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

Request for Proposals

RFP No. HTH 440-1
RFP Title: Substance Abuse Treatment Services

Sub-Category	Service Description
440-1-11	Adolescent Substance Abuse School-Based Treatment Services

Date Issued: September 20, 2004

DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
SUBSTANCE ABUSE TREATMENT SERVICES HTH 440-1

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

I. FUNDING:

TOTAL AMOUNT	FISCAL YEAR
$1,820,000	NTP, 2005 to June 30, 2006
$1,820,000	July 1, 2006 to June 30, 2007
$1,820,000	July 1, 2007 to June 30, 2008
$1,820,000	July 1, 2008 to June 30, 2009

II. CONTRACT TERM:

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

III. APPLICATION DEADLINE:

Proposals must be postmarked before 12:00 midnight, October 11, 2004, or hand delivered by 4:00 PM, Hawaii Standard Time (HST), October 11, 2004, at the drop site designated on the following page.

Proposals postmarked after 12:00 midnight October 11, 2004, or hand delivered after 4:00 PM, HST, on October 11, 2004, **will not be accepted** for review and will be returned to the applicant.

IV. APPLICANT ORIENTATION TO RFP:

Date: Friday, September 24, 2004
Time: 9:00 a.m. to10:30 a.m. (HST)
Location: Kakuhihewa Building
601 Kamokila Boulevard, Room 111A and B
Kapolei, Hawai'i 96707

V. QUESTIONS:

Written questions shall be submitted to the contact person below. Written question submission must be postmarked before midnight September 24, 2004. All written questions will receive a written response from the State by September 29, 2004.

VI. CONTACT PERSON FOR INQUIRIES:

Margaret Tom
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawai'i 96707

DEPARTMENT OF HEALTH, ALCOHOL AND DRUG ABUSE DIVISION

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

ONE ORIGINAL AND FOUR COPIES OF THE PROPOSAL ARE REQUIRED.

ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00 MIDNIGHT, October 11, 2004

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL 4:00 P.M., October 11, 2004

All Mail-ins and Hand Deliveries

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

RFP COORDINATOR

Lilia Calivo, Secretary
Alcohol and Drug Abuse Division
Community & Consultative Services Branch
Phone: (808) 692-7522

BE ADVISED: **All mail-ins postmarked by USPS after 12:00 midnight, October 11, 2004, will not be accepted for review and will be returned.**

Hand deliveries will not be accepted after 4:00 p.m., October 11, 2004.

Deliveries by private mail services such as FedEx shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., October 11, 2004.

STATE PROCUREMENT OFFICE (SPO)

Health and Human Service Website Reference

(Documents and Information about Planning, Procurement, and Contracting
For Health and Human Services, Pursuant to Chapter 103F, HRS)
http://www.spo.hawaii.gov
Click on *Procurement of Health and Human Services, Chapter 103F, HRS*

This is a listing of SPO's documents and other information provided at this website.

Contact

Should you have any questions, please contact:

Mara Smith at 808.587.4704 or *mara_smith@exec.state.hi.us*

Application of Chapter 103F, HRS, Purchases of Health and Human Services

Chapter 103F applies to all contracts made by State Agencies to provide health and human services to Hawaii Residents.

Definition of Health and Human Services

Services to communities, families, or individuals which are intended to maintain or improve health or social well-being through methods including, but not limited to:

a) Assessment, treatment, diagnosis, prevention, and education services provided directly to a targeted clientele; or

b) Insurance coverage for assessment, treatment, diagnosis, prevention, and education services to be provided to a targeted clientele.

Purpose

- To improve the State's process of disbursing funds for health and human services by providing a single public procurement policy. These improvements have resulted in a standardized procurement process for both the State and private providers to use.

- To optimize information-sharing, planning and service delivery efforts. Limited resources can be used more efficiently and cost effectively, thereby allowing more time and attention on planning and delivery of services.

SPO mailing address:
State Procurement Office
1151 Punchbowl St., #230A
Honolulu, HI 96813
Fax: 808.587.4703

COMPETITIVE POS
TABLE OF CONTENTS

SECTION 1 – ADMINISTRATIVE OVERVIEW

I. Authority 1-1
II. RFP Organization 1-1
III. Contracting Office 1-1
IV. Procurement Timetable 1-2
V. Orientation 1-2
VI. Submission of Questions 1-3
VII. Submission of Proposals 1-3
VIII. Discussions w/Applicants Prior to, or After Proposal Submittal Deadline 1-4
IX. Additional Materials and Documentation 1-4
X. RFP Amendments 1-4
XI. Final Revised Proposals 1-5
XII. Cancellation of Request for Proposal 1-5
XIII. Costs for Proposal Preparation 1-5
XIV. Provider Participation in Planning 1-5
XV. Rejection of Proposals 1-5
XVI. Opening of Proposals 1-6
XVII. Notice of Award 1-6
XVIII. Protests 1-6
XIX. Availability of Funds 1-7
XX. Criteria by which the Performance of the Contract will be Monitored and Evaluated 1-8
XXI. General and Special Conditions of Contract 1-8
XXII. Cost Principles 1-9

SECTION 2 – SERVICE SPECIFICATIONS

Sub-Category **Service Description**

RFP: 440-1-11 Adolescent Substance Abuse School-Based Treatment Services 2-1

SECTION 3 – POS PROPOSAL APPLICATION INSTRUCTIONS

I. Background and Summary 3-2

II. Experience and Capability
- A. Necessary Skills and Experience 3-2
- B. Quality Assurance and Evaluation 3-2
- C. Coordination of Services 3-3
- D. Facilities 3-3
- E. Management Information System (MIS) Requirements 3-3

III. Personnel: Project Organization and Staffing
- A. Proposed Staffing 3-4
- B. Staff Qualifications 3-5
- C. Supervision and Training 3-5
- D. Organization Chart 3-5

IV. Service Delivery 3-5

V. Financial
A. Pricing Structure 3-6
B. Other Financial Related Materials 3-8

VI. Other
A. Litigation 3-9
B. Certifications and Assurance 3-9

SECTION 4 – PROPOSAL EVALUATION

I. Introduction 4-1

II. Evaluation Process
A. Evaluation Categories and Threshold 4-1
B. Criteria for Multiple Proposals 4-2

III. Evaluation Criteria
A. Phase 1 – Evaluation of Proposal Requirements 4-2
B. Phase 2 – Evaluation of POS Proposal Application 4-3
C. Phase 3 – Recommendation for Award 4-7

SECTION 5 – ATTACHMENTS

A. Competitive POS Application Checklist
B. Sample Table of Contents for the POS Proposal Application
C. Workplan Forms
D. Certifications Not Applicable
E. Program Specific Requirements

SECTION 1:

ADMINISTRATIVE OVERVIEW

Section 1
Administrative Overview

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

I. Authority

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

II. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

III. Contracting Office

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

The Contracting Office is:

Alcohol and Drug Abuse Division
Department of Health, State of Hawai'i
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707
Phone: (808) 692-7522 Fax: (808) 692-7521

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	**Sept. 20, 2004**
Distribution of RFP	**Sept. 20, 2004**
RFP orientation session	**Sept. 24, 2004**
Closing date for submission of written questions for written responses	**Sept. 24, 2004**
State purchasing agency's response to applicants written questions	**Sept. 29, 2004**
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	**October 11, 2004**
Discussions with applicant after proposal submittal deadline (optional)	**Oct./Nov. 2004**
Final revised proposals (optional)	
Proposal evaluation period	**Oct./Nov. 2004**
Provider selection and award	**Nov./Dec. 2004**
Notice of statement of findings and decisions	**Nov. /Dec.2004**
Contract start date (From Notice to Proceed)	**NTP 2005**

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on September 24, 2004 **from 9:00 AM to 10:30** at Kakuhehiwa Building, 601 Kamokila Blvd., Room 111A/B, Kapolei, Hawai`i 96707. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than **4:00 PM HST, on September 24, 2004** in order to generate a written state purchasing agency

response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Persons identified in Section 2 of this RFP. The deadline for submission of written questions is 12:00 o'clock midnight H.S.T., on September 24, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicant written questions will be sent by September 29, 2004. Verbal questions receiving a verbal response may be directed to the Contact Persons identified in Section 2 of this RFP up until the deadline for submittal of the RFP.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

(1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** **-** Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application, including a cost proposal/budget. (Refer to Section 3 of this RFP.)

(2) ***Competitive POS Application Check List*** **-** Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.

(3) ***Registration Form (SPO-H-100A)*** **-** If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If an applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:

http://www.spo.hawaii.gov/
Click on *Health and Human Services*
Click on *The Registered List of Providers for Use with the Competitive Method of Procurement*
Or call the State Procurement Office at 587-4706.

(4) ***Certifications*** **-** Federal and/or State certifications, as applicable.

(5) ***Program Specific Requirements*** **-** Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application Instructions, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One (1) original and four (4) copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Faxed proposals and/or the submission of proposals on diskettes/cds or transmission by e-mail are not permitted.

For those applicants applying for more than one sub-category, a separate proposal per sub-category shall be submitted.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

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

X. RFP Amendments

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

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

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

XIII. Costs for Proposal Preparation

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

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

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

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

(1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)

(2) Rejection for inadequate accounting system. (Section 3-141-202)

(3) Late proposals (Section 3-143-603)

(4) Inadequate response to request for proposals (Section 3-143-609)

(5) Proposal not responsive (Section 3-143-610 (1))

(6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

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

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

XVII. Notice of Award

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

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of

contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO Website (see the POS Proposal Checklist in Section 5 of this RFP). Only the following matters may be protested:

(1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Chiyome L. Fukino, M.D.	**Name:** Ann Kinningham
Title: Director of Health	**Title:** Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, HI 96801	**Mailing Address:** P.O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl St Honolulu, HI 96813	**Business Address:** 1250 Punchbowl St. Honolulu, HI 96813

XIX. Availability of Funds

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

The Alcohol and Drug Abuse Division's services contract shall be for one (1) or two (2) years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT'S history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

Contracts may be multi-term and may be extended upon mutual agreement for up to five (5) additional twelve (12) month periods up to a maximum of six (6) years. Option for renewal or extension shall be based on the satisfactory performance of the contracted service(s) and availability of funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

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

(1) Performance/Outcome Measures
For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and effectiveness of client treatment received as measured by variance data in the Year End Report?

(2) Output Measures
For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor fully utilize the contract amount?

(3) Quality of Care/Quality of Services
For example, did the contractor meet established standards for quality of care or delivery of services as delineated in the Scope of Services and as evaluated through the contract monitoring report and their Corrective Action Plan (CAP)?

(4) Financial Management
For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?

(5) Administrative Requirements
For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedure section of the contract monitoring report?

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are contained in the POS Website (see the POS Proposal Checklist in Section 5 of this RFP). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Alcohol and Drug Abuse Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, Federal Health Insurance Portability and Accountability Act (HIPAA) regulations, Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant requirements, and best practices for substance abuse treatment.

APPLICANTS will be required to address Management Information System (MIS) Requirements and describe plans to meet HIPAA standards in their proposal application. Refer to Section 3 II.E. for further instructions.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see POS Proposal Application Checklist in Section 5, Attachment A of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

The Alcohol and Drug Abuse Division may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

SECTION 2:

SERVICE SPECIFICATIONS

Section 2
Service Specifications

Adolescent Substance Abuse School-Based Treatment Services

I. Introduction

A. Background

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

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

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend the Federal **Substance Abuse Prevention and Treatment Block Grant,** under The Substance Abuse and Mental Health Service Administration.

B. Purpose or Need

In the Spring of 2002 the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii collaborated in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Study. This Study was designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. A survey was the main instrument used to conduct the study and it was administered anonymously to over 27,995 sixth, eighth, tenth, and

twelfth grade students in 181 public and 34 private schools. The self-administered questionnaire incorporated criteria from the DSM-III-R to estimate the numbers of youth who need treatment for a substance abuse disorder. Estimates for the State and counties are as follows:

COUNTY INFORMATION **2002**		Treatment Needs for Alcohol Abuse Only		Treatment Needs for Drug Abuse Only		Treatment Needs for Both Alcohol and Drug Abuse		Treatment Needs for Alcohol and/or Drug Abuse	
COUNTY	Enrollment TOTAL (N)	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
City & County of Honolulu	58,645	1,355	2.3	1,621	2.8	2,490	4.3	5,458	9.3
*Honolulu District	16,517	356	2.2	373	2.3	636	3.9	1,364	8.3
*Central District	15,714	318	20	361	2.3	597	3.8	1,277	8.1
*Leeward District	17,841	444	2.5	450	2.5	705	4.0	1,593	8.9
*Windward District	8,573	237	2.8	437	5.1	552	6.4	1,224	14.3
Hawaii County	13,077	545	4.2	491	3.8	756	5.8	1,787	13.7
Maui County	10,813	304	2.8	457	4.2	796	7.4	1,558	14.4
Kauai County	5,268	151	2.9	233	4.4	288	5.5	671	12.7
All Public Schools	87,803	2,355	2.7	2,802	3.2	4,330	4.9	9,474	10.8

Statewide substance abuse treatment is needed for 1.0% of sixth graders, 6% of eight graders, 16.0% of tenth graders and 21% of twelfth graders for any substance abuse. Most students need treatment for both alcohol and drugs than either one alone. Many students who abuse alcohol also abuse illicit drugs, and the most common illicit drug abused is marijuana.

Lifetime or ever use of any illicit drug steadily increased in 1993 and 1996, and continued to increase in 1998 in the upper grades and decreased across all four grade levels in 2000. In 2002, lifetime or ever use of any illicit drug dropped substantially at all grade levels. Hawaii lifetime or ever use prevalence reports for any illicit drugs are at least six percentage points lower than nationwide reports for 8th (22% vs. 32%), 10th (40% vs. 48%), and 12th graders (49% vs. 55%).

Alcohol use by adolescents in Hawaii, as well as nationwide, has remained fairly stable and high over the years. Nationwide, alcohol reports remain unchanged in 2000. In Hawaii, lifetime prevalence reports for alcohol dropped substantially in 2000 and 2002, bringing lifetime alcohol prevalence reports to an all-time low for students at all grades. Lifetime alcohol use by high school seniors declined to 53% in 2002 from its 2000 level of 77% and 81% in 1998. However, 54% of seniors reported being drunk at least once. Twenty-one percent (21%) of twelfth graders responded that they had used alcohol by the age of 12. Females in grades 8 and 10

had higher treatment needs than males in grades 8 and 10. The males in grade 12 had higher treatment needs than females in grade 12. Forty-three percent (43%) of high school seniors reported monthly use of alcohol. Daily use of alcohol among twelfth graders in 2002 was 3.3%, similar to the 12th grade reports nationwide at 3.5%. Treatment was indicated for 21% of twelfth graders whose responses met DSM-III-R criteria for alcohol abuse (6%).

Treatment needs are highest in Hawaii and Maui Counties (14% each) and lowest in the City & County of Honolulu (9%) and Kauai County (13%). Although the estimated treatment needs are the highest in Hawaii County and lowest in the City & County of Honolulu, the City & County of Honolulu has a much larger number of students with treatment needs (5,458) than Hawaii (1,787), Kauai (671), and Maui (1,558) counties.

The 11,319 students identified as needing substance abuse treatment still attend school, 11% of Hawaii students in grades 6 through 12 need treatment for alcohol, drugs, or both alcohol and drugs. Estimates are slightly higher for public school students (11%) than private school students (10%). School-based treatment programs make treatment easily accessible to youth who need treatment. Part of the core continuum of care needed for adolescents is early identification followed by early treatment. Offering school-based substance abuse treatment is an efficient and effective way to intervene in a timely manner.

The purpose of this RFP is to provide school-based substance abuse treatment services for adolescents in a public school.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug problems. This service includes Outpatient School-Based Treatment for adolescents on the islands of Oahu, Hawaii, Maui,Kauai a

D. Description of the target population to be served

The target population is middle school age adolescents who meet either the **DMS IV** criteria for substance abuse or dependence or the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC)**. All clients in any level of treatment shall meet the most current version of the ASAM PPC for admission, continuance, and discharge.

E. Geographic coverage of service

The service area for this RFP is statewide and consists of the islands of Oahu, Hawaii, Maui, Kauai and Molokai. The service requested is school-based outpatient substance abuse treatment at the middle and high school level. If a school has no available space and is amenable to having a trailer or other accommodations on campus to house substance abuse services, the cost of providing the trailer or other accommodations may be budgeted within the amount awarded and invoiced by actual expenditures.

APPLICANTS may apply for up to a maximum of $90,000 per school. Since some middle/intermediate schools have small enrollments, the amount awarded for treatment at middle/intermediate schools will take into account the number of student enrollments and the projected percent and number of students needing treatment based on the 2002 Department of Health's Student Alcohol, Tobacco and Other Drug Use Survey (See listing below). ADAD estimates one counselor position will be needed for approximately 60 students requiring treatment services. Since funds are limited, APPLICANTS should use the guideline that no school will be funded for more than one counselor and smaller schools will be funded for less than one counselor.

Treatment awards for middle/intermediate schools could range from $10,000 to $90,000 per school. It is critical that APPLICANTS examine the student enrollment numbers, the projected percentage of schools needing treatment and provide a justification for funding being requested.

1. ADAD will be awarding approximately $540,000 total for school-based outpatient treatment services at McKinley, Kaiser, and Kapolei High Schools on the Island of Oahu, Hana High and Intermediate School on the Island of Maui, Molokai High and Intermediate School on the Island of Molokai, and Kauai High School on the Island of Kauai.

High School	2004 Enrollment
McKinley High School (Oahu/Grades 9-12)	1676
Kaiser High School (Oahu/Grades 9-12)	946
Kapolei High School (Oahu/Grades 9-12)	1707
Hana High & Inter School (Maui/Grades 6-12)	184
Molokai High & Inter School (Molokai/Grades 7-12)	539
Kauai High School (Kauai/Grades 9-12)	1099

2. ADAD will be awarding approximately $1,280,000 in funding for substance abuse treatment in middle/intermediate schools statewide. The schools below are listed and grouped in funding priority according to the percentage of eighth graders meeting the criteria for needing treatment of alcohol and drug abuse according to the Department's 2002 Student Survey. The schools are also grouped geographically and should be applied for as a group.

Priority Group	Schools	2004 Enrollment/ % Needing Treatment
1	Honaunau Inter (Hawaii/ Grades 6-8)	79 students/15.00%
	Hookena Inter (Hawaii/Grades 6-8)	85 students/13.30%
	Konawaena Mid (Hawaii/Grades 6-8)	337 students/6.50%
	Naalehu Inter (Hawaii/Grades 6-8)	117 students/7.10%
2	Ilima Inter (Oahu/Grades 7-8)	1059 students/14.00%
3	Kalama Inter (Maui/Grade 6-8)	894 students/13.00%
4	Keaau Mid (Hawaii/Grades 6-8)	490 students/12.20%
	Pahoa Inter (Hawaii/Grades 7-8)	234 students/8.50%
5	Maui Waena Inter (Hawaii/Grades 6-8)	909 students/10.60%
6	Wheeler Inter (Oahu/Grades 6-8)	529 students/8.90%
7	Waimea Mid (Hawaii/Grades 6-8)	445 students/8.30%
	Kohala Mid (Hawaii/Grades 6-8)	193 students/7.70%
8	Lokelani Inter (Maui/Grades 6-8)	680 students/8.30%
9	Honokaa Inter (Hawaii/Grades 7-8)	107 students/8.10%
	Hilo Inter (Hawaii/Grades 7-8)	560 students/1.20%
10	Waimea Canyon Inter (Kauai/Grades 6-8)	399 students/8.10%
	Kamakahelei Mid (Kauai/Grades 6-8)	950 students/4.60%
11	Waialua Inter (Oahu/Grades 7-8)	222 students/8.00%
	Wahiawa Inter (Oahu/Grades 6-8)	799 students/5.30%
12	Highlands Inter (Oahu/Grades 7-8)	963 students/7.90%
13	Lahaina Inter (Maui/Grades 6-8)	545 students/7.90%
14	Kealakehe Inter (Hawaii/Grades 6-8)	872 students/7.10%
15	Nui Valley Mid (Oahu/Grades 7-8)	427 students/6.70%
	Jarrett Mid (Oahu/Grades 6-8)	271 students/3.5%

The APPLICANT shall demonstrate actual capacity to provide the required services in the service area for which it is applying

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

Total Funding: *FY 2005: $1,820,000 consisting of General Funds

*FY 2006: $1,820,000 consisting of General Funds

*FY 2007: $1,820,000 consisting of General Funds

*FY 2008: $1,820,000 consisting of General Funds

*FY 2009: $1,820,000 consisting of General Funds

*** PENDING AVAILABILITY OF FUNDS.**

For-profit and non-profit organizations are eligible for General funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

NOTE:

1. A maximum of $25,000 may be advanced for start-up costs for new programs.

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

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

3. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.

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

II. General Requirements

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

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

   a. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

   b. All APPLICANTS shall complete and submit the Federal certifications in Section 5, Attachment D.

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance four (4) months after the notice to proceed.

5. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DEPARTMENT. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

6. The APPLICANT shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.

7. All substance abuse records shall be kept confidential pursuant to **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as

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

8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

   a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

   b. Assures staff education on HIV and AIDS at least once per year.

   c. Provides for AIDS education to all clients.

   d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

   e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

   f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.

12. The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

13. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has

literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-6, "Important Website Addresses."**

14. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

15. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary Purchaser participation

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals

☐ Allowed ☑ Unallowed

D. Single or multiple contracts to be awarded

☐ Single ☑ Multiple

E. Single or multi-term contracts to be awarded

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

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

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

F. RFP Contact Person/Liaison

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

Contact Persons: Margaret Tom at (808) 692-7522.
Dr. Jared Yurow at (808) 692-7509.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Adolescent Substance Abuse Outpatient School-Based Treatment shall be comprehensive. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. School-Based services shall be provided as defined below:

   a. An **Outpatient School-Based Program** provides non-residential comprehensive specialized services on a scheduled basis on school campus for adolescents 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) hour individual counseling per client per month.**

      Services shall be available year-round, during the school year and the summer months.

   b. The APPLICANT shall submit to ADAD policies and procedures which specify reciprocal responsibilities of the school and the treatment program including referral and compliance with attendance requirements.

   c. The APPLICANT shall include with the proposal:

      (1) A letter of acceptance and support from the school principal of each targeted school; and

      (2) A Memorandum of Agreement signed and dated by the targeted school principal specifying the administrative and logistical support to be

provided and reciprocal responsibilities of the school and school-based program.

d. The APPLICANT shall provide and document in-service training to teachers on alcohol and drugs.

e. Pregnant adolescents shall receive preference for treatment.

f. The APPLICANT shall provide and document outreach to students through classroom presentation, networking with teachers and other school personnel, and other appropriate methods.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient, Day and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. Adolescent treatment programs shall administer the **Adolescent Drug Abuse Diagnosis (ADAD)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ADAD** must be included in the Client Data System Admission form.

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The APPLICANT may use the "Partner Abuse and Sexual Assault Risk Assessment Guidelines" in Section 5, Attachment E-5 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.

12. Coordination with other community agencies and resources:

    a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

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

13. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

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

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

- Clinical supervision

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

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

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

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. Staff shall document verifiable experience in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in

working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

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

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant adolescent women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant adolescent women shall receive preference for treatment.

b. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

c. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

d. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in

determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

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

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

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

4. Output and performance/outcome measurements

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

1) Number of clients completing treatment (CDS Discharge Rpt. #9)
2) Employment status at follow-up. (CDS #12)
3) Living arrangements at follow-up. (CDS #13)

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

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

b. The APPLICANT shall submit a **CDS Follow-Up Report (CDSFR)** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Reporting requirements for program and fiscal data

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

a. Required Program Reports:

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

Quarterly reports shall be submitted as follows:

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

b. Required Fiscal Reports:

1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

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

3) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

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

service documentation in the client chart, and other documents as requested by the State.

6. Pricing or pricing methodology to be used

Fixed-rate pricing, as predetermined by ADAD in conjunction with providers, will be used. Reimbursement will be by Actual Performance at the fixed rate listed under **"7. Units of service and unit rate."** Reimbursement by Actual Expenditures may also be used either alone or in combination with Actual Performance reimbursement.

7. Units of service and unit rate

Note: The state has the option to adjust unit rates on contracts covered under this RFP.

Outpatient Substance Abuse Treatment:

a. The unit of performance is sixty **(60) minutes**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
b. The rates shall be:
   (1) EIGHTY-FIVE DOLLARS **($85)** for a sixty (60) minute **individual** activity per client. Clients shall receive a minimum of **one (1) hour** of individual counseling per month.
   (2) FIFTY-THREE DOLLARS **($53)** for a sixty (60) minute group activity per client.
   (3) EIGHTY-FIVE DOLLARS **($85)** for a sixty (60) minute **family** counseling activity.
c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.
d. The maximum hours of service shall be one hundred ninety-two **(192) hours** per client per year.

Section 3
POS Proposal Application Instructions

General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section. APPLICANT'S attention is drawn to the following format requirements:*
  - *Do not exceed specified page limits. Attachments are not included within the page limitations.*
  - *Use 1" margins.*
  - *Use a 12 point font.*
  - *Single space pages.*
- *The numerical outline for the application, the titles/subtitles, and the APPLICANT organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *APPLICANTS must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for* ***each*** *item unless indicated otherwise. Failure to answer any of the items will impact upon an APPLICANT's score.*
- *APPLICANTS are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (for the website address see the Competitive POS Application Checklist in Section 5, Attachments). However, the form located on the website will not include items specific to each ADAD RFP. If using the website form, the APPLICANT must include all the items listed in this section.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

The program narrative of the application is intended to provide a comprehensive framework and description of all aspects of the proposed program. It should be

written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the APPLICANT. It should be succinct and well organized, should use section labels that match those provided in the Table of Contents, and must contain all the information necessary for reviewers to understand the proposed program.

I. Background and Summary *(3 page maximum)*

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the APPLICANT'S organization, the organizational goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

This section shall be organized as follows:

A. Proposal Summary
B. Organizational Description

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

A. Necessary Skills and Experience *(2 pages)*

The APPLICANT shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The APPLICANT shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

Respond to Section 2, Subsection II.A.13. of the RFP regarding experience requirements in the provision of substance abuse treatment and Therapeutic Living Programs.

B. Quality Assurance and Evaluation *(5 pages)*

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

Respond to Section 2, Subsections III.B.3, "Quality assurance and evaluation specifications" and III.B.4, "Output and performance/outcome measurements" of the RFP. Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT'S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to implementation of the proposed model will be achieved, and how results will be assessed. Set a threshold percentage for

each Outcome Objective specified in this subsection and provide the rationale for not setting a lower or higher percentage.

C. Coordination of Services *(2 pages)*

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

1. Describe coordination efforts with other agencies and resources. Efforts towards reduction of fragmentation and/or duplication of services should be described.

2. Describe and document arrangements with other agencies to provide other levels of care as needed for clients.

3. Specify any intermediaries, e.g., school, personnel, judiciary, mental health centers, QUEST plans, etc., whose involvement is critical for the program to work. Indicate if and how these intermediaries will cooperate.
   Refer to Section 2, item 1.E Geographic coverage of service.

   Respond to Section 2, Subsections III.A.13 "Coordination with other community agencies and resources" and 14 "…current base of information and referral sources" of the RFP.

D. Facilities *(1 page)*

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

Respond to Section 2, II.A.1.a, "Special Treatment Facility" license requirements and, II.A.1.b "Therapeutic Living Program Requirements" (facility criteria) of the RFP as appropriate.

E. Management Information System (MIS) Requirements *(Page limitation not applicable)*

The APPLICANT shall submit a description of its current management information system (MIS) and plans for the future. The description shall include, but not be limited to, the following:

1. A statement about whether the APPLICANT is conducting an assessment of whether they are a covered entity as defined by HIPAA and if completed, the resulting decision. For those APPLICANTS who consider

themselves a covered entity, a description of plans to meet HIPAA standards should be attached.

2. An explanation of how the APPLICANT currently manages information in order to submit required information and data in the format prescribed by the ADAD. Information could be maintained electronically or manually. *Required data elements captured in the provider system and reported to ADAD may include but are not limited to: client's last name, first name, any aliases, social security number, ADAD generated unique ID number, ADAD generated authorization number, admission date, discharge date, service data using ADAD approved procedure codes, date of birth, gender, insurance plan(s), DSM-IV diagnosis, explanation of how referred, problem being treated, survey, and clinical assessment scales.* Where infrastructure is lacking, APPLICANTS should propose solutions and include the proportion of costs related to this contract in their response to the RFP.

3. The ADAD may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. APPLICANTS are encouraged to describe their flexibility in meeting changing data requirements.

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

A. Proposed Staffing *(2 pages)*

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. Refer to the personnel requirements in the Service Specifications, as applicable. Refer to Section 2, I.E Geographic coverage of service. Indicate the Staff-To-Client Ratio for each modality as described in the **Service Delivery Tables** in Attachment C-4.

Discuss staffing, including level of effort with justification for key personnel.

Include position descriptions for all significant staff budgeted to this program directly or through subcontract. For direct service staff, reflect any minimum qualifications, including experience, as specified in Section 2, Subsection III.B.1.a-f of the RFP.

B. Staff Qualifications *(2 pages)*

The APPLICANT shall provide the minimum qualifications, including experience for staff assigned to the program. Refer to the qualifications in the Service Specifications, as applicable. Complete the **Staffing Position Chart** in Attachment C-1.

Describe the extent to which the staff's qualification/competency is reflective of the target population or can demonstrate cultural competence. Respond to Section 2, Subsection III.B.1.a-f of the RFP.

Include resumes for key administrative and clinical personnel.

C. Supervision and Training *(2 pages)*

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

Include a plan for supervising direct service staff. Include a plan for training the APPLICANT'S staff. Respond to Section 2, Subsections III.B.1.i, as appropriate, and III.B.1.b and III.B.1.h of the RFP.

D. Organization Chart *(1 page)*

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

Show where the proposed program fits within the APPLICANT agency through the Organization-wide chart. In the Program organizational chart, show each position budgeted to the program, including title, level (e.g., paraprofessional, bachelor's, master's), and full-time equivalency (FTE); each geographic area; and lines of authority/supervision. Present a justification for the staffing pattern, taking into account the numbers of people to be served and the levels of service activities to be provided.

IV. Service Delivery *(20 page maximum)*

The Service Delivery Section shall include a detailed discussion of the APPLICANT'S approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. Work Plan Forms are found in Attachment C.

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

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

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

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

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

I.C. "Description of the goals of the service;"
I.D. "Description of the target population to be served;"
I.E. "Geographic coverage of service; priority groups"
II.A.2-16 "Specific Requirements;" and
III.A.1.a-e, and 2-14 "Service Activities."

V. Financial *(1 page maximum for Section A)*

A. Pricing Structure *(1 page)*

The APPLICANT shall submit a cost proposal utilizing the pricing structure designated in Section 2 of the RFP sub-category for which it is applying. The cost proposal shall be attached to the POS Proposal Application.

1) Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), as indicated on the Competitive POS Application Checklist, shall be submitted with the POS Proposal Application:

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

All budget forms, instructions and samples are located on the SPO Website (see the POS Proposal Checklist in Section 5 for website address). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

k.	Attachment C-1	Staffing Position Chart
l.	Attachment C-2	Organization-wide RFP Information

2) Pricing Structure Based on Negotiated Unit of Service Rate

NOT APPLICABLE

3) Pricing Structure Based on Fixed Unit of Service Rate

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

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

a.	Form SPO-H 205	Budget
b.	Form SPO-H 205B	Organization-Wide Budget by Programs
c.	Form SPO-H 206A	Personnel – Salaries & Wages
d.	Form SPO-H 206B and	Personnel – Payroll Taxes, Assessments, Fringe
e.	Form SPO-H 206C	Travel – Inter-island
f.	Form SPO-H 206E	Contractual Services – Administrative

g.	Form SPO-H 206F	Contractual Services – Subcontracts
h.	Form SPO-H 206H	Program Activities
i.	Form SPO-H 206I	Equipment Purchases
j.	Form SPO-H 206J	Motor Vehicle

All budget forms, instructions and samples are located on the SPO Website (see the POS Proposal Checklist in Section 5 for website address). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

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

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each modality for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

4) Pricing Structure Based on Fixed Price

NOT APPLICABLE

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

1) Accounting System

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

a. The latest Single Audit Report, Financial Audit (no earlier than June 30, 2001), or financial statement.

b. Cost Allocation plan which provides an explanation of how costs are allocated to various sources of funding.

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

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

1. Source of support (including identifying number and title.
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Whether project overlaps, duplicates, or is being supplemented by the present application, with delineation and justification of the nature and extent of any programmatic and/or budgetary overlaps.

2) Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted **upon notification of award**. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

VI. Other *(Page limitation not applicable)*

A. Litigation

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

B. Certifications and Assurance

The APPLICANT shall complete the Certifications found in Section 5, Attachments D-1, D-2, and D-3 and the **Assurance Regarding Drug-Free Workplace** found in Section 5, Attachment E-8.

SECTION 3:

POS PROPOSAL APPLICATION INSTRUCTIONS

SECTION 4:

PROPOSAL EVALUATION

Section 4
Proposal Evaluation

I. Introduction

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

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

A. Evaluation Categories and Threshold

Evaluation Categories		Possible Points
Mandatory Requirements		**Pass or Rejected**
POS Proposal Application		**100 Points**
• Background and Summary	10 points	
• Experience and Capability	20 points	
• Personnel: Project Organization and Staffing	10 points	
• Service Delivery	50 points	
• Financial	10 Points	
TOTAL POSSIBLE POINTS		**100 Points**

The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The assigned points will be used to calculate a raw score that will be deemed a priority score.

B. Criteria for Multiple Proposals

In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications
- Assurance Regarding Drug-free Workplace

(2) POS Proposal Application Requirements

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

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

(1) Background and Summary (10 Points)

- The APPLICANT has demonstrated a thorough understanding of the purpose and scope of the service activity.

- The organizational goals and objectives are consistent with the proposed service activity.

- The APPLICANT has described how the proposed service is designed to address the pertinent issues and problems related to the service activity.

(2) Experience and Capability (20 Points)

The State will evaluate the APPLICANT'S experience and capability relevant to the proposal contract which shall include:

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

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology and rationale as well as outcomes and the process of service delivery.

- Demonstrated capability and plan to coordinate services with other agencies and resources in the community.

- Adequacy of facilities relative to the proposed services.

(3) Personnel: Program Organization and Staffing (10 Points)

The State will evaluate the APPLICANT'S overall staffing approach to the service, which shall include:

- That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure the viability of the services as stated in Section 2, item I.E. Geographical coverage of service priority group.
- Minimum qualifications (including experience) for staff assigned to the program.
- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks).

(4) Service Delivery (50 Points)

Evaluation criteria for this section will assess the APPLICANT'S approach to the service activities and management requirements outlined in the POS Proposal Application. It will also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

The service activities and management structure presented by the APPLICANT will meet the service activities and management requirements outlined in the POS proposal application and Section 2, Item III-Scope of Work, in the RFP.

Service activities and tasks:

- The service that the APPLICANT intends to provide is clearly specified, including an estimation of the number of clients that the APPLICANT plans to serve, and match Item III-Scope of Work specified in the RFP, per proposal narrative and the Service Delivery Table.
- The service that the APPLICANT intends to provide demonstrates best practices for the target population.

- The APPLICANT demonstrates the capability to recruit and retain the target population.

- The APPLICANT addresses demographic and cultural issues as appropriate for the target population.

- The activities/methods that the APPLICANT intends to use for each service and an estimation of the Average Length of Stay (ALOS) are clearly specified, and are consistent with the Definitions of Treatment Activities and Section 2, Item III-Scope of Work specified in the RFP, per proposal narrative and Performance Based Budget.

- How the program will address transition and recovery issues and relapse prevention for clients who are in the final phase of treatment is clearly described and is sufficient to suggest a high degree of likelihood of successful transition.

Related work assignments/responsibilities:

- The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities.

Timelines/Schedules:

- The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Item III-Scope of Work, in the RFP.

- A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical.

- If the program is not ready, willing, and able to commence services at the beginning of the contract period as stated in Section 1, IV, “Procurement Timetable,” and to provide its services throughout the entire time of the contract, a clear and logical justification is provided.

- A weekly schedule of activities is provided and is practical.

Work Plan:

- Assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the practicality of the timelines and schedules, as applicable.

- The work plan addresses all service activities, effecting required assurances, and evaluating outcomes as specified.

- The goals of the service are clearly described and are realistic and achievable.

- The differences the program expects in clients after they have received program services are described and realistic.

- The objectives the APPLICANT'S program is most focused on achieving are clearly described and are achievable.

- A clear rationale is given for the estimated number of ADAD clients that the APPLICANT intends to service in each activity.

- A clear rationale is provided for why the activities/methods that the APPLICANT will use are appropriate for the target population and are most likely to achieve the objectives requested.

- The work plan for the major service activities and tasks to be completed is logically related to the stated goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner.

(5) Financial (10 Points)

Pricing structure based on cost reimbursement:

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The extent to which the budget structure reflects the scope of service and requirements of the Request for Proposal
- The accounting system is adequate.
- APPLICANT provides sound rationale for the amount of funding requested for middle/intermediate schools described on pages 2-4 through 2-6.

Pricing structure based on fixed unit of service rate:

- APPLICANT'S proposal budget is reasonable, given program resources and operational capacity.
- Adequacy of accounting system.
- APPLICANT provides clear rationale for the amount of funding requested for middle/intermediate schools described on pages 2-4 through 2-6.

IV. Phase 3 - Recommendation for Award

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

SECTION 5:

ATTACHMENTS

SECTION 5

ATTACHMENTS

Attachment	Document
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms
	C-1 Staffing Position Chart
	C-2 Organization-Wide Request for Proposal Information
	C-3 Performance-Based Budget
	C-4 Service Delivery Table
D.	Certifications
	D-1 Debarment and Suspension
	D-2 Lobbying
	D-3 Environmental Tobacco Smoke
E.	Program Specific Requirements
	E-1 Substance Abuse Treatment Guidelines
	E-2 Wait List Management and Interim Services Policy and Procedures
	E-3 NIDA Principles of Effective Treatment
	E-4 IDU Outreach Services Policy and Procedures N/A
	E-5 Therapeutic Living Program Requirements
	E-6 Partner Abuse and Sexual Assault Risk Assessment Guidelines
	E-7 Important Website Addresses
	E-8 Assurance Regarding Drug-Free Workplace

SECTION 5

ATTACHMENT A:

COMPETITIVE POS APPLICATION CHECKLIST

Section 2
Service Specifications

Adolescent Substance Abuse School-Based Treatment Services

I. Introduction

A. Background

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

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

ADAD's goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state agency to apply for and expend the Federal **Substance Abuse Prevention and Treatment Block Grant,** under The Substance Abuse and Mental Health Service Administration.

B. Purpose or Need

In the Spring of 2002 the State of Hawaii Department of Health, Alcohol and Drug Abuse Division, and the University of Hawaii collaborated in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Study. This Study was designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. A survey was the main instrument used to conduct the study and it was administered anonymously to over 27,995 sixth, eighth, tenth, and

twelfth grade students in 181 public and 34 private schools. The self-administered questionnaire incorporated criteria from the DSM-III-R to estimate the numbers of youth who need treatment for a substance abuse disorder. Estimates for the State and counties are as follows:

COUNTY INFORMATION **2002**		Treatment Needs for Alcohol Abuse Only		Treatment Needs for Drug Abuse Only		Treatment Needs for Both Alcohol and Drug Abuse		Treatment Needs for Alcohol and/or Drug Abuse	
COUNTY	Enrollment TOTAL (N)	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
City & County of Honolulu	58,645	1,355	2.3	1,621	2.8	2,490	4.3	5,458	9.3
*Honolulu District	16,517	356	2.2	373	2.3	636	3.9	1,364	8.3
*Central District	15,714	318	20	361	2.3	597	3.8	1,277	8.1
*Leeward District	17,841	444	2.5	450	2.5	705	4.0	1,593	8.9
*Windward District	8,573	237	2.8	437	5.1	552	6.4	1,224	14.3
Hawaii County	13,077	545	4.2	491	3.8	756	5.8	1,787	13.7
Maui County	10,813	304	2.8	457	4.2	796	7.4	1,558	14.4
Kauai County	5,268	151	2.9	233	4.4	288	5.5	671	12.7
All Public Schools	87,803	2,355	2.7	2,802	3.2	4,330	4.9	9,474	10.8

Statewide substance abuse treatment is needed for 1.0% of sixth graders, 6% of eight graders, 16.0% of tenth graders and 21% of twelfth graders for any substance abuse. Most students need treatment for both alcohol and drugs than either one alone. Many students who abuse alcohol also abuse illicit drugs, and the most common illicit drug abused is marijuana.

Lifetime or ever use of any illicit drug steadily increased in 1993 and 1996, and continued to increase in 1998 in the upper grades and decreased across all four grade levels in 2000. In 2002, lifetime or ever use of any illicit drug dropped substantially at all grade levels. Hawaii lifetime or ever use prevalence reports for any illicit drugs are at least six percentage points lower than nationwide reports for 8th (22% vs. 32%), 10th (40% vs. 48%), and 12th graders (49% vs. 55%).

Alcohol use by adolescents in Hawaii, as well as nationwide, has remained fairly stable and high over the years. Nationwide, alcohol reports remain unchanged in 2000. In Hawaii, lifetime prevalence reports for alcohol dropped substantially in 2000 and 2002, bringing lifetime alcohol prevalence reports to an all-time low for students at all grades. Lifetime alcohol use by high school seniors declined to 53% in 2002 from its 2000 level of 77% and 81% in 1998. However, 54% of seniors reported being drunk at least once. Twenty-one percent (21%) of twelfth graders responded that they had used alcohol by the age of 12. Females in grades 8 and 10

had higher treatment needs than males in grades 8 and 10. The males in grade 12 had higher treatment needs than females in grade 12. Forty-three percent (43%) of high school seniors reported monthly use of alcohol. Daily use of alcohol among twelfth graders in 2002 was 3.3%, similar to the 12th grade reports nationwide at 3.5%. Treatment was indicated for 21% of twelfth graders whose responses met DSM-III-R criteria for alcohol abuse (6%).

Treatment needs are highest in Hawaii and Maui Counties (14% each) and lowest in the City & County of Honolulu (9%) and Kauai County (13%). Although the estimated treatment needs are the highest in Hawaii County and lowest in the City & County of Honolulu, the City & County of Honolulu has a much larger number of students with treatment needs (5,458) than Hawaii (1,787), Kauai (671), and Maui (1,558) counties.

The 11,319 students identified as needing substance abuse treatment still attend school, 11% of Hawaii students in grades 6 through 12 need treatment for alcohol, drugs, or both alcohol and drugs. Estimates are slightly higher for public school students (11%) than private school students (10%). School-based treatment programs make treatment easily accessible to youth who need treatment. Part of the core continuum of care needed for adolescents is early identification followed by early treatment. Offering school-based substance abuse treatment is an efficient and effective way to intervene in a timely manner.

The purpose of this RFP is to provide school-based substance abuse treatment services for adolescents in a public school.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug problems. This service includes Outpatient School-Based Treatment for adolescents on the islands of Oahu, Hawaii, Maui, Kauai and Molokai.

D. Description of the target population to be served

The target population is middle school age adolescents who meet either the **DMS IV** criteria for substance abuse or dependence or the American Society for Addictive Medicine Patient Placement Criteria (**ASAM PPC)**. All clients in any level of treatment shall meet the most current version of the ASAM PPC for admission, continuance, and discharge.

E. Geographic coverage of service

The service area for this RFP is statewide and consists of the islands of Oahu, Hawaii, Maui, Kauai and Molokai. The service requested is school-based outpatient substance abuse treatment at the middle and high school level. If a school has no available space and is amenable to having a trailer or other accommodations on campus to house substance abuse services, the cost of providing the trailer or other accommodations may be budgeted within the amount awarded and invoiced by actual expenditures.

APPLICANTS may apply for up to a maximum of $90,000 per school. Since some middle/intermediate schools have small enrollments, the amount awarded for treatment at middle/intermediate schools will take into account the number of student enrollments and the projected percent and number of students needing treatment based on the 2002 Department of Health's Student Alcohol, Tobacco and Other Drug Use Survey (See listing below). ADAD estimates one counselor position will be needed for approximately 60 students requiring treatment services. Since funds are limited, APPLICANTS should use the guideline that no school will be funded for more than one counselor and smaller schools will be funded for less than one counselor.

Treatment awards for middle/intermediate schools could range from $10,000 to $90,000 per school. It is critical that APPLICANTS examine the student enrollment numbers, the projected percentage of schools needing treatment and provide a justification for funding being requested.

1. ADAD will be awarding approximately $540,000 total for school-based outpatient treatment services at McKinley, Kaiser, and Kapolei High Schools on the Island of Oahu, Hana High and Intermediate School on the Island of Maui, Molokai High and Intermediate School on the Island of Molokai, and Kauai High School on the Island of Kauai.

High School	2004 Enrollment
McKinley High School (Oahu/Grades 9-12)	1676
Kaiser High School (Oahu/Grades 9-12)	946
Kapolei High School (Oahu/Grades 9-12)	1707
Hana High & Inter School (Maui/Grades 6-12)	184
Molokai High & Inter School (Molokai/Grades 7-12)	539
Kauai High School (Kauai/Grades 9-12)	1099

2. ADAD will be awarding approximately $1,280,000 in funding for substance abuse treatment in middle/intermediate schools statewide. The schools below are listed and grouped in funding priority according to the percentage of eighth graders

meeting the criteria for needing treatment of alcohol and drug abuse according to the Department's 2002 Student Survey. The schools are also grouped geographically and should be applied for as a group.

Priority Group	Schools	2004 Enrollment/ % Needing Treatment
1	Honaunau Inter (Hawaii/ Grades 6-8)	79 students/15.00%
	Hookena Inter (Hawaii/Grades 6-8)	85 students/13.30%
	Konawaena Mid (Hawaii/Grades 6-8)	337 students/6.50%
	Naalehu Inter (Hawaii/Grades 6-8)	117 students/7.10%
2	Ilima Inter (Oahu/Grades 7-8)	1059 students/14.00%
3	Kalama Inter (Maui/Grade 6-8)	894 students/13.00%
4	Keaau Mid (Hawaii/Grades 6-8)	490 students/12.20%
	Pahoa Inter (Hawaii/Grades 7-8)	234 students/8.50%
5	Maui Waena Inter (Hawaii/Grades 6-8)	909 students/10.60%
6	Wheeler Inter (Oahu/Grades 6-8)	529 students/8.90%
7	Waimea Mid (Hawaii/Grades 6-8)	445 students/8.30%
	Kohala Mid (Hawaii/Grades 6-8)	193 students/7.70%
8	Lokelani Inter (Maui/Grades 6-8)	680 students/8.30%
9	Honokaa Inter (Hawaii/Grades 7-8)	107 students/8.10%
	Hilo Inter (Hawaii/Grades 7-8)	560 students/1.20%
10	Waimea Canyon Inter (Kauai/Grades 6-8)	399 students/8.10%
	Kamakahelei Mid (Kauai/Grades 6-8)	950 students/4.60%
11	Waialua Inter (Oahu/Grades 7-8)	222 students/8.00%
	Wahiawa Inter (Oahu/Grades 6-8)	799 students/5.30%
12	Highlands Inter (Oahu/Grades 7-8)	963 students/7.90%
13	Lahaina Inter (Maui/Grades 6-8)	545 students/7.90%
14	Kealakehe Inter (Hawaii/Grades 6-8)	872 students/7.10%
15	Nui Valley Mid (Oahu/Grades 7-8)	427 students/6.70%
	Jarrett Mid (Oahu/Grades 6-8)	271 students/3.5%

The APPLICANT shall demonstrate actual capacity to provide the required services in the service area for which it is applying

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

Total Funding: *FY 2005: $1,820,000 consisting of General Funds

*FY 2006: $1,820,000 consisting of General Funds

*FY 2007: $1,820,000 consisting of General Funds

*FY 2008: $1,820,000 consisting of General Funds

*FY 2009: $1,820,000 consisting of General Funds

*** PENDING AVAILABILITY OF FUNDS.**

For-profit and non-profit organizations are eligible for General funds.

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

NOTE:

1. A maximum of $25,000 may be advanced for start-up costs for new programs.

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

   a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.

   b. Disallow all or part of the cost.

   c. Suspend or terminate the contract.

3. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4)

months prior to the end of the contract year, unless prior approval is given by ADAD.

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

II. General Requirements

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

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

   a. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR.**

   b. All APPLICANTS shall complete and submit the Federal certifications in Section 5, Attachment D.

2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends $500,000 or more in Federal funds in a year.

3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles for Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).

4. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance four (4) months after the notice to proceed.

5. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DEPARTMENT. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.

6. The APPLICANT shall assign staff to attend provider meetings as scheduled by the DEPARTMENT.

7. All substance abuse records shall be kept confidential pursuant to **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug**

Abuse Patient Records and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records.**

8. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:

   a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.

   b. Assures staff education on HIV and AIDS at least once per year.

   c. Provides for AIDS education to all clients.

   d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**

   e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**

   f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.

9. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.

10. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.

11. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials through the use of the DEPARTMENT'S logo.

12. The APPLICANT shall have a minimum of one year experience in the provision of substance abuse treatment services or in the provision of Therapeutic Living Program (Supportive Living) services for substance abuse clients.

13. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are

defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT may consult the Substance Abuse and Mental Health Services Administration's (SAMHSA) **Treatment Improvement Protocol Series (TIPS)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**, and/or access website resources listed in **Attachment E-6, "Important Website Addresses."**

14. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.

15. The APPLICANT shall have a written plan for disaster preparedness.

B. Secondary Purchaser participation

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals

☐ Allowed ☑ Unallowed

D. Single or multiple contracts to be awarded

☐ Single ☑ Multiple

E. Single or multi-term contracts to be awarded

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

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

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

F. RFP Contact Person/Liaison

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

Contact Persons: Margaret Tom at (808) 692-7522.
Dr. Jared Yurow at (808) 692-7509.

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Adolescent Substance Abuse Outpatient School-Based Treatment shall be comprehensive. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. School-Based services shall be provided as defined below:

   a. An **Outpatient School-Based Program** provides non-residential comprehensive specialized services on a scheduled basis on school campus for adolescents 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) hour individual counseling per client per month.**

      Services shall be available year-round, during the school year and the summer months.

   b. The APPLICANT shall submit to ADAD policies and procedures which specify reciprocal responsibilities of the school and the treatment program including referral and compliance with attendance requirements.

   c. The APPLICANT shall include with the proposal:

      (1) A letter of acceptance and support from the school principal of each targeted school; and

(2) A Memorandum of Agreement signed and dated by the targeted school principal specifying the administrative and logistical support to be provided and reciprocal responsibilities of the school and school-based program.

d. The APPLICANT shall provide and document in-service training to teachers on alcohol and drugs.

e. Pregnant adolescents shall receive preference for treatment.

f. The APPLICANT shall provide and document outreach to students through classroom presentation, networking with teachers and other school personnel, and other appropriate methods.

2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.

3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.

4. The APPLICANT that provides Outpatient, Intensive Outpatient, Day and Residential levels of treatment shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.

5. Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.

6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.

7. Adolescent treatment programs shall administer the **Adolescent Drug Abuse Diagnosis (ADAD)** as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the **ADAD** must be included in the Client Data System Admission form.

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in Section 5, Attachment E-2.

9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication and methadone) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**

10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.

11. The APPLICANT may use the "Partner Abuse and Sexual Assault Risk Assessment Guidelines" in Section 5, Attachment E-5 as a guideline in determining the extent to which female clients have unresolved issues of partner abuse and sexual assault, the extent to which more specialized treatment and referral is needed for these issues, and the extent to which these issues can be dealt with in the substance abuse treatment program. After decisions have been made regarding the recipients of awards, ADAD will meet individually or in groups with AWARDEES to discuss appropriate implementation of the intent of this assessment, including what questions to ask, when, by whom, and how the results may be used in order to assure that the assessment guideline is used with flexibility, sensitivity, and timeliness appropriate to the needs of each individual female client. Clients shall be assessed by appropriately trained staff.

12. Coordination with other community agencies and resources:

    a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.

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

13. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

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

1. Personnel

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

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

- Clinical supervision

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

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

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

c. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in case management.

d. Staff shall document verifiable experience in any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in

working with relevant specialized populations such as women, minorities, or adolescents.

e. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.

f. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.

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

h. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(l)-(4), HAR**, which shall include:

1) Staff education on HIV and AIDS.

2) Staff education on the risks of TB for those abusing substances.

i. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

a. Pregnant adolescent women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant adolescent women shall receive preference for treatment.

b. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.

c. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.

d. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in

determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

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

b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.

c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.

d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

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

4. Output and performance/outcome measurements

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

1) Number of clients completing treatment (CDS Discharge Rpt. #9)
2) Employment status at follow-up. (CDS #12)
3) Living arrangements at follow-up. (CDS #13)

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

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

b. The APPLICANT shall submit a **CDS Follow-Up Report (CDSFR)** form for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.

c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the previous contract should be included in the following contract year, as applicable.

5. Reporting requirements for program and fiscal data

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

a. Required Program Reports:

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

Quarterly reports shall be submitted as follows:

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

b. Required Fiscal Reports:

1) For **Actual Expenditure** contracts, the APPLICANT shall submit monthly the **Statement of Revenue and Expenditures** report, (**ADAD Fiscal Form 200, 9/95**).

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

3) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than 45 days after the end of each contract year, or by August 15, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.

4) Within 45 calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-End Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

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

service documentation in the client chart, and other documents as requested by the State.

6. Pricing or pricing methodology to be used

Fixed-rate pricing, as predetermined by ADAD in conjunction with providers, will be used. Reimbursement will be by Actual Performance at the fixed rate listed under **"7. Units of service and unit rate."** Reimbursement by Actual Expenditures may also be used either alone or in combination with Actual Performance reimbursement.

7. Units of service and unit rate

Note: The state has the option to adjust unit rates on contracts covered under this RFP.

Outpatient Substance Abuse Treatment:

a. The unit of performance is sixty **(60) minutes**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of 30 minutes.
b. The rates shall be:
   (1) EIGHTY-FIVE DOLLARS **($85)** for a sixty (60) minute **individual** activity per client. Clients shall receive a minimum of **one (1) hour** of individual counseling per month.
   (2) FIFTY-THREE DOLLARS **($53)** for a sixty (60) minute group activity per client.
   (3) EIGHTY-FIVE DOLLARS **($85)** for a sixty (60) minute **family** counseling activity.
c. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.
d. The maximum hours of service shall be one hundred ninety-two **(192) hours** per client per year.

Competitive POS Application Checklist

Applicant:_____ No.: 440-X-X_

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

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. POS Proposal Application Title Page (SPO-H-200)	**Section 1, RFP**	**SPO Website***	**X**	
2. Competitive POS Application Checklist	**Section 1, RFP**	**Section 5, Attachment A** (This document.)	**X**	
3. Table of Contents	**Section 3, RFP**	**Section 5, Attachment B**	**X**	
4. POS Proposal Application (SPO-H-200A)	**Section 3, RFP**	**SPO Website***	**X**	
5. Registration Form (SPO-H-100A)	**Section 1, RFP**	**SPO Website***	**(Required if not Pre-Registered)**	
6. Tax Clearance Certificate (Form A-6)	**Section 3, RFP**	**SPO Website***	**(Required ONLY upon notification of an award)**	
7. Cost Proposal (Budget)				
SPO-H-205	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-205A	**Section 3, RFP**	**SPO Website***	**No**	
SPO-H-205B	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206A	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206B	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206C	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206D	**Section 3, RFP**	**SPO Website***	**Not Allowed**	
SPO-H-206E	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206F	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206G	**Section 3, RFP**	**SPO Website***	**Not Allowed**	
SPO-H-206H	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206I	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206J	**Section 3, RFP**	**SPO Website***	**X**	
Certifications:				
8. Federal Certifications	**Section 1, RFP**	**Section 5, Attachment D**		
Debarment & Suspension	**Section 3, RFP**	**Section 5, Attachment D**	**X**	
Lobbying	**Section 3, RFP**	**Section 5, Attachment D**	**X**	
Environmental Tobacco Smoke	**Section 3, RFP**	**Section 5, Attachment D**	**X**	
Program Specific Requirements:				
9. Audit	**Section 2, RFP**	**Section 2, RFP**	**X**	
10. Forms	**Section 3, RFP**	**Section 5, Attachments**	**X**	

_____ _____

Authorized Signature Date

SECTION 5

ATTACHMENT B:

SAMPLE TABLE OF CONTENTS FOR THE POS PROPOSAL APPLICATION

SAMPLE

Organization: _____

RFP No: 440-X-X

POS Proposal Application
Table of Contents

I. Background and Summary 1

II. Experience and Capability

A. Necessary Skills and Experience 2
B. Quality Assurance and Evaluation 3
C. Coordination of Services 4
D. Facilities 5

III. Personnel: Project Organization and Staffing

A. Proposed Staffing 6
B. Staff Qualifications 7
C. Supervision and Training 8
D. Organization Chart (Program & Organization-wide, attached)

IV. Service Delivery 9

V. Attachments

A. Cost Proposal

1. SPO-H-205 Proposal Budget for FY 20XX 25
2. SPO-H-206A Budget Justification – Personnel: Salaries & Wages 27
3. SPO-H-206B Budget Justification – Personnel: Payroll Taxes and Assessments, and Fringe Benefits 29
4. SPO-H-206C Budget Justification – Travel: Interisland 30
5. SPO-H-206E Budget Justification – Contractual Services – Administrative 31

B. Other Financial Related Materials

1. Financial Audit for last completed fiscal year 33

C. Performance and Output Measurement Tables 36

D. Program Specific Requirements 40

E. Work plan Forms 50

SECTION 5

ATTACHMENT C:

WORKPLAN FORMS

Submit the following with Attachment C:

C-1	**Staffing Position Chart**
C-2	**Organization-Wide Request for Proposal Information**
C-3	**Performance-Based Budget**
C-4	**Service Delivery Table**

Attachment C

STAFFING POSITION CHART

Position/Title Incumbent Name	Position Qualifications	Incumbent Qualifications	% Time To Agency	% Time To This Project	Activities Responsible For	Supervisor Position Title/Incumbent Name

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

Instructions: This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-1 and 440-3 (Treatment RFPs) and HTH 440-2 and 440-4 (Prevention RFPs), the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.
Page _____ of ____: Indicate the correct page number for this page and total number of pages.
Applicant/Awardee: Enter your organization name.
Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2,I.F.
RFP NO.: Enter the number (RFP No.: HTH 440-X-XX*) from the upper right-hand corner of the RFP Sub-category you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.
Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.
Services: List the specific service/modality the funding source targets.
RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.
Actual FY: List all actual funds received (or anticipated to be received) for this service/modality during the current fiscal year.
Amount Requested: Enter the amount of funds that you are requesting from each funding source Where ADAD is the funding source, **do not enter an amount greater than** the Probable Funding Amount listed in Section 2, I.F. of the RFP Sub-category, for the geographic area/target population you are applying for. Submit information for SFY 2005, at a minimum. Submit figures for SFYs 2006, 2007, 2008, and/or 2009 should the anticipated funding sources and/or amounts differ from SFYs 2004 and/or 2005. (Note: ADAD funds will remain the same.)
TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).
Prepared by:/Title/Phone No.:/Date: Type or print name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contacted for further information and clarification.

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

ORGANIZATION-WIDE RFP INFORMATION **Attachment C**

Page ____ of _____

Applicant/Awardee_____ **Period**_____ **RFP No:**_____

FUNDING SOURCES	SERVICES	RFP #/ ID #	ACTUAL SFY 2004*	AMOUNT REQUESTED**				
				SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
TOTAL								

Prepared by: _____ Phone No.:_____

Title: _____ Date:_____

*****SFY (State Fiscal Year) 2004 period is from July 1, 2003 to June 30, 2004.

** Submit information for SFY 2005, at a minimum. Submit figures for SFYs 2006, 2007, 2008, and/or 2009 should the anticipated funding sources and/or amounts differ from SFY 2005. (Note: ADAD funds will remain the same.)

PERFORMANCE BASED BUDGET

Page _____ of _____
RFP No.: _____

Applicant/Provider: _____

MODALITY/ SERVICES TO BE PROVIDED	UNIT COST		TOTAL AMOUNT				
	(bed day, hr/day/etc.)	$	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009
TOTAL							

Prepared by: _____ Phone No.: _____

Date: _____

Signature of Authorized Official:_____ Phone No.: _____

Name & Title (Please Print or Type):_____ Date: _____

SERVICE DELIVERY TABLES

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

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

SECTION 5

ATTACHMENT D:

CERTIFICATIONS

D-1 Debarment and Suspension
D-2 Lobbying
D-3 Environmental Tobacco Smoke

Attachment D-1

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

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

Attachment D-1

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

This certification is pursuant to 45 CFR Part 76:

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

Attachment D-2

CERTIFICATION REGARDING LOBBYING

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

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

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action ☐a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: ☐a. bid/offer/application b. initial award c. post-award	3. Report Type: ☐a. Initial filing b. material change For Material Change Only: Year_____ quarter _____ Date of last report _____
4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, *if known;* Congressional District, *if known:*	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, *if known:*	
6. Federal Department /Agency:	7. Federal Program Name/Description: CFDA Number, *if applicable:* _____	
8. Federal Action Number, *if known:*	9. Award Amount, *if known,* $	
10.a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI):*	b. Individual Performing Services (*including address if different from No. 10a)* *(last name, first name, MI):*	
11. Information request through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee of prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of Congress, or an employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment, Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Attachment D-3

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through the State or local governments, by Federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

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

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date

SECTION 5

ATTACHMENT E:

PROGRAM SPECIFIC REQUIREMENTS

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

Substance Abuse Treatment Guidelines

BEST PRACTICES/EVIDENCE-BASED PRACTICES

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

- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. October 1999. (An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)

- Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1995.

- National Institute of Corrections Home Page. 24 September 2002 <http://nicic.org>

- Gornik, Mark, Brian Bilodeau, and Jacqueline Rizzuto. Cognitive Reflective Communications: Advanced Communication Intervention and Offender Management Strategies, Participant Manual and Training Guide. February, 2001. U.S. Department of Justice, National Institute of Corrections. 24 September 2002 < http://www.nicic.org/pubs/2001/017614.htm>

- Gornik, Mark. Critical Knowledge About 12-Step Programs for Criminal Justice Professionals. [Videoconference held August 29, 2001]. 2001. U.S. Department of Justice, National Institute of Corrections Academy. 24 September 2002 < http://www.nicic.org/services/video/01_critical12.htm>

- Participant Manual – Motivational Interviewing. 1999. The Vermont Department of Corrections. 24 September 2002 < http://public.doc.state.vt.us/hrd/motiva.htm>

DEFINITIONS OF TREATMENT ACTIVITIES

Reimbursable Activities:

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

The draft Health Insurance Portability and Accountability Act (HIPAA) Code and Description (HCPCS) has been included at the beginning of each definition. The HCPCS definitions and

codes have not been finalized. Adjustments will need to be made in definitions and codes when they are finalized if there are differences.

Individual Sessions May Include the Following:

A. *SCREENING*

HIPAA

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

ADAD

- The process by which the client is determined appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality, as well as the use of established patient placement criteria.

- Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, motivation, and program philosophy.

- Eligibility is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.

- **NOTE:** Programs will only be reimbursed for screenings that result in a client's admittance into the program.

B. *ASSESSMENT*

HIPAA

- H0001-Alcohol and/or drug assessment.

ADAD

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

- The process by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Although assessment is a continuing process, it is generally emphasized early in treatment.

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

C. *TREATMENT PLANNING*

HIPAA

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

ADAD

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

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

- The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.

- The plan describes the services, who shall perform them, when they shall be provided, and at what frequency.

D. *INDIVIDUAL COUNSELING*

HIPAA

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

ADAD

- Individual counseling is the utilization of special skills to assist individuals in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

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

Group Sessions May Include the Following:

A. *PROCESS GROUPS*

HIPAA

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

ADAD

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

B. *EDUCATION GROUPS*

HIPAA

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

ADAD

- These groups have as their primary objective the provision of information by the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session.

- Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

C. *SKILL BUILDING GROUPS*

HIPAA

- T1012-Alcohol and/or substance abuse services, skills development (or H0025-see above).

ADAD

- Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill.

- The skills taught can be divided into either daily living skills (e.g., managing money, food preparation, accessing information directories), or inter-personal skills (e.g., affective assertiveness, stress management, ability to give positive reinforcement).

D. *RECREATIONAL GROUPS*

HIPAA

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

ADAD

- These groups involve the client in learning leisure-time activities.

- In order to be reimbursable as a treatment session:
  1. The goals for the activity must be specified in the treatment plan,
  2. A counselor must be actively involved in facilitating the group, <u>and</u>
  3. The participants must have an opportunity to discuss their participation in the activity.

Family Sessions May Include the Following:

A. *FAMILY COUNSELING*

HIPAA

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

ADAD

- Family counseling is the utilization of special skills to assist families in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. Behavioral, cognitive, interpersonal strategies/approaches may be used.

- The "family" may involve parents, children, partners or other significant others within the client's home environment who will have a major role to play in the client's recovery, e.g., aunts, foster parents, boarding home operators.

- Large groups of multiple family members shall be reimbursed under the group rate.

Residential Treatment Program Description and Reimbursable Activities

Program Description

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

Standards

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

- Degree of support and supervision required.
- Guardianship issues.
- Special needs.
- Medications.
- General health considerations.
- Religious beliefs.
- Literacy.

(5) Functional skills.
(6) Housekeeping/maintenance skills.
(7) Human sexuality.
(8) Incident reporting.
(9) Menu planning and meal preparations.
(10) Cultural competency and relevance.
(11) Sanitation and infection control.
(12) Safety procedures.
(13) Scheduling of:

- Menu planning and meal preparation.
- Cleaning and maintenance of appliances.
- Daily routines.

(14) Maintenance of adaptive equipment.
(15) Addressing special dietary requirements.

d. Crisis intervention.
e. Development of community living skills.
f. Family support with the approval of the persons served.
g. Linkages to community resources.
h. Advocacy.
i. Development of social skills.
j. Development of a social support network.
k. Development of vocational skills.
l. Assistance in securing housing that is safe, decent, affordable, and accessible.
m. Assistance in receiving primary health care.
n. Assistance in receiving primary health care for children in pregnant and parenting women and children (PPWC) specialty programs.
o. Assistance in complying with criminal justice requirements.

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

Wait List Management and Interim Services
Policy and Procedures

I. Wait List Policy and Procedures

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

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

C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedures that includes the requirements listed below:

1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.

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

3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:

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

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

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

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

5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:

   a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
   b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
   c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
   d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.

6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.

7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:

   a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
   b. Assessment: current status of substance abuse and associated problems;
   c. Contact: dates, types and outcomes of subsequent contacts;
   d. Referral: when the client was referred to another program, the program recommended, how the referral was made (e.g., by phone, letter or in person);

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

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

8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:

   a. Pregnant injecting drug users,
   b. Pregnant substance abusers,
   c. Injecting drug users, and
   d. All others.

9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:

   a. Pregnant Women:
      1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
      2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
         (a) Provide interim services (see part II of this attachment) within 48 hours; or
         (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
   b. Injection Drug Users:
      1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
      2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
         (a) Provide interim services within 48 hours; or
         (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
      3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.

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

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

A. Interim services are services that are provided until a client is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the client, and reduce the risk of transmission of disease.

B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall develop and implement an Interim Services Policy and Procedures that includes the following elements:

   1. For each client placed in Interim Services, the program shall keep a record of the number of days between the request for treatment and the admission to treatment.

   2. At a minimum, interim services shall include counseling and education about the following:

      a. HIV and tuberculosis (TB),
      b. The risks of needle-sharing,
      c. The risks of transmission to sexual partners and infants,
      d. Steps that can be taken to ensure that HIV and TB transmission does not occur,
      e. Referral for HIV or TB treatment services if necessary.

   3. For pregnant women, interim services also include:

      a. Counseling on the effects of alcohol and drug use on the fetus, and
      b. Referral for prenatal care.

C. Every program shall keep information in the individual client's file for each interim services client. This includes but is not limited to the following records:

1) Date of the client's entry into interim services,
2) Source of client's referral into interim services,
3) Application form,
4) A screening or assessment form,
5) Number of days elapsed since the initial request for treatment,
6) An interim plan of action,
7) A log of the services provided including the date on which services were provided,
8) The date of client's admittance into treatment and the name of the program admitting the client into treatment,
9) Progress notes of each face-to-face interaction with the client. These shall include progress made on the plan of action, any current problems indicated by the client, recommendations made to the client, any plans for follow-up meetings, and any help that the program said it would provide the client. The staff member responsible for convening the face-to-face contact with the client shall sign each entry.

D. The disposition of pregnant women and IDUs shall be monitored by ADAD to determine if they have received treatment in accordance with the above requirements, if their admission has been given proper priority and if services have been provided within the requirements specified in this document.

E. The ADAD-designated Opioid Therapy Outpatient Treatment Program and Specialized Substance Abuse Treatment Services for Women for interim services shall submit separate quarterly and year end reports on ADAD-developed forms.

Principles of Effective Treatment
National Institute on Drug Abuse (NIDA)

1. **No single treatment is appropriate for all individuals.**
   Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.**
   Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.**
   To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. **An individual's treatment and services plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.**
   A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**
   The appropriate duration for an individual depends on his her problems and needs. Research indicates that for most patients, the threshold of significant improvements is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. **Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.**
   In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**
   Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a

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

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
   Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.**
   Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addition treatment.

10. **Treatment does not need to be voluntary to be effective.**
    Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

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

12. **Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.**
    Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

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

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

Therapeutic Living Program Requirements

Note: These requirements are subject to change to be in compliance with the Department of Health's Hawaii Administrative Rules (HAR) upon the promulgation of its Therapeutic Living Programs requirements.

Part 1:
General Requirements for all Therapeutic Living Programs

I. Therapeutic living programs - Definition and Type

These programs serve persons suffering from substance abuse requiring a residential setting, but who do not need the structure of a special treatment program or are transitioning from a more restrictive setting to independent living. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan. These programs can be transitional living programs for adults (age 18 and over); transitional living programs for adolescents (age 12 - 17 years); or transitional living programs for women with children (birth - 11 years). A therapeutic living program serves residents through a transitional residential program.

A. A strength and needs-based assessment shall be performed or obtained upon admission and the recovery plan shall be based on the assessment.

B. A recovery plan shall contain, at a minimum, the following:
   1. Goals to be attained while the resident is in the program;
   2. Measurable recovery objectives;
   3. A summary of the services and activities provided to enable attainment of goals; and
   4. Regular time periods for the plan to be revised.

C. The program shall have policies and procedures which shall contain, at minimum, the following:
   1. The formulation of discharge plans; and
   2. Six months of ongoing monitoring of the status of discharged residents.

II. Fire safety/disaster

A. Therapeutic Living Programs shall comply, and be inspected by appropriate fire authorities for compliance with state and county zoning, building, fire safety and health codes or in the case of a vessel inspected by the United States Coast Guard, for relevant regulations promulgated by that agency.

B. The facility shall have a written plan for care givers/staff and residents to follow in case of fire, explosion, or other emergencies. The plan shall be posted in conspicuous places throughout the facility. The plan shall include, but not be limited to:

1. Assignments;
2. Instructions;
3. Special escape routes; and
4. Quarterly drills.

C. Drills shall be conducted quarterly at various times of the day to provide training for residents and staff. (When new residents are admitted or staff hired they shall be in-serviced on fire procedures. Drills shall be conducted under conditions that simulate fire emergencies.)

D. The drill record shall contain the date, hour, personnel participating, description of drill, and the time taken to evacuate the building. A copy of the drill shall be available for inspection by fire authorities and the Department.

E. Facilities shall be safe from fire hazards. All combustible items must be stored away from heat sources.

F. Exits shall be unobstructed and maintained in an operational manner.

G. If smoking is allowed, there shall be designated smoking areas.

H. All locking devices shall automatically pop open upon turning the doorknob in one motion. Locking devices for sleeping room doors shall be readily opened by the occupant from inside the room without the use of a key or special knowledge.

I. Fire extinguishers shall be installed in accordance with NFPA 101 Fire Safety Code. A minimum fire extinguisher classification rating of 2a10bc is required.

J. Hardwired smoke detectors shall be located in the hallway outside the residents' sleeping rooms and also in the living/activity room. Hardwired or battery-operated smoke detectors, or both shall also be located in all resident sleeping rooms.

K. All residents occupying rooms above or below street level of a facility shall be able to evacuate without the physical help of another person.

L. All multi-story homes shall have an internal stairwell.

M. Fees for fire inspection shall be the responsibility of the licensee.

N. Automatic sprinkler systems may be required for Group I occupancies and facilities with nine or more residents as determined by the respective city and county building and fire codes.

O. Vessels shall comply with fire rules and regulations of the United States Coast Guard. In addition, they shall comply with subsections (c), (e), and (r).

P. The facility shall have a written disaster plan which identifies the actions that should be taken in each type of hazard: hurricane, earthquake, tsunami or flood. The plan shall include the following provisions:

1. Plan of evacuation;
2. Identification of the closest emergency shelter;
3. Transportation to the emergency shelter if necessary;
4. Identification of staff accompanying and remaining with residents while at the emergency shelter; and
5. Maintenance of survival kits.

Q. Each facility shall have basic first-aid supplies accessible for use.

III. Nutrition

Therapeutic living programs operating in a residential setting with eight or less residents, who prepare food only for family consumption shall meet the following dietary requirements:

A. The program shall provide balanced nutritional meals for the residents.

B. There shall be three meals a day and snacks provided daily with no more than fourteen hours between meals

C. There shall be a minimum of three days food supply, which will be adequate for the number of people to be served.

D. Residents who have identified special nutritional needs, or who require dietetic services, shall have a diet order written by a physician or APRN. The order shall be updated annually, with a written plan for the provision of dietetic service, which may require the consultation by a dietician, physician or APRN. The implementation of the plan shall be recorded on admission and quarterly thereafter.

E. The program's policies and procedures shall be in accordance with the National Research Council's most current "Recommended Dietary Allowance," and shall be adjusted to the resident's age, sex, activity and disability when evaluating the resident's diet, or ordering diet supplements and provision of special diet training to the staff;

F. Menus for special diets shall be available for review by the Department of Health.

G. The resident record shall have:

1. Documentation of special diet needs;
2. Documentation of reactions to food, and evidence that a report to a physician was made immediately upon occurrence.

IV. Health screening/infection control

A. The facility shall have documentation indicating that each employee has had a health examination by a physician to determine the presence of infectious diseases prior to direct contact with residents.

B. Each facility shall have on file documented evidence that every direct care staff or any individuals having contact with residents has an initial and annual tuberculosis (TB) clearance following current Departmental policy.

C. Any direct care staff or any individual providing service to the residents who develops evidence of an infectious disease shall be relieved of any duties relating to food handling or direct resident contact until such time as the infection clears and it is safe for the individual to resume duties. If the care giver has a condition, which may place the well-being of the residents at risk, a physician shall be consulted for a clearance and a procedure for infection control. Undiagnosed skin lesions, or respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease.

D. There shall be appropriate policies and procedures written and implemented for the identification, prevention, control, and voluntary testing of infectious diseases including, but not limited to HIV and hepatitis.

E. Therapeutic Living Programs shall provide training in safety and risk management, including standard precautions to care givers and staff. The training shall be documented and available for review by the Department on request.

F. Incident reports shall be completed where staff or residents are exposed to infectious disease, and the action taken following such incident shall be documented.

V. Changes in Circumstances, Transfers, and Program Mergers

A. A service provider shall notify the Department in writing of any of the following changes in circumstances not less than thirty (30) calendar days before the change takes effect:

1. Program name,
2. Mailing address,
3. Telephone number,

4. Executive director,
5. Program location,
6. Program discontinuation, or
7. Expansion of service capacity.

B. In addition to completing the required written notification change in circumstance, a discontinued program shall also provide the following information:

1. A written notification to residents who require continued services of the date closure and where continued services may be obtained;
2. A procedure to transfer certain information or entire resident records to another agency or person where such information is necessary and authorized; and
3. A procedure to store and dispose of resident records pursuant to 42 C.F.R., Parts 1 and 2, Confidentiality of Alcohol and Drug Abuse Patient Records; Chapter 323 C, HRS; section 325-101; HRS 334-5; HRS section 622-58, and other applicable laws or regulations relating to the retention of mental health records.

VI. Governing authority

A. The service provider shall document its governance authority and the delegation of governance. The purposes of the program and its governing documents shall be reviewed annually.

B. The service provider shall furnish the Department with the names, addresses, and phone numbers of all owners, corporate officers or general and limited partners and the board of directors. In addition, the minutes of meetings of the governing body and of its committees, at which issues relevant to the facilities or programs are discussed, shall be available for review by the Department.

C. The governing body responsible for each facility or service shall develop and implement a mission and philosophy statement of the geographical area served, the ages, the target population of residents and the limitations and scope of services.

VII. Program

A. The program shall focus on rehabilitation to encourage the resident to develop skills to become self-sufficient and capable of increasing levels of independent functioning where appropriate. It shall include prevocational and vocational programs, as appropriate.

B. The program shall encourage the participation of the resident in the daily milieu and in the development of the resident’s treatment or recovery planning and evaluation.

C. The program environment shall attempt to reflect aspects associated with a family home without sacrificing resident safety or care. The program shall have furniture

and equipment that are age-appropriate to its residents. The program shall have policies and procedures addressing the residents' opportunities for regular physical exercise.

D. The program shall provide a room for residents to gather during leisure time. There shall also be an area set aside where residents may receive and visit with parents, guardians, relatives, or friends with some degree of privacy

E. The program shall have written policies regarding the use of behavior management and prohibit the use of physical or emotional punishment, physical exercise to eliminate or curb behaviors, use of punitive versus therapeutic assignments, use of medication for behavioral management, excessive use of physical or emotional isolation, and deprivation of residents' rights.

F. The program shall have a non-smoking policy in accordance with sections 328K-2, 328K-13 HRS.

G. The service provider shall have and maintain policies and procedures for a comprehensive drug-free work place.

H. The service provider shall have policy and procedures identifying:

1. An individual who is designated as the administrator and is responsible for the overall operations of the program. During periods of absences of the administrator, a designated staff member shall assume the responsibilities of the administrator;
2. An individual who is designated as program director of the residential program;
3. An individual designated as the rights advisor who is responsible for reviewing residents' rights. The individual shall be responsible for answering questions upon admission, maintaining a log that describes possible rights violations, making an effort to resolve resident rights violations, making an effort to resolve resident complaint, investigating the complaints and providing consultation and assistance to residents who wish to file a formal complaint. If a resident feels threatened by physical or psychological harm, or does not believe a complaint has been adequately dealt with at the staff level, the resident may direct the complaint in writing to the director or to an independent agency identified by the Department; and
4. An individual designated to verify staff credentials, provide staff in sufficient number and qualifications to meet the service needs of the residents and adequately carry out the program's goals, services, and activities.

I. Quality improvement activities shall include:

1. Composition and activities of a quality assurance and quality improvement committee;
2. Methods for monitoring and evaluating the quality and appropriateness of resident care, including delineation of resident outcomes and utilization of services;
3. A requirement that staff who are not qualified professionals and who provide direct care shall be supervised by a qualified mental health professional for those residents requiring mental health services or a substance abuse professional for those residents recovering from substance abuse;
4. Strategies for improving resident care;
5. Methods for annual monitoring and maintenance of staff qualifications, licensure and certifications;
6. Review of all sentinel events and establishment of measures to provide for resident's safety; and
7. Adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice.

J. Safety and risk management

1. The service provider shall have a written safety plan in existence that includes but is not limited to, policies and procedures for dealing with:
   a) Residents who are dangerous to themselves or others;
   b) Incidents in which staff or residents are injured or exposed to hazards;
   c) Medication errors;
   d) Vehicle safety; and
   e) An arrangement for voluntary testing of HIV and of standard precautions.
2. The service provider shall verbally or via facsimile, report *sentinel events to the Alcohol and Drug Abuse Division, with a written report submitted within seventy-two hours.
3. The service provider shall have written policies and procedures regarding the use of least restrictive alternatives to the use of physical or chemical restraints and seclusion, which may include but not be limited to holding and time out.
4. The service provider shall have written policies and procedures for reporting of abuse or neglect to the Child Protective Services for children, adolescents or Adult Intake and Protective Services for adults.
5. The service provider shall have written policies and procedures for management of residents suspected of having any communicable disease.
6. The service provider shall have written policies and procedures to follow when arranging for and obtaining emergency medical or psychiatric treatment, which shall include names and telephone numbers of persons to provide the emergency care.

7. The service provider shall provide staff training in safety and risk management procedures. The safety program shall be reviewed annually and documented.
8. The service provider shall have policies and procedures for residents addressing proper safety measures, including but not limited to emergency and medical issues, nutrition requirement, sanitation, medication storage for day or overnight field trips or adventure program activities.
9. Adolescent service providers shall report sentinel events.
   a) Sentinel events shall be reported by phone to the Alcohol and Drug Abuse Division, within 24 hours of the event, or, for events occurring on weekends or holidays, on the next working day.
   b) After the notification by phone, a written report must be submitted to the same division within 72 hours giving details of the event and actions taken.

K. Medication requirements

The program shall have written policies and procedures to address staff training, and storage, labeling, availability, and disposal of medications. Procedures shall at a minimum address:

1. Medication storage:
   a) Programs shall have double-locked storage for medications. If required to be stored in a refrigerator used for food items, medications shall be kept in a separate, single locked compartment or container;
   b) Medications shall be kept separately for each resident;
   c) Medications shall be kept separately for external and internal use;
   d) Medications approved by a physician or APRN for self-administration shall be kept in a secure manner.
2. Medication labeling:

   The packaging label of each prescription medication dispensed shall include the following:

   a) The resident's name;
   b) The prescriber's name;
   c) The current dispensing date;
   d) Clear directions for self-administration;
   e) The name, strength, quantity, and expiration date of the prescribed medication; and
   f) The name, addresses, and phone number of the pharmacy or dispensing location.
3. Medication availability:
   a) All prescription medications shall be made available only under written order and direction of a physician or APRN and shall be based upon a physician’s or APRN’s evaluation of the resident's condition.

b) Non-prescription medications shall be made available only under physician orders specified to each resident.
c) All physician orders for prescription medication shall be re-evaluated and signed by the physician at a minimum of every three months or at the next physician's visit, whichever comes first.
d) Program shall designate and train staff prior to making medications available, and on an annual basis, to:
   1) Make prescribed medications available to residents;
   2) Supervise and assist with self-medication;
   3) Record information immediately after medications have been made available to each resident, including date, time, name of medication, dosage, number or amount given, and signature of person making medication available, according to prescription;
   4) Record any side effects of medication;
   5) Record resident requests for medication changes, questions, or concerns and any follow up with an appointment or consultation with a physician or designee.
e) Medications shall not be offered to any resident other than the resident for whom they were prescribed.
f) Self-administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, or case manager and service provider, and upon authorization of the physician or APRN and supervised by trained staff; and
g) Medication errors and drug reactions shall be reported immediately to the physician responsible for the medical care of the resident and designated individuals deemed responsible for the care of the resident. An incident report shall be prepared within twenty-four (24) hours from the time of the incident.

4. Medication disposal:

   Prescription and non-prescription medications which have been discontinued by physician’s order or retained by the facility after the resident is discharged shall be disposed of by incineration, flushing into a septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the resident's name, medication name, strength, quantity, disposal date and method, and the signatures of the person disposing of the medication and of the person witnessing the disposal.

L. Personnel requirements

The service provider delivering services to children and adolescents shall have policies and procedures requiring background checks and a criminal history check that includes fingerprints. The service provider delivering services to adults shall have policies and procedures requiring background checks and

a criminal history check, which may not include fingerprints.

1. Staffing patterns shall reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual, and other social characteristics of the community the facility serves;
2. The program shall be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic, rehabilitation, and treatment needs of the resident; and
3. A personnel record shall be maintained for each individual employed by the service provider. The record shall include training, experience, and qualifications of the position, and verification appropriate to licensure, registration or certification.
4. The service provider shall have documentation verifying that each staff member has received annual training on confidentiality, residents rights, cultural sensitivity, community resources, and on the program's safety procedures.
5. The service provider shall have documentation verifying that each staff member has reviewed his or her position description on an annual basis.
6. All direct services staff shall have current first aid and Cardio-Pulmonary Resuscitation (CPR) certification, and infant CPR for those programs working with infants and children. The training must be conducted by trainers certified by American Lung Association, American Red Cross, or other organization accepted by the Department.

M. Personnel orientation

The program shall have documentation of each staff member's orientation to the program. The orientation shall include but not be limited to:

1. Program(s);
2. Policies and procedures;
3. Duties and responsibilities of the position;
4. Health and safety procedures, including the use of standard health care precautions;
5. Crisis intervention procedures;
6. Record keeping requirements;
7. Confidentiality;
8. Resident rights;
9. Cultural needs;
10. Community resources; and
11. The procedure for identifying and reporting abuse and neglect.

N. Staff training and supervision

The program shall have documentation of each staff member's completion of training recorded in the employee's personnel record. A regular assessment of the training

needs of the staff shall be performed and documented. A written training schedule shall be in place and constantly updated at least annually.

1. Direct services staff shall be supervised by a clinical supervisor.
2. Direct services staff shall receive a minimum of one hour per month of supervision, or as determined by the Department.
3. At a minimum, the documentation shall contain:
   a) Name of the person supervised and the date of supervision.
   b) General content of the discussion.
   c) Documentation of the follow up to concerns and activities identified in clinical supervision sessions.

O. Personnel policies shall include qualifications, duties, and responsibilities of each staff position. The program shall adopt and enforce policies and procedures on hiring, termination, suspension, assignment, evaluation, promotion, confidentiality, and prohibiting personal involvement with residents.

P. Resident record

Each resident's individual record shall contain, at a minimum, the following:

1. An identification face sheet which includes:
   a) Last, first, middle, maiden names;
   b) Home address;
   c) Date of birth;
   d) Race, gender, marital status;
   e) Admission date;
   f) Discharge date;
   g) Social security identification number;
   h) Resident record number;
   i) Telephone number of referral agency; and
   j) Emergency information including the name, address, and telephone number of the person to be contacted in an emergency and the name, address, and telephone number of the resident's physician;
2. A signed statement from the resident, or a person legally responsible, granting permission to seek emergency care from a hospital or physician;
3. Documentation of resident's orientation to the facility and program, including procedures for filing complaints and grievances;
4. Documentation that all required consent forms are signed and dated by the resident, legal guardian and program staff
5. Documentation of the pre-admission, qualifying diagnosis, screening and assessment;
6. Documentation that the resident was informed of his or her legal, civil, and human rights;

7. A written treatment plan or recovery plan within seven days of the admission for long-term residential programs and within forty eight hours for short-term residential programs;
8. Documentation attesting to resident's involvement in the following:
   a) The resident's presence during the development of the treatment plan or recovery plan, as well as that of the resident's parent or legal guardian, as necessary;
   b) The resident's opportunity to participate and comment in the development of the treatment or recovery plan. The resident's parent or legal guardian shall be given the opportunity to give input, as necessary;
   c) The resident's participation in revising or updating the treatment or recovery plan.
9. Daily documentation of progress toward goals;
10. Documentation of services provided;
11. Documentation of a medical examination or written evidence of a physical examination conducted within thirty days prior to admission. For programs providing services to children and adolescents with mental health services, a physical examination is required within forty-eight hours after placement, in the event of an emergency;
12. Documentation that a physician was consulted for all illnesses and injuries, of concern to the resident or staff, within five days from the date the condition was first reported.
13. Resident record shall contain the following medical information:
    a) Documentation of medical or physical diagnosis, including allergies to food or medication;
    b) Documentation of tuberculin skin test conducted according to Department requirements. If positive, documentation that appropriate medical follow-up has been obtained;
    c) Documentation of dental treatment for any resident requiring dental care;
    d) A copy of a current immunization record, for programs with children and adolescents. If immunizations are not up to date, the program shall make every effort to have the child or adolescent's immunizations updated unless a parent refuses due to religious preferences or it is medically contraindicated by a physician;
    e) Documentation of medication orders and a complete record of each medication utilized by the resident;
    f) Documentation of all orders for and results of lab test; and
    g) Documentation of height and weight recorded on admission and at least quarterly thereafter.
14. A completed discharge summary, entered into the resident's record within two weeks after discharge, including but not limited to:
    a) The date of admission;

b) Description of the condition of the resident at admission;
c) Services provided;
d) Discharge placement, including the name, address, and telephone number of the program, agency, or individual who will be responsible for the resident's continuing care if applicable;
e) Rationale for discharge;
f) The resident's treatment and rehabilitation status or condition at discharge; and
g) The instructions given the resident about a continuing service plan and follow-up.

Q. Fiscal

The program shall have in place fiscal policies and procedures that shall include:

1. Maintenance of financial records including an annual budget showing income and expenditures.
2. Provisions for an independent examination of the program's financial records, with documentation of such to be available for inspection by the appropriate agencies; and
3. Additional policies and procedures addressing the following:
   a) Management of the program's funds;
   b) Any insurance policies secured by the agency to protect funds; and
   c) Donations accepted by the service provider or program.
4. Financial information including:
   a) Charges for services, which shall be based on knowledge of direct and indirect costs;
   b) An established fee schedule that is available to residents in printed form when fees are charged for services; and
   c) A procedure for identification, accountability, documentation of money transfers, and safeguards of funds belonging to residents shall be implemented if the program is responsible for funds belonging to residents.

R. Linkages

1. The service provider shall facilitate medical, psychiatric, and any other specialized services or consultation in cooperation with the resident and appropriate individuals or agencies. For those residents recovering from substance abuse, the primary counselor or aftercare counselor will assist to enhance maintenance of sobriety and independent living.
2. The program shall develop and maintain current service agreements, as appropriate for referrals to more or less intensive levels of care such as counseling services, supportive programs, agencies, and other community resources to ensure continued progress towards independence and rehabilitation.

3. Each therapeutic living program shall provide or have access to the following services:
   a) Individual, group, or family therapy for each resident;
   b) Educational counseling or vocational counseling as appropriate, including academics and school for child and adolescent residents;
   c) Nutrition education;
   d) Referrals to supportive services including self-help groups, legal counseling, vocational training, and placement;
   e) Community resources for financial and employment assistance, housing, and other specialized services; and
   f) Programs providing services for pregnant women recovering from substance abuse or such women with children, prenatal care and well childcare shall be provided.

S. Nondiscrimination

The program shall have a policy and procedure complying with all federal and state laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, or disability. The program shall provide access to persons regardless of their ability to speak English.

T. Admission and discharge

The program shall have policies and procedures for residents, which include:

1. Intake process.
2. Admission criteria.
3. Documentation of eligibility at prescreening or preadmission.
4. Documentation of ineligibility and referral when appropriate.
5. Updating of appropriate individuals or agencies, as appropriate, of the transition and discharge.
6. Discharge summary.

U. Residents' rights

The program shall have the residents' rights policies and procedures governing the legal, civil, and human rights and policies in the residents' orientation including:

1. Procedures for handling complaints and grievances of residents.
2. Documentation of consent to program services.
3. Financial information.
4. The need for and use of an interpreter.

V. Confidentiality

The service provider shall have policies and procedures dealing with confidential nature of information regarding residents. The policies requiring written consent for the release of confidential information to persons or agencies shall conform to applicable law, including as appropriate 42 C.F.R. Part 1 and Part 431, subpart F, chapter 323C, HRS; and sections 325-101 and 334-5, HRS.

1. Appropriate resident records shall be readily accessible to those staff members who provide services directly to the resident.
2. The service provider shall provide sufficient facilities for the storage, processing, and security of all records and data, which shall include suitably locked and secured rooms and files.
3. If a program stores data on automated information systems, security measures shall be developed to prevent inadvertent or unauthorized access to data files. The security measures shall be documented in the operating manual.

W. Research policy

A therapeutic living program that includes human-subject research in its objectives or allows itself to be a resource for research shall have written policies and procedures addressing the purpose and conduct of all research utilizing the program's staff, residents, or services. The written policies and procedures shall require informed consent for all research activities and shall be subject to review and approval of a qualified Internal Review Board in accordance with 45 C. F. R. Part 46.

Part 2:
Specific Requirements by Type of Therapeutic Living Program

In addition to the requirements in Part 1, therapeutic living programs shall comply with the Therapeutic Living Programs requirements described below and Sections I, II, and/or III according to the target populations served.

Therapeutic Living Programs:

A. Therapeutic living programs shall serve persons recovering from substance abuse who require a residential setting less structured than that of an STF. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan.

B. A strength and needs-based assessment shall be performed or obtained upon admission and a recovery plan shall be based on the assessment.

C. A recovery plan shall contain, at a minimum, the following:

1. Goals to be attained while the resident is in the program;
2. Measurable recovery objectives;
3. A summary of the services and activities provided to enable attainment of goals; and
4. Regular time periods for the plan to be revised.

D. The program shall have policies and procedures, which shall contain, at minimum, the following:

1. The formulation of discharge plans; and
2. Six months of ongoing monitoring of the status of discharged residents.

I. Transitional residential 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.

A. Staffing requirements

1. A minimum of one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
2. 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.
3. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
4. All direct service staff shall be familiar with substance abuse treatment 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.
5. All direct service staff shall receive supervision no less than once per month.
6. All direct service staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

B. Program services

1. All residents in the same transitional residential living program house shall be adults of the same gender.
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The service shall be based

on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.

3. A resident recovery plan shall be prepared within seven days of admission by program's staff in cooperation with the resident and, when applicable, staff of any outpatient or day treatment program serving the resident.
4. Services provided on-site or through resources in the community shall include vocational rehabilitation, substance abuse education, recreation therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Services provided through resources in the community may include individual and group counseling and family counseling when appropriate.
6. Implementation of the recovery plan including contacts and a weekly progress note shall be documented in the resident record.
7. The program shall provide or arrange for primary medical care for all residents.
8. The program shall provide or arrange for prenatal care for all pregnant women.

II. Transitional residential living programs for adolescents

These programs provide residential living for residents who are without appropriate living alternatives, who need staff supervision, and 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.

A. Staffing requirements.

1. Adequate supervision of the residents shall be provided at all times.
   a) At a minimum, no fewer than two staff members shall be present in the program twenty four hours a day, seven days a week;
   b) When residents are present and awake, a minimum of one on-duty staff member shall provide continuous supervision for every five residents; and
   c) During sleeping hours, a minimum of one awake on-duty staff shall provide supervision for each group of ten residents.
2. 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 in the program.
3. All direct services staff shall receive supervision no less than once per month.
4. All direct services staff shall be familiar with substance abuse treatment 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.
5. All direct services staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

6. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
7. Staff shall have training in order to maintain the requirements and qualifications of their positions.
8. All staff providing services shall be familiar with substance abuse treatment and recovery issues and practices including knowledge of the biopsychosocial dimensions of substance abuse, resident education on substance abuse and relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
9. Direct services staff shall have training on current program procedures and practices in order to meet all aspects of admission, treatment care, and referral of residents.
10. Direct services staff shall receive specialized training in adolescent development and therapeutic techniques in working with adolescents.
11. The program shall provide sixteen hours of training in adolescent management techniques, human growth and development, and adolescent substance abuse to staff on an annual basis.

B. Program services.

1. All residents in each housing unit of the program shall be adolescents of the same gender.
2. A minimum of fifteen hours per week of face-to-face supportive psychosocial services, including a minimum of one hour of individual supportive counseling, shall be provided to each resident each week. The service shall be based on a resident assessment and recovery plan and shall address the physiological, psychological, and social, aspects of recovery.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of this plan.
4. Services provided on-site or through resources in the community shall include, but not be limited to: vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, service planning, individual and group skill building, referral and linkage, case management, resident support and advocacy, monitoring, and follow-up.
6. Services provided through resources in the community may include, but are not limited to: individual and group counseling and family counseling as appropriate.
7. Implementation of the recovery plan shall be documented in the resident record, and contacts shall be noted.

8. The program shall have a written policy that assures access to appropriate educational services for each adolescent. Quarterly progress reports of the educational services provided shall become a part of the resident record.
9. Behavior management techniques
   a) The rights of the resident shall be protected at all times;
   b) The program shall have written policies prohibiting the use of abusive and punitive methods in managing resident behaviors, as well as methods implemented for staff convenience;
   c) All behavior management shall be addressed in the recovery plan.
   d) All behavior management shall be developmentally appropriate and reasonable to the resident's age. All behavior management shall be limited to the least restrictive appropriate method and administered by direct care staff; and
   e) The program shall show evidence that the resident and the resident's legal guardian had the opportunity to ask questions in reference to the behavior management techniques.

III. Transitional residential living programs for women with child(ren)

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.

A. Staffing requirements
   1. Staff shall be on-site twenty-four hours per day, seven days per week.
   2. At a minimum, one staff member shall be present in the program for every ten residents.
   3. The program's staffing pattern shall include a fully certified program administrator pursuant to section 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
   4. At a minimum, one direct services staff member with a current first aid certificate and CPR training, and infant CPR training for those programs working with infants and children, shall be present in the program when residents are present in the program.
   5. All direct services staff shall receive supervision no less than once per month.
   6. Staff shall have training to maintain the requirements and qualifications of their positions.
   7. All staff providing direct care services shall be familiar with substance abuse and recovery issues including resident education on substance abuse, relapse prevention, vocational rehabilitation, case management, life skills, and community resources.

8. Staff shall have training on current program procedures and practices, in order to meet all aspects of admission, therapeutic living services, and the referral of residents.
9. Programs that provide childcare in which parents are not on site must comply with childcare staffing requirements pursuant to sections 346-151, 346-161, HRS.
10. Staff shall be trained in supporting normal development and developmentally appropriate behavior management techniques.

B. Program Services

1. All residents in the program shall be pregnant women or women with child(ren).
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The resident's recovery plan shall determine the services, which shall include a minimum of one hour of individual counseling each week.
3. Staff members shall prepare a recovery plan within seven days of admission. The resident, the resident's parent or guardian when applicable, and staff of any outpatient or day treatment program serving the resident shall participate in the development of the plan.
4. The recovery plan shall identify barriers to independent, sober living as well as goals to be attained while the resident is in the program.
5. Services provided on site or through resources in the community may include but are not limited to, parenting skills, vocational rehabilitation, substance abuse education, recreational therapy, life skills, self-help meetings, and case management.
6. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Based on the resident assessment, services provided through resources in the community may include individual, group, and family counseling.
7. Implementation of the recovery plan, including contacts and a weekly progress note, shall be documented in the resident record.
8. The program shall provide or arrange for the following services:
   a) Primary medical care for adult resident;
   b) Sufficient case management and transportation services to ensure that residents have access to services provided as described in this subsection; and
   c) Referrals for the following services shall be included, when appropriate, and coordinated with all other treatment providers involved.
      1) Referral for prenatal care;
      2) Childcare while the women are receiving primary medical or prenatal care;
      3) Primary pediatric care, including immunization for children and development screening;

4) Therapeutic interventions, which may, at a minimum, address developmental needs, and issues of sexual and physical abuse and neglect, for children in custody of women in the program; and
5) Sufficient case management and transportation services to ensure that the children have access to services as described in this subsection.

9. The program shall develop standards to evaluate the appropriateness of admitting a resident's child(ren). A decision regarding the admission shall be based on these standards and documented in the child(ren)'s and resident's record
10. When services are provided for each child admitted to the program, the program shall develop a recovery plan for the family that shall identify the resident's family, support and advocacy needs.
11. The program shall provide support to the parent in interacting positively with his or her child and shall document areas of strength and concern.
12. The program shall provide or arrange for an initial health assessment for each child admitted into the program within two weeks of admission or as recommended by the child's pediatrician. The dates and results of the assessment shall be documented in the child's record.
13. The program shall consult with Child Protective Services, when applicable, and document that agency's goals and objectives for the child or parent while in the program. When applicable, a collaborative written working agreement shall be developed which delineates responsibilities of the program, the resident, and Child Protective Services.
14. The program shall provide a recovery plan for the child which:
    a) Establishes and documents the goals and objectives for the child's development and progress, in the parent and child's recovery plan, while in the child-care program.
    b) Assists the parent in goal setting for the child's behavior and development while in the program. These goals shall be documented in the parent and child's recovery plans.
    c) Weekly appointments involving the parent and program staff shall be scheduled to review the goals and objectives established in the child's and parent's recovery plan.
    d) Provides the child a variety of developmentally appropriate learning and play materials. The materials shall be culturally relevant and promote social, developmental, and intellectual abilities; and
    e) Case management for the child and for the parent and child family unit shall be provided and documented.

* **Sentinel event** includes but is not limited to:

1) Any inappropriate sexual contact between residents, or credible allegation thereof;
2) Any inappropriate, intentional physical contact between residents that could reasonably be expected to result in bodily harm, or credible allegation thereof;
3) Any physical or sexual mistreatment of a resident by staff, or credible allegation thereof;
4) Any accidental injury to the resident or medical condition requiring transfer to a medical facility for emergency treatment or admission;
5) Adverse medication errors and drug reaction;
6) Any fire, spill of hazardous materials, or other environmental emergency requiring the removal of residents from the facility;
7) Any incident of elopement by a resident;
8) Arrest for other than truancy;
9) Illegal alcohol or drug use;
10) Suicidal gestures;
11) Significant self injury or self mutilation;
12) Physical restraint, chemical restraint, and seclusion; or
13) Resident death.

Partner Abuse and Sexual Assault Risk Assessment Guidelines

A. Questions Relating to Partner Abuse

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

B. Questions Relating to Sexual Assault

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

C. Questions Relating to Substance Abuse

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

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

D. Questions Relating to Mental Health

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

Important Website Addresses

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

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):
http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

- **42 CFR Part 2** -- Confidentiality of Alcohol and Drug Abuse Patient Records

  www.access.gpo.gov/nara/cfr/waisidx_01/42cfrv1_01.html
- **45 CFR Part 96** -- Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule

  www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html

Public Law (P.L.):
http://www.access.gpo.gov/nara/nara005.html

- **P. L. 102-321 – Subpart II** Block Grants for Prevention and Treatment of Substance Abuse

  http://www.samhsa.gov/centers/csat/content/UBGAS/PLaw102.htm

Hawaii Revised Statutes (HRS):
www.capitol.hawaii.gov/site1/docs/docs.asp?press1=docs

- **Chapter 321, Title 19, HRS –** Department of Health (Index)

  http://www.capitol.hawaii.gov/hrscurrent/vol06_ch321-344/hrs321/hrs_321.htm
- **325-101 HRS** -- Confidentiality of HIV Records

  www.capitol.hawaii.gov/hrscurrent/Vol06_Ch321-344/hrs325/HRS_325-101.htm
- **328K HRS** -- Smoking

  www.capitol.hawaii.gov/hrscurrent/Vol06_Ch321-344/hrs328k/
- **Chapter 334 HRS** – Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)

  http://www.capitol.hawaii.gov/hrscurrent/vol06_ch321-344/hrs334/hrs_334.htm
- **577 HRS** -- Adolescents and Confidentiality

  www.capitol.hawaii.gov/hrscurrent/Vol12_Ch501-588/hrs577/

Hawaii Administrative Rules (HAR), Department of Health
http://mano.icsd.hawaii.gov/doh/rules/ADMRULES.html

- **Title 11, Chapter 98 HAR** -- Special Treatment Facility License

  http://mano.icsd.hawaii.gov/doh/rules/11-98.pdf
- **Title 11, Chapter 175 HAR** -- Mental Health and Substance Abuse System

  http://mano.icsd.hawaii.gov/doh/rules/11-175.pdf

II. Government Resources

Hawaii

- **Alcohol and Drug Abuse Division** (ADAD), Department of Health
  http://www.hawaii.gov/health/resource/drug_abuse.html
- **Department of Commerce and Consumer Affairs**
  http://www.hawaii.gov/dcca/breg-seu/related.html

National

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

ASSURANCE REGARDING DRUG-FREE WORKPLACE

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

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

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The contractor's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will --
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten working days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of each affected contract;

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

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

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

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:
   (1) ***Rationale***, including the reason for the policy, what the policy is designed to do, and how it was developed;
   (2) ***Expectations and Prohibitions***, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
   (3) ***Consequences and Appeals***, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
   (4) ***Benefits and Assurances***, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

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

_____
Organization Name

_____ _____
Name of Authorized Representative Title

_____ _____
Signature Date