



Office of the Administrative Director – Financial Services Department

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA STREET, 6TH FLOOR • HONOLULU, HAWAII 96813-2807
TELEPHONE (808) 538-5800 • FAX (808) 538-5802

Rodney A. Maile
ADMINISTRATIVE DIRECTOR

Terri Gearon
FINANCIAL SERVICES DIRECTOR

Brandon M. Kimura
DEPUTY ADMINISTRATIVE DIRECTOR

Date: November 15, 2022

To: All Interested Providers

From: Terri Gearon, Financial Services Director /s/ Terri Gearon
The Judiciary, State of Hawaii

Subject: **Request for Information for Juvenile Drug Court Substance Abuse
Treatment, The Judiciary, State of Hawaii, First Circuit
RFI J23241**

The Judiciary, State of Hawaii is publishing this Request for Information (RFI) pursuant to Chapter 103F, Hawaii Revised Statutes, to obtain comments and suggestions from interested providers for the planned purchase of Juvenile Drug Court Substance Abuse Treatment. Draft service specifications are attached to this RFI for your review.

Written comments in response to the RFI shall be emailed to:
Joel.A.Tamayo@courts.hawaii.gov.

The deadline for the receipt of comments is 2:00 p.m., H.S.T., on November 23, 2022.

Input received in response to this RFI may be incorporated into the specifications and be used in a formal Request for Proposals, tentatively scheduled for December 2022.

Note: Participation in this RFI is optional, and is not required to respond to any subsequent procurement announcements. Neither Judiciary nor any interested parties responding has any obligations under this RFI. Contracts resulting from the RFP will be for the period indicated in the service specifications.

**2.10 SVC SPEC TITLE: Juvenile Client and Family Services
JC125SA -- Juvenile Drug Court Substance Abuse Treatment**

2.10.1 Introduction

A. & B. - (SEE SECTION 2.0.1)

C. Description of the goals of the service

The goal of the service is to provide evidence-based practices to treat youth in need of substance abuse treatment and provide a sustainable approach to recovery by assessing, engaging, and treating the youth adjudicated and/or referred to the Juvenile Drug Court program. Services should provide juvenile offenders with the skills and knowledge to effectively deal with their use of alcohol and drugs in order to eliminate re-offending behaviors. Services should also be reflective of the court's balanced and restorative justice philosophy, and the juvenile justice reform effort with emphasis on best practices/evidence-based practices, collaboration, and cultural competency. The goals of balanced and restorative justice are accountability, competency development, and public safety.

D. Description of the target population to be served

Juveniles between the ages of 12 to 17 years who are referred for law violations and status offenses and youth up to age 18 under the Juvenile Drug Court.

E. Geographic coverage of service

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

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

Probable funding amounts:

FY 2023 FY 2024 FY 2025 FY 2026

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

Funding source: State General Funds and Federal Funds.

Period of availability: The Judiciary intends to award a multi-term contract with an initial term of seventeen (17) months starting February 1, 2023 through June 30, 2024, with the possibility of an extension of up to two (2) additional twelve (12) month periods., subject to the appropriation and availability of funds and satisfactory contract performance. All State funds are contingent on appropriation, and all Federal funds are

contingent on the awarding of grant applications. Funds are available for only the initial term of the contract which is for seventeen (17) months.

2.10.2 General Requirements

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

1. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.
2. The applicant must have demonstrated competence or qualifications to perform the required services and shall have a minimum one-year experience in the provision of substance abuse treatment services.
3. The applicant must have an accounting system, with acceptable accounting practices and standards.
4. The proposed service must meet all required state licensing or certification standards, provide assurances of fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance coverage as applicable.
5. The applicant shall submit in a timely manner upon request by the Judiciary, any additional information needed by the Judiciary to make a decision on the applicant's proposal. The Judiciary may request an oral discussion or presentation in support of the proposal. On-site visits may be made.
6. The applicant shall comply with Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/01/98), which can be found on the SPO website (See Section 5, Proposal Application Checklist, for the website address).
7. 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, have a system for implementing and maintaining program integrity, and are in 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 Drug Addiction Treatment Improvement Protocol Series (TIPS) and the National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment, and/or access the individual government agency websites.

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

After-the-fact secondary purchases will be allowed.

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

Allowed Not allowed

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

Single Multiple Single & Multiple

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

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

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

A multi-term contract will be awarded based on a determination that it is in the best interest of the Judiciary. The initial term of the contract shall be for seventeen (17) months starting February 1, 2023 through June 30, 2024. Funds are available for only the initial term of the contract. The contract may be extended for an additional two (2) twelve (12) month periods, subject to appropriation and availability of funds and satisfactory performance of services by provider. Execution of a contract amendment is required to extend the contract for another term. If it is determined that it is not in the best interest of the Judiciary to award a multi-term contract, a single-term contract will be awarded.

F. RFP contact persons

The individuals listed below are the points of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted through the State of Hawaii Electronic Procurement System (HiePRO) before the day and time specified in HiePRO.

Buyer Information:

Judiciary Contracts & Purchasing Office
Noreen Miyasato at (808) 538-5805
Noreen.K.Miyasato@courts.hawaii.gov

Specifications Contract Information:

Oahu: Juvenile Drug Court, First Circuit
Joel Tamayo @ (808) 534-6588 fax: (808) 538-5798
Email: Joel.A.Tamayo@courts.hawaii.gov

2.10.3 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

Applicants may provide a comprehensive continuum of evidence-based offender-oriented treatment services to include Substance Abuse Assessments, Substance Abuse Education, Outpatient, Intensive Outpatient, and Residential Treatment to adolescents with alcohol and/or other drug related problems that are ordered or directed by the court to obtain such services. 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 and documentation shall be included in the client's chart.

Applicants should also provide evidence of best practice standards in the delivery services to include but not limited to cultural and gender appropriate services. Applicants shall provide dynamic, interactive, culturally sensitive, activity oriented, evidence-based program components designed to engage youth and their parents/guardians as appropriate, in the process of change and the emphasis of programming shall be variety and age appropriateness. Must be able to demonstrate the ability to incorporate trauma informed care into the delivery of services, when deemed necessary.

Proposal must include demonstrated capacity in providing services to youth diagnosed with Fetal Alcohol Spectrum Disorders and youth with similar needs. Provider must be knowledgeable about FASD and the implications for service delivery and needed supports for afflicted youth.

Selected provider shall work with the referring Judiciary staff to individualize services based on the Youth Assessment and Screening Instrument (YASI) conducted by the Family Court. Criminogenic risk and needs assessed include the following domains: Legal History, Family, School, Community and Peers, Substance Abuse, Mental Health, Aggression, Attitudes, Skills, and Employment/Free time. Provider shall demonstrate capacity to provide cognitive behavioral interventions with the goal of increasing social skills and prosocial attitudes, as specifically identified in the YASI assessment.

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

Selected provider shall work as a liaison between the court and the youth's current substance abuse provider. The provider shall provide consultation to the court to information they have received from the youth's current substance abuse counselor regarding treatment recommendations and/or interpretation of treatment methods. Consultation services shall include epidemiology, etiology, comorbidity, assessment, treatment, prevention, and harm reduction. In addition, the selected provider shall provide substance abuse consultation to the courts on the youth they are currently treating.

The selected provider shall attend treatment team meetings, triage meetings, in-court consultation/staffing, and other related treatment

In the event of unforeseen circumstances (as identified by the Judiciary) that prevents face-to-face contact with client, Applicants shall submit to the Judiciary, a Continuation of Operations Plan (COOP) that indicate how continued access to services shall continue.

Applicants may propose the whole continuum or any part of the continuum.

1. **Substance Abuse Assessments.** Applicants shall complete substance abuse assessments that assess the degree of adolescent substance use and provide a recommended level of service. The purpose is to accurately identify treatment needs; evaluate existence or severity of a substance use disorder (SUD); examine the nature, correlates, and consequences of substance use including family impact; and provide a recommended level of service. Assessments shall include components that thoroughly assess biopsychosocial and family function and identify risk and protective factors. Substance abuse assessments shall be completed or reviewed/approved by certified substance abuse counselors, program administrators certified pursuant to Section 321-193 (10), Hawaii Revised Statutes; or individuals who hold an advanced degree in a behavioral health science. Assessments will take into consideration client history of substance use; bio-medical conditions and complications; emotional, behavioral or cognitive conditions and complications; readiness to change; relapse, continued use or continued problem potential and recovery/living environment. As part of the assessment process applicants shall identify the youth's caregivers and shall interview family members and/or other supportive individuals important to the youth's recovery.

If the juvenile is incarcerated at the time, the Applicant shall conduct the assessment at the institution (i.e. Detention Center and/or Hawaii Youth Correctional Facility). Assessments shall apply Diagnostic and Statistical Manual and the American Society of Addiction Medicine Patient Placement Criteria. Assessment tools shall be validated, standardized, and objective instruments that summarize the level of need through an actual score or objective criteria. Everything used to gather data for the report, such as questionnaires, interviews, observations, test results, and collateral information shall be listed in the report. The written report shall include and substantiate the basis for the diagnosis and

the recommended level of care placement and other service activities.

Applicants shall be available to meet with the youth in the community, including the youth's school, or out-of-home placement site. If the youth is incarcerated at the time, the Applicant shall conduct the assessment at the institution (i.e., Detention Center and/or Hawaii Youth Correctional Facility).

The assessment report shall be used for case planning and court interventions. The assessment report shall be required to be submitted to the supervising probation officer no more than ten (10) working days after completing the assessment.

2. **Outpatient/Intensive Outpatient Treatment.** Outpatient/Intensive Outpatient Treatment provides comprehensive non-residential services to adolescents with substance abuse problems. Program activities shall include professionally directed assessment, initial and updated treatment planning, crisis management plan, discharge plan, case management, individual and group counseling, substance abuse education, skills training pertaining to the pharmacology of substance abuse, lifestyle consequences, emotions management, coping skills and problem-solving training using cognitive behavioral techniques and support services.

Outpatient services shall provide between one (1) and (6) hours per client per week of face-to-face treatment, including one (1) hour of scheduled and documented individual counseling per client per month. Intensive Outpatient services shall provide six (6) or more hours per week of face-to-face treatment services, including one (1) hour of scheduled and documented individual counseling per client per week.

All individual and group sessions shall involve direct, formal clinically appropriate face-to-face contact as the preferred mode of treatment with options for the use of telehealth services when more appropriate.

3. **Consultation Services** The provider shall provide consultation to the Drug Court team at treatment team meetings, triage meetings, court hearings and in-court staffings. The provider shall provide consultation to the team on youth in the Juvenile Drug Court Program with their impressions or professional opinion based on the information provided and/or their interaction with the client. Consultation shall include recommendations for intervention or modification of an already implemented intervention, assess the appropriateness and effectiveness of services and supports, interpretation of assessments and treatment methods, and information on youth substance use and its effects on adolescent development, including epidemiology, etiology, comorbidity, treatment, prevention, and harm reduction.

4. **Case Management** The provider shall provide case management services to youth in the Juvenile Drug Court Program. Case Management services shall include coordinating services; collaborating with community providers; identifying and evaluating resources; and accessing, arranging and monitoring services for youth in the Juvenile Drug Court program. Selected provider shall work as a liaison between the court and the youth's current treatment providers. The provider shall promote collaboration among the Juvenile Drug Court team and community providers to enhance service delivery and facilitate youth goal attainment.

The provider shall document all case management activities and provide the information to the Juvenile Drug Court team when requested.

5. Applicants shall establish and implement policies and procedures for the following:
 - a. Applicants for Outpatient/Intensive Outpatient Treatment services shall provide written admission, weekly progress reports, and discharge reports to supervising probation officers. Written admission and discharge reports shall be provided no more than 5 days after admission and discharge. Weekly progress reports are due the day prior to the youth's court hearing. Discharge reports shall include the dates of admission, treatment and termination; reasons for termination with explanation; discharge plans and recommendations (including recommendations for handling of client target behaviors, relapse prevention plans, possible sanctions, etc), when applicable. Applicants shall attach sample copies of report formats to be used for these purposes.
 - b. Programs shall notify the supervising officer or program of any prospective major change in a client's status (i.e. potential discharge or level of care change) occurring before the scheduled reporting cycle. Program staff will participate in team meetings with the Judiciary when it is determined to be in the best interest of the client's treatment and adjustment.
 - c. Applicants who provide Outpatient, Intensive Outpatient treatment modalities shall develop and implement appropriate transition plans for each client prior to discharge with a meeting with all parties involved to come up with the transition plan. The plan shall address transition and relapse prevention and shall be forwarded to the supervising officer.
 - d. Applicants shall identify and provide brief description of the distinguishing highlights for the evidence-based treatment model(s) and/or curriculum to be used. The applicant shall incorporate best practices/evidenced-based practices, such as a cognitive-behavioral

approach, motivational interviewing, etc. into individual and group sessions as appropriate.

- e. Applicants shall provide treatment transition assistance to the client in the event that treatment funding is terminated, i.e. referral to another program, referral back to the supervising officer, etc.
- f. Outpatient/Intensive programs shall collaborate with other community agencies and resources, including but not limited to health, mental health, social, educational, vocational rehabilitation, and employment services for coordination and linkages with other services as part of the continuum of care.
- g. Applicants shall provide descriptions for receiving, documenting, and responding to client's grievances, including an appeals process.
- h. In the event of unforeseen circumstances (as identified by the Judiciary) that prevent face-to-face contact with the clients, Applicants shall submit to the Judiciary a Continuation of Operations Plan (COOP) in a format specified by the Judiciary, indicating how applicant's plan to continue to provide access to services. In the event that face-to-face services are not feasible, the Judiciary has the ability to allow all services identified (Section A; Service Activities), to be conducted via telehealth/telemedicine (e.g., audio-visual, audio only) and will be considered the same as face-to-face contact and paid at the same rate.

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

1. Personnel

- a. The applicant shall possess and document knowledge, capacity, skills and experience in working with the targeted population. Applicants shall ensure that clinical supervision over program activities is provided by Hawaii State certified substance abuse counselors (CSACs) pursuant to Section 321-193 (10), Hawaii Revised Statutes; or who hold an advanced degree in behavioral health science (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 Master level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning

- Individual, group, and family counseling

*Direct supervision means a minimum of one hour 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.

- b. Applicants shall describe its program for increasing clinical staff competencies in the acquisition of evidence-based, offender-oriented treatment. At a minimum, applicants shall demonstrate how direct care staff will be assisted in understanding and applying the risk-need-responsivity principles in their treatment of offenders, as well as the stages of change, motivating the client toward change and behavioral treatment.
- c. The Applicant shall have a comprehensive system for staff training, development and for monitoring and evaluating its service delivery. Staff development must include relating family/systems-based interventions to substance abuse treatment.
- d. The applicant shall conduct a State and Federal fingerprint- based criminal history record check for any person, including, but not limited to any officer, employee, volunteer or subcontractor, who performs work or services which necessitates close proximity to or unsupervised access to vulnerable clients such as children, disabled, and/or the elderly , or other program related vulnerable clients . In addition, the applicant will conduct a search of the State and National Sex Offender Registries, <http://sexoffenders.ehawaii.gov> (State Sex Offender Registry) and the www.nsopr.gov (National Sex Offender Public Registry). The minimum record check will be conducted once every four years for each person, and/or at the outset of the contract period if such checks have never been conducted. Further, the applicant will ensure the continued suitability of any officer, employee, volunteer or subcontractor to work or provide services to vulnerable clients. Results of all criminal history record inquiries conducted shall be placed in the employee's or volunteer's personnel file and shall be available to Judiciary for review. The applicant further shall have a written plan for addressing any findings that result from a criminal history record check that may affect the treatment milieu (e.g. actively under the supervision of any criminal justice agency, convicted sex offenders). Prior to commencing any work or services on the contract, the applicant shall ensure that any officer, employee, volunteer or subcontractor is suitable to be performing work or services in close proximity to or with unsupervised access to children, disabled,

and/or elderly clients will be of reputable and responsible character and will not pose a risk to the health, safety, security, or well-being of clients, staff and the general public.

- e. The applicant shall have on the premises at least one person currently certified in First Aid and CPR.
- f. The applicant shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- g. The staff and volunteers, if used by the applicant, shall be under the supervision of the program director or his or her designee and shall, accordingly, be trained in client confidentiality issues and program quality assurance requirements.

2. Administrative

- a. The applicant shall establish and implement policies and procedures which clearly identify the target population for each type of service, the program content, and methods of service delivery.
- b. The Judiciary reserves the right to shift resources at any time during the contract period when there is a monthly pattern of under-utilization indicating funds are better applied elsewhere. The reallocation of funds shall be determined by the Judiciary at its discretion to best meet the needs of the Judiciary.

3. Quality assurance and evaluation specifications

- a. The applicant shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver the services, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- b. Program evaluation should reflect the documentation of the achievement of the stated goals, using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.
- c. Applicants shall agree, by contract, to be willing to undergo a program assessment and/or audit designed to assess applicant's implementation of effective practices in working with offenders with substance use problems. Based on the assessment/audit report, the vendor will develop in concert with the contracting agency, an action plan to address areas which need improvement. There should be at least one quality improvement activity completed annually.

- d. The Applicant shall agree, by contract, to be willing to undergo periodic onsite visits, scheduled and unscheduled and allow the Judiciary access to all materials, files, and documents relating to provision of services. In addition, the Judiciary may, at its discretion, observe individual, group, and educational sessions conducted by the Applicant for contract monitoring purposes.
- e. Applicants shall provide all program monitoring, assessments and/or evaluation reports completed within the last two years.

4. Output and performance/outcome measurements

- a. Output: The applicant shall record unduplicated clients served. The unduplicated client count shall be recorded in the applicant's quarterly reports, culminating in a final unduplicated client count on the applicant's final report.
- b. Outcome: The applicant shall propose measurement tools by which effectiveness of the services may be determined, as well as utilize any provided by the Judiciary

5. Experience

- a. The Applicant must have demonstrated competence or qualifications to perform the required services.
- b. The Applicant must have a minimum of one (1) year experience in the provision of substance abuse treatment services.
- c. The Applicant shall have a minimum of one (1) year experience in the provision of services to youth in the juvenile justice system. In the absence of such experience, the applicant will provide supporting evidence why the one (1) year requirement should be waived.

6. Coordination of Service

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

7. Reporting requirements for program and fiscal data

- a. The applicant shall submit written quarterly and year-end reports summarizing output and outcome data, performance accomplishments, challenges, and actual expenditures. Quarterly reports are due 30 days

after the end of the quarter. Final reports are due 45 days after the end of each fiscal year and/or at the end of the contract period, as applicable.

- b. Reports shall consist of a statement by the applicant relating to the work accomplished during the reporting period and shall include statements of the nature of the work performed, identification of persons served by the applicant during the reporting period, identification of any immediate problems encountered during the reporting period, and any recommendations deemed pertinent by the applicant, as well as a statement of what activities are proposed to be accomplished during the next reporting period. In addition to the written progress reports, the applicant, upon request, shall be required to meet with representatives of the Judiciary to discuss the progress of the work required.
- c. The applicant shall, at the completion of the contract period, submit a final written report to the Judiciary. The report shall include documentation of the applicant's overall effort towards meeting the program goals and objectives, to include information on the outcome(s) of quality improvement activities in which the program is engaged. Furthermore, the applicant shall furnish any additional reports or information that the Judiciary may from time to time require or request.
- d. The applicant shall comply with the requirements of the statewide substance abuse treatment monitoring program established under HRS 321-192.5. The Judiciary additionally requires that all programs which provide substance abuse treatment services, whether accredited or not accredited by the Department of Health, Alcohol and Drug Abuse Division (ADAD), participate in the statewide data collection activities under the purview of ADAD

6. Pricing or pricing methodology to be used

Negotiated unit of service.

7. Units of service and unit rate

Estimated number of treatment slots (per year):

Oahu:	8	Juveniles (Assessments)
	30	Juveniles (Outpatient/Intensive Outpatient)
	25	Case Management
	48	Consultation Services In-Court Sessions
	36	Consultation Services Triage/Treatment Team Sessions

For assessment Applicants shall indicate proposed unit rate per an assessment and must indicate proposed unit rate applicable to both in-custody or, in-community.

If a separate unit rate is not listed it will be assumed that the unit rate applies to all assessments.

For out-patient/intensive out-patient Applicants proposals shall include the unit rate as a proposed fee for individual units of service (individual, group, education, etc.), per an hour per youth. Proposals shall include, as applicable, average lengths of treatment proposed for out-patient, intensive out-patient, group sizes and frequency of services (i.e., number of sessions per week), as applicable.

For Case Management, applicant's proposal shall include a unit rate per hour per youth.

For Consultation Services, applicants shall indicate proposed unit rate per session. In Court sessions are based on an average of 3 hours. Triage/Treatment Team meetings are on an average of 2 hours.

8. Methods of compensation and payment

- a. The Applicant shall be required to submit monthly invoices to ensure accurate payments for services rendered. Information to be included shall be client's name, date of admission, date of discharge, reason for discharge, level of service provided and number of units provided with corresponding dates and service unit fee.
- c. The Applicant shall maximize reimbursements of benefits for all levels of care through Hawaii Quest and Quest Net, the client's private insurance, the Department of Human Services or any other sources of payment made known to the Applicant by the client for treatment, housing or subsistence. Payments to the Applicant shall be reduced by received third party payments.

2.10.4 Facilities

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