2.13 SVC SPEC TITLE: Juvenile Client and Family Services
JC1ICPS - In-Community Service (Prosocial Activity)

2.13.1 Introduction

A. & B. - (SEE SECTION 2.0.1)

C. Description of the goals of the service

The goal of the service is to have youth participate in a kajukenbo martial arts class which has shown to be effective and successful with youth. The program is to develop good and productive citizens while attempting to reinforce positive character traits. It is felt this goal is attainable through the teaching of self discipline and self confidence which results in learning of leadership, courtesy, and a respect for others and the law. Students are also expected to learn humility and anger control which includes learning to settle differences or disputes peacefully. The program will incorporate martial arts to teach the youth self discipline, self confidence, respect, literacy, and other important qualities which are all-important values that our youth struggle with and need.

D. Description of the target population to be served

Juveniles between the ages of 12 to 17 years who are referred for law violations and status offenses.

E. Geographic coverage of service

Service areas include the following:
First Circuit -- Island of Oahu

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

Probable funding amounts:

FY 2012	FY 2013	FY 2014	FY 2015

Funding amounts are not being stated at this time. Applicants should propose funding amounts in their proposals based on their best estimate of the cost of providing the services described in these specifications.

Funding source: State General Funds.

Period of availability: The Judiciary intends to award a multi-term contract. The

aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 to June 30, 2015, subject to the appropriation and availability of funds and satisfactory contract performance. All State funds are contingent on appropriation, and all Federal funds are contingent on the awarding of grant applications. Funds are available for only the initial term of the contract which is for 2 years.

2.13.2 General Requirements

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

1. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

2. The applicant must have demonstrated competence or qualifications to perform the required services and shall have a minimum one year experience in the provision of services.

3. The applicant must have an accounting system, with acceptable accounting practices and standards.

4. The proposed service must meet all required state licensing or certification standards, provide assurances of fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance coverages as applicable.

5. The applicant shall submit in a timely manner upon request by the Judiciary, any additional information needed by the Judiciary to make a decision on the applicant's proposal. The Judiciary may request an oral discussion or presentation in support of the proposal. On-site visits may be made.

6. The applicant shall comply with Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/01/98), which can be found on the SPO website (See Section 5, ProposalApplication Checklist, for the website address).

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

After-the-fact secondary purchases will be allowed.

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

[ ] Allowed [X] Unallowed

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

[X] Single [ ] Multiple [ ] Single & Multiple

Multiple contracts may be awarded if such awards are deemed to be in the best interests of the Judiciary, and will be based on the highest ranked proposals.

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

[ ] Single term (< 2 yrs) [X] Multi-term (> 2 yrs.)

A multi-term contract will be awarded based on a determination that it is in the best interest of the Judiciary. The initial term of the contract shall be for two (2) years. Funds are available for only the initial term of the contract. The contract may be extended for another two (2) years, subject to appropriation and availability of funds and satisfactory performance of services by applicant. Execution of a contract amendment is required to extend the contract for another term. The aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 to June 30, 2015. If it is determined that it is not in the best interest of the Judiciary to award a multi-term contract, a single-term contract will be awarded.

F. RFP contact persons

The individuals listed below are the points of contact from the date of release of this RFP until the selection of the winning applicant or applicants. Written questions should be submitted to the RFP contact person(s) and received on or before the day and time specified in Section 1.4 (Procurement Timetable) of this RFP.

If you have any technical questions regarding the requested services, please call the following individual:

Judiciary Contracts & Purchasing Office
Naty Butay at (808) 538-5805 fax: 538-5802

If you have any programmatic questions regarding the requested

services, please call the following individual:

Oahu: Family Court, First Circuit
Duane Ikeda at (808) 539-4408 fax: 539-4402

2.13.3 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

Services are being requested for adjudicated juveniles for law violations and status offenses:

1. The kajukenbo martial arts classes will include skills training, exercises, kata form training, and defensive skills training.

2. Provide conferences and meetings with youth related to their participation and attitude in class. The program will also be available to speak with their parents to update them on the youth's class behavior and discuss other issues parents may want to talk about.

3. Attend weekly court hearings to share information on the youth's behavior and attitude in class with the courtl

4. Participate as a team member with other providers of service to discuss and ensure services are appropriately provided to youth and interventions are coordinated.

5. Work with the court staff to assist with other planned activities (i.e. literacy book fairs and scrabble tournaments).

6. One class per week for two hours.

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

1. Personnel

a. The applicant shall possess and document knowledge, capacity, skills and experience in working with the targeted population.

b. The applicant shall conduct a criminal history record check for any person, including, but not limited to any officer, employee, volunteer or subcontractor, who performs work or services which necessitates close proximity to adult or juvenile clients, or other program related adolescents or children. At a minimum, applicants will search **www.ecrim.ehawaii.gov (Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center) and www.nsopr.gov (National Sex Offender Public Registry)**. For persons working in positions which necessitate close proximity to children or adolescents, the criminal history record check shall include a national criminal history database check which may require fingerprinting. The minimum record check will be conducted once every four years for each person, and/or at the outset of the contract period if such checks have never been conducted. Results of all criminal history record inquiries conducted shall be placed in the employee's or volunteer's personnel file and shall be available to Judiciary for review..

c. The applicant shall have on the premises at least one person currently certified in First Aid and CPR.

d. The staff and volunteers, if used by the applicant, shall be under the supervision of the program director or his or her designee and shall, accordingly, be trained in client confidentiality issues and program quality assurance requirements.

e. The applicant must have sufficient and relevant training and staff development.

2. Administrative

The applicant shall establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.

3. Quality assurance and evaluation specifications

a. The applicant shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver the services, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

b. Program evaluation should reflect the documentation of the achievement of the stated goals, using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

a. Output: The applicant shall record unduplicated clients served. The unduplicated client count shall be recorded in the applicant's quarterly reports, culminating in a final unduplicated client count on the applicant's final report.

b. Outcome: The applicant shall propose measurement tools by which effectiveness of the services may be determined, as well as utilize any provided by the Judiciary.

5. Reporting requirements for program and fiscal data

a. The applicant shall submit written quarterly and year-end reports summarizing output and outcome data, performance accomplishments, challenges, and actual expenditures. Quarterly reports are due 30 days after the end of the quarter. Final reports are due 45 days after the end of each fiscal year and/or at the end of the contract period, as applicable.

b. Reports shall consist of a statement by the applicant relating to the work accomplished during the reporting period and shall include statements of the nature of the work performed, identification of persons served by the applicant during the reporting period, identification of any immediate problems encountered during the reporting period, and any recommendations deemed pertinent by the applicant, as well as a statement of what activities are proposed to be accomplished during the next reporting period. In addition to the written progress reports, the applicant, upon request, shall be required to meet with representatives of the Judiciary to discuss the progress of the work required.

c. The applicant shall, at the completion of the contract period, submit a final written report to the Judiciary. The report shall include documentation of the applicant's overall effort towards meeting the program goals and objectives. Furthermore, the applicant shall furnish any additional reports or information that the Judiciary may from time to time require or request.

6. **Pricing or pricing methodology to be used**

Negotiated unit of service or fixed price

7. **Units of service and unit rate**

12 to 22 youths per class

DRUG COURTS

2.14 SVC SPEC TITLE: Drug Courts for First, Third (adults only) and Fifth Circuit DR135 - Drug Court

(For the First, Third (adults only) and Fifth Circuit Courts, please refer to the Adult Client Services sections (2.1 through 2.2) and the Juvenile Client & Family Services sections (2.3 through 2.13) for appropriate substance abuse service specifications in these courts.)

2.15 SVC SPEC TITLE: Drug Courts, Second Circuit DR2FCDC - Integrated Substance Abuse Treatment Services, Family Court Drug Court Program

2.15.1 Introduction

A. & B. -(SEE SECTION 2.0.1)

C. Description of the goals of the service

The goals of the services being requested in this RFP are as follows:

1. To provide treatment services delivered in the drug court treatment modality to clients under Family Court jurisdiction for which substance abuse is a primary issue and who are participating in the Family Court Drug Court Program (FCDCP) in one of its three tracks:

    a. "J" Track (Levels J-3, J-4, and J-5) will serve juveniles who are under the jurisdiction of Family Court because of status or law violations;
    b. "S" Track will serve parents and families involved in child protective proceedings in Family Court;
    c. "CR" Track will serve clients who are under the jurisdiction of Family Court because of domestic abuse offenses.

2. To provide comprehensive substance abuse assessments which include components that address bio-psych-social functioning and family functioning. These assessments will be used to evaluate clients' appropriateness for admission to the FCDCP and to determine the appropriate level of service.

3. To provide drug testing services for FCDCP participants in accordance with best practices/evidence based practices.

The goal of this treatment and compliance monitoring is to assist clients to increase knowledge about the effects of substance use, decrease substance use, abstain from any use of methamphetamine, increase pro-social activities, and improve adaptive functioning in school, work, peer relationships, recreational activities, and other areas; identify, create and strengthen cohesive, developmentally appropriate relationships, enhance parents' ability to provide a safe family home, decrease criminal or delinquent behavior, decrease related problems such as school failure,

behavior problems and emotional distress, and increase non-violence. Services should also be reflective of the court's balanced and restorative justice philosophy which includes the goals of accountability, competency development, and public safety.

D. Description of the target population to be served

1. Treatment services are intended for juveniles, parents/custodians, individuals and families involved in Family Court proceedings for which substance abuse is the primary issue and who consent to participate in the FCDCP. In addition, those juveniles meeting program specified criteria and deemed to be appropriate for the "J" Track may be admitted on an involuntary basis pursuant to an order by the Court. Specifically, the target population in each track is as follows:

   a. "J" Track (Levels J-3, J-4, J-5): Youths up to age nineteen (19), unless otherwise specified by the FCDCP, who are under the jurisdiction of the Family Court and who have not caused serious bodily injury or used a weapon in the commission of any offense. Highest priority shall be to youth charged with Dangerous Drug offenses.

   b. "S" Track: Parents and household members who are under the jurisdiction of the Family Court through child protective proceedings. Clients must not have unresolved serious criminal charges. Priority shall be given to clients willing to participate in the program at the commencement of the case.

   c. "CR" Track: Adults who are charged with domestic abuse offenses and/or facing probation revocations for these types of offenses and who have not caused serious bodily injury or used a weapon or instrument in the commission of any offense. Priority shall be given to those most likely to receive a sentence of incarceration significantly in excess of the two-day minimum.

3. Drug testing services will be provided to adult and juvenile clients participating in the FCDCP. Family members and other identified significant others may also be referred for drug testing services as determined to be appropriate by the FCDCP Treatment Team and only on a voluntary basis.

4. Comprehensive substance abuse assessments will be provided to juvenile and adult clients through the FCDCP.

E. Geographic coverage of service

Second Circuit -- Islands of Maui, Molokai and Lanai

The applicant may propose to service clients from one or more geographic areas. The applicant need not submit separate proposals for each island. If an applicant proposes to service clients from more than one island, applicant's proposal shall indicate what services will be provided on each island and describe differences in service capacity or capability as applicable.

Preference will be given to services provided in the Second Circuit, however, applicants may submit proposals for Residential Treatment and Therapeutic Living Program services as specified in this RFP which are located in the First, Third, or Fifth Circuit.

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

Funding source: State general funds, public grants
Other potential funding sources: Federal funds, private grants
Probable funding amounts:

FY 2012	FY 2013	FY 2014	FY 2015
Unspecified general funds			

Period of availability: The Judiciary intends to award a multi-term contract. The aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 to June 30, 2015, subject to the appropriation and availability of funds and satisfactory contract performance. All State general funds are contingent on appropriation. Funds are available for only the initial term of the contract from July 1, 2011 through June 30, 2013.

NOTE: Funding amounts are not being stated at this time. Applicants should propose funding amounts in their proposals based on their best estimate of the cost of providing the services described in these specifications.

2.15.2 General Requirements

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

1. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

    a. Residential programs, in accordance with Title 11, Chapter 98, Special Treatment Facility, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse treatment programs.

    b. Unless otherwise specified in this RFP, therapeutic living programs must meet the Department of Health, Alcohol and Drug Abuse Division's (ADAD) Therapeutic Living Program Requirements as specified in the Division's RFP Number HTH 440-08-1 for Substance Abuse Treatment Services until applicable administrative and licensing rules are implemented by the Department of Health. Upon implementation of duly authorized administrative and licensing rules, programs must comply accordingly.

    c. Applicants shall comply with Title 11, Chapter 175, Mental Health and Substance Abuse System.

    d. Sober Housing must meet applicable state and county codes, standards and zoning requirements.

    e. The proposed service must meet all required state licensing or certification standards, provide assurances of fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance coverages and identification as applicable.

2. The applicant must clearly state the specific service activity, level(s) of intervention and the specified track(s) it is proposing to service.

3. The applicant must have an accounting system, with acceptable accounting practices and standards.

4. The applicant shall submit in a timely manner upon request by the Judiciary,

any additional information needed by the Judiciary to make a decision on the applicant's proposal. The Judiciary may request an oral discussion or presentation in support of the proposal. On-site visits may be made.

5. The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/01/98), which can be found on the SPO website (See Section Five, Proposal Application Checklist, for the website address).

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

After-the-fact secondary purchases will be allowed.

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

[ ] Allowed [X] Unallowed

Applicants' proposal may include more than one service activity as specified in Section 2.15.3 but applicants may submit not more than one proposal for each service activity per island.

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)
[ ] Single [ ] Multiple [X] Single & Multiple

Multiple contracts may be awarded if such awards are deemed to be in the best interest of the Judiciary, and will be based on the highest ranked proposals.

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

[ ] Single term (< 2 yrs) [X] Multi-term (> 2 yrs.)

A multi-term contract will be awarded based on a determination that it is in the best interest of the Judiciary. The initial term of the contract shall be for two (2) years. Funds are available for only the initial term of the contract. The contract may be extended for another two (2) years, subject to appropriation and availability of funds and satisfactory performance of services by provider. Execution of a contract

amendment is required to extend the contract for another term. The aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 - June 30, 2015. If it is determined that it is not in the best interest of the Judiciary to award a multi-term contract, a single-term contract will be awarded.

F. RFP contact persons

The individuals listed below are the points of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person(s) and received on or before the day and time specified in Section 1.1 (Procurement Timetable) of this RFP.

If you have any technical questions regarding the RFP process, please call the following individual:

Naty Butay, Contracts and Purchasing Office
Phone: (808) 538-5805 Fax: (808) 538-5802
Email: naty.b.butay@courts.state.hi.us

If you have any programmatic questions regarding the requested services, please call the following individual:

Sandra Inouye, Program Specialist, Second Circuit
Phone: (808) 244-2891 Fax: (808) 244-2870
Email: sandra.a.inouye@courts.state.hi.us

2.15.3 Scope of Work

Applicants may propose services for any or all service activities; all tracks or specified track(s) except that the assessment service provider is not eligible to provide treatment services on the same island for which it provides assessment services.

NOTE: Proposals will be evaluated by service activity according to Section Four of this RFP and will be scored and ranked separately within the following categories: Drug Testing Services, Assessment Services, Family/Systems Based Intervention, Adult Domestic Violence Intervention, Adult In-Community Substance Abuse Services, Adult Residential Substance Abuse Services, Juvenile In-Community Substance Abuse Services, and Juvenile Residential Substance Abuse Services.

A. Drug Testing

Applicants must have the capability to do drug and alcohol testing for youths and adults referred by the FCDCP and must provide gender-specific observation of client providing urine specimen; conduct drug screen and provide results to the FCDCP and as directed by the FCDCP. **Applicants must also have the capability to submit specimens to approved laboratories for confirmation testing and must specify service delivery in regards to gender and age of the clients, days and times as well as locations of the drug testing sites. Preference will be given to those applicants offering the most flexibility in terms of population to be served, days/times of service, and convenience of location.** Additional consideration will be given to applicants with the capability of administering drug and alcohol testing through a variety of methodologies, including hair analysis. **NOTE: These drug testing services are independent of those administered to clients as part of their participation in substance abuse treatment programs.**

B. Assessments

Comprehensive substance abuse assessments that are system-focused and strengths based shall be provided for youth and adults who are prospective FCDCP clients and those who may have been court-ordered into or provisionally admitted into the program. Assessments shall include components that thoroughly assesses bio-psych-social and family functioning. As part of the assessment process, assessors must identify those individuals who care about the client and the family and are required to interview family members and other supportive individuals important to the client's recovery. The assessment must be useful to assist the FCDCP to determine client's appropriateness for participation in the FCDCP and the appropriate type and level of services necessary for the client and his/her family, including the identification of risk and protective factors. Applicants must use test instruments that are generally recognized as highly valid for the particular client, considering his or her characteristics and must provide a description of the evaluation tools that supports their utilization with FCDCP clients. Assessments must be completed within fourteen (14) days of referral.

C. Treatment services

Treatment services shall be client/environment-centered, strength-based, gender specific for substance abuse and when appropriate, for all other treatment/service issues, culturally competent, and shall be implemented in a way that encourages adaptations to increase quality of service. Applicants shall identify specific life-factor obstacles to client success in each case for the FCDCP team to consider. For applicants proposing services utilizing group modalities, contingency plans in the event the client

census is not conducive to group treatment shall also be described. Although dedicated group sessions are preferred, for all service activities except for the Family/Systems Based Intervention, FCDCP clients may be co-mingled with other non-FCDCP participants in group counseling should it not be practicable to provide these sessions solely for FCDCP clients. Length of participation in the FCDCP in most cases will range from ten (10) months to twenty-two (22) months.

1. **Family/Systems Based Intervention:**

The focus of this intervention shall be the family/system which is comprised, by definition, of those around the substance abusing client who care for or are important to the client in resolving the problem. Tasks that need to be accomplished include developing an alliance with the family, identifying supports to promote and assist family involvement, reducing negativity and resistance to therapeutic intervention, developing a family/system focus and increasing motivation for change. Additionally, applicants are expected to develop and implement individualized (family) change plans, target and resolve specific problem behaviors and increase the effectiveness of relational and communication skills within the family/system. Individual therapy may also be provided in appropriate cases as directed by the FCDCP Treatment Team. Applicants must provide a complete description of the therapeutic model proposed and the basis for its selection as an appropriate intervention for FCDCP clients.

Family/systems based intervention services must be provided to all FCDCP participants, their family members and other supportive individuals as directed by the FCDCP Treatment Team and must commence within seven (7) days from referral by the FCDCP. Services are generally delivered through one (1) to eight (8) hours per family/system of face-to-face treatment weekly. The specific number of hours of treatment for each client shall be determined by the FCDCP Treatment Team. Family/systems therapists shall meet with the client and his/her family and other supportive individuals in the place of residence of the client/family or in other settings approved by the FCDCP.

On a regular basis, family group sessions focused on educational and process goals as well as to foster group cohesiveness and support for all clients participating in the FCDCP must be made available. These supportive group sessions shall be facilitated by a Master's level family therapist. Other psycho-educational group sessions addressing topic areas such as value systems and criminal thinking may also be required for FCDCP participants.

Therapists providing family/systems based interventions shall hold an advanced degree in behavioral health sciences such as in the areas of marriage and family counseling, social work or other related fields.

2. **Adult Domestic Violence Intervention**

Treatment services shall be through a group modality and shall integrate batterer intervention, anger management and substance abuse issues. These group sessions shall provide psycho-educational intervention services that address the criminal conduct of batterers who have co-occurring alcohol and other drug use problems. Group treatment shall be co-led with a female and male facilitator with as much as possible. The combined training and experience of the facilitators should be in the areas of domestic violence intervention and substance abuse treatment. At least one facilitator should be a Hawaii State Certified Substance Abuse Counselor (CSAC). Individual counseling sessions may be authorized by the FCDC Treatment Team as appropriate and may be substituted for group sessions. Domestic violence intervention services provided must follow the guidelines in the "Hawaii Batterers Program Standards."

3. **Adult Substance Abuse Treatment:**

a. Outpatient Treatment – An Outpatient Treatment Program shall provide non-residential comprehensive specialized services on a scheduled basis for clients with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services shall be provided to clients with less problematic substance abuse related behavior than would be found in a Residential or Day treatment program.

An Outpatient Program shall provide between one (1) and eight (8) hours per client per week of face-to-face treatment, with a minimum of one (1) individual counseling session per month. Additional individual counseling sessions may be required as determined by the FCDCP Treatment Team.

b. Intensive Outpatient Treatment – An Intensive Outpatient Program shall provide a minimum of nine (9) hours per week of skilled treatment services. Such treatment usually operates for at least three (3) or more hours per day for three (3) or more days per week. Services shall include individual and group counseling. Professionally directed

evaluation, treatment, case management, and recovery services shall be provided.

Intensive Outpatient Programs shall provide a minimum of nine (9) hours up to a maximum of nineteen (19) hours per client per week of face-to-face treatment, with a minimum of one (1) individual counseling session per client per week. .

c. Day Treatment – A Day Treatment Program shall provide treatment activities offered in half-day or full-day increments, regularly scheduled for multiple sessions throughout the week. It includes a planned regimen of comprehensive outpatient treatment including professionally directed evaluation, treatment, case management, and other ancillary and special services. This level of care provides the offender with the opportunity to participate in a structured therapeutic program while being able to remain in the community.

Day Treatment shall provide a minimum of twenty (20) hours per week of face-to-face treatment and activities with a minimum of one (1) individual counseling session per week. The other nineteen (19) hours of face-to-face activities shall include, but are not limited to group counseling, education, skill building, recreational therapy, and family services.

d. Continuing Care or Aftercare – Continuing Care or Aftercare is an organized service that shall provide treatment reinforcement services to the client who has completed treatment. Relapse and recidivism prevention shall be the focus. Generally, approximately one and a half (1.5) hours of individual and/or group activities may be scheduled with each client as determined to be appropriate by the FCDCP Treatment Team.

e. Residential Services -

1) Residential Treatment – A Residential Treatment Program shall provide twenty-four (24) hour per day non-medical non-acute care in a residential treatment facility that provides a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring, and treatment are available twenty-four (24) hours a day, seven (7) days a week, with a minimum of one (1) individual counseling session per week with each

client.

2) Therapeutic Living Programs:

a) Transitional Living Programs for Adults (TLPA)
These programs provide residential living to residents who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment. All residents in the same transitional residential living program house shall be adults of the same gender. At a minimum, one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the department, to ensure the safety, health, and delivery of the services. A minimum of fifteen (15) hours per week of face-to-face supportive psycho-social services shall be provided to each resident each week.

b) Transitional Living Programs for Parents with Children (TLPAC)
These programs provide residential living services to residents who are currently receiving substance abuse treatment in a day or outpatient program, or who have been clinically discharged from treatment yet still need supervision and a clean and sober living environment. All residents in the program shall be pregnant women or women with child(ren) or men with child(ren). All adults in the same transitional residential living program house shall be of the same gender. Staff shall be onsite twenty-four (24) hours per day, seven (7) days per week. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the Department of Health, to ensure the safety, health, and delivery of services. A minimum of fifteen (15) hours per week of face-to face supportive psycho-social services shall be provided to each resident each week.

c) Semi-supervised, Independent but Structured Living

Arrangements for Adults (SISLA)
These programs provide a structured living arrangement for adults who need minimum professional or paraprofessional support in order to live in the community and avoid a deterioration in functioning and a more restrictive level of care. Staff must be on site a minimum of twelve hours per day, and on call for twenty-four (24) hours per day, seven (7) days per week. At a minimum, one staff member shall be available for every fifteen (15) residents. All residents in the housing unit shall be adults of the same gender. Further requirements are:

(1) At least ten (10) hours a week of case management shall be provided to assist residents in independent living skills.

(2) The program shall maintain scheduled services to facilitate accessibility to and attendance at employment, self-help groups, counseling, and vocational counseling.

(3) The program shall provide or arrange for educational services appropriate to the level of functioning and comprehension of the resident.

(4) The program shall provide residents with information about community resources and assist them in accessing those resources.

(5) The program shall facilitate peer group support and provide supervision in daily living skills and work.

f. Sober Housing -- Sober housing shall provide a sober living environment as part of transitional planning for recovering individuals who generally have completed appropriate substance abuse treatment services and who require a supportive, alcohol and drug-free residence that will reinforce sober and responsible behavior. Residents do not require twenty- four (24) hour supervision, rehabilitation, therapeutic services, or home care. Sober houses may be democratically managed and self-supporting, with limited, short-term Judiciary funding provided for eligible clients' rental fees and/or other program operations.

In its proposal, the applicant shall include its policies and procedures

regarding the provision of Sober Housing. At a minimum, the policies and procedures must specify that residents may not possess or consume alcohol, illegal drugs, or non-medically prescribed medication on or off the premises.

4. **Juvenile Substance Abuse Treatment**

Applicants shall provide dynamic, interactive, culturally sensitive, activity oriented, evidence-based program components designed to engage youth and their parents/guardians as appropriate, in the process of change and the emphasis of programming shall be variety and age appropriateness.

a. Outpatient Treatment - Provides non-residential services to adolescents with substance abuse problems. Services include orientation, treatment planning, service transitions and discharge planning. Outpatient level of services provide between one (1) to eight (8) hours weekly of face-to-face treatment in non-residential substance abuse services to youths, including individual and group counseling.

b. Intensive Outpatient Treatment - Intensive outpatient level of services provide between nine (9) and nineteen (19) hours weekly of face-to-face treatment in non-residential substance abuse services to youth, including individual and group counseling.

c. Residential Treatment - Youths who are determined to require the most intensive level of treatment shall be referred for this level of care. This level of care shall provide twenty-four (24) hour staff secured care in a highly structured, integrated residential setting for approximately one (1) to four (4) months. Residential treatment shall include a planned regimen of professionally directed evaluation, treatment, individual and group counseling, skill building, recreational activities, family services, case management and other ancillary and special services. Services include orientation, assessment, treatment planning, transition/discharge planning, individual and group counseling. Other features of residential substance abuse treatment shall include:

1) Observation, monitoring, and treatment are available twenty-four (24) hours a day, seven (7) days a week.
2) Department of Education approved appropriate grade-level academic program.

3) Consultation with licensed psychiatrist or psychologist trained in child development, family systems, and substance abuse treatment.
4) No co-mingling of adults and juveniles in treatment.

D. Other Requirements Relating to Service Activities

1. For all adult and juvenile substance abuse service activities, except for sober housing, the applicant shall have the capability and capacity to conduct alcohol and drug testing. Testing materials, training and monitoring of service quality shall be provided by the applicant. The applicant shall provide their written policies and procedures for such testing and shall describe the frequency and application of testing in treatment. Collection shall be random with gender-specific observation. The applicant shall insure that chain of custody and confidentiality issues are addressed appropriately. The applicant shall identify instrumentation being utilized to conduct such testing and shall have the ability to do laboratory confirmation testing utilizing Gas Chromatography Mass Spectrometry or Liquid Chromatography Tandem Mass Spectrometry. Laboratories conducting such confirmation testing shall be Substance Abuse and Mental Health Services Administration and/or possess College of Addiction Pathologists – Forensic Urine Drug Testing certified. Confirmation testing at Limit of Quantitation levels is preferred.

   Additional consideration shall be given to applicants with the capability of administering drug testing through a variety of methodologies. The applicant's proposal shall clearly identify the drug testing methodologies to be utilized and the reason for the selection of the specific methodologies, including all supportive information.

2. Proposals shall delineate the following:
   a. Identification of target group(s) to be serviced by the Applicant, including any applicable admissions eligibility or exclusionary criteria.
   b. Identification and brief description of the distinguishing highlights for the evidence-based treatment model(s) to be used.
   c. Justification for the selection of the evidence-based treatment model(s).
   d. For Residential and Day treatment programs, the nature and amount of time the client will be involved in structured activities per week.
   e. (1) Identification of assessment instrument(s) to be used; (2) the purpose of the instruments; and (3) how the instruments will be

implemented.

f. Identification of training(s) to be provided to staff; the frequency of the training(s); and, supervisory oversight for quality assurance.
g. Identification, description and references for the curriculum to be used.
h. Identification of the program targets for change.
i. Identification of the program's completion criteria for the clinical discharge of the client.
j. Identification of the program's termination or discharge criteria.
k. Description and length of Continuing/Aftercare services.
l. Identification and description of a quality assurance program that involves client care and the delivery of services, the personnel who will implement the evaluation and review, and the procedures for corrective actions for problems identified.

(For those proposing to provide more than one modality of care, please describe how responses to the above listed items will differ, as applicable, across the continuum.)

3. Aftercare components shall include the development and implementation of appropriate transition plans individually tailored for each client that address transition and recovery issues, and relapse prevention.

4. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM-PPC 2R) for admission, continuance, and discharge.

5. Experience working with drug courts or in providing treatment and/or other appropriate services to criminal justice clients is preferred.

6. Additional consideration shall be given to applicants that have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living (Supportive Living) services for substance abuse clients. For those applicants that do not have a minimum of one year experience in substance abuse treatment or Therapeutic Living services, qualifications and other supportive information shall be detailed relevant to the applicant's competence to perform the required services.

7. Additional consideration shall be given to applicants with the capability to provide the following services:
   - Psychological/Psychiatric/Mental Health Evaluations
   - Medication Evaluation/Monitoring

8. The applicant must demonstrate an understanding that the FCDCP requires a team approach to provision of services and specifically to treatment planning and monitoring. Participation as an active member of the FCDCP Treatment Team and the ability to implement treatment decisions made by the team is a requirement as all treatment plans are reviewed and approved by the team. Weekly status reporting to the drug court in writing is also required. For example, written progress reports on the status of each client and family/system (including summaries of counseling sessions with names of those present, location of contact and whether in person or by telephone; drug testing results, etc.) and any recommendations must be provided prior to every drug court hearing. Also, if determined to be necessary by the FCDCP Treatment Team, the applicant must be available to participate in face-to-face meetings with the judge and other members of the Team to discuss all clients on the calendar for the week's drug court hearing, any clients applying for admission, any clients to be invited for admission, and any other issues. Additionally, the applicant must have the capacity to provide frequently updated statistics, including narratives, graphs and charts, on client demographics (e.g., age, race, drug of choice, drug use onset, prior treatment, prior convictions, pending offenses, employment, housing, etc.) and program outcomes (e.g., drug testing results, sanctions imposed, etc.).

9. The applicant shall have a comprehensive system for staff development and for monitoring and evaluating its service delivery. Staff development must include relating family/systems based interventions to substance abuse treatment.

10. The applicant shall incorporate best practices/evidenced-based practices, such as a cognitive-behavioral approach, motivational interviewing, etc. into individual and group sessions as appropriate.

11. The applicant will demonstrate compliance with the State Department of Health, ADAD rules and regulations for the provision of treatment. Because ADAD may not have promulgated rules and regulations with respect to the provision of the services requested in this RFP, the evaluation of any applicant's conformity to this RFP may consider definitional information and description of services set forth in ADAD RFP Number HTH 440-08-01, Substance Abuse Treatment Services.

E. Management Requirements

1. Personnel

a. The applicant shall possess and document knowledge, capacity, skills and experience in working with the targeted population.

(1) The applicant shall ensure that clinical supervision over substance abuse treatment activities is provided by Hawaii State certified substance abuse counselors (CSACs) pursuant to Section 321-193 (10), Hawaii Revised Statutes; or who hold an advanced degree in behavioral health science, with at least one year experience working in the field of substance abuse/addiction. For the "CR" Track, supervision of facilitators must include monthly documented assessment of adherence to the Hawaii Batterers Intervention Program Standards for the Island of Oahu, Hawaii, 2002 (Revised 7/02) and quarterly monitoring of group sessions by supervisory personnel.

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

- Clinical supervision

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

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

*Direct supervision means a minimum of one (1) hour supervision for every seven (7) hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and finally, the

supervisee performing the function independently, but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

NOTE: Preference will be given to applicants that propose to utilize direct services program staff who are CSACs with bachelors and/or advanced degrees in behavioral health sciences.

(3) Applicants providing family based interventions shall demonstrate the knowledge, skills, attitudes, and education necessary to deliver such therapy. Staff development in these modalities will also be required.

(4) The applicant shall demonstrate that its staff have been appropriately assessed to have the knowledge, skills, attitudes and education necessary to provide services for the specific target populations it is proposing to service.

(5) The applicant's program staff may be required to attend training as arranged by the Judiciary on skill-building, specific therapeutic interventions, and other areas related to target populations.

b. Therapeutic Living Programs shall be provided by staff knowledgeable in substance abuse problems and with experience in case management. All direct service staff shall be familiar with substance abuse and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.

c. The applicant shall conduct a criminal history record check for any person, including, but not limited to any officer, employee, volunteer or subcontractor, who performs work or services which necessitates close proximity to adult or juvenile clients, or other program related adolescents or children. At a minimum, applicants will search www.ecrim.ehawaii.gov (Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center) and www.nsopr.gov (National Sex Offender Public Registry.) For persons working in positions which necessitate close proximity to children or adolescents,

the criminal history record check shall include a national criminal history database check which may require fingerprinting. The minimum record check will be conducted once every four years for each person, and/or at the outset of the contract period if such checks have never been conducted. Results of all criminal history record inquiries conducted shall be placed in the employee's or volunteer's personnel file and shall be available to Judiciary for review. The applicant further shall have a written plan for addressing any findings that result from a criminal history record check that may affect the treatment millieu (e.g. actively under the supervision of any criminal justice agency, convicted sex offenders.)

d. The applicant shall conduct Child Protective Services central registry checks on any administrative and program staff and volunteers working in positions which necessitate close proximity to children or adolescents.

e. The applicant shall submit an agency organizational chart which includes and identifies all programs that the agency /applicant oversees/administers, inclusive of subcontractors and consultants.

f. The applicant shall have on the premises at least one person currently certified in First Aid and CPR unless otherwise specified by the FCDCP.

g. The Applicant shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

h. The staff and volunteers, if used by the applicant, shall be under the supervision of the program director or his or her designee and shall, accordingly, be trained in client confidentiality issues and program quality assurance requirements.

2. Administrative

a. The applicant shall establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.

b. Court appearances and/or testimony shall be provided as needed.

3. Quality assurance and evaluation specifications

   a. The applicant shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver the services, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

   b. Program evaluation should reflect the documentation of the achievement of the stated goals, using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

   c. Applicants shall agree, by contract, to be willing to undergo a program assessment and/or audit designed to assess applicant's implementation of effective practices in working with offenders with substance use problems. Based on the assessment/audit report, the vendor will develop in concert with the contracting agency, an action plan to address areas which need improvement. There should be at least one quality improvement activity completed annually.

   d. Applicants shall provide all program monitoring, assessments and/or evaluation reports completed within the last two years.

4. Output and performance/outcome measurements

   a. Output: The applicant shall record unduplicated clients served. The unduplicated client count shall be recorded in the applicant's quarterly reports, culminating in a final unduplicated client count on the applicant's final report.

   b. Outcome: The applicant shall propose measurement tools by which effectiveness of the services may be determined, as well as utilize any provided by the Judiciary.

5. Experience

   a. The Applicant must have demonstrated competence or qualifications to perform the required services.

   b. The applicant must have a minimum of one (1) year of experience in

the provision of substance abuse treatment services, or in the provision of Therapeutic Living Program and Sober Housing services for substance abuse clients. In the absence of such experience, the Applicant shall provide supporting evidence why the one (1) year requirement should be waived.

c. The applicant must have a minimum of one (1) year of experience in the provision of services to offenders. In the absence of such experience, the applicant will provide supporting evidence why the one (1) year requirement should be waived.

6. Coordination of service

a. Applicants shall describe their ability to collaborate with other appropriate services, including, but not limited to, health, mental health, social, educational, vocational rehabilitation and employment services.

b. Applicants intending to provide only part of the continuum of substance abuse treatment and other specified interventions shall also have and document appropriate linkages to the other required services for FCDCP clients.

7. Reporting requirements for program and fiscal data

a. The applicant shall submit written quarterly and year-end reports summarizing output and outcome data, performance accomplishments, challenges, and actual expenditures. Quarterly reports are due 30 days after the end of the quarter. Final reports are due 45 days after the end of each fiscal year and/or at the end of the contract period, as applicable.

b. Reports shall consist of a statement by the applicant relating to the work accomplished during the reporting period and shall include statements of the nature of the work performed, identification of persons served by the applicant during the reporting period, identification of any immediate problems encountered during the reporting period, and any recommendations deemed pertinent by the applicant, as well as a statement of what activities are proposed to be accomplished during the next reporting period. In addition to the written progress reports, the applicant, upon request, shall be required to meet with representatives of the Judiciary to discuss the progress of the work required.

c. The applicant shall, at the completion of the contract period, submit a final written report to the Judiciary. The report shall include documentation of the applicant's overall effort towards meeting the program goals and objectives, to include information on the outcome(s) of quality improvement activities engaged in. Furthermore, the applicant shall furnish any additional reports or information that the Judiciary may from time to time require or request.

d. Pursuant to HRS 601-21, the applicant shall comply with the requirements of the statewide substance abuse treatment monitoring program established under HRS 321-192.5. The Judiciary additionally requires that all programs which provide substance abuse treatment services, whether accredited or not accredited by ADAD, participate in the statewide data collection activities under the purview of ADAD unless otherwise specified by the Judiciary. .

8. Pricing or pricing methodology to be used

The applicant shall submit a proposal based on a "Negotiated Unit of Service" and/or "Fixed Rate" pricing methodology.

9. Units of service and unit rate

a. Applicant's proposal shall be based on a "Negotiated Unit of Service"and/or "Fixed Rate" pricing methodology. However, applicant's proposal should reference average expected lengths of treatment proposed in each category and provide fees for units of services as follows:

Service Activity	Unit	Est. Slots/Year*
Drug Testing	Per Test	100-180 tests
Assessments	Per Client	10-20 clients
Family/systems Based Intervention	Per Hour/Client	10-25 clients
Adult Substance Abuse Treatment		
1. Outpatient	Per Session/Client	15-20 clients
2.. Intensive Outpatient	Per Session/Client	15-20 clients
3. Day Treatment	Per Day/Client	1-2 clients
4. Continuing Care	Per Session/Client	15-20 clients
5. Residential	Per Bed Day/Client	5-8 clients
6. Therapeutic Living	Per Bed Day/Client	5-10 clients
7. Sober Living	Per Bed Day/Client	8-20 clients

Domestic Violence Intervention	Per Session/Client	5-8 clients
Juvenile Substance Abuse Treatment		
1. Outpatient	Per Session/Client	3-8 clients
2. Intensive Outpatient	Per Session/Client	3-8 clients
3. Residential	Per Bed Day/Client	1-2 clients

The rate shall cover one hundred percent (100 %) of treatment and housing (as applicable) costs for the client and shall also include provision of all workbooks and curricula material necessary to administer treatment services.

*The numbers indicated here represent only estimated counts for each activity as actual utilization for a program servicing primarily voluntary admissions is difficult to anticipate.

10. Methods of compensation and payment

a. The applicant shall provide monthly invoices. Information to be included shall be client's name, date of admission, date of discharge, reason for discharge, level of service provided and number of units provided with corresponding dates and service unit billed.

b. The applicant shall maximize reimbursements of benefits for all levels of care through Hawaii Quest and Quest Net, the client's private insurance, the Department of Human Services or any other sources of payment made known to the applicant by the client for treatment, housing or subsistence. Payments to the applicant shall be reduced by received third party payments.

2.15.5 Facilities

A. Applicants shall provide a description of its facilities and its conduciveness to the treatment being provided.

B. Applicants proposing to provide residential treatment and therapeutic living program services shall describe and include in the proposals the following:

1. How security and client accountability will be achieved.

2. A site map of the facility designating all program locations, the location of each dwelling for residential and or therapeutic living program, and the gender for each dwelling.

3. A floor plan for each dwelling laying out each bedroom for clients and resident counselor(s), kitchen, dining area, living area, bathrooms and laundry area; the

number of client beds per room; the number of resident counselor bed(s) per room and the maximum capacity for each dwelling.

4. The number of beds licensed for residential and/or therapeutic living program services by the Office of Health Care Assurance (OHCA), Department of Health, State of Hawaii.

2.16 SVC SPEC TITLE: Maui Drug Court Services, Second Circuit DR2MDC - Adult Substance Abuse Treatment Services

2.16.1 Introduction

A. & B. - (SEE SECTION 2.0.1)

C. Description of the goals of the service

To provide a continuum of adult substance abuse treatment services, delivered in the drug court treatment modality, to male and female felony offenders with drug and/or drug and alcohol related problems who are voluntarily participating in the Maui Drug Court (MDC) Program in the Second Circuit Court, State of Hawaii. The goal of this treatment and compliance monitoring is to provide offenders with the skills and knowledge to effectively deal with their use of drugs and/or drugs and alcohol in order to eliminate their recidivism to criminal behavior.

D. Description of the target population to be served

Non-violent adult men and women (ages 18 and older) with drug and/or drug and alcohol related problems who are facing charges, are charged with, or are on probation, parole or furlough for felony offense(s), voluntarily participating in the MDC Program in the Second Circuit Court, State of Hawaii. The approximate number of clients anticipated to be serviced on the island of Maui as specified by this RFP is a static client population of approximately sixty (60) to one hundred twenty (120) clients in each of the two State fiscal years covered by this RFP.

E. Geographic coverage of service

Second Circuit –Island of Maui

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

Funding source: State general funds
Other potential funding sources: Federal funds, public and private grants.

Probable funding amounts:

FY 2012	FY 2013	FY 2014	FY 2015
Unspecified general funds.			

Period of availability: The Judiciary intends to award a multi-term contract. The aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 to

June 30, 2015, subject to the appropriation and availability of funds and satisfactory contract performance. All State general funds are contingent on appropriation. Funds are available for only the initial term of the contract from July 1, 2011 to June 30, 2013.

NOTE: Funding amounts are not being stated at this time. Applicants should propose funding amounts in their proposals based on their best estimate of the cost of providing the services described in these specifications.

2.16.2 General Requirements

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

1. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

    a. Residential programs, in accordance with Title 11, Chapter 98, Special Treatment Facility, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse treatment programs.

    b. Unless otherwise specified in this RFP, therapeutic living programs must meet the Department of Health, Alcohol and Drug Abuse Division's (ADAD) Therapeutic Living Program Requirements as specified in the Division's RFP Number HTH 440-08-1 for Substance Abuse Treatment Services until applicable administrative and licensing rules are implemented by the Department of Health. Upon implementation of duly authorized administrative and licensing rules, programs must comply accordingly.

    c. Sober Housing must meet applicable state and county codes, standards and zoning requirements.

    d. All applicants shall comply with Title 11, Chapter 175, Mental Health and Substance Abuse System.

    e. The proposed service must meet all required state licensing or certification standards, provide assurances of fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance

coverages and identification as applicable.

2. The applicant must have an accounting system, with acceptable accounting practices and standards.

3. The applicant shall submit in a timely manner upon request by the Judiciary, any additional information needed by the Judiciary to make a decision on the applicant's proposal. The Judiciary may request an oral discussion or presentation in support of the proposal. On-site visits may be made.

4. The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/01/98), which can be found on the SPO website (See Section Five, Proposal Application Checklist, for the website address).

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

After-the-fact secondary purchases will be allowed.

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

[ ] Allowed [X] Unallowed

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

[ ] Single [ ] Multiple [X] Single & Multiple

Multiple contracts may be awarded if such awards are deemed to be in the best interest of the Judiciary, and will be based on the highest ranked proposals.

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

[ ] Single term (< 2 yrs) [X] Multi-term (> 2 yrs.)

A multi-term contract will be awarded based on a determination that it is in the best interest of the Judiciary. The initial term of the contract shall be for two (2) years, from July 1, 2011 to June 30, 2013. Funds are available for only the initial term of the contract. The contract may be extended for another two (2) years, subject to appropriation and availability of funds and satisfactory performance of services by

provider. Execution of a contract amendment is required to extend the contract for another term. The aggregate term of the contract shall not exceed four (4) years, e.g., July 1, 2011 to June 30, 2015. If it is determined that it is not in the best interest of the Judiciary to award a multi-term contract, a single-term contract will be awarded.

F. RFP contact persons

The individuals listed below are the points of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person(s) and received on or before the day and time specified in Section One (Procurement Timetable) of this RFP.

If you have any technical questions regarding the RFP process, please call the following individual:

Naty Butay, Contracts and Purchasing Office
Phone: (808) 538-5805 Fax: (808) 538-5802
Email: naty.b.butay@courts.state.hi.us

If you have any programmatic questions regarding the requested services, please call the following individual:

Sandra Inouye, Program Specialist, Second Circuit
Phone: (808) 244-2891 Fax: (808) 244-2870
Email: sandra.a.inouye@courts.state.hi.us

2.16.3. Scope of Work

Applicants may propose to provide the whole continuum of services or only a part of the continuum, i.e. In-Custody Substance Abuse/Chemical Dependency Services, In-Community Substance Abuse/Chemical Dependency Services , Residential Substance Abuse/Chemical Dependency Services. Applicants must clearly state the specific service activities they are proposing to provide.

NOTE: Proposals will be evaluated by service activity according to Section Four of this RFP and will be scored and ranked separately within the following categories: In-Custody Substance Abuse/Chemical Dependency Services, In-Community Substance Abuse/Chemical Dependency Services, and Residential Substance Abuse/Chemical Dependency Services.

The scope of work encompasses the following tasks and responsibilities:

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

To provide a continuum of evidence-based, offender-oriented substance abuse treatment services, delivered in the drug court treatment modality, to adult male and female felony offenders with drug and/or drug and alcohol related problems who are voluntarily participating in the MDC Program in the Second Circuit Court, State of Hawaii. As detailed below, services to be available for clients shall include assessment and substance abuse/chemical dependency treatment while incarcerated and in the community, Residential Substance Abuse/Chemical Dependency Treatment, Therapeutic Living Programs, and Sober Housing as needed.

Modifications to requirements for service delivery may be negotiated between the Judiciary and the selected provider(s) in response to changes in program needs during the contract period.

1. **In-Custody Substance Abuse/Chemical Dependency Services:** Through a collaboration between the Judiciary-MDC and the Department of Public Safety-MCCC, substance abuse treatment/chemical dependency services are to be provided to MDC referred participants while incarcerated at the MCCC. These participants have completed a program screening and have been set to be admitted to the MDC. The MDC In-Custody Treatment Program (ICTP) is an approximate thirty (30) to ninety (90) day program intended to provide substance abuse/chemical dependency treatment for inmates from Maui, Molokai or Lanai who are incarcerated at MCCC and who have been assessed and admitted to the MDC. Participants are housed separately from the general population of MCCC inmates in two dorms: Dorm 3 houses up to twenty (20) males and Dorm 5 has a capacity of up to twelve (12) beds for women.

   The partner agencies in this collaborative effort shall provide oversight and direction with regard to the service delivery of the MDC ICTP, including curricula, methodology of the treatment/services provided, case management, and other program activities. Further, the partner agencies shall review and approve the appropriateness of the service delivery prior to program implementation. Service delivery for the MDC ITCP shall be provided as follows:

   a. **Program Structure**: A minimum of twenty-one (21) hours of face-to-face activities per week shall be provided, which includes at least one (1) hour of individual counseling to be conducted with each client. Applicants shall provide a detailed description of the model(s) to be used within a thirty (30) to ninety (90) day program, including the philosophical basis for treatment, and for dealing with

incarcerated inmates who have a history of substance abuse/chemical dependency. Program components are as follows:

1) **Assessments:** Comprehensive substance abuse assessments shall be provided to those applicants who have successfully completed the Trial Phase requirements and who have been accepted by the MDC for assessment and admission to the program. Assessments shall be conducted or reviewed/approved by those with a current State of Hawaii, Substance Abuse Counselor Certificate. Assessments shall consist of gathering relevant history from the client, including but not limited to, alcohol and other drug abuse using appropriate interview techniques. Provider will obtain corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history. Provider shall identify the appropriate assessment tools to be used and explain to the client the rationale for the use of assessment techniques in order to facilitate understanding. Assessments shall include developing a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments utilizing the American Society of Addiction Medicine (ASAM) criteria, and the Diagnostic Statistical Manual of Mental Disorders (DSM IV) in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

2) **Group and Individual Counseling:** Initial and updated treatment planning, crisis intervention, individual and group counseling, substance abuse education, and skill building groups shall be provided. For each client, ongoing evaluation of treatment progress shall be provided which includes an assessment of the client's readiness for continued participation in the MDC Program.

3) **Drug Testing**: Random and observed urinalysis shall be administered throughout the duration of the program at a minimum of twice monthly per client and as needed.

4) **Collaboration with Partners:** Open and consistent communication shall be maintained between the

prospective provider and the partner agencies based on a commonality of goals in the spirit of mutual support and collaboration.

2. **In-Community Substance Abuse/ Chemical Dependency Services:** In-community substance abuse/chemical dependency services shall consist of the following services (defined below) to be delivered in the drug court treatment modality to clients in an approximate 15-month drug court program. **(Please refer to Table of Recommended Minimum Services Per Week For In-Community Substance Abuse/Chemical Dependency Services as a guideline for service provision.)** Applicants shall provide a detailed description of the model to be used within a drug court program, including the philosophical basis for treatment and for dealing with criminal offenders with a history of substance abuse/chemical dependency. (Note: An available curriculum to consider is the Criminal Conduct and Substance Abuse Treatment by Kenneth W. Wanberg, Ph.D. and Harvey B. Milkman, Ph.D. Other comparable evidence-based models that could be delivered in accordance to the service matrix as detailed in the **Table of Recommended Minimum Services Per Week For In-Community Substance Abuse/Chemical Dependency Services** may also be considered.)

   a. **Program Structure:** Applicants must have the capability to complete assessments, provide initial and updated treatment planning, crisis intervention, individual and group counseling, substance abuse education, skill building groups. Group size shall not exceed thirty (30) participants for each session provided and the maximum facilitator to client ratio shall be 1:15 unless otherwise specified by the MDC. For each client, ongoing evaluation of treatment progress shall be provided which includes a regular review of the appropriateness of the level of care being provided to the client. Programs shall develop and implement appropriate transition plans for each client in the final phases of treatment and prior to entry into continuing care. The plan shall address transition and recovery issues and relapse/recidivism prevention. Program components are as follows:

      1) **Comprehensive substance abuse assessments** shall be provided to those applicants who have successfully completed the Trial Phase requirements and who have been accepted by the MDC for assessment and admission to the program. Assessments shall be conducted or reviewed/approved by those with a current State of Hawaii, Substance Abuse Counselor Certificate. Assessments shall

consist of gathering relevant history from the client, including but not limited to, alcohol and other drug abuse using appropriate interview techniques. Provider will obtain corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history. Provider shall identify the appropriate assessment tools to be used and explain to the client the rationale for the use of assessment techniques in order to facilitate understanding. Assessments shall include developing a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments utilizing the American Society of Addiction Medicine (ASAM) criteria, and the Diagnostic Statistical Manual of Mental Disorders (DSM IV) in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs..

2) **Outpatient Treatment**: Provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse/chemical dependency issues. Professionally directed evaluation, treatment, and recovery services shall be provided to clients appropriate for a lower level of substance abuse/chemical dependency related services than would be found in a residential or day treatment program, for a minimum of one (1) hour up to a maximum of eight (8) hours per client per week of face-to-face treatment, including at least one (1) hour per week of individual counseling.

3) **Intensive Outpatient Treatment**: Provides non-residential specialized intensive services on a scheduled basis for individuals with substance abuse problems. Such treatment services usually operate for at least three (3) or more hours per day for three (3) or more days per week. Services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies. Professionally directed evaluation, treatment, and recovery services shall be provided, for a minimum of nine (9) hours up to a maximum of nineteen (19) hours per client per week of face-to-face treatment, including at least one (1) hour per week of individual counseling.

4) **Drug Testing:** Applicants must have the capability to provide frequent drug and alcohol testing. Drug testing shall include random and observed breath, urine, and hair analysis for all active MDC clients who are receiving or who have received treatment from the selected provider for In-Community Substance Abuse/Chemical Dependency Services as specified in this RFP.

5) **Friends and Family Groups**: Psycho-educational sessions shall be provided for all MDC referred program participant friends/families and for all MDC clients who have completed Phases A - C. Approximately fifty percent (50%) of the time allocated to these sessions shall be focused on educational curricula with the remaining fifty percent (50%) of the time spent on process goals.

4. **Residential Substance Abuse Services**

a. **Residential**: Provides a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring and treatment are available 24 hours a day, seven days a week. A minimum of twenty-four (24) hours per week of face-to-face treatment shall be provided, including a minimum of one (1) hour per week of individual counseling to be scheduled with each client Programs shall develop and implement appropriate transition plans for each client in the final phases of treatment. The plan shall address transition and recovery issues and relapse/recidivism prevention.

b. **Therapeutic Living:** Provides a less structured residential setting than that of a special treatment facility for those persons recovering from substance abuse. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan. The categories of Therapeutic Living Programs are as follows:

1) **Transitional Living Programs for Adults**
These programs provide residential living to residents who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a

clean and sober living environment. All residents in the same transitional residential living program house shall be adults of the same gender. At a minimum, one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the department, to ensure the safety, health, and delivery of the services. A minimum of fifteen (15) hours per week of face-to-face supportive psycho-social services shall be provided to each resident each week.

2) **Transitional Living Programs for Parents with Children**

These programs provide residential living services to residents who are currently receiving substance abuse treatment in a day or outpatient program, or who have been clinically discharged from treatment yet still need supervision and a clean and sober living environment. All residents in the program shall be pregnant women or women with child(ren) or men with child(ren). All adults in the same transitional residential living program house shall be of the same gender. Staff shall be onsite twenty-four (24) hours per day, seven (7) days per week. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the Department of Health, to ensure the safety, health, and delivery of services. A minimum of fifteen (15) hours per week of face-to face supportive psycho-social services shall be provided to each resident each week.

3) **Semi-supervised, independent but structured living arrangements for adults**

These programs provide a structured living arrangement for adults who need minimum professional or paraprofessional support in order to live in the community and avoid a deterioration in functioning and a more restrictive level of care. Staff must be on site a minimum of twelve (12) hours per day, and on call for twenty-four (24) hours per day, seven (7) days per week. At a minimum, one staff member shall be available for every fifteen (15) residents. All residents in the housing unit shall be adults of the same gender.

Further requirements are:

a) At least ten (10) hours a week of case management shall be provided to assist residents in independent living skills.

b) The program shall maintain scheduled services to facilitate accessibility to and attendance at employment, self-help groups, counseling, and vocational counseling.

c) The program shall provide or arrange for educational services appropriate to the level of functioning and comprehension of the resident.

d) The program shall provide residents with information about community resources and assist them in accessing those resources.

e) The program shall facilitate peer group support and provide supervision in daily living skills and work.

c. **Sober Housing:** Sober housing shall provide a sober living environment as part of transitional planning for recovering individuals who generally have completed appropriate substance abuse treatment services and who require a supportive, alcohol and drug-free residence that will reinforce sober and responsible behavior. Residents do not require twenty- four (24) hour supervision, rehabilitation, therapeutic services, or home care. Sober houses may be democratically managed and self-supporting, with limited, short-term Judiciary funding provided for eligible clients' rental fees and/or other program operations.

In its proposal, the applicant shall include its policies and procedures regarding the provision of Sober Housing. At a minimum, the policies and procedures must specify that residents may not possess or consume alcohol, illegal drugs, or non-medically prescribed medication on or off the premises.

d. **Drug Testing:** Random and observed breath and urine testing shall be administered in all residential programs described above with the exception of sober housing.

TABLE OF RECOMMENDED MINIMUM SERVICES PER WEEK FOR IN-COMMUNITY SUBSTANCE ABUSE/CHEMICAL DEPENDENCY SERVICES	Individual Counseling	Group Counseling	Alcohol and/or Urinalysis	APPROXIMATE TOTAL HOURS PER WEEK
PHASE A "Intensive Outpatient" (12 weeks minimum)	1 session (1.0 hr.)	4 sessions (2.0 hrs. each)	3	9.0
PHASE B "Outpatient Treatment" (14 weeks minimum)	1 session (1.0 hr.)	2 sessions (2 hrs. each) 1 session (1.5 hrs. each)	2	6.5
PHASE C "Outpatient Treatment" (10 weeks minimum)	1 session (1.0 hr.)	1 session (2.5 hrs. each)	1	3.5

Note:

-Phase durations are approximate.
-Individual sessions may be with the individual client alone and/or with the individual client and his/her family/support members.
-In addition to above service provision, applicant must also provide family group psycho-educational counseling services as indicated in Section 2.4.3.A.2.(5) to all MDC referred program participant friends/families and those MDC clients that have completed Phases A-C.
-Drug testing services shall be provided for all clients who are receiving or who have received treatment from the applicant.
-A maximum of three (3) drug hair testings shall also be administered per client.
-Matrix of services may be modified as needed.

Other Requirements Relating to Service Activities:

5. For service activities requiring drug testing, the testing materials, training and monitoring of service quality shall be provided by the applicant. The applicant shall provide their written policies and procedures for such testing and shall describe the frequency and application of testing in treatment. Collection shall be random with gender-specific observation. The applicant shall insure that chain of custody and confidentiality issues are addressed appropriately. The applicant shall identify instrumentation being utilized to conduct such testing and shall have the ability to do laboratory confirmation testing utilizing Gas Chromatography Mass Spectrometry or Liquid Chromatography Tandem Mass Spectrometry. Laboratories conducting such confirmation testing shall be Substance Abuse and Mental Health Services Administration and/or possess College of Addiction Pathologists – Forensic Urine Drug Testing certified. Confirmation testing at Limit of Quantitation levels is preferred.

   Additional consideration shall be given to applicants with the capability of administering drug testing through a variety of methodologies. The applicant's proposal shall clearly identify the drug testing methodologies to be utilized and the reason for the selection of the specific methodologies, including all supportive information.

6. Applicants proposing to provide substance abuse/chemical dependency treatment services shall have the capability to provide treatment that is comprised of individual and group counseling coupled with psycho-educational training which addresses drug and alcohol education, understanding criminal behavior, anger and stress management, social and lifestyle skills development and relapse/recidivism prevention. Offenders will be trained in treatment sessions to identify antisocial thinking, attitudes, behaviors and beliefs; to recognize high-risk situations, places and people surrounding AOD use; and practice how to deal with them in a pro-social manner. Treatment shall take into consideration the psycho-social needs of the client, shall be cognitive and behavioral in approach and shall incorporate a cognitive-behavioral curriculum that addresses the interaction of criminal thinking and substance abuse/chemical dependency using a group treatment format.

7. Applicants proposing to provide substance abuse/chemical dependency treatment services shall delineate the following in their applications:

   a. Identification of target group(s) to be serviced by the Applicant, including any applicable admissions eligibility or exclusionary

criteria.

b. Identification and brief description of the distinguishing highlights for the evidence-based treatment model(s) to be used.
c. Justification for the selection of the evidence-based treatment model(s).
d. For Residential and Day treatment programs, the nature and amount of time the client will be involved in structured activities per week.
e. (1) Identification of assessment instrument(s) to be used; (2) the purpose of the instruments; and (3) how the instruments will be implemented.
f. Identification of training(s) to be provided to staff; the frequency of the training(s); and, supervisory oversight for quality assurance.
g. Identification, description and references for the curriculum to be used.
h. Identification of the program targets for change.
i. Identification of the program's completion criteria for the clinical discharge of the client.
j. Identification of the program's termination or discharge criteria.
k. Identification and description of a quality assurance program that involves client care and the delivery of services, the personnel who will implement the evaluation and review, and the procedures for corrective actions for problems identified.

(For those proposing to provide more than one modality of care, please describe how responses to the above listed items will differ, as applicable, across the continuum.)

8. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM-PPC 2R) for admission, continuance and discharge.

9. Experience working with drug courts or in providing treatment and/or other appropriate services to criminal justice clients is preferred.

10. Additional consideration shall be given to applicants with the capability to provide the following services:
    - Psychological/Psychiatric Evaluations
    - Medication Monitoring

11. Frequent status reporting to the drug court (in writing and in person) is also required. For example, written progress reports on each client's performance (e.g., drug testing results, counseling and meeting attendance,

etc.) and recommended action must be provided prior to every drug court hearing; also, the provider is required to participate in weekly meetings with the judge and other members of the MDC Team to discuss all clients on the calendar for the next drug court hearing, any offenders applying for admission, any offenders to be invited for admission, and any other issues. Additionally, the provider must provide frequently updated statistics, including narratives, graphs and charts, on client demographics (e.g., age, race, drug of choice, drug use onset, prior treatment, prior convictions, pending offenses, employment, housing, etc.) and program outcomes (e.g., drug testing results, sanctions imposed, etc.)

12. Applicants will demonstrate compliance with the State Department of Health, ADAD rules and regulations for the provision of treatment.

    NOTE: Because ADAD may not have promulgated rules and regulations with respect to the provision of the services requested in this RFP, the evaluation of any applicant's conformity to this RFP may consider definitional information and description of services set forth in ADAD RFP Number HTH 440-08-1 for Substance Abuse Treatment Services.

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

1. Personnel

a. The applicant shall possess and document knowledge, capacity, skills and experience in working with the targeted population. Applicants shall provide its minimum qualifications for program director(s). Program director is defined as the person responsible for the overall management of the treatment program(s). Applicant shall provide educational backgrounds and experience of any current program director(s).

   At a minimum, applicants shall ensure that clinical supervision over treatment activities is provided by certified substance abuse counselors (CSAC) or program administrators certified pursuant to Section 321-193 (10), Hawaii Revised Statutes; or hold an advanced degree in behavioral health science, with at least one year experience working in the field of substance abuse addiction.

   CSACs and individuals who hold an advanced degree in behavioral health services preferably shall perform clinical evaluation, treatment planning and individual, group and family counseling; however, non CSACs or non-master's level providers may be

utilized as long as they are directly supervised by a CSAC or master's level counselor, and are working toward certification.

Facilitators of the family psycho-educational groups shall hold an advanced degree in family therapy or other related behavioral health services.

Applicants shall describe its program for increasing clinical staff competencies in the acquisition of evidence-based, offender-oriented treatment. At a minimum, applicants shall demonstrate how direct care staff will be assisted in understanding and applying the risk-need-responsivity principles in their treatment of offenders, as well as the stages of change, motivating the client toward change and behavioral treatment.

b. For those service activities requiring drug testing of both female and male clients, staffing of substance abuse counselor positions shall be representative of both the female and male gender unless otherwise agreed upon by the applicant and the MDC.

c. Therapeutic Living Program service activities shall be provided by staff knowledgeable in substance abuse problems and experience in case management.

d. The applicant shall conduct a criminal history record check for any person including, but not limited to any officer, employee, volunteer or subcontractor, who performs work or services which necessitates close proximity to adult or juvenile clients or other program related adolescents or children. At a minimum, applicants will search www.ecrim.ehawaii.gov **(Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center and www.nsopr.gov (National Sex Offender Public Registry.)** For persons working in positions which necessitate close proximity to children or adolescents, the criminal history record check shall include a national criminal history database check which may require fingerprinting. The minimum record check will be conducted once every four years for each person, and/or at the outset of the contract period if such checks have never been conducted. Results of all criminal history record inquiries conducted shall be placed in the employee's or volunteer's personnel file and shall be available to the Judiciary for review. The applicant further shall have a written plan for addressing any findings that result from a criminal history record check that may

affect the treatment millieu (e.g. actively under the supervision of any criminal justice agency, convicted sex offenders.)

e. The applicant shall submit an agency organizational chart which includes and identifies all programs that the agency/applicant oversees/administers, inclusive of subcontractors and consultants.

f. The applicant shall conduct Child Protective Services central registry checks on any administrative and program staff and volunteers working in positions which necessitate close proximity to children or adolescents.

g. The applicant shall have on the premises at least one person currently certified in First Aid and CPR except for sober housing services.

h. The Applicant shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.

i. The staff and volunteers, if used by the applicant, shall be under the supervision of the program director or his or her designee and shall, accordingly, be trained in client confidentiality issues and program quality assurance requirements.

j. The applicant must have sufficient and relevant staff training and development. All direct service staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

k. The applicant shall ensure that staff receive appropriate supervision including clinical supervision and administrative direction.

2. Administrative

a. The applicant shall establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.

b. Court appearances and/or testimony shall be provided as needed.

3. Quality assurance and evaluation specifications

a. The applicant shall have a quality assurance plan which identifies

the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver the services, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.

b. Program evaluation should reflect the documentation of the achievement of the stated goals, using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

c. Applicants shall agree, by contract, to be willing to undergo a program assessment and/or audit designed to assess applicant's implementation of effective practices in working with offenders with substance use problems. Based on the assessment/audit report, the vendor will develop in concert with the contracting agency, an action plan to address areas which need improvement. There should be at least one quality improvement activity completed annually.

d. Applicants shall provide all program monitoring, assessments and/or evaluation reports completed within the last two years.

4. Output and performance/outcome measurements

a. Output: The Applicant shall record unduplicated clients served. The unduplicated client count shall be recorded in the Applicant's quarterly reports and aggregated Year-End Report.

b. Outcome: The applicant shall propose measurement tools by which effectiveness of the services may be determined, as well as utilize any which may be developed and utilized by the Judiciary.

5. Experience

a. The Applicant must have demonstrated competence or qualifications to perform the required services.

b. The applicant must have a minimum of one (1) year of experience in the provision of substance abuse treatment services, or in the provision of Therapeutic Living Program and Sober Housing services for substance abuse clients. In the absence of such experience, the Applicant shall provide supporting evidence why the one (1) year requirement should be waived.

c. The applicant must have a minimum of one (1) year of experience in the provision of services to offenders. In the absence of such experience, the applicant will provide supporting evidence why the one (1) year requirement should be waived.

6. Coordination of service

a. Applicants shall describe their ability to collaborate with other appropriate services, including, but not limited to, health, mental health, social, educational, vocational rehabilitation and employment services.

b. Applicants intending to provide only part of the continuum shall also have and document appropriate linkages to other services in the continuum.

7. Reporting requirements for program and fiscal data

a. The applicant shall submit written quarterly and year-end reports summarizing output and outcome data, performance accomplishments, challenges, and actual expenditures. Quarterly reports are due 30 days after the end of the quarter. Final reports are due 45 days after the end of each fiscal year and/or at the end of the contract period, as applicable.

b. Reports shall consist of a statement by the applicant relating to the work accomplished during the reporting period and shall include statements of the nature of the work performed, identification of persons served by the applicant during the reporting period, identification of any immediate problems encountered during the reporting period, and any recommendations deemed pertinent by the applicant, as well as a statement of what activities are proposed to be accomplished during the next reporting period. In addition to the written progress reports, the applicant, upon request, shall be required to meet with representatives of the Judiciary to discuss the progress of the work required.

c. Pursuant to HRS 601-21, the applicant shall comply with the requirements of the statewide substance abuse treatment monitoring program established under HRS 321-192.5. The Judiciary additionally requires that all programs which provide substance

abuse treatment services, whether accredited or not accredited by ADAD, participate in the statewide data collection activities under the purview of ADAD.

d. The applicant shall, at the completion of the contract period, submit a final written report to the Judiciary. The report shall include documentation of the applicant's overall effort towards meeting the program goals and objectives, to include information on the outcome(s) of quality improvement activities engaged in. Furthermore, the applicant shall furnish any additional reports or information that the Judiciary may from time to time require or request.

8. Pricing or pricing methodology to be used

The applicant may submit a proposal based on a "Negotiated Unit of Service"pricing methodology and/or a "Fixed Price" pricing methodology, as further described in SECTION THREE of this RFP.

9. Units of service and unit rate

a. Applicant's proposal shall be based on a "Negotiated Unit of Service" and/or "Fixed Rate" pricing methodology. For either pricing methodology proposed, applicant's proposal should reference average expected lengths of treatment proposed in each category and provide fees for units of services as follows:

Service Activity:	**Unit of Service:**
In-Custody Services:	
Assessments	Per Assessment
Individual Counseling	Per Hour/Session
Group Counseling	Per Hour/Session
In Community Services:	
Assessments	Per Assessment
Intensive Outpatient	Per Hour/Session
Outpatient	Per Hour/Session
Family Group	Per Hour/Session
Residential Services:	
Residential	Per Bed Day
Therapeutic Living	Per Bed Day
Sober Housing	Per Bed Day

The rate shall cover one hundred percent (100%) of treatment and housing (as applicable) costs for the client and shall also include provision of all workbooks and curricula material necessary to administer treatment services.

10. Methods of compensation and payment

a. The applicant shall provide monthly invoices. Information to be included shall be client's name, date of admission, date of discharge, reason for discharge, level of service provided and number of units provided with corresponding dates and service unit billed.

b. The applicant shall maximize reimbursements of benefits for all levels of care through Hawaii Quest and Quest Net, the client's private insurance, the Department of Human Services or any other sources of payment made known to the applicant by the client for treatment, housing or subsistence. Payments to the applicant shall be reduced by received third party payments.

2.15.4. Facilities

A. Applicants shall provide a description of its facilities and its conduciveness to the treatment being provided.

B. Applicants proposing to provide Residential Treatment, Therapeutic Living, and Sober Housing services shall describe and include in the proposal the following:

1. How security and client accountability will be achieved.

2. A site map of the facility designating all program locations, the location of each dwelling for residential, therapeutic living programs, and sober housing, and the gender for each dwelling.

3. A floor plan for each dwelling laying out each bedroom for clients and resident counselor(s), kitchen, dining area, living area, bathrooms and laundry area; the number of client beds per room; the number of resident counselor bed(s) per room and the maximum capacity for each dwelling.

4. The number of beds licensed for residential and/or Therapeutic Living

Program services by the Office of Health Care Assurance (OHCA), Department of Health, State of Hawaii.