-8375
 Email: john.macdonald@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. MTFC Training

All contract agency MTFC Therapists, Counselors, and MTFC Program Supervisors will be required to attend scheduled MTFC training(s) in Hawaii as appropriate.

Training will be provided by TFC Consultants, Inc. an Oregon-based MTFC consultant.

The cost of this training including travel expenses will not be covered by CAMHD directly, so allowances should be made in the applicant's proposal budget. This training will include both pre-service and ongoing in-service training and consultation.

Applicant must contact TFC Consultants, Inc. directly in order to obtain the costs of both pre-service and ongoing in-service training and consultation to be included in the applicant's first annual proposal budget. The contact information for TFC Consultants, Inc. is as follows:

TFC Consultants, Inc.
 Gerry Bouwman, President
 1163 Olive Street
 Eugene, OR 97401
 Phone: 541 343-2388 ext. 204
 Email: gerryb@mtfc.com

Training and consultation for MTFC Clinical Staff is provided in a variety of ways including 1) an initial four (4) day Clinical Team Training, 2) an initial two (2) day Foster Family Training, 3) three (3) additional MTFC on site consultation visits, and 4) weekly telephone consultation provided by TFC Consultants, Inc. to each MTFC Program Supervisor.

a. MTFC Clinical Team Training

Four (4) days of intensive pre-service training are provided for all staff who engage in treatment and/or clinical supervision of MTFC cases. This includes all MTFC Program Supervisors, Individual Therapists, Family Therapists, Counselors, and Parent Daily Report (PDR) Callers.

Initial training for MTFC Clinical Teams will be provided by TFC Consultants, Inc.'s consultants on Hawaii. Subsequent MTFC Clinical Team member training is available in January, April, July, and October yearly at the TFC Consultants, Inc.'s MTFC model site in Eugene, Oregon. New MTFC Clinical Team staff may work no more than a total of sixty (60) days prior to participating in a Clinical Team Training.

All MTFC Clinical Team members are required to attend pre-service MTFC Clinical Team Training in order to familiarize participants with the MTFC treatment approach via a combination of didactic instruction, role-playing, and case examples.

If a MTFC Therapist or MTFC Program Supervisor is unavailable or unable to attend the initial four (4) day intensive pre-service training, the Provider will be responsible for sending the MTFC Therapist(s) and/or MTFC Program Supervisor(s) to the next available mainland training at the Provider's expense.

The objectives of the MTFC Clinical Team Training are:

- (1) To familiarize participants with MTFC treatment manuals, program descriptions, and related research publications;
- (2) To describe the family, foster family, school, and individual intervention strategies used in MTFC;
- (3) To train participants to conceptualize cases and interventions in terms of the principles of MTFC; and

- (4) To provide participants with practice in delivering multidimensional interventions.

b. **MTFC Foster Family Training**

Two (2) days of intensive pre-service training are provided for all MTFC Foster Parents. All MTFC Clinical Team members must attend at least one (1) MTFC Foster Family Training session.

Initial MTFC Foster Family training will be provided by TFC Consultants, Inc.'s consultants at the Hawaii MTFC site. Subsequent MTFC Foster Family training will be provided as needed by the local MTFC Program Supervisor and PDR Caller/Trainer. A Foster Family must successfully complete pre-service MTFC Foster Family training prior to placement of any youth with that family.

MTFC Foster Family training methods are didactic and experiential and include:

- (1) An overview of the MTFC model;
- (2) A four-step approach to analyzing behavior;
- (3) Demonstration and discussion of key procedures for implementing the individualized daily program; and
- (4) A review of MTFC policies and procedures.

c. **Additional On-Site Consultation Visits**

The content of each of three (3) additional training/consulting visits provided on site by TFC Consultants, Inc.'s consultants will be dictated by the emerging needs of the MTFC Clinical Team.

d. **Weekly Telephone Consultation**

Weekly MTFC telephone consultation is provided to each local MTFC Program Supervisor by TFC Consultants, Inc.'s consultants. All MTFC Clinical Teams must provide daily PDR child data and videotapes of weekly MTFC Clinical Team and MTFC Foster Family Meetings to TFC Consultants, Inc. in advance of each weekly telephone call. The content of these materials guides the related discussion of treatment plans, progress, issues, and problems for each youth currently in MTFC care.

2. MTFC Program

Each MTFC team consists of a full time MTFC Program Supervisor, a half-time Individual Therapist, a half-time Family Therapist, a full-time Foster Family Recruiter/Trainer/PDR Caller, a variable number of Skills Trainers, and ten (10)

to twelve (12) MTFC Foster Families. Each Foster Family typically has a single youth in care at any point in time.

Services must be provided in accordance with the MTFC principles, standards, and training protocols.

The specific credentials of the staff or mental health professional, the requirements of the service, the documentation requirements, and the service procurement guidelines are all clearly specified in this RFP and the CAMPHS as may be amended from time to time.

Individuals and/or contractors with demonstrated successful experience with Treatment Foster Care (TFC) and/or MTFC are preferred.

3. MTFC Referral Process

The MTFC services sought in this RFP require referrals from the CAMHD Family Guidance Center (FGC) Care Coordinator or other CAMHD designee. Confirmation of the request for services will be completed by the FGC Care Coordinator or other CAMHD designee using a team-based decision model, and guided by protocols developed from generally accepted utilization management guidelines. In order for CAMHD to develop a cost effective and accountable system, it is required that this referral protocol be followed.

MTFC Team Referral Process will be implemented as follows:

- a. Based upon the target population as defined in this RFP, the FGC Care Coordinator or designee determines and documents the referral to the MTFC Team. The Provider agrees to accept all referrals that meet the eligibility criteria for the target population (within the service team capacity at that time).
- b. All youth and families who enter MTFC services shall be asked to sign an agreement or contract affirming their willingness to participate in the program and comply with all MTFC program requirements.
- c. The Provider is required to work with families who are reluctant to participate and who may be uncooperative. Should a family refuse MTFC services, after agreed upon attempts to engage, the MTFC Program Supervisor notifies the referring FGC Care Coordinator, in writing, within forty-eight (48) hours of the last attempt to engage the family. This notification shall describe all attempts to engage the family.

4. MTFC Program Standards

The MTFC program must be provided in accordance with the following standards, unless given written exception by the CAMHD Medical/Clinical Director:

- a. Shall serve a minimum of ten (10) youth and their families each year;
- b. Shall maintain a supervisor to direct service MTFC staff ratio of one (1) full-time MTFC Program Supervisor to each MTFC Clinical Team including the associated ten (10) to twelve (12) MTFC Foster Families. The MTFC Program Supervisor, Clinical Team, and Foster Families will adhere to the MTFC treatment model;
- c. Shall assign a caseload of one (1) youth to each MTFC Foster Family, and ten (10) to twelve (12) youth to each Individual and Family Therapist. Direct contact with each youth shall exceed five (5) hours/day while in Foster Family care over an average of six (6) to nine (9) months in placement;
- d. Shall have the MTFC Program Supervisor available to all MTFC Foster Families and MTFC Clinical Team members twenty-four (24) hours per day, seven (7) days a week;
- e. Shall schedule regular weekly team meetings between the MTFC Program Supervisor and the MTFC Clinical Team and between the MTFC Program Supervisor and the MTFC Foster Families for the purpose of reviewing individual case progress, reviewing the daily behavioral information collected by telephone, consulting on behavior management plans, level and point system progress, and on any action steps and activities needed on MTFC cases; and
- f. Shall provide for contact between the MTFC Program Supervisor and the assigned FGC Care Coordinator at a minimum of once monthly for the purpose of case reviews, program compliance, training and other issues.

5. MTFC Service Standards

The Provider shall provide services in accordance with the following standards.

- a. MTFC Therapists must attempt face-to-face contact with each family within twenty-four (24) hours (immediately if an emergency) of approved referral to MTFC. If unable to make face-to-face contact within seventy-two (72) hours, the referring FGC Care Coordinator shall be notified immediately.

- b. Provide comprehensive individualized and family-centered MTFC treatment to each family. The treatment process shall begin with goal setting that addresses the changes that the family would like to see over the treatment period (approximately six (6) to nine (9) months). This process shall focus on specific areas of action to be addressed on a daily or weekly basis. Any barriers to treatment success shall be addressed as soon as they are identified.
- c. Collaborate with the family in developing an enduring social support network in the natural environment.
- d. The MTFC Therapist must provide a range of goal-directed services to each client/family which may include but shall not be limited to:
 - (1) Improving parenting practices;
 - (2) Increasing family affection;
 - (3) Decreasing association with deviant peers;
 - (4) Increasing association with pro-social peers;
 - (5) Improving school/vocational performance;
 - (6) Engaging youth/family in positive recreational activities;
 - (7) Improving family/community relations;
 - (8) Empowering family to solve future difficulties; Teaching appropriate parenting skills, such as: alternatives to corporal punishment, appropriate supervision of children, age appropriate expectations, choices and consequences, display of greater parent/child affection and trust.
 - (9) Family and marital interventions consistent with MTFC principles;
 - (10) Individual interventions for parents and youth consistent with MTFC principles;
 - (11) Aiding the family in meeting concrete needs such as housing, medical care and legal assistance and assisting in making available follow-up support resources as needed;
 - (12) Teaching the family organizational skills needed to provide a positive environment (example, teaching budgeting skills, etc.);
 - (13) Referring and linking the family with follow-up services when necessary to ensure continued success meeting the family's MTFC treatment goals;
 - (14) Transporting youth/family when necessary and facilitating family plans to access transportation themselves on an ongoing basis;
 - (15) Providing service in the client's home, or, at the client's request, a location mutually agreed upon by the therapist and client;
 - (16) MTFC Therapists provide service to the youth/family for an average of six (6) to nine (9) months. If needed, a family responding positively to treatment, may receive services for a longer duration for more difficult problems, if approved in writing by the CAMHD

System Supervisor in consultation with the CAMHD
 Medical/Clinical Director; and
 (17) Termination of services or requesting extended services.

6. MTFC Service Plan Development

The Provider shall require MTFC Therapists to write a service plan for each family. Service plans shall be developed in accordance with the following:

- a. Identify the multiple determinants of anti-social behavior for each case.
- b. Identify and document the strengths and needs of the adolescent, family, and the extra-familial systems (peers, school, neighborhood, etc.).
- c. Identify and document problems throughout the family and extra-familial systems (peers, school, neighborhood, etc.) that explicitly need to be targeted for change, in collaboration with the family.
- d. Incorporate the desired outcomes of the key participants and/or stakeholders involved in the family's treatment (e.g. parents, probation, social services, school personnel, etc.).
- e. MTFC Program Supervisor shall review and approve all service plans prior to sending to the FGC Care Coordinator.
- f. Service plans shall be sent to the FGC Care Coordinator within five (5) days from the time of the MTFC Therapist's first meeting with the family. The plan will identify family/client strengths, help the client/family define specific goals, provide instruction in ways to prevent the recurrence of delinquent behavior and other family conflict, and set up resources and skills to maintain ongoing progress.
- g. The MST therapist shall submit brief monthly reports to the FGC Care Coordinator summarizing activity with each case, using the most current version of the CAMHD Provider Monthly Summary Form. Additional material may be attached to the standard CAMHD form if desired.
- h. Providers should report weekly updates to information on all cases referred, currently receiving MTFC services, or closed since the previous report. This information should be faxed to the clinical services office at CAMHD by Tuesday at noon. A form and instruction book will be provided by CAMHD to report this information to the CAMHD Clinical Services Office (**see Attachment G Weekly Census Report on Client Status**). This information form may be subject to minor revisions over time, and providers will be notified in advance of such changes.

7. Termination

Upon termination of a youth from the MTFC program, the Provider shall submit a written final progress report, in the format prescribed by CAMHD, to the referring FGC Care Coordinator and shall provide the following:

- a. Written notice to the referring FGC Care Coordinator thirty (30) days prior to closing/ending MTFC services, indicating intent to close. Exceptions to this time frame can be made with the approval of the CAMHD System Supervisor.
- b. A written termination report, using the required format, shall be submitted to the referring FGC Care Coordinator no later than seven (7) days after the case closure. The client's family may be invited to attend the staffing discussion. The termination report shall be approved, in writing, by the MTFC Program Supervisor, prior to submission to the referring FGC Care Coordinator.
- c. A termination interview with the family to summarize the progress made during treatment, review options for maintaining progress, and assess the family's satisfaction with the MTFC services that were provided. The referring FGC Care Coordinator shall be invited to the termination interview.

If during treatment a determination is made by the MTFC client's Clinical Team that out of home placement is a more appropriate service, and/or the FGC Care Coordinator is seeking such placement, MTFC services will be terminated. The MTFC Program Supervisor should attempt to arrange a final meeting with the family to review treatment progress, the family's safety/crisis plan, and reasons for termination. The FGC Care Coordinator will arrange for interim services for the family, if any are needed, prior to the client's placement. This termination process shall not exceed seven (7) days from the date of the MTFC Clinical Team's decision. Any exceptions to this process require the approval of the CAMHD System Supervisor and TFC Consultants, Inc..

8. Collaboration and Integration of Services

The Provider must agree to collaborate with families, schools, other State agencies, judiciary, and other mental health providers in the provision of integrated services to all CAMHD served youth. The applicant shall submit documentation showing evidence of collaborative relationships with families, community children's councils (CCC), schools, provider agencies, and other community organizations in the geographic area involved.

The applicant shall address measures to be taken to integrate services with schools, agencies, and other CAMHD contracted providers.

9. Statement(s) of Intent

The applicant shall submit a statement of intent to participate in training, consultation and peer supervision with the CAMHD System Supervisor.

The applicant shall submit a statement of agreement to deliver MTFC services in accordance with CAMHD and the MTFC principles, standards, and protocols as outlined in this RFP and CAMHPS.

B. Management Requirements (Minimum and/or Mandatory Requirements)

1. Personnel

All applicant agencies should address the following areas in this section of the RFP response:

Please list all members of the MTFC Clinical Team that you have identified so far to date. For each member, please indicate his/her role on the team, level of education, previous relevant experience, intended FTE at the start of the program and after six (6) months of operation. Will identified team members have any responsibilities outside of the MTFC program, either for the contracting agency and/or other agencies or sources of employment?

Please indicate how members of the MTFC Clinical Team not yet identified, (if any), will be recruited. Will they be recruited from within your organization or do you intend to hire new employees for these positions? For each position, please list the required qualifications. Please indicate what, if any, responsibilities outside of the MTFC program are envisioned for each of these team members.

What is the targeted hiring or appointment date for each of the MTFC Clinical Team members?

The Provider will adopt Medicaid requirements for credentialing and recredentialing of clinical personnel providing services to eligible youth and CAMHD policies and procedures on initial credentialing and recredentialing (CAMHD P&P 80.308 AND 80.301.1 and any related policies and procedures), including the maintenance of written policies and procedures for credentialing and recredentialing licensed professionals and paraprofessional staff.

MTFC *Program Supervisors* must meet the requirements for a Qualified Mental Health Professional (“QMHP”) specified in the CAMPHS.

MTFC **Therapists** must meet the requirements for a Mental Health Professional or Paraprofessional as specified in CAMHD credentialing requirements and the

CAMPHS —with the exception that paraprofessionals must have a minimum of five (5) years of appropriate supervised experience.

All MTFC Program Supervisors shall be assigned to the MTFC program on a full-time basis. MTFC Family and Child Therapists may be assigned on a half-time basis. Licensed Social Workers, MFTs, or Advance Practive Registered Nurses (APRN) are preferred.

Provider must adhere to a direct employment model. Provider shall ensure the competency of staff and assumes all responsibility for the quality of work provided by employees.

Applicants must describe how it will implement measures to ensure that all employees are oriented to the CAMPHS, Evidence Based Services Committee Biennial Report, the Hawaii Child and Adolescent Service System Program (CASSP) Principles, and the most recent Evidence Based Services Matrix Summary (i.e., “blue menu”). Documents aforementioned are available on the following website, <http://hawaii.gov/health/mental-health/camhd/resources/index.html>.

Applicant must ensure that it will adhere to all applicable State and Federal laws and regulations regarding the obtaining and release of client information.

2. Administrative

All applicant agencies should address the following areas in this section of the RFP response:

Describe the reasons why your organization is interested and motivated to implement MTFC.

Describe all current services provided by your organization, the number of staff members involved in each type of service and the number of clients receiving each type of service per year. If your organization has offices in multiple locations, please indicate where your offices are located, and in which office your MTFC program will be located. If your organization is already providing foster care services, please describe this program in detail.

Who in your organization will be responsible for providing the leadership for the implementation of MTFC, and what is his/her position/job title?

Please describe your organization’s experience with foster parent recruitment, if any. Include information on what recruitment strategies you have used, and what specific challenges you foresee with regard to foster parent recruitment for MTFC.

In MTFC, Foster Parents must work closely with program staff, attend weekly meetings, provide daily behavioral information regarding the placement child,

provide a high level of supervision, implement a structured behavior contingency plan and are limited to one (1) placement child. What challenges do you see with these requirements and how do you anticipate that the challenges might be overcome?

Once contracts are in place and initial training has been provided to both the Clinical Team and the Foster Families, please indicate the anticipated timeline for bringing the MTFC program up to capacity (i.e., how many placements after one (1) month, how many after three (3) months, etc., until the team reaches capacity of approximately ten (10) placements).

In MTFC, certain information is generated in the course of the operation of the program (PDR-information, point and level charts, school cards, etc.). CAMHD and/or your organization may have documentation requirements with regard to MTFC placements. In order to coordinate the information generated in the program with your documentation requirements, please provide a description of these requirements. Please attach all forms pertaining to these requirements.

All applicants must demonstrate that they will have the appropriate computer hardware, software, and video equipment to meeting the documentation, analysis of data, and reporting requirements of the MTFC program.

All applicants shall identify the policies and procedures to maintain personnel/provider files of training, supervision, credentialing, and ongoing monitoring all mental health professional/staff performance.

Applicants must identify how they would provide the necessary infrastructure to support the provision of services in compliance with the standards as specified herein.

Provider must maintain supporting documentation for credentialing in separate files on Provider's premises. Provider must make this information available to CAMHD as requested.

Provider must maintain a written policy and procedure that will identify the Provider's process for primary source verification of all clinical personnel. Provider must maintain a process for ensuring that credentialed staff have the basic skills and expertise necessary to engage in specific clinical practice assigned.

Provider must train and supervise all employees and subcontractors in providing services in a cultural aware manner.

Provider must maintain a client record for each case accepted. This record shall include, but is not limited to, the following:

- a. Client referral sheet.
- b. Date of initial request for service.
- c. Results of the strength and needs assessment.
- d. Service plan.
- e. Weekly MTFC Progress Summaries.
- f. Goal attainment summary.
- g. Family's response.
- h. Ongoing progress reports, at least monthly, detailing:
 - (1) Specific interventions used and outcomes;
 - (2) Notation of every contact (MTFC treatment logs) to include date, time and duration of contact;
 - (3) Placement status determination, including date;
 - (4) Termination Summary; and
 - (5) Any other pertinent material deemed necessary or as specified by the most current CAMPHS.

The Provider shall collect, maintain, and report to CAMHD, on a quarterly basis, information documenting progress towards achieving the outcome objectives cited in this RFP.

The Provider shall allow CAMHD representatives or any authorized representatives full access to all case files and administrative records for the purpose of program evaluation and/or contract monitoring.

To ensure consistent administration of the MTFC Treatment Adherence Measures (TAMS), TFC Consultants, Inc. will collect and analyze these data on each youth in the Hawaii MTFC program. Provider will be responsible for providing TFC Consultants, Inc. with the data on each youth in their service. The cost of the collection and analysis of such data must be included in the proposed budget of the applicant.

3. Quality Assurance and Evaluation Specifications

The CAMHD maintains its own quality and performance management program and monitors all services through its Quality Assurance and Improvement Program ("QAIP"). The CAMHD does not delegate its quality management and monitoring program. To assure full implementation of the CAMHD QAIP, Providers are required to participate fully in CAMHD's monitoring.

The Provider shall have a systematic process for the timely acquisition and tracking of documents related to credentialing and re-credentialing to ensure timely submission of accurate and current credentialing documentation.

The Provider shall assure the quality of services they deliver at all programmatic levels through in-house quality assurance monitoring. The Provider must create and maintain an internal QAIP which shall comply with the CAMHD's annual QAIP description, which is posted on the CAMHD

website in October of each contract year. At a minimum, the Provider's QAIP must address and include:

- a. A description of the organization's vision, mission, and values, inclusive of:
 - (1) Goals and objectives;
 - (2) Scope of the QAIP
 - (3) Specific activities to be undertaken, including studies
 - (4) Continuous tracking of issues;
 - (5) Focus on educational and positive behavioral health outcomes;
 - (6) Systematic process of quality assessment and improvement;
 - (7) Evaluation of the continuity and effectiveness of the QAIP
 - (8) Resources needed for the activities of the QAIP; and
 - (9) A description of how QAIP documentation will be maintained and available for inspection and review.
- b. A description of how the organizational structure supports and supervises its QAIP, and the internal mechanisms involved in quality monitoring process. Description of the roles and responsibilities of organizational staff, youth, families, and direct providers.
- c. A description of how quality assurance (QA) activities findings, conclusions, recommendations, and actions taken shall be documented and reported.
- d. Demonstration of an active QA committee.
- e. Description of the utilization review and management programs.
- f. Description of the following:
 - (1) Plan for ongoing credentialing and re-credentialing compliance;
 - (2) Plan for managing communication of youth's rights and responsibilities;
 - (3) Plan for service accessibility and availability; and
 - (4) Plan for how records will be maintained, including how confidentiality will be ensured in compliance with all relevant State and Federal laws and regulations.
- g. Complete yearly evaluations of workers to assess knowledge of and compliance with MTFC philosophy and intervention strategies.
- h. Participate in quality assurance evaluation activities as designated by CAMHD, including but not limited to service testing methodology.

Activities include, but are not limited to group meetings, site visitations, and peer review of policies and procedures.

- i. Providers should arrange for the collection of MTFC TAMs through contracts with TFC Consultant's, Inc. These costs will not be covered by CAMHD directly, so allowances should be made in proposal budgets. The CAMHD System Supervisor will have access to MTFC TAMs data for all teams.
- j. Providers are responsible to administer the MTFC Supervisory Adherence Measure. The implementation and scoring of these measures is estimated to take one (1) hour of administrative time per week per MTFC staff member (a total of four (4) hours per week of administrative time for a team consisting of a supervisor and four (4) therapists).
- k. Sentinel Events and Incidents: All Providers must have internal policies and procedures regarding sentinel events and incidents in accordance with the CAMHD Sentinel Event/Incidents Policy and Procedure (CAMHD P&P 80.805). Providers must notify the FGC Care Coordinator and CAMHD Sentinel Events Coordinator of all sentinel events as defined, within twenty-four (24) hours by fax or telephone. Written reports, in a format specified by CAMHD, must be submitted to the FGC Care Coordinator and the CAMHD Sentinel Events Coordinator within seventy-two (72) hours.
- l. Client Rights and Grievances Process in alignment with CAMHD Consumer Rights policy and procedure 80.603.
- m. Seclusion and Restraints: Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements and CAMHD Policy and Procedure 80.602.
- n. To ensure high quality health care and maintain professional standards, all Providers are subject to peer reviews.

The Provider shall have quality assurance processes that assess all services provided, as well as how well the employees provide the treatment services. The Provider shall incorporate a review of sentinel event data, seclusion and restraint data, outlier length of stay, youth not meeting treatment goal data, and consumer satisfaction data in their quality assurance processes.

The Provider shall ensure that its personnel adhere to all applicable State laws regarding the obtaining and release of client information and confidentiality.

4. Output and performance/outcome measurements

The Provider is required to collect, analyze and report the following information on a quarterly basis. The Provider shall submit quarterly reports of quality monitoring including analyses of performance trends through the Provider's quality assurance and improvement processes. Quarterly reports shall include data with trend analysis in the quarterly reporting format provided by the CAMHD. Quarterly reports will be focused on a summary of findings and activities over the quarter including analyses of performance trends and patterns, discussion of significant findings, opportunities for improvement, and actions taken to impact performance. Quarterly reports are due at the CAMHD Performance Management Office forty-five (45) days after the quarter has ended.

The CAMHD shall provide all required templates or instructions for any performance reporting.

5. Experience

The CAMHD is interested in applicants with:

- a. clinical and managerial experience including training programs and supervisory structure. A demonstration of experience shall include evidence of prior agency performance in providing similar services and the details of the performance of the agency in providing these services, to include contract payer, result of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes.
- b. culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges.

Evidence of expertise and experience will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

6. Coordination of services

The CAMHD is interested in applicants that have:

- a. mechanisms in place to ensure that all services provided will be coordinated internally within the organization, and externally with the CAMHD Family Guidance Centers, school(s), any involved MedQUEST or other health plan, other provider agencies, and resources in the community.
- b. mechanisms in place for obtaining routine and regular stakeholder input in evaluating performance surrounding the coordination of services with

schools, other child serving agencies, primary care physicians, community programs and/or other the CAMHD contracted agencies.

7. Reporting requirements for program and fiscal data

The following information must be provided:

a. Fiscal Data

Cost reimbursement services shall require monthly expenditure reports and electronic encounter data (utilization) shall be submitted to the CAMHD Fiscal Section in the format specified by the CAMHD (based on the cost reimbursement method of pricing).

The Provider shall submit original monthly claims electronically within thirty (30) calendar days after the last day of the calendar month. All submissions and corrections shall be received by the CAMHD within sixty (60) days after the last day of the billing month. Child and Adolescent Mental Health Management Information System (“CAMHMIS”) will not accept claims after the sixty (60) day period. Should the Provider know that a claim will be submitted later than the sixty (60) days allowed, the Provider should contact the appropriate Branch before the end of the sixty (60) day period or no appeal will be granted.

Any required corrective action plans and reports on all audit and fiscal monitoring findings shall be submitted to the CAMHD Fiscal Section as instructed.

The Providers shall be required to adhere to the CAMHD billing reporting requirements. The Provider’s submission shall comply with the Health Insurance Portability and Accountability Act (“HIPAA”) and CAMHD policies and procedures.

The Provider is responsible for planning, implementing, and maintaining its own management information system. The Provider shall supply the CAMHMIS with a functional e-mail address that can receive documents as well as notices. The CAMHD will not provide technical support for the Provider’s Information Systems or e-mail.

The Provider is required to have computer hardware that supports Microsoft Windows 2003, Internet connection, Internet e-mail, and laser printer.

All Provider reporting data shall be submitted in the manner and format specified by the CAMHD.

The Provider shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii Cost Principles. The audit shall be conducted on an annual basis and with a copy, including a management letter, submitted to

the STATE within six (6) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

The CAMHD is committed to conducting its affairs in accordance with all applicable Federal and State Laws, regulations, licensing and contractual obligations. The CAMHD submits claims on behalf of providers to the DHS MedQUEST Division and Federal Medicaid and per regulations, has a mandatory compliance program to ensure adherence to regulations, detect instances of fraud, waste and abuse and promote ethical and legal behavior by the CAMHD employees and contracted providers.

The Provider is required to be compliant with the CAMHD, State, Federal, Medicaid requirements/rules and regulations for Fraud and Abuse.

b. Program Data

- 1) The Provider shall submit a final written report summarizing contract performance to the CAMHD Contract Management Section in a format to be prescribed by the CAMHD at the completion of the contract period.
- 2) The Provider shall submit quarterly summary of quality assurance findings as identified in the Provider's QAIP; reporting on performance measures selected by CAMHD; and any reporting on required improvements or corrective actions as determined through the monitoring process due at CAMHD Performance Management Office forty-five (45) days after the quarter has ended
- 3) All CAMHD Providers must have policies and procedures that address critical risk management activities that include the following:
 - a) Seclusion and Restraints: Seclusion and Restraints: Any use of seclusion and restraint must be documented and tracked following the use of the most recent and current Centers for Medicare and Medicaid Services accreditation requirements and CAMHD Policy and Procedure 80.602.
 - b) Sentinel Events and Incidents: All Contractors must have internal policies and procedures regarding sentinel events and incidents in accordance with the CAMHD Sentinel Event/Incidents Policy and Procedure (CAMHD P&P 80.805). Contractors must notify the FGC and CAMHD Sentinel Events Coordinator of all sentinel events as defined, within twenty-four (24) hours by fax or telephone. Written reports, in a format specified by CAMHD, must be submitted to the FGC

MHCC and the CAMHD Sentinel Events Coordinator within seventy-two (72) hours.

- c) Monthly Credentialing report identifying active and terminated staff in prescribed CAMHD Credentialing format and in adherence with CAMHD Credentialing and Recredentialing policies and procedures.
 - d) Client Rights and Grievances Process in alignment with CAMHD Consumer Rights policy and procedure 80.603.
- 4) Provider shall submit quarterly Title IV-E training activities and cost reports to the CAMHD Practice Development Section, and, as requested, participate in a CAMHD Random Moment Survey activity.
 - 5) The Provider shall furnish any additional reports or information that the CAMHD may require or request from time to time.

8. Pricing structure or pricing methodology to be used

The method of pricing shall first be reimbursement of actual expenditures. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the Provider for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with HRS Chapter 103F, Cost Principles. Budget line items are subject to review, approval, and acceptance by the State purchasing agency.

After the first term of the contract and based upon cost, utilization and performance reviews, the CAMHD may thereafter change in its sole discretion the cost structure to performance-based (unit cost) to ensure that the required performance quality levels are achieved and that total payment is related to the degree that services performed meet contract standards. Rates will be negotiated based upon budget agreements, past expenditures and the Provider's performance.

The unit rate is inclusive of all cost items whether it be direct or indirect when providing a service. Example of indirect costs include, but are not limited to, personnel reference checks, orientation, training, clinical supervision, travel time, outreach costs, telephone calls, collateral contacts and travel unless specified as a billable service. For all services, there is no payment for wait time, no-shows, and or cancellations.

CAMHD will be responsible for the travel costs of therapeutic visits for youth and family who are participating in an out of home placement program on

another island other than their home during the youth's stay. These therapeutic visits are for the purposes of reintegration and family treatment and need to be part of a planned treatment intervention that is documented in the youth's treatment plan with the FGC consensus. The treatment plan needs to reflect FGC Care Coordinator and/or Clinical Director's involvement in the plan.

Travel for these therapeutic visits requires a *prior written authorization* from the FGC. CAMHD will not be responsible for payment for travel provided by contracted agencies *without prior written authorization from the FGC*.

CAMHD *does not* pay for pre-acceptance interviews or visits, either hourly or overnight, to the program.

CAMHD *does not* pay to hold the bed for youth transferred to a more intensive level of care. More specific requirements regarding bed holds exists in the CAMPHS.

CAMHD reserves the right to negotiate with Provider on bed hold and therapeutic pass payment.

IV. Facilities

The Provider shall provide office or facilities located in the service area. Facilities shall meet the Health Insurance Portability and Accountability Act ("HIPAA") and American Disability Association ("ADA") requirements, as applicable, and have special equipment that may be required for the services. The physical location of the administrative office and any service offices shall be maximally accessible to client and families.

The Provider proposing services that involve foster home facilities must possess a valid Hawaii facility license to operate those programs or submit plan for licensure. The facility must be licensed prior to accepting any youth in the facility. Failure to obtain licensure will be considered a substantial breach of contract and may result in contract termination.

The Provider must obtain a certification of approval for Foster Parents from the Department of Human Services as a certified Foster Family and meet the requirements to be a certified home. These requirements are described in Title 17, Subtitle 6, Chapter 890 "Certification of Foster Family Boarding Homes for Children" and Title 17, Subtitle 6, Chapter 893 "Licensing of Child-Placing Organizations" of the Hawaii Administrative Rules (HAR).

The Provider is expected to address all applicable requirements identified in these documents (as the same may be amended from time to time), and State how they will meet the requirements, including the process used, and who will be responsible for each task.

The Provider shall send a copy of all applicable State Child Placement Organization and Foster Parents certificate of approval to CAMHD's Facility Certification Nurse Specialist each time facilities are granted a certificate of approval and upon renewal.

At minimum, the MTFC home shall include adherence to the following facility standards.

- A. The MTFC home shall be structurally sound so as not to pose any threat to the health and safety of the consumer and to protect consumers from the elements.
- B. The MTFC home shall be accessible and capable of being utilized without unauthorized egress and regress through other private properties. The MTFC home shall provide multiple means of egress in case of fire.
- C. Each consumer shall be provided a bedroom with adequate space and security for the consumer and the consumer's personal effects.
- D. Every room in the MTFC home shall be provided with natural or mechanical ventilation, including windows or air conditioning units. The MTFC home shall be free of pollutants that threaten the health of consumers.
- E. Consumers shall have access to bathrooms that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness.
- F. The MTFC home shall have adequate lighting provided by either a natural source, such as sunlight, or by artificial means, including light fixtures.
- G. All equipment and appliances in the MTFC home shall be operational and in sanitary condition.
- H. The MTFC home shall include, at a minimum, one battery-operated or hardwired smoke detector on each level of the MTFC home, which shall be in proper working condition. Smoke detectors shall be located in each bedroom and in a hallway adjacent to a bedroom. If hearing impaired consumers occupy the MTFC home, a smoke detector with an alarm system designed for the hearing-impaired shall be provided in each bedroom occupied by a hearing impaired consumer.
- I. The MTFC home shall develop and adhere to health, fire, and safety regulations within the residence in accordance with State, City, County, and accreditation standards. Provide supervision to consumers to ensure adherence to health, safety, and fire regulations and standards.
- J. The MTFC home will be "homelike" and comfortable with evidence of individual possessions and decorations.

Additional requirements include the following.

- K. In addition to the requirements described in HAR Section 17-890-39, when the Foster Parents are absent from the MTFC home because of emergencies or planned vacations or other reasons, the foster parents *must* arrange for the supervision of the foster child by a reputable and responsible adult not having a criminal history record, employment history, or background which poses a risk to children in care.

- L. The Provider must have or consult with a qualified dietitian to develop menus and food service to meet the nutritional needs of the residents including children requiring special diets.
- M. The Provider shall have written policies and procedures and train Foster Parents on securing and storing medications; labeling and dispensing medication as ordered by a physician; recording medication administration, client request for adjustment or change, and any side effects and notifying physician or advance practice registered nurse immediately of possible side effects; and disposing of medications.

Section 3

Proposal Application Instructions

Section 3

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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***
- *Proposals shall be submitted in a three ring binder.*
- *Tabbing of sections.*
- *Applicants shall 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 (for the website address see the Proposal Application Checklist in Section 5, Attachments). 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

In narrative format, the applicant must clearly and concisely summarize the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. The applicant must include: (1) a brief description of the organization; (2) the history of the organization inclusive of any and all past experience pertinent to the delivery of the proposed services and supports for the target population; (3) the organization's philosophies, goals and objectives related to the service activity; (4) how the proposed service(s) will work to assure the provision of high quality services to the identified population; and (5) any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

No points are assigned to the Program Overview.

II. Experience and Capability

A. Necessary Skills

The applicant shall:

1. demonstrate that the agency has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant shall specifically detail knowledge and skills in the delivery of proposed services consistent with the CASSP principles (See Section 5, Attachment F) and evidence-based service.
2. submit evidence of JCAHO, CARF, COA, or other comparable accreditation indicating applicant is accredited.
3. demonstrate that it has the capacity to provide treatment services in accordance with evidence-based practice findings.
4. demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services, including but not limited to, previous and current contract performance with the CAMHD and other agencies.
5. demonstrate its ability to obtain a certification of approval for Foster Parents from the Department of Human Services as a certified Foster Family and meet the requirements to be a certified home.

B. Experience

The applicant shall provide a description of the agency's previous projects/contracts pertinent to the proposed services within the immediately preceding three (3) years. The applicant is strongly encouraged to submit findings and results from previous monitoring and performance review activities within the past three (3) years, along with its response to any required corrective actions.

The applicant is strongly encouraged to identify all previous experience providing the proposed services and details of the performance of the agency in providing these

services, to include contract payer, result of contract monitoring reports, accreditation results, complaints, grievances, and contract outcomes. The applicant shall provide points of contact and their mailing addresses, email addresses, and phone numbers. The CAMHD reserves the right to contact references to verify experience.

The applicant shall provide information about key clinical and administrative personnel experience in providing similar services to those proposed. The applicant shall include points of contact, including email and telephone numbers, for those individuals. The CAMHD reserves the right to contact references to verify experience.

The applicant shall show culturally competent expertise and experience working with, supporting and representing local families of children with emotional and/or behavioral challenges.

The applicant shall provide description of serving disruptive behavior youth in a foster care setting.

Evidence of expertise and experience will be used in the evaluation process, with particular attention given to the quality assurance activities implemented based upon feedback or internal findings.

C. Quality Assurance and Evaluation

The applicant shall describe its Quality Assurance and Improvement Plan (QAIP) for the proposed services, including methodology. The applicant shall demonstrate integration of the applicant's QAIP and the CAMHD QAIP (See Section 5, Attachment I)

The applicant's QAIP shall include, but not be limited to, the organization's policies and procedures for ensuring that performance meets or exceeds the standards and practice guidelines found in this RFP (as the same may be amended from time-to-time), and applicable sections of the CAMPHS. The applicant's QAIP shall include a continuous quality improvement approach to improve performance in all service delivery. The applicant's QAIP must also be responsive both to the internal organization standards for service delivery and the external standards of CAMHD, MedQuest Division (MQD), and the Individual with Disabilities Education Act (IDEA) Regulations.

The applicant's QAIP shall include:

1. A description of the organization's vision, mission, and values on which its plan for continuous quality improvement efforts are based, inclusive of:
 - a. Goals and objectives;
 - b. Scope of the QAIP;
 - c. Specific activities to be undertaken such as studies;
 - d. Continuous activity and tracking of issues;
 - e. Focus on mental health outcomes;

- f. Systematic process of quality assessment and improvement;
 - g. Evaluation of the continuity and effectiveness of the QAIP;
 - h. Resources needed for the activities of the QAIP; and
 - i. A description of how QAIP documentation will be maintained and available for inspection and review.
2. A description of how the organizational structure (identified in Section 3, paragraph III-B) supports and supervises its QAIP, and the internal mechanisms involved in the quality monitoring process. In particular, the roles and responsibilities of organizational staff, youth, families, and direct providers should be described. This section should be inclusive of:
 - a. Description of accountability of the governing body of the organization;
 - b. Oversight and supervision of the QAIP;
 - c. How progress of the QAIP will be reviewed; and
 - d. Accountability for modifications to the program.
 3. A description of quality improvement activities to be developed and implemented using performance information in specific activities, which include both internal continuous quality improvement efforts and mechanisms to obtain routine and regular community input concerning performance.
 4. A description of how quality assurance (QA) activities will be coordinated with other management activities including how findings, conclusions, recommendations, and actions taken shall be documented and reported.
 5. A demonstration of active QA committee
 - a. Schedule of meetings
 - b. Documentation of activities
 - c. How findings and recommendations will be directed
 - d. Accountability to the governing body
 6. Description of the organization's utilization review and management program to determine whether the level and the cost of benefits provided are appropriate to the mental health needs of clients. The plan will:
 - a. Establish and offer guidelines to maintain a system of reporting to assess the appropriateness of the services delivered and amount of services delivered;
 - b. Identify and maintain levels of review that correspond with the client's level of acuity;
 - c. Monitor service utilization guidelines including evaluating medical necessity;
 - d. Monitor and assure the prior authorization of services;

- e. Monitor and assure the provision of services within the timelines stated in this RFP; and
 - f. Maintain a process of concurrent review for ongoing treatment and for requests for authorization of services.
7. A description of the following:
- a. The organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification;
 - b. The organization's plan for managing how clients rights and responsibilities will be communicated;
 - c. The organization's plan for how services will be made accessible and available; and
 - d. The organization's plan for how records will be maintained including how confidentiality will be ensured.

The applicant shall agree to assume all responsibility for quality of work provided by its employees.

The applicant shall describe the implementation of measure the competency of its staff.

The applicant shall describe how it will ensure that it will adhere to all applicable Federal and State laws regarding the obtaining and release of client information.

The applicant shall describe the implement of measures to ensure that all employees are oriented to the CAMHPS, Evidence Based Services Committee Biennial Report, the Hawaii Child and Adolescent Service System Program (CASSP) Principles, and the most recent Evidence Based Services Matrix Summary (i.e., "blue menu"). Documents aforementioned are available on the following website, <http://hawaii.gov/health/mental-health/camhd/resources/index.html>.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

The applicant shall describe mechanisms to be instituted to ensure that all services provided are coordinated internally within the organization, and externally with the FGC, school(s), any involved Quest or other health plan, other provider agencies, and resources in the community. Specifically, the applicant shall identify the major groups or agencies that coordination is proposed, and define how this will be accomplished.

The applicant shall also describe mechanisms for obtaining routine and regular stakeholder input in evaluating performance surrounding this coordination.

E. Facilities

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

The applicant shall submit evidence of JCAHO, CARF, COA, or other comparable accreditation indicating applicant is accredited.

Specific to residential treatment programs, including therapeutic foster homes, community-based residential programs and hospitals, there must be submission of applicable licenses as described in Section 2, Paragraph II. The applicant shall have the applicable license in place prior to the submission of a proposal response to this RFP.

The applicant must provide disclosure(s) of any suspension or revocation of certification for any foster home owned or operated by the applicant organization in the last five (5) years. Such disclosure will describe the reason for the suspension or revocation of certification. The purchasing agency reserves the right to determine the eligibility to submit a proposal of applicant organization(s) who have had licensure suspended or revoked for any reason.

III. Project Organization and Staffing**A. Staffing****1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the CAMPHS, and personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

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

B. Project Organization**1. Supervision and Training**

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

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

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

A. Program Planning

Describe the process utilized by the organization to obtain information and collaborate with the local school system and the Children’s Community Councils (CCCs) in the development of this proposal and plan for service delivery.

B. Service Implementation

The applicant shall submit details of how the organization will ensure the provision of services in the least restrictive and most convenient location for the youth and family; detail the organizational policies and procedures governing the respect for, and protection of, youth and family choice regarding service delivery location.

The applicant must describe policies and procedures to protect the rights of clients and families in the applicant’s care.

The applicant shall detail the organizational policies and procedures surrounding the youth and family right of choice regarding service provider/professional options.

The applicant must provide a work plan possibly in the form of the organization’s relevant policies and procedures, to illustrate intent to ensure timely delivery of services and the timely provision of information to FGCs, schools, and other significant parties.

The applicant must submit details of how the organization will maintain sufficient capacity to ensure the provision of services proposed. The applicant must detail how coverage will be maintained during times of personal leave or turnover. The applicant must demonstrate the capacity of credentialed professionals skilled in evidence-based treatment models.

For each service, the applicant must describe the expected outcome the proposed treatment will produce. The applicant must be sure to formulate those outcomes in

clear and measurable terms. The applicant must address how the proposed plan and services would support keeping youth within the least restrictive environment and within the home community.

The applicant must provide performance indicators and a performance evaluation plan. In addition, the applicant must provide empirical or other evidence that supports the applicant's proposed positive behavioral interventions or strategies to produce the desired outcomes.

C. Emergency/Crisis Capacity

The applicant shall submit details of the organizational mechanisms to be instituted to address crisis/emergent situations that may arise with the youth and family receiving services from your organization. The applicant shall specifically address individual crisis plans and detail staff accessibility 24 hours a day, seven days a week.

D. Service Provision

The applicant shall detail:

1. The entry and flow of youth through the organization, identifying how the assessment and individualized treatment planning and review process will occur in an inclusive and collaborative manner within the organization;
2. Describe the capacity for responding to referrals through a description of the applicant's procedures that ensure timely scheduling of appointments, processing of documents, and participation in conference meeting.
3. How the decisions regarding service recommendations and professional/provider assignment are made within the organization;
4. The population proposed to be served, the geographic area to be served, and the specific services to be provided;
5. How the proposed services will meet the goals of CAMHD; and
6. What standards the organization will use to evaluate the performance of staff.

V. Financial

A. Pricing Structure

The applicant shall submit a cost proposal based on the reimbursement of budgeted costs that are actually incurred in delivering the services as specified in the contract, up to a stated maximum obligation. The proposal budget shall be prepared in accordance with Chapter 103F, HRS, Cost Principles. Budget line items are subject to review, approval, and acceptance by the State purchasing agency

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for the website address). The applicant must submit a separate budget with accompanying justification budget forms and back up documentation as outlined in the Cost Principles for each service proposed. The following budget form(s) shall be submitted (as applicable) with the Proposal Application:

- SPO-H-205 Budget
- SPO-H-205A Organization-wide Budget by Source of Funds
- SPO-H-205B Organization-wide Budget by Programs
- SPO-H-206A Personnel Salaries and Wages
- SPO-H-206B Personnel Payroll Taxes, Assessments & Fringe
- SPO-H-206C Travel Inter-Island
- SPO-H-206E Contractual Services – Admin
- SPO-H-206F Contractual Services – Subcontractors
- SPO-H-206G Depreciation
- SPO-H-206H Program Activities
- SPO-H-206I Budget Justification – Equipment Purchases

B. Other Financial Related Materials

Applicants shall submit an annual organization-wide fiscal audit completed by an independent certified public accountant in accordance with generally accepted Government Auditing Standards as stated in the State of Hawaii cost principles. A copy of the audit, including a management letter issued by the auditor, shall be conducted on an annual basis and submitted to the STATE within six (6) months after the close of the organization's fiscal year to the CAMHD Contracts Management Section.

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 Proposal Application (may be attached):

- a. Most recent financial audit with management letter in order to make a determination as to the adequacy of an applicant's accounting system.
- b. The applicant must describe its fiscal operating procedures for accurate tracking of the cost of related services provided for each youth served.
- c. The applicant must submit a policy and procedure to ensure that claims and utilization data are properly supported through appropriate documentation prior to submission to CAMHD.

2. Information System

The applicant shall describe the organization's information system, inclusive of type of hardware, type of software, any plans for major changes, how recently current system was installed, and the capability of your staff to use the system. Describe the following:

The process for resolving any differences that may occur between CAMHMIS and the organization's computer system, such as;

- a. Applicant's computer hardware. Is it IBM compatible? If it is not, provide the latest date by which compatible software will be available;
- b. How a youth is registered in the system, and
- c. How the services provided by the organization are accounted for within the system.

VI. Other

Litigation

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

Section 4

Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

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

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

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

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Proposal Application Checklist
- Hawaii Compliance Express Certificate
- Federal Certifications
- Licenses Required

2. Proposal Application Requirements

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

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

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

1. Experience and Capability (20 Points)

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

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. [3 points]
- Demonstration of success in providing services that allow CAMHD youth to remain in the least restrictive, most normalized environment. [3 points]

B. Experience

- Demonstration that the intended staff for the proposed services will have appropriate and effective previous experience in working with the population of youth who will receive the proposed services. [3 points]
- Demonstration of the applicant's history, if any, in effectively providing therapeutic foster care services and/or

behaviorally-based interventions for CAMHD disruptive youth. [3 points].

C. Quality Assurance and Evaluation

- Demonstration of a sufficient Quality Assurance and Improvement Program (“QAIP”) and evaluation plans for the proposed services, including methodology and all key elements as defined in this RFP. [2 points]
- Demonstration that the applicant’s governance structure is sufficient to ensure the success of the applicant’s QAIP. [2 points]

D. Coordination of Services

- Demonstration of prior success, capability, and a history of commitment to effective coordination of services and collaboration with families, agencies, schools, and community resources concerning the service plans for CAMHD youth in applicant’s care. [2 points]

E. Facilities

- Demonstration of adequate and appropriate facilities for the proposal services. [2 points]

2. Project Organization and Staffing (15 Points)

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

A. Staffing

- Demonstration that the intended staff and contracted personnel for the proposed services will meet the requirements for staffing patterns, staff/client ratios, and proposed caseload capacity to insure the timely access to and provision of the proposed services, in accordance with the Child and Adolescent Mental Health Performance Standard (effective July 1, 2012)(“CAMHPS”). [1 point]
- Demonstration of the applicant’s ability to recruit staff/clinicians/mental health professionals who possess the minimum qualifications (including experience) as guided by the requirements of this RFP and the CAMPHS, including

the names and resumes of potential staff for the proposed services at the time of the proposal. [2 points]

- Demonstration that intended staff and contracted personnel for the proposed services will meet the educational, experiential and licensing requirements for the proposed services, as defined in this RFP. [1 point]
- Demonstration that the staff person proposed for the MTFC Program Supervisor position has current QMHP status along with in-depth clinical and supervisory experience with the CAMHD service population. [3 points]
- Demonstration of ongoing success in meeting CAMHD credentialing and recredentialing requirements for staff and contracted personnel working for the applicant. [2 points]

B. Project Organization

- Demonstration of an effective orientation, training, and clinical supervisions plan to provide appropriate clinical and administrative direction to staff and contracted personnel working with the proposed services, in accordance with CAMPHS and all aspects of this RFP. [1 point]
- Demonstration of success in providing, effective orientation training, clinical supervision, training, and administrative direction (concerning best practices and evidence-based services for youth) to staff and contracted personnel working with CAMHD youth in applicant's care. [1 point]
- Demonstration of willingness/capacity to provide video tapes of all Clinical Team and Foster Family Meetings in timely fashion to MTFC consulting staff in Oregon. [1 point]
- Demonstration of a sufficient organizational structure and chart to effectively support the structure, functions and staffing of the proposed services. [2 points]
- Demonstration of the applicant's clear policies and procedures to protect the privacy and rights of youth and families in the applicant's care. [1 point]

3. Service Delivery (55 Points)

- Demonstration of support from FGCs, agencies, schools, Community Children's Councils, and other community

organizations in the applicant's geographic area, for applicant to provide the proposed services. [3 points]

- Demonstration of a policy governing collaboration between the applicant and families, agencies and community resources in the provision of the proposed services. [3 points]
- Demonstration that the intended staff and contracted personnel for the proposed services will meet the geographic proximity requirements of the MTFC program. [5 points]
- Demonstration of success in accepting appropriate referrals from Family Guidance Centers for applicant services and in maintaining CAMHD youth in those services for clinically appropriate lengths of time. [5 points]
- Demonstration of success in the selection and the appropriate use of best practices and evidence-based services for CAMHD youth in applicant's care. [3 points]
- Demonstration of success in developing strengths-based, individualized service plans for CAMHD youth in applicant's care. [3 points]
- Demonstration of success in engaging and actively and supportively working with the families of CAMHD youth in applicant's care concerning the youth's services and the family's role in improving youth outcomes. [5 points]
- Demonstration of appropriate and effective clinical supervision of staff and contracted personnel who work in the applicant's services provided for CAMHD youth. [5 points]
- Demonstration of success in the use of effective techniques for avoiding and for reducing the incidence of seclusion and/or restraint of CAMHD youth in applicant's care. [3 points]
- Demonstration of success in the development and implementation of effective transition plans for CAMHD youth leaving applicant's care. [2 points]
- Demonstration of success in preparing the biological family of the youth for the effective use of all relevant techniques

and skills necessary for the youth's successful return home.
[5 points]

- Demonstrated success of improvement in outcomes for CAMHD youth in applicant's care. [5 points]
- Demonstration of success in the ability to monitor and evaluate the effectiveness of applicant's services for CAMHD youth and to make improvements to those services where appropriate. [3 points]
- Demonstration of the logic of the work plan for the major service activities and tasks to be completed, including clarity of work assignments and responsibilities, and the realism of the timelines and schedules. [5 points]

5. Financial (10 Points)

- Adequacy of accounting system. [2 points]
- Demonstration that staff and contracted personnel costs for the proposed services are reasonable and comparable to positions in the community. [2 points]
- Demonstration that non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the RFP. [1 point]
- Degree to which the budget for the proposed services demonstrates support of the scope of service and requirements of this RFP. [2 points]
- Adequacy of the applicant's infrastructure to support electronic billing requirements, MTFC data transmission, and MTFC videotaping requirements. [1 point]
- Demonstration of the applicant's financial solvency. [2 points]

C. METHODOLOGY FOR CALCULATING SCORES

As a group, the evaluation team will rate proposals solely against the criterion using the 0-5 point Likert scale (see Figure 1.) and in whole number (i.e. 1 or 2 and etc.). Each criterion has a weighted point (bracketed and in italic), and the sum of points for criteria in each evaluation category equals the total possible points or threshold for that

category. The evaluation categories and thresholds are experience and capability (20 points), project organization and staffing (15 points), service delivery (55 points), and financial (10 points). There are no points assigned for program overview.

Figure 1. Likert Rating Scale

Not responsive	Unsatisfactory	Less than satisfactory	Satisfactory	More than satisfactory	Very satisfactory
0	1	2	3	4	5

Score will be mathematically calculated for each criterion by dividing the evaluation team rating for the criterion on the 0-5 point scale by 5 (i.e. the highest possible score) and then multiplying by the weighted value of that criterion. For example, if the evaluation team scored the first criterion at 5 points and the criterion had a weighted value of 3 points, the resulting score is 3 $((5/5)*3=3)$. If the evaluation team had instead scored the first criterion at 2, the resulting score is 1.2 $((2/5)*3=1.2)$. The scores for each criterion will then be added to obtain a total score for each proposal. If all criteria received a perfect score of 5, then the total score for the proposal will be 100.

The total final score for each proposal will then be ranked across applicants in order of responsiveness to the RFP from the most advantageous to least advantageous, based on the evaluation of each proposal.

D. Phase 3 - Recommendation for Award

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

Section 5

Attachments

Section 5 Attachments

Attachment	Description
A	Proposal Application Checklist
B	Sample Proposal Table of Contents
C	Child and Adolescent Mental Health Performance Standards (Effective July 1, 2012)
D	State of Hawaii, Coordinated Service Plan
E	Federal Certifications
F	Hawaii Child & Adolescent Service System Program
G	Weekly Census Report on Client Status
H	CAMHD Credentialing and Recredentialing Policy & Procedures
I	CAMHD Quality Assurance and Improvement Program
J	CAMHD Seclusion and Restraints Policy & Procedures
K	CAMHD Sentinel Events Policy & Procedures
L	Quarterly Title IV-E Training Activities and Cost Report