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Date: June 6, 2025

To: All Interested Providers

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

Subject: **Request for Information for Health & Human Services (103F, HRS) for
Housing for Mothers and their Children in Residential/Housing Programs
RFI J26107**

The Judiciary, State of Hawaii issues this Request for Information (RFI) pursuant to Chapter 103F, Hawaii Revised Statutes, to seek information and recommendations from interested providers for the planned purchase of Health and Human Services for The Judiciary, Family Court First Circuit, Housing for Mothers and their Children in Residential/Housing Programs.

Description of the goals of the service

The goals of the requested service are: (1) To provide a comprehensive evidence-based, offender-oriented, continuum of residential substance abuse treatment services and clean and sober homes to mothers with alcohol/and other drug problems, who are ordered or directed by the court to obtain treatment; and, (2) the goal of treatment will be to assist adult mothers, abusing or addicted to alcohol and/or other drugs the opportunity to have their minor children reside with them while attending treatment. This is needed to reduce the trauma and mental health development for both mother and child. The overall goal is to provide effective strategies, skills, and knowledge to the mothers which will result in long-term abstinence and a reduction of their re-offending behaviors. The continuum includes Residential Drug Treatment, Therapeutic Living Programs, Mental Health Residential Programs, and Clean and Sober Homes for women and children.

Description of the target population to be served

The target population includes adult women offenders, who have minor children, referred to the Judiciary, age 18 or older, and supervised by the Adult Client Services Branch in the First Circuit of the Judiciary. The target population shall be women who have custody of or who are in the process of reunifying with their minor children, with alcohol and/or other drug related problems and/or with co-occurring disorders.

Geographic coverage of service

Service areas include the following:

First Circuit Island of Oahu

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. Residential programs must meet the requirements of the State of Hawaii, Department of Health's (DOH) Administrative Rules: Title 11, Chapter 98, pertaining to Special Treatment Facility. Programs must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse treatment programs.
3. Therapeutic Living programs must meet the requirements of the State of Hawaii, DOH's Administrative Rules: Title 11, Chapter 98, pertaining to Special Treatment Facility as it pertains to Therapeutic Living. Programs must have an appropriate license to operate from the DOH, Office of Health Care Assurance (OHCA).
4. Clean and Sober Homes must be on the Department of Health, Alcohol and Drug Abuse Division (ADAD) Clean and Sober Home Registry and be in good standing.
5. The proposed services must meet all required state licensing or certification standards, provide assurances for fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance coverage and identification as applicable.
6. 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.
7. The Applicant shall comply with the Chapter 103F, HRS Cost

Principles for Purchase 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).

8. The Applicant shall have an accounting system in compliance with generally acceptable accounting principles.

Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

1. Applicants will provide a comprehensive continuum of evidence-based offender-oriented treatment services to include Residential and/or Mental Health Residential Drug Treatment, Therapeutic Living Programs, and clean and sober housing, to mothers, with alcohol and/or other drug related problems, accompanied with their children, who are ordered or directed by the court to obtain such services. Applicants may propose parts of the continuum of treatment as listed below:
 - a. Residential Treatment – A Residential Treatment Program shall provide 24 hour per day non-medical, non-acute care in a residential treatment facility that provides a planned regimen of professionally directed evaluation, treatment, case management, and other ancillary and special services. Observation, monitoring and treatment are available 24 hours a day, seven (7) days a week, with minimum of one (1) individual counseling session per week with each client. This includes mothers who have co-occurring disorders.
 - b. Therapeutic Living – A Therapeutic Living Program shall provide structured residential living to mothers who are without appropriate living alternatives and who are currently receiving substance abuse treatment in a Day, Intensive Outpatient, or Outpatient treatment program, or who have been clinically discharged from residential treatment. This includes women who are attending a dual diagnosis program. Therapeutic

Living Programs shall provide therapeutic rehabilitative activities. Activities can include, but are not limited to, needs assessment, service planning, individual and group skill building and practice, referral and linkage, employment, case management, client support and advocacy, monitoring and follow up.

The primary focus of this program is to provide the necessary support and encouragement to enable the mother to complete treatment outside of a residential program, to adjust to a chemically abstinent lifestyle and to manage activities of daily living so that the mother can move towards independent housing and life management along with her minor children.

- c. Clean and Sober Homes- A Clean and Sober Home shall provide accommodation to unrelated adults who are without appropriate living alternatives and who may be participating in a drug and/or alcohol program's continuum of care or have been clinically discharged from a program. The Clean and Sober Homes shall provide the necessary support and encouragement for the mother to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management. Clean and Sober Homes are different from Therapeutic Living Programs in that mothers do not require 24-hour supervision, rehabilitation, therapeutic services, or home care. Rather, it provides mothers in recovery an environment that is free from alcohol and/or drugs; are independent; and share household expenses. The Clean and Sober Home must be under the Department of Health, Alcohol and Drug Abuse Division Clean and Sober Registry and be in good standing.

2. Proposals shall delineate the following:

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

exclusionary criteria.

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

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

- l. Provide evidence-based practice standards in the delivery services to include but not limited to cultural and gender appropriate services.
 - m. Incorporate the use of trauma informed care in the delivery of services.
 - n. Written policies and procedures governing client's rights, grievances, fees, charges, payments, and deposits.
 - o. Written screening criteria for new clients (clean and sober houses)
 - p. Written house rules (clean and sober houses)
 - q. Written policies on maintaining an alcohol and drug-free environment.
 - r. Written plan on emergency phone numbers, procedures, evacuation maps in marked locations including emergency resident contact information. Policies addressing neighbors' reasonable complaint regarding: smoking, loitering, parking, noise, offensive language, and cleanliness (Good Neighbor HAR §11-178-7(g))
3. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM- PPC-2R) for admission, continuance, and discharge and documentation shall be included in each client's clinical chart.
4. The Applicant shall have the capability and capacity to conduct alcohol and drug testing that would include urine and/or blood.

The Applicant shall provide their written policies and procedures for such testing and shall describe the frequency and application of testing in treatment. Random and observed collection are required. The Applicant shall insure that chain of custody and confidentiality issues are addressed appropriately.

The Applicant shall identify instrumentation being utilized to conduct such testing and shall have the ability to do laboratory confirmation testing utilizing Gas Chromatography Mass Spectrometry or Liquid Chromatography Tandem Mass Spectrometry. Laboratories conducting such confirmation testing shall be Substance Abuse and Mental Health Services Administration and/or possess College of Addiction Pathologists – Forensic Urine Drug Testing certified. Confirmation testing at Limit of Quantitation levels is preferred.

Positive drug test results shall be reported immediately to the supervising agency/probation officer.

5. Written discharge reports shall be provided no more than ten (10) working days after a client's discharge or earlier upon request of the supervising officer, for court hearing purposes. 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.
6. 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.
7. Applicants who provide Outpatient, Intensive Outpatient, Day and Residential treatment modalities shall develop and implement appropriate transition plans for each client prior to discharge. The plan shall address transition and recovery issues and relapse prevention, and shall be forwarded to the supervising officer.

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.

Written comments in response to the RFI shall be emailed to the Mr. Calvin J. Ung at Calvin.J.Ung@courts.hawaii.gov.

The deadline for the receipt of comments is **12:00 p.m., HST, on Friday, June 20, 2025.**

PLEASE NOTE:

- Participation in the RFI is optional and is not required to respond to any subsequent procurement action a purchasing agency may take. Neither the purchasing agency nor interested parties responding have any obligation under the RFI.
- Neither the Judiciary nor any interested party responding to the RFI has any obligation under this process.
- The purchasing agency reserves the right to adopt or not adopt any recommendations presented in response to the RFI.
- This RFI does not commit the Judiciary to solicit or award a contract or to pay any costs incurred in the preparation of the information submitted. The Judiciary reserves the right to accept, reject, or utilize without obligation, any information submitted in response to this request.