
X Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

A Request for Information (RFI) was posted on the State Procurement Office (SPO)/Procurement Notices System website on March 2, 2016 and written comments, suggestions, and questions were accepted until March 11, 2016 to gather information and assist in the development of this RFP.

Planning information may be obtained from Christine Gamboa, POS Specialist and RFP contact person, by email at cgamboa@dhs.hawaii.gov.

C. Service goals

There are three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. Additionally, the principles of family-centered and strengths/needs-based practice are important elements in service provision. Based on these, the guiding principles of CWS Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services. Child safety must be the paramount concern when making service provision, placement, and permanency planning decisions.
2. Reasonable efforts to maintain and reunify families are important except when it is determined that the child's safety in the family cannot be assured. Thus, risk and safety assessment skills are important in maintaining the quality of child welfare services and decision making.
3. Children should be helped to stay with or return to their families, when safety can be assured, through the provision of timely, appropriate, quality, and individualized service activities and supports that build on the strengths of children and families and are responsive to their needs.
4. If children cannot remain safely in their homes, foster care and other temporary placements shall be considered as an extension of family life rather than as an alternative to it. The child's need for attachment and connections shall be addressed through strengthening the family as a resource for the child.
5. Family crises provide opportunities to families to address problems. When timely, appropriate, and high quality services are provided to families in crisis, family members, CWS Branch staff, and Family Court are able to make informed decisions about the biological, foster, or adoptive parents' ability to protect and care for their children.
6. Service activities shall be comprehensive, coordinated, and collaborative and provided in all designated geographic areas under the contract.
7. Service activities shall be competent, culturally appropriate, responsive to the strengths, needs, values, and preferences of the child and the family, and delivered in a manner that

is respectful of and builds on the strengths of the family, the community, and cultural ties. Service activities shall address the physical, emotional, educational, and social needs of the child and the family’s ability to protect the child. Service activities shall provide clear and attainable goals and objectives for each participant.

- 8. Service activities shall be individualized, addressing the unique capacities and needs of each child and family.
- 9. Service activities shall empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

Reflecting the CWS Branch guiding principles, the goals of this service are to:

- 1. Prevent child maltreatment or recurrence of maltreatment among families at risk through the provision of supportive family services.
- 2. Assure children’s safety within the home and preserve families in which children have been maltreated when the family’s problems can be addressed effectively.
- 3. Address the problems of families whose children have been placed in foster care so that permanency may occur in a safe, stable, and timely manner.

D. Target population to be served

The target population to be served is:

- 1. Children who are reported to CWS as being harmed or threatened with harm by a family member.
- 2. Families with children at risk of child abuse and/or neglect who are referred by CWS, VCM, or FSS.

CWS referrals shall have first priority.

Specifics regarding the target population may be adjusted to meet the needs of the community and to comply with State or federal laws. In that event, the DHS shall notify the Provider in writing about the necessity of the change/s and what the proposed change/s will be. The Provider shall have the opportunity to discuss the change/s prior to its/their implementation.

The estimated number of families to be served annually per service group/geographic area are:

CCSS:

- 1. East Hawaii 150
- 2. West Hawaii 115
- 3. Kauai 80
- 4. Maui* 150
- 5. Oahu 550

*This service does not cover Lanai and Molokai. CCSS is provided to those islands via the Lanai Integrated Services System (LISS) and Molokai Integrated Services System (MISS) contracts.

IHBS:

- 1. East Hawaii 30
- 2. West Hawaii 20
- 3. Oahu Minimum 45 up to 90, based on needs and funding available

Monthly Worker Visits:

- 1. West Hawaii 40
- 2. Oahu 40

E. Geographic coverage of service

The Provider shall be responsible for the provision of the full range of contracted services throughout the contracted area/s, including service capacity and staffing.

Services shall be provided to the geographic areas listed below per service group:

CCSS:

- 1. East Hawaii
- 2. West Hawaii
- 3. Kauai
- 4. Maui
- 5. Oahu

IHBS:

- 1. East Hawaii
- 2. West Hawaii
- 3. Oahu

Monthly Worker Visits:

- 1. West Hawaii
- 2. Oahu

F. Period of availability, probable funding amounts, and sources

Each contract shall be awarded for an initial term of one (1) year and six (6) months with the possibility of two (2) extensions for two (2) years each thereafter, subject to the availability of State and federal funds, continued identified community need, and the satisfactory performance of services by the Provider as determined by the DHS. The maximum contract term shall not exceed five (5) years and six (6) months, from January 1, 2017 through June 30, 2022.

Total contract funding is anticipated to be \$8,334,143.00 per fiscal year. Total contract funding shall be pro-rated for periods of less than one (1) year.

Total contract funding per service group/ geographic area is as follows:

CCSS:

| | | |
|----|-------------|----------------|
| 1. | East Hawaii | \$886,856.00 |
| 2. | West Hawaii | \$988,892.00 |
| 3. | Kauai | \$445,192.00 |
| 4. | Maui* | \$891,703.00 |
| 5. | Oahu | \$3,700,000.00 |

IHBS:

| | | |
|----|-------------|--------------|
| 1. | East Hawaii | \$262,500.00 |
| 2. | West Hawaii | \$309,000.00 |
| 3. | Oahu | \$700,000.00 |

NOTE: Funding for this service group is only guaranteed until June 30, 2019.

Monthly Worker Visits:

| | | |
|----|-------------|-------------|
| 1. | West Hawaii | \$90,000.00 |
| 2. | Oahu | \$60,000.00 |

The allocation of funding per contract is based on the total funding amount available for the service and the estimated costs of providing services to the goal numbers of clients to be served per service group/geographic area (see Performance Measurement Form A, Section 2 of this RFP). The allocation includes compensation for operating costs, including personnel; administrative expenses shall not exceed 15% of the total allocation.

Funding increases and decreases shall also be subject to the availability of State and federal funds, changes in the service specifications (e.g. the target population to be served, the geographic location's needs, utilization increases/decreases, service activities, and service delivery), and satisfactory performance by the Provider as determined by the DHS.

Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change per Hawaii Administrative Rules (HAR) §3-149-303(d).

2.2 Contract Monitoring and Evaluation

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

- A. **Quality of Care/Quality of Services**
- B. **Output Measures**
- C. **Performance/Outcome Measures**

- D. Financial Management**
- E. Administrative/Management Requirements**

2.3 General Requirements

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

The Provider shall comply with the following requirements as well as the General and Special Conditions, which include further requirements of this contract (see Section 5 of this RFP).

1. The Provider shall provide services in concurrence with all Hawaii Revised Statutes (HRS), with particular attention to Chapters 346, 350, and 587A; Hawaii Administrative Rules (HAR); Code of Federal Regulations, Title 45 – Public Welfare, Part 1340 – Child Abuse and Neglect Prevention and Treatment (45 CFR 1340); and the DHS’ policies and procedures.
2. The Provider shall be qualified, as well as certified, licensed, and/or accredited, as applicable, to perform the services solicited in this RFP.
3. The Provider shall share any and all information with the DHS, as necessary, and other parties, as applicable, to ensure the safety, permanency, and well-being of the child and the family.
4. The Provider may be required to become involved in Family Court activities if a member of the Provider’s staff receives a subpoena or a court order from the Court to attend a Court hearing and/or provide information to the Court. Subpoenaed and court-ordered staff are required to attend the Court hearing and/or provide the requested information to the Court. Subpoenaed and court-ordered staff shall cooperate with the DHS and the Department of the Attorney General (DAG) regarding the Court hearing and/or the provision of the requested information to the Court, including assisting the DAG in preparation for their appearance at the Court hearing.
 - a. Court involvement may include, but is not limited to, providing testimony in Court, attending Court hearings, and submission of reports to the Court. Court hearings may pertain, but are not limited, to those involving Temporary Restraining Orders (TROs), Juvenile Court, and paternity, child custody, and divorce matters.
 - b. Subpoenaed and court-ordered staff may be required to testify as a qualified child abuse and neglect expert regarding their respective area of service provision.
 - c. Testimony shall be based on the observations and assessments made during the staff’s service provision.
 - d. The DHS may require the use of a specified format on which to provide requested information to the Court and/or identify specific information that shall be included in reports to the Court. Provision of requested information to the Court may include providing staff resumes, if requested.
 - e. Non-subpoenaed or non-court-ordered staff may accompany a family to Court to provide support, if requested by the family. Non-subpoenaed or non-court-ordered staff may be allowed to be present in the courtroom if deemed appropriate by the Court.

5. The Provider shall not impose any income eligibility standard on clients or families as a basis for receiving services provided through this contract.
6. Disagreements may occur between the Provider and the DHS regarding various issues (e.g. the performance of service activities within contracted specifications). The DHS shall make every effort to resolve these disagreements in a manner acceptable to both parties. However, if a disagreement is unable to be resolved acceptably to both parties, the DHS shall prevail. If the Provider fails to comply with the DHS' directive, it may be deemed cause for corrective action and/or potential contractual remedies, including contract termination.
7. The contract shall be modified, as necessary, to include changes in the service specifications (e.g. the target population to be served, the geographic location's needs, utilization increases/decreases, service activities, and service delivery), State or federal statutes or rules, and/or the requirements of applicable funding sources. In that event, the DHS shall notify the Provider in writing about the necessity of the change/s and what the proposed change/s will be. The Provider shall have the opportunity to discuss the change/s prior to its/their implementation.
8. The Provider shall participate in quality assurance/improvement projects for research and evaluation purposes as requested by the DHS. Such activities shall include one Child and Family Service Review (CFSR) per year/per qualified staff as arranged by the DHS. Qualifications of the Provider's staff to participate in the CFSR shall be determined by the DHS.

Other quality assurance/improvement activities that the Provider may participate in shall include data collection and requests related to current DHS initiatives, programs, and activities. The DHS may request that the Provider provide records for review for these purposes.

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

After-the-fact secondary purchases may be allowed, upon approval by the DHS.

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

Multiple proposals shall be allowed.

Alternate proposals shall not be allowed.

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

Single

Multiple

Single & Multiple

Single contracts shall be awarded for each geographic area. However, multiple contracts may be awarded to one Applicant for different geographic areas.

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

Single term (2 years or less) Multi-term (more than 2 years)

Initial contract term:

One (1) year and six (6) months, from January 1, 2017 through June 30, 2018.

The initial term shall commence on the contract start date.

Number of possible extensions: Two (2) extensions.

Length of extensions: Two (2) years.

Maximum contract term:

Five (5) years and six (6) months, from January 1, 2017 through June 30, 2022, subject to the Option to Extend provision of the contract (see #14, Special Conditions, Section 5 of this RFP).

Conditions for extension:

1. Ongoing need for the service, as determined by the State.
2. Availability of funding.
3. Acceptable utilization, as determined by the State.
4. Satisfactory performance, as determined by the State.
5. Satisfactory compliance with the terms and conditions of the contract, as determined by the State.
6. Must be in writing, shall allow 30 calendar days for consideration and approval, and shall be executed prior to the contract expiration date.

F. Subcontracting

(Refer to 3.2 General Conditions, Section 5 of this RFP)

Subcontracting shall be allowed with the prior written approval of the DHS. Subcontracting is encouraged to provide an array of services to families in all areas of the State, including culturally specific programming.

Prior to the start of the contract, the Provider shall submit any subcontracts to the DHS for review. The Provider shall ensure that its subcontractors comply with **all** of the contract requirements of this RFP. The Provider shall submit documentation of its subcontractor's compliance with the contract requirements as requested by the DHS.

Subcontracting is only allowed for CCSS and for Monthly Worker Visits. Subcontracting is not allowed for IHBS.

2.4 Scope of Work

The Provider shall provide CCSS in compliance with and including all of the following tasks and responsibilities detailed below:

A. Service delivery

Services to clients and their families shall be evidence-based or evidence-informed and follow best or promising practice principles. Services shall be provided using a trauma-informed approach, meaning attending to a client's emotional as well as physical safety, including understanding how trauma affects the client's life.

Services shall be culturally and linguistically appropriate, fully serving clients with Limited English Proficiency (LEP). Services shall also be fully accessible and accommodate clients with any disability.

Services shall be provided to all clients regardless of gender identity or sexual orientation. The Provider shall use gender neutral language in its program and prohibit harassment and discrimination based on gender, gender identity, gender expression, and sexual orientation.

The Provider shall make every reasonable effort to assure that services are provided in a flexible manner to clients and their families so as to best meet their specific needs. Service activities may need to be scheduled outside of normal office hours, such as in the evenings or on the weekends, to accommodate clients' schedules.

Services shall be provided for the period of time specified per service group in 2.4, C. Service Activities, Section 2 of this RFP. Extensions may be requested on a case by case basis, based on the individual needs of the client and their family, and shall be approved/disapproved in writing by the CWS/VCM worker.

The Provider shall assure and be responsible for the continuity of services in the event of staff illness, medical emergencies, vacancies, or other situations that might otherwise result in reduced program services.

1. Services shall:
 - a. Be age and developmentally appropriate.
 - b. Be client-centered, designed to meet the unique needs of each client and build on their strengths to promote and enhance safety, health, and well-being. Service and discharge planning shall be designed in conjunction with the client to the extent possible. The client's desires, needs, and perspective shall guide the development of all plans.
 - c. Facilitate the client's increased access to physical safety and resources and support them in facing any barriers to receiving services.
 - d. Assist the client in strengthening their resilience by reducing risk factors and increasing protective factors, such as building competence/self-esteem, strengthening the relationship between them and their family, as appropriate, and promoting pro-social activities in the school and in the community.

- e. Enhance the family's ability to provide safety, nurturance, and support for the client, as appropriate.
- f. Be provided in an environment that is welcoming, inclusive, de-stigmatizing, and not re-traumatizing.

B. Service Activities

The Provider shall establish and implement written procedures for intake, assessment, provision of service activities, and completion/termination of services (discharge), including the applicable criteria, timeframe for completion, and notifications to the CWS/VCM worker.

1. Competency areas

The Provider shall ensure that short and long term goals for the individuals and the families served, depending on their strengths and needs, address the following four competency areas:

- a. The parents'/caregivers' ability to meet the needs of the child/ren.
- b. The parents'/caregivers' ability to protect the child/ren.
- c. The parents'/caregivers' ability to maintain the safety of the child/ren.
- d. The parents'/caregivers' ability to problem-solve.

2. Protective factors

Services shall also be designed to promote the following protective factors:

- a. Emotional and social competence of children;
- b. Nurturing and attachment;
- c. Knowledge of child and youth development;
- d. Knowledge of parenting techniques;
- e. Concrete supports for parents;
- f. Parental resilience; and
- g. Social connections.

Services may be provided at program facilities, the client's home, or community locations as approved by the CWS/VCM worker in consultation with the Provider. The selected location shall provide for safe and appropriate interactions among the client, their family, and the Provider's staff.

C. Service Array

1. Comprehensive Counseling and Support Services (CCSS)

a. Service assessment and the Individualized Program Plan (IPP)

Service assessment and IPP development shall be core service activities and focus on:

- 1) Parental life skills and support;
- 2) Child skill building activities;
- 3) Developing/enhancing protective factors; and
- 4) Referrals to and service coordination with other community agencies, resources, and supports.

Service assessments shall evaluate the individual's strengths, needs, and ability to protect children, and determine any and all appropriate service activities and types needed for the individual and, if necessary, the family as a unit:

- 1) The Provider shall identify an assessment tool/process and/or use specific assessment tools/processes if specified by the DHS.
- 2) Assessments provided to CWS clients shall include an assessment of protective factors, strengths, and risks.
- 3) Assessments shall incorporate the DHS' assessment of the family including, but not limited to, the Safe Family Home Report.
- 4) During crisis intervention, services shall start immediately. Assessments may be completed concurrently with other services/interventions that shall start immediately. Assessments, if provided for in-home crisis intervention, shall be completed within three (3) days.
- 5) Assessments shall be completed within 30 days of referral.

The IPP:

- 1) The CWS client, the Provider, and the CWS worker shall, through collaboration, develop an IPP consistent with the DHS' Family Service Plan that provides each family clear goals, objectives, ongoing feedback, and progress reports. The Provider shall assure that the family understands the goals and objectives and that ongoing feedback and progress reports are furnished to them and to the CWS worker.
- 2) To develop the IPP, a telephone consultation or a face-to-face case conference shall be held no later than one month from the referral date.
- 3) The consultation or conference shall include the input of the client, the Provider, and the CWS worker. Live planning meetings with all parties are recommended.
- 4) The consultation or conference shall result in an IPP to determine the services to be provided. While the IPP shall generally be determined through a consensual agreement among all parties, the CWS worker has the final say.
- 5) The IPP shall describe services/interventions that address the needs and risk issues identified by the client and the family, the Provider, and the CWS worker.
- 6) The IPP shall be individualized to meet the needs and risk issues and incorporate the strengths, abilities, and culture of the client and the family.
- 7) Engaging the client in the development of the IPP is essential to its success. The client shall lead the development of the IPP as much as possible. The Provider shall assure that staff who develop IPPs with clients shall be trained in client engagement and service plan development.
- 8) The IPP shall be completed within 30 days of the referral.

b. Crisis intervention

The focus of in-home, crisis intervention services is to prevent the out-of-home placement of a child. A therapist shall be available for intensive and direct crisis intervention services on a 24-hour, 7-day a week basis. Service components include:

- 1) Assessment;
- 2) Crisis management;
- 3) Counseling;
- 4) Role modeling;
- 5) Education, especially in the area of child development;

- 6) Resource and referral provision;
 - 7) Assisted services, such as filling out forms, making appointments, transportation, etc.; and
 - 8) Concrete services, such as baby feeding, housekeeping, repairing windows, etc.
- c. Counseling/clinical therapy
 Services include individual, conjoint, and family counseling. Services may be provided to children as appropriate and to families with children in or out of the home. While problem solving counseling and other support services may be provided to families in which there has been intra-familial sex abuse, in collaboration with the sex abuse treatment provider or program, counseling shall not be provided in lieu of sex abuse treatment. Services include, but are not limited to:
- 1) Communication skill building;
 - 2) Problem solving skill building;
 - 3) Building of coping skills;
 - 4) Behavior management training;
 - 5) Education on child development; and
 - 6) Clinical therapy.

Counseling may be provided for up to 12 months.

- d. 'Ohana Time/Visitation Supervision Services
 This service provides supervised visits between children in foster care and their parents or other family members (e.g., siblings). Visits may take place in the family home or in a designated "safe home" or other safe place in the community. Services include, but are not limited to:
- 1) Regular supervised visits;
 - 2) Hands-on parenting instruction;
 - 3) Positive role modeling;
 - 4) Ensuring the safety of children during visits;
 - 5) Writing reports of visit observations, assessment of parenting skills, and assessment of parent child interactions; and
 - 6) Transportation services.
- e. Individual and group skill building
 Individual and group skill building shall include activities that support the values and needs of the clients. Services are provided to individuals and groups in the home or in other community settings, based on the needs of the family, and include activities that are culturally-enriched.

Services include, but are not limited to:

- 1) Regular visits in the home;
- 2) Hands-on parenting instruction;
- 3) Practical life skills instruction;
- 4) Role modeling;
- 5) Nutrition; and
- 6) Planning.

Activities may focus on, but are not limited to:

- 1) Enhancing child-parent bonding and attachment, empathy, and child management skills by using simple, concrete techniques employing both educational materials and skill building exercises.
 - 2) Providing information about normal child development stages.
 - 3) Increasing the understanding of parents with substance abuse problems about the effect their substance use has had on their children and encouraging and supporting their participation in substance abuse treatment services.
 - 4) Increasing the understanding of parents with mental health challenges about the effect their mental health has had on their children and encouraging and supporting their participation in mental health treatment services.
 - 5) Socialization in order to:
 - a) Develop concrete, everyday problem solving abilities;
 - b) Learn how to interact with other people more productively; and
 - c) Increase supports and connections for the family.
 - 6) Issues relevant to the family such as the aspects of power and control underlying partner and child abuse, the dynamics of abuse, including domestic violence, increasing the individual's protective ability, assertiveness training, etc., if not available through other resources.
 - 7) Parent-centered post reunification support and education to address the needs of families. This education may be in the form of programs and activities led by invited experts or parent-facilitated workshops.
- f. Transportation
These services shall be provided to clients for medical appointments, therapy appointments, court hearings, unsupervised visits, or for any other activities that do not require monitoring or supervision.
- g. Service coordination:
- 1) The Provider shall notify the DHS, Purchase of Services (POS) Unit upon establishing a waitlist and actively problem-solve to reduce/eliminate the waitlist.
 - 2) The Provider shall provide timely and accurate case documentation to the CWS worker including case status reports, case discharge reports, and other documentation necessary to monitor and evaluate the quality, quantity, and timeliness of service activities provided.
 - 3) The Provider shall ensure smooth transitions for families transitioning between services groups within CCSS or between services within the groups as well as families transitioning to other service providers when the contract ends.
- h. Child care: Childcare may be provide as an incidental service to support delivery of a CCSS service. The provision of childcare shall be for the purposes of addressing barriers that may prevent the client from participation in the CCSS services. For example, childcare may be provided during a parent education class/group. Ongoing childcare needs should be addressed in service planning. The Provider shall be responsible for being in compliance with the DHS' child care rules and requirements.

2. Intensive Home Based Services (IHBS)

IHBS utilizes the HOMEBUILDERS® Model of Intensive Family Preservation Services:

- a. Description and model requirements
 - 1) Service description:

HOMEBUILDERS® is a nationally recognized, evidence-based model designed to strengthen families, keep children safe, and prevent unnecessary out-of-home placement or safely reunify children with their family following a removal from home. HOMEBUILDERS® provides an intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of placement or have children in placement that cannot be reunified without intensive services. The HOMEBUILDERS® model offers concrete services as a way to engage families (e.g., help with household tasks, transportation, etc.). The model includes three different types of services interventions: family preservation, family reunification and reunification assessment services. For Hawaii's Title IV-E Waiver Project 2014, the IHBS Intervention shall be utilizing the Family Preservation Model of HOMEBUILDERS® and the Provider will be expected to follow and adhere to all of the HOMEBUILDERS® model standards (see <http://www.institutefamily.org/pdf/HOMEBUILDERS-Standards-4-0.pdf>).

2) Model requirements:

a) Supervisor case requirements:

Supervisors without prior HOMEBUILDERS® experience must complete a minimum of six (6) full HOMEBUILDERS® interventions during the first year. Supervisors of teams of five (5) new therapists may complete the interventions over the first 18 months. Up to two (2) of the six (6) interventions can be training interventions (the supervisor as the lead therapist with a therapist shadowing). Additional interventions may be required, based on the supervisor's model fidelity and client outcomes, as assessed by HOMEBUILDERS® consultants.

b) Caseload:

Each IHBS-HOMEBUILDERS® therapist shall carry an average caseload of two (2) cases. There may be a brief period of time when a therapist may have more than two (2) cases such as when they are about to close a case and fewer hours with a family may be needed.

c) Service hours:

HOMEBUILDERS® staff shall provide an average of eight-to-ten (8-10) hours of face-to-face contact with the family per week. Service intensity (hours per week and total hours per intervention) shall vary across families based on their level of need. Families typically receive between 38-40 hours or more of face-to-face contact during the intervention.

d) Staff availability requirements and response time:

The Provider shall provide services in the family's home and community at times that are convenient to the family, including weekends and holidays. The primary therapist and supervisor (back-up) are available 24-hours a day, seven (7) days a week, for crisis intervention. This accessibility allows close monitoring of potentially dangerous situations and allows for greater flexibility based on the family's level of need. This availability is also essential for CWS' Crisis Response Team's (CRT) referral process.

The IHBS-HOMEBUILDERS® therapist must be able to respond in person if case circumstances require it. The Provider shall be available to respond within 30–60 minutes. Cell phone messages shall say: “If this is a clinical

emergency and I don't return your call within 20-30 minutes, please call my supervisor at XXX-XXXX.”

e) Duration of service:

HOMEBUILDERS® is a time-limited service, averaging four (4) weeks of intensive services. There is an option for an extension (for up to two (2) weeks) if the risk of placement remains high and an additional brief period of service delivery may decrease the likelihood of placement. Two (2) booster sessions (for up to five (5) hours of face-to-face time over the two (2) sessions) are available to families within six (6) months from the date of intake to prevent or manage crisis, reinforce skills/learning, or provide support/assistance with a planned future event.

f) Voluntary nature of program:

This program is voluntary and the family can refuse to participate. Should this occur, the Provider shall notify the CWS worker immediately.

b. Service delivery requirements

1) Target population:

The target population for this service is families in East Hawaii and West Hawaii and on Oahu whose children may not remain safely in the family home without intensive services. Families to be served include biological and adoptive families who are referred by CWS' CRT. Children to be served shall be victims of abuse and neglect and may have been exposed to risk factors such as substance abuse, domestic violence, and mental health or other disabling conditions of the parent/s.

Families shall likely be of moderate or high risk and have complex needs including, but not limited to:

- a) Parents in the early stages of recovery from substance abuse;
- b) Children with challenging/difficult behaviors and parents who are unable to manage those behaviors effectively;
- c) Unresolved risk factors, including mental health and domestic violence concerns;
- d) Parental/child conflict; and
- e) Parents who are unable to effectively respond to the special needs of their children.

Family eligibility criteria for services:

- a) At least one (1) child from birth to 17 years of age that is at imminent risk of removal based on the CWS' Intake staff's identification of a safety factor or high risk as indicated in the Child Safety Assessment Tool.
- b) The family must be willing and able to engage in the service. At least one (1) parent must be willing to participate in the program.

2) Referral process:

- a) Referrals shall be accepted for services only when there is capacity. Given the nature of HOMEBUILDERS® services and eligibility criteria, no waitlist shall be maintained. All referrals shall be reviewed and approved by the Provider's program supervisor. The program supervisor shall also confirm eligibility. It is essential that the referral meets the eligibility criteria established by HOMEBUILDERS® to ensure model fidelity.

- b) When possible, and with the permission of the family, the HOMEBUILDERS® staff may work together with the CWS CRT worker (in person or by phone) to jointly inform the family about the program, assess their availability and willingness to engage in the service, begin the collaborative process, and, most importantly, provide a viable safety intervention for the family to prevent the child's removal from the home. At a minimum, the HOMEBUILDERS® program supervisor or manager shall be available by phone/pager in the event immediate intervention is warranted. Upon receipt of the referral and completion of the eligibility determination, the family shall be contacted by IHBS-HOMEBUILDERS® staff to set up the first visit. The first face-to-face visit shall occur within 24 hours of the referral.
- 3) Model overview:
The Provider shall provide core services structured through the HOMEBUILDERS® model. The HOMEBUILDERS®' model is designed to eliminate barriers to service while using research-based interventions to improve parental skills, parental capabilities, family interactions, and children's behavior while promoting safety.

HOMEBUILDERS® is based on a clearly set of values and beliefs which guide program design and staff behavior. This provides a framework for structuring interventions, making clinical decisions, creating positive, supportive, and hopeful attitudes and behavior among staff, and helps staff determine the compatibility of the program with their own professional values and beliefs.

HOMEBUILDERS® goals include the following:

- a) Prevent unnecessary out-of-home placement of children;
- b) Reduce the length of time the child is in out-of-home care;
- c) Improve family functioning;
- d) Enhance problem-solving skills;
- e) Increase social supports; and
- f) Prevent/reduce child abuse and neglect.

The primary intervention components of the model are:

- a) Engaging and motivating family members;
- b) Conducting holistic, behavioral assessments of strengths and problems;
- c) Developing outcome-based goals;
- d) Using evidence-based cognitive-behavioral interventions;
- e) Teaching skills to facilitate behavior change; and
- f) Developing and enhancing ongoing supports and resources for the family.

Program standards:

The HOMEBUILDERS® model has clearly defined standards that guide program implementation, clinical practice, and an ongoing training and quality enhancement system to ensure model fidelity and opportunity to evaluate the program on an ongoing basis to improve service delivery. Each standard has fidelity measures that document the structural and clinical standards of the model, the fidelity indicators related to those standards, and performance measures for

each indicator. All Providers shall be required to follow these standards and deliver and implement services accordingly.

Cognitive and behavioral approach:

Therapists use evidence-based practices, including motivational interviewing, behavioral parent training, cognitive-behavior therapy, and relapse prevention strategies to help facilitate behavior change.

4) Staffing:

In addition to the therapist and supervisor positions listed below, each region may use contract funds for clerical and management positions as determined necessary for program functioning:

a) East Hawaii IHBS - HOMEBUILDERS® shall include the following staff:

| Position | Minimum FTE Required |
|-----------------------------|-----------------------------|
| Therapists | 1.50 FTE |
| Supervisor/Therapist | 1.00 FTE |

b) West Hawaii IHBS - HOMEBUILDERS® shall include the following staff:

| Position | Minimum FTE Required |
|-----------------------------|-----------------------------|
| Therapist | 1.00 FTE |
| Supervisor/Therapist | 1.00 FTE |

c) Oahu IHBS- HOMEBUILDERS® shall include the following staff:

| Position | Minimum FTE Required |
|-------------------|-----------------------------|
| Therapist | 3.00 - 5.00 FTE |
| Supervisor | 1.0 FTE |

The Provider shall adhere to the following staffing requirements for the IHBS-HOMEBUILDERS® staff:

- a) Therapists shall have a graduate degree in social work, psychology, counseling, or a closely related field, or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least two (2) years of experience in working with children and families. HOMEBUILDERS® requires that the therapists providing direct services to families live within close proximity of the families being served. Generally, therapists are prohibited from having a second job unless it can be demonstrated that the position shall not impact the individual's 24-hour/day availability;
- b) Supervisors shall have a graduate degree in social work, psychology, counseling, or a closely related field and at least two (2) years of experience in working with children and families, or a bachelor's degree in social work, psychology, counseling, or a closely related field and at least four (4) years of experience as a HOMEBUILDERS® therapist;
- c) Program managers shall have a graduate degree in social work, psychology, counseling, or a closely related field and at least two (2) years of experience in working with children and families, or a bachelor's degree in social work,

psychology, counseling, or a closely related field and at least (4) years of experience as a HOMEBUILDERS® therapist and at least two (2) years of supervisory/management experience.

Supervision:

The Provider shall be expected to provide support as outlined in the HOMEBUILDERS® model:

- a) The supervisor or designated back-up shall receive referrals 24 hours a day, seven (7) days a week. The supervisor shall be available 24 hours a day, seven (7) days a week to client families and to therapists for consultation and support as well as to provide back-up coverage. The supervisor, with the assistance of the HOMEBUILDERS® consultant, shall facilitate team consultations at least weekly and individual consultation as needed. Team consultation provides opportunities for shared learning and support and enhances critical thinking of the team.
- b) The program manager shall be available to the supervisor 24 hours a day, seven (7) days a week for consultation and support as well as arrange coverage when unavailable. The program manager shall also provide client back-up for the supervisor whenever needed.

5) **Satisfaction surveys:**

The Provider is required to complete the HOMEBUILDERS® Client Feedback and Referent Surveys which are required prior to case closure.

c. Service delivery

1) **Assessment:**

IHBS-HOMEBUILDERS® staff shall conduct behaviorally specific, interactive, and holistic assessments of the family.

a) **Assessment process:**

The assessment is an ongoing process that begins at the time of referral and continues through the termination of services including, but not limited to:

- i. An assessment of safety and family functioning;
- ii. An assessment of family strengths and needs;
- iii. Identifying family resources and their informal/formal supports;
- iv. Exploring family values and beliefs;
- v. Assessing skills; and
- vi. Identifying problems and barriers to achieving the family's stated goals.

b) **Sources of information:**

The assessment integrates information collected from a variety of sources including, but not limited to:

- i. Direct observation;
- ii. Self-reports;
- iii. The CWS worker; and
- iv. Information obtained through collateral contacts.

2) **Service plan development:**

The Provider shall develop a service plan, in collaboration with the family and others within one (1) week of the start of service. The service plan includes behaviorally specific intervention goals that focus on the issues contributing to the danger of placement or barriers to successful reunification and that promote skill development and behavior change. The service plan is updated when needed to

reflect changes in family circumstances/functioning and to incorporate safety planning. The service plan completed by the Provider shall be consistent with the CWS' Family Service Plan.

- 3) Use of NCFAS Tool:
The Provider shall utilize the North Carolina Family Assessment Scale (NCFAS) to identify family strengths and needs to inform the assessment and the development of intervention goals and a written service plan. The NCFAS assesses family functioning on five (5) key life domains which include:
 - a) Environment;
 - b) Parental capabilities;
 - c) Family interactions;
 - d) Family safety; and
 - e) Child well-being.
- 4) Brokering:
The Provider shall identify, locate, and link families to needed resources and supports in a timely fashion to reduce the likelihood of out-of-home placement. This brokering includes facilitating access to concrete services and items, e.g., food, housing, transportation, financial assistance, and childcare.
- 5) Engagement and motivation enhancement:
The HOMEBUILDERS® model utilizes a strength-based approach to partner with families in the identification, development, and prioritization of their goals by drawing upon the family's strengths and resources. Reflective listening, motivational interviewing, and other engagement skills/strategies are used to engage and motivate families.
- 6) Collaboration and advocacy:
 - a) IHBS-HOMEBUILDERS® therapists shall collaborate with formal and informal community resources, services, and systems to increase the level of supports available to the family. The therapist helps the family effectively navigate multiple systems and teaches them to advocate for themselves and access services and supports within their own community.
 - b) The IHBS-HOMEBUILDERS® Provider shall establish and maintain frequent contact and communication with the CWS worker through phone calls, e-mail, and case conferences. Updates shall be provided on the family's progress towards goals, change in status, updates in service delivery, targeted interventions, and other issues identified by the Provider and the DHS.
 - i. The IHBS-HOMEBUILDERS® Provider shall provide written reports and summaries at the request of the CWS worker.
 - ii. The IHBS-HOMEBUILDERS® Provider agrees to make available appropriate personnel to appear in court for the purpose of testifying to facts surrounding a client or Provider's involvement in services covered by the contract. When necessary the Provider shall provide a written summary in preparation for a juvenile court hearing.
- 7) Teaching and skill development:
Therapists teach family members a variety of skills, including child behavior management, effective discipline, positive behavioral support, communication skills, problem-solving skills, safety planning, and helping the family establish daily routines through direct teaching, role playing/practice, coaching and prompting, audio/visual aides, written materials, and homework.

8) Provision of concrete services:

Therapists provide a wide range of services to help families meet their basic needs by helping the family access concrete goods and services that are directly related to achieving the family's goals while teaching them to meet these needs on their own.

Each CWS family served by IHBS shall have access to funds to help meet their basic needs. The funds shall be up to \$950.00. CWS specifies that this funding be used to support those expenditures that are related to specific IHBS-HOMEBUILDERS® goals and service plans. Basic needs refers to those things in life that are necessary to sustain and maintain a standard of life. Basic needs consist of, but are not limited to, shelter, utilities, transportation, etc.

9) Transition and service closure:

Prior to the conclusion of services, the family and therapist assess progress, develop a plan to maintain progress achieved, and identify unmet and/or ongoing service needs of the family. The therapist and/or the CWS worker shall assist the family in connecting them to needed resources and services to support them following case closure. A HOMEBUILDERS® Service Summary (which includes the NCFAS post ratings) is completed and forwarded to the CWS worker at the time of case closure.

d. Data and performance measure reporting requirements

1) Reporting requirements:

The Provider shall provide data as required by the DHS:

- a) The Provider shall be required to use the HOMEBUILDERS® Online Data Manager (ODM) system. The Provider shall be required to enter all required data, including tools and assessments, as well as child and family specific data into the Programs and Services Data Collection and Reporting System (PSDCRS), an electronic, web-based application. This system contains all of the paperwork and forms that are utilized in HOMEBUILDERS® in order to measure model fidelity, which shall be reported to the DHS and the Provider.
- b) The Provider shall submit individual, client level data to the DHS' PSDCRS or other system as required by the DHS. The Provider shall ensure that the data submitted under the DHS PSDCRS or other system is in conformance with the applicable data specifications. Further, the data shall use the conventions and logic as determined by the DHS to ensure accurate, unduplicated client counts. This data will, as set forth by the DHS at an interval specified by the DHS.

2) Training and quality assurance:

The Provider is expected to cooperate and participate in all training sessions, quality assurance, and/or HOMEBUILDERS® Quality Enhancement System (QUEST) activities as directed by the DHS and the Institute for Family Development (the corporation that developed the HOMEBUILDERS® model and provides HOMEBUILDERS® training, consultation, and technical assistance services).

- a) The Provider shall be required to participate in all training and Quality Assurance activities required by HOMEBUILDERS®, including using the HOMEBUILDERS® hiring materials and process during the interviews of therapists.

- b) The Provider's staff shall need to be trained on the Core Competencies of the HOMEBUILDERS[®] model before being assigned any cases.
 - c) QUEST is designed to assure quality through the development and continual improvement of the knowledge and skills necessary to obtain model fidelity and service outcomes:
 - i. The model includes a comprehensive training program, consultation, and support necessary to deliver quality services.
 - ii. Consultation includes ongoing telephone consultation, record reviews, on-site visits, and data and fidelity reports to ensure model fidelity and help evaluate program outcomes.
 - d) The Provider shall be required to work closely with the HOMEBUILDERS[®] consultant and cooperate with record reviews and onsite visits.
 - e) During the first few years working with a supervisor and team, a HOMEBUILDERS[®] consultant collects and reviews program implementation data and provides feedback to the Provider's staff. This continues until the supervisor reaches levels three (3) and four (4) when they learn to do their own reports, although the consultant still does the site visits and goes on home visits with any new staff.
 - i. Site visits are conducted two (2) times a year and a full site fidelity review (including client file reviews) is completed at the end of each year;
 - ii. The Provider shall establish Individual Professional Development Plans for all staff with the supervisor and manager, and a Team Quality Enhancement Plan is also developed and monitored;
 - f) Initially, a HOMEBUILDERS[®] consultant collects and interprets program implementation data and provides feedback to agency staff.
 - i. The goal of QUEST is to build internal capacity of the Provider (program supervisors) to oversee implementation, review evaluation data, and provide feedback to their staff to improve the quality of services;
 - ii. The Institute for Family Development provides a comprehensive training program for staff implementing the HOMEBUILDERS[®] model;
 - iii. All awarded Providers shall be expected to send their staff to training prior to implementation, the costs of which will be covered by CWS through a direct contract with HOMEBUILDERS[®].
- 3) Performance measures:
- The following measures have been established for HOMEBUILDERS[®]:
- a) The number of families served through the family preservation intervention;
 - b) The number of families who successfully completed the HOMEBUILDERS[®] program;
 - c) The percentage of children whose families completed HOMEBUILDERS[®] and who remain safely in their home six (6) months following closure of intensive services as defined by no new substantiations or no new entries into foster care;
 - d) The percentage of families connected to resources and services in the community to address their identified needs as measured by the exit documentation in the HOMEBUILDERS[®] online data management system;
 - e) The percentage of families who show progress on the goal attainment rating for at least one (1) goal at service closure (excluding ineligible referrals) as

- measured by the exit documentation in the HOMEBUILDERS® online data management system;
- f) The percentage of families that have improved safety ratings at the time of the NCFAS closing when the initial NCFAS rating is below baseline as measured by the exit documentation in the HOMEBUILDERS® online data management system; and
 - g) The percentage of families that report that they use new skills as a result of the HOMEBUILDERS® intervention as measured in the HOMEBUILDERS® Client Feedback Survey.

3. Monthly Worker Visits

Monthly Worker Visits shall include face-to-face contact with children and parents/resource caregivers to continually assess child safety and ensure safety, permanency, and wellbeing outcomes for children.

The Provider shall follow procedures to provide Monthly Worker Visits if specified by the DHS.

Referrals shall be made by the CWS worker.

The Provider shall:

- a. Contact the CWS worker and schedule a meeting to discuss the family and gather the information necessary to provide the services;
- b. Use the Monthly Worker Visit Tool or other tool as specified by the DHS;
- c. Complete a log of contact as specified by the DHS; and
- d. Contact the CWS worker within 24 hours after the visit occurred to report how the visit went, notify the worker of any concerns, and discuss any follow up on needed services, etc.

D. Administrative/Management requirements

1. Experience

The Provider shall have verifiable relevant experience for the last three (3) years in providing CCSS or very similar services to clients.

2. Ability

The Provider shall have the necessary abilities, skills, and knowledge relating to the delivery of the contracted services.

3. Personnel

The Provider shall ensure that all staff, volunteers, and contracted personnel have the educational qualifications, work experience, necessary training, and appropriate

certification/license, as applicable, to fulfill their job position requirements and provide the contracted service activities.

The Provider shall assure that:

- a. All staff, volunteers, and contracted personnel are at least 18 years old.
- b. All staff, volunteers, and contracted personnel providing counseling and clinical therapy services shall have, at a minimum, a Master's degree in social work, psychology, or a related field from an accredited institution. Staff shall also have a minimum of one (1) year of experience. Staff who do not meet the experience requirement may provide direct services only under the close supervision of personnel with, at minimum, a Master's degree in social work, psychology, or a related field from an accredited institution and a minimum of two (2) years of experience. Close supervision includes recommended actions and the review and approval of reports.
- c. All staff, volunteers, and contracted personnel providing direct services (e.g., CCSS and Monthly Worker Visits workers who complete crisis intervention, assessments, IPPs, and individual/group services such as parenting education), shall have, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution. Staff shall also have a minimum of one (1) year of experience. Staff who do not meet the experience requirement may provide direct services only under the close supervision of personnel with, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution and a minimum of two (2) years of experience. Close supervision includes recommended actions and the review and approval of reports. Assessments and IPPs may be completed by the workers that provide Transportation and 'Ohana Time/Supervised Visits when the following conditions are met: (1) Transportation and 'Ohana Time/Supervised Visits are the only services provided to the parent/child by this contact and (2) The assessments and IPPs are reviewed and signed by the Supervisor.
- d. All staff, volunteers, and contracted personnel providing individual/group skill building services shall have, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution. Staff shall also have a minimum of one (1) year of experience. However, services may be provided by staff with a high school diploma or G.E.D. and two (2) years of experience under the close supervision of personnel with, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution and a minimum of two (2) years of experience. Close supervision includes recommended actions and the review and approval of reports.
- e. All staff, volunteers, and contracted personnel providing 'Ohana Time/Visitation Supervision Services, child care, and transportation shall have, at minimum, a high school diploma or G.E.D. and two (2) years of experience.
- f. All staff, volunteers, and contracted personnel shall have experience in working with parents/caretakers who harmed their children or threatened their children with harm and children who experienced harm or were threatened with harm and who experienced trauma and loss. Additionally, they shall have experience in working with domestic violence, substance abuse, and permanency issues.
- g. All staff, volunteers, and contracted personnel shall demonstrate a willingness to work with others, including clients coping with multiple issues, families that present safety issues, and co-workers, as part of a team.

- h. Program supervision, including supervision of staff, volunteers, and contracted personnel, shall be provided by staff with, at a minimum, a Master's degree in social work, psychology, or a related field from an accredited institution and at least two (2) years of experience. A Bachelor's degree and four (4) years of relevant experience may replace the requirement for a Master's degree. Supervision shall include, but not be limited to, individual staff, volunteer, and contract personnel supervision, case reviews, periodic observation of service delivery, and ongoing evaluation of program effectiveness and outcome measures.
- i. Volunteers shall be under the control and direction of the Provider even though they are not paid staff or contracted personnel.
- j. If a job applicant does not meet the education, work experience, and/or training qualifications for a specific job position but the Provider still recommends hiring the applicant, a request for a waiver of the qualifications shall be submitted to the DHS in writing via email. The request shall include:
 - 1) The name of the applicant and his/her qualifications.
 - 2) The reason for the Provider's request and the justification for hiring the applicant (e.g. the applicant may not have the required education but may have adequate years of experience and/or training that demonstrates their ability to adequately perform the job position's duties).
 - 3) The Provider's plan for the supervision and training to be provided to the applicant if hired.

The DHS shall respond in writing via email asking for more information or approving/disapproving the waiver, including noting any conditions, such as a probationary plan, that need to be implemented in order to hire the applicant.

- k. No job applicant who does not meet the minimum qualifications for a job position shall be hired for work under the contract without written approval from the DHS.
- l. Verifications of education, work experience, certification/license, and waiver as well as job performance information are the responsibility of the Provider and shall be maintained and updated in the staff, volunteers, and contracted personnel files.
- m. The Provider shall comply with the following criminal history requirements:
 - 1) The Provider shall conduct an initial criminal history record check and sex offender check as well as submit a consent form to the DHS Licensing Unit for a CWS Central Registry Check for all staff, volunteers, and contracted personnel job applicants who apply to work under the contract, especially those who will be providing direct services as this necessitates close proximity to children.

The Provider shall search www.ecrim.hawaii.gov/ahewa/ (Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center) and search www.nsopr.gov (National Sex Offender Registry) prior to hiring staff, volunteers, or contracted personnel.

- 2) Conditional employment in a non-direct service position may be offered to an applicant for a period not to exceed 30 days pending the receipt of the results of the checks.
- 3) The Provider shall have an established procedure to address any criminal conviction results with an applicant. If after such results have been received and the Provider has discussed the results with the applicant and still recommends hiring the applicant, a request for a waiver shall be submitted to the DHS in writing. The request shall include:

- a) The name of the applicant and their qualifications.
- b) The reason for the Provider's request and their justification for hiring the applicant (e.g. the conviction was a misdemeanor which occurred several years before and the applicant's record has been clean since then), including the basis for the determination that such a criminal conviction does not pose a risk to the health, safety, or well-being of children.
- c) The Provider's plan for the supervision to be provided to the applicant if he/she were hired.

The DHS shall respond in writing via email asking for more information or approving/disapproving the waiver, including noting any conditions, such as a probationary plan, that need to be implemented in order to hire the applicant.

- 4) The DHS Licensing Unit receives the complete results of the CWS Central Registry Check and sends the Provider a copy of the results which includes only limited information.

If an applicant has a CWS Central Registry history which may/may not pose a risk to the health, safety, or well-being of children, the Licensing Unit shall contact the applicant and may work with the applicant and the Provider in gathering more details and reviewing the information. The Licensing Unit shall contact the applicant and the Provider with the results of the review.

- 5) No job applicant with a criminal and/or CWS Central Registry history which shall be hired for work under the contract without written approval from the DHS.
- 6) All three checks shall be completed again one (1) year after hire and again every two (2) years thereafter.
- 7) The results of all checks and copies of all consent forms shall be maintained and updated in the staff, volunteers, and contracted personnel files.

See "CRIMINAL HISTORY RECORD CHECK STANDARDS and PROTECTIVE SERVICES CENTRAL REGISTRY CHECK STANDARDS (Revised 4/18/13)", Section 5 of this RFP.

4. Training

- a. The Provider shall have in place both an initial and an ongoing training plan for staff, volunteers, and contracted personnel which shall identify the specific trainings to be provided and the time frames in which they will be provided. The initial trainings shall be completed before staff, volunteers, and contracted personnel may provide direct services without direct supervision.
- b. All staff, volunteers, and contracted personnel providing direct services to clients shall have, at minimum, training in the following areas before they provide direct services without direct supervision:
 - 1) An agency orientation including, but not limited to, policies and procedures addressing:
 - a) Intakes, assessments, service planning, and discharge planning.
 - b) Documentation requirements.
 - c) Non-discrimination, including working with clients with LEP and/or disabilities.
 - d) Working with interpreters.
 - e) Confidentiality and ethics.
 - f) Security and safety provision.

- g) Emergency response and disaster preparedness procedures.
 - h) Culturally-embracing service provision.
 - i) Working sensitively with the LGBTQ population.
 - 2) Child abuse and neglect, domestic violence, substance abuse, and permanency issues.
 - 3) Trauma informed care.
 - c. A training record shall include each training topic completed, the number of training hours for each training, each training's completion date, and each training's facilitator, and be maintained and updated in the staff, volunteers, and contracted personnel files.
 - d. All training shall be provided by appropriately qualified and experienced trainers.
5. Dispute/Conflict resolution procedures

The Provider shall have written dispute/conflict resolution procedures to address disagreements with staff, volunteers, and contracted personnel, with clients, and with community resources, including consulting with the CWS/VCM worker, as needed.

6. Client files
- a. Client files shall contain basic client information such as name, gender, birthdate, race/ethnicity, address, phone number, marital status (if applicable), language spoken, any LEP concerns, and any health/physical/mental conditions or special needs. Files shall also contain copies of all assessments, service plans, discharge plans, reports, and any other documentation, such as case notes and service referrals.
 - b. Files shall be maintained and updated during the service period.
 - c. Files shall be kept strictly confidential.
 - d. The Provider shall retain client files for six (6) years after the last service date.
 - e. The Provider shall allow the DHS access to any file upon request.
7. Reporting requirements for program and fiscal data
- a. The Provider shall be responsible for the following required program reports:
 - 1) The Provider shall complete the monthly Client Eligibility List (CEL) and Quarterly Activity Report (QAR) in the formats provided by the DHS. The Provider shall report individual information about the clients served as well as the numbers of clients served, service units completed, program activities completed, accomplishments of the program objectives and outcomes, problems encountered, any program recommendations, and proposed future activities. The QAR shall also document any staffing changes. The CEL and QAR forms and the information required to be provided on those forms may be revised during the contract period.
 - 2) The Provider shall complete the quarterly Limited English Proficiency (LEP) Report in the format provided by the DHS. The Provider shall report the number of clients who were offered and who received language access services, the type of language access service provided, the type of service provider used, and the expenditures spent on language access services during the reporting period.
 - 3) The CEL shall be submitted to the DHS via email by the 15th of the month following the reporting period.

The QAR shall be submitted to the DHS via email by the last day of the month following the reporting period.

The LEP Report shall be submitted to the DHS via email by the last day of the month following the reporting period.

- b. The Provider shall be responsible for the following required fiscal reports:
 - 1) The Provider shall complete the annual Budget and monthly Expenditure Report in the formats provided by the DHS. The Provider shall summarize its annual projected program and personnel expenditures in the Budget, and report the actual expenditures of contract funds, during the reporting period for which an invoice will be submitted, in the Expenditure Report. The Report shall also list other sources of funding used for the contract and their amounts as well as document all staff and contracted personnel that work under the contract. Expenditures reported in the Report shall be subject to review by the DHS, such as a review of all applicable receipts, to verify the amounts and the appropriateness of the reported expenditures.
 - 2) The annual Budget shall be due by April 30 of the current fiscal year for the following fiscal year.
The Expenditure Report shall be submitted by the 15th of the month following the reporting period.
 - c. See Attachments, Section 5 of this RFP for samples of the program and fiscal reports.
8. Output and performance and outcome measurements
- a. The Provider shall maintain the capacity to deliver services throughout the contract term as specified in the Performance Measurement Forms A, B, and C, Section 2 of this RFP.
 - b. The effectiveness of the contract shall be evaluated according to the utilization of the services, the numbers of the various service activities provided, and the outcomes achieved.
 - c. Unless otherwise agreed to in writing, the number of clients to be served and the numbers of the various service activities to be provided shall change in proportion to any funding changes.
 - d. See the Performance Measurement Forms A, B, and C at the end of this Section 2 of this RFP.
9. Quality assurance and evaluation specifications
- a. The Provider shall maintain throughout the contract term a system of self-appraisal for on-going evaluation of the performance effectiveness and quality of its program services.
 - b. The evaluation process shall use credible and tested measurement tools or instruments.
 - c. The Provider shall collect data on the impact of services, including identifying indicators of change, which are relevant to outcomes.
 - d. The Provider shall include a process for implementing improvements and taking corrective action based upon the evaluation's findings.
 - e. The Provider shall provide a copy of its evaluation documentation to the DHS upon request.

10. Insurance requirements (see 1.4, General Conditions, Section 1 and #2. Special Conditions, Section 5 of this RFP)
- a. The Provider shall maintain throughout the contract term the following insurance coverage:
 - 1) General Liability Insurance of no less than \$1 million per occurrence and \$2 million annual aggregate for bodily injury and property damage.
 - 2) Automobile Liability Insurance of no less than \$1 million per accident for any auto, non-owned autos, and hired autos.
 - 3) Professional Liability Insurance (Errors and Omissions) of no less than \$1 million per claim and \$2 million annual aggregate.
 - b. On the Certificate it shall be stated that the State of Hawaii is named as an additional insured with respect to operations performed for the State, and any insurance maintained by the State will apply in excess of, and not contribute to, the insurance provided by the policy.
 - c. The Provider shall include any subcontractor as additional insured under its policies or provide to the DHS separate Certificates of Insurance and endorsements for each subcontractor. Any subcontractor shall comply with the same insurance requirements as the Provider.
 - d. The DHS reserves the right to amend insurance requirements in order to maintain all contracts in compliance with the most current State requirements.

11. Hawaii Compliance Express (HCE)

The Provider shall be compliant with all statutes and administrative rules. Per HRS §103D-310(c), HRS Chapter 103F, and HAR §3-120-112, the Certificate of Vendor Compliance provided by the HCE is acceptable verification of the Provider's good standing as a vendor doing business in the State of Hawaii. The Provider shall be an HCE member with compliant status.

12. All contracts shall be monitored by the DHS in accordance with requirements set forth by HRS Chapter 103F. Ongoing contract monitoring shall include review of program and fiscal reports and periodic assessment of service delivery and program effectiveness. In addition, annual contract monitoring may include site visits with a comprehensive evaluation of several areas, including review of the Provider's compliance with contractual requirements, agency personnel files, client files, and accounting practices.

D. Facilities

The Provider shall obtain and maintain adequate facilities for the satisfactory delivery of contracted services. The Provider's facilities shall meet American Disabilities Act (ADA) requirements, as applicable, and provide any special equipment necessary for service provision. The facilities may be shared with another agency/other agencies but must be available for the contracted geographic area/s. The facilities shall be operational by the contract start date.

2.5 Compensation and Method of Payment

The Provider shall comply with HRS Chapter 103F, Purchases of Health and Human Services Cost Principles (see the SPO website) in the development of its budget and its expending of contract funding.

Unless otherwise proposed and agreed between the Provider and the DHS, the pricing structure for these services is as checked below. The pricing structure may be revised by mutual agreement throughout the contract term.

- Cost reimbursement where the State pays the Provider up to a maximum annual contract amount for budgeted costs actually expended in the delivery of contracted services.
- Fixed rate cost where the State pays the Provider up to a maximum annual contract amount a service unit rate for the delivery of a set number of service units.
- Base cost/Fixed rate cost combination where the State pays the Provider a base cost for operations plus a fixed rate cost for delivered units.
- Negotiated rate where the State determines a set number of service units needed and negotiates with the Provider a delivery cost for the service units. The cost divided by the number of units needed determines a service unit rate.

A. Units of service

The units specified in Performance Measurement Forms A, B, and C are relevant to service delivery and capacity.

B. Method of compensation and payment

1. A monthly invoice shall be submitted in a format specified by the DHS. The invoice shall be submitted by the 15th of the month following the reporting period. See Attachments, Section 5 of this RFP for a sample of the invoice.

Payment shall be made after receipt and preliminary approval of an invoice, reports, and any other documents required by the DHS.

All client costs shall be supported by documentation indicating who services were provided to, when services were provided, and what services were provided.

2. The Provider may use contract funding for expenditures associated with client interpreter or translation services as well as expenditures incurred to fully accommodate clients with disabilities. These expenditures may be included in the invoiced amount for reimbursement to the Provider.
3. For CCSS, the Provider shall not expend more than 10% of the total contract funding for clinical therapy services.
4. The Provider shall not require any additional fees from clients for services provided through this contract without the prior approval of the State.
5. The Provider shall not use funds received through this contract for services and costs for which it received compensation from other State, federal, or other sources.

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

PROGRAM/SERVICE: Comprehensive Counseling and Support Services (CCSS)

SITE(S): _____

| | PEOPLE TO BE SERVED | Proposed Estimated Annual Goals |
|----|---|--|
| 1. | Number of referrals received for CCSS: a. Families b. Children c. Adults | |

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

PROGRAM/SERVICE: Intensive Home-Based Services utilizing HOMEBUILDERS® model of Intensive Family Preservation Services (HOMEBUILDERS® - IHBS)

SITE(S): _____

| | PEOPLE TO BE SERVED | Proposed Estimated Annual Goals |
|----|---|--|
| 1. | Number of families referred to HOMEBUILDERS® - IHBS. | |
| 2. | Number referred families accepted for HOMEBUILDERS® - IHBS. a. Families b. Children c. Adults | |

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

PROGRAM/SERVICE: Monthly Worker Visits

SITE(S): _____

| | PEOPLE TO BE SERVED | Proposed Estimated Annual Goals |
|----|---|--|
| 1. | Number of cases referred for Monthly Worker Visits. | |

FORM B – SERVICE

ORGANIZATION: _____

PROGRAM/SERVICE: Comprehensive Counseling and Support Services (CCSS)

SITE(S): _____

| | SERVICE ACTIVITIES | Proposed Estimated Annual Goals |
|----|--|--|
| 1. | Number of families referred for CCSS by: a. CWS b. Voluntary Case Management (VCM) c. Family Strengthening Services (FSS) d. Total Families | |
| 3. | Number of Families served (UNDUPLICATED): a. CWS b. Voluntary Case Management (VCM) c. Family Strengthening Services (FSS) d. Total Families | |
| 4. | Number of Adults served (UNDUPLICATED): a. CWS b. Voluntary Case Management (VCM) c. Family Strengthening Services (FSS) d. Total Adults | |
| 5. | Number of Children served (UNDUPLICATED): a. CWS b. Voluntary Case Management (VCM) c. Family Strengthening Services (FSS) d. Total Children | |
| 6. | Number and percent of families (eligible during the report period) that received an assessment within 30 days of referral by: a. CWS b. VCM c. FSS d. Total Families | |

| | | |
|-----|---|--|
| 7. | Number and percent of families (eligible during the report period) that developed an Individualized Program Plan (IPP) within 30 days of referral by: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 8. | Number of CWS families that received CCSS Crisis Intervention. | |
| 9. | Number of families that received Counseling/Clinical Therapy: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 10. | Number of CWS families that received ‘Ohana Time/Visitation Supervision. | |
| 11. | Number of families that received Individual Skill Building: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 12. | Number of families that received Group Skill Building: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 13. | Number of families that received Transportation: <ul style="list-style-type: none"> a. Number of adults b. Number of children c. Total Families | |

FORM B – SERVICE ACTIVITIES

ORGANIZATION: _____

PROGRAM/SERVICE: Intensive Home-Based Services utilizing HOMEBUILDERS® model of Intensive Family Preservation Services (HOMEBUILDERS® - IHBS)

SITE(S): _____

| | SERVICE ACTIVITIES | Proposed Estimated Annual Goals |
|----|--|--|
| 1. | Number of families that received HOMEBUILDERS® - IHBS services. a. Families b. Children c. Adults | |
| 2. | Number and percent of families (eligible during the report period) that received a face-to-face visit within twenty-four (24) hours of an appropriate referral. | |
| 3. | Number and percent of (eligible during the report period) families that received a response to an emergency call within sixty (60) minutes. | |
| 4. | Number and percent of families that received concrete services. | |
| 5. | Number and percent of families (eligible during the report period) that successfully completed HOMEBUILDERS® - IHBS: a. Total Number of Adults. b. Total Number of Children. c. Total Numbers of Families. | |

| | | |
|----|---|--|
| 6. | <p>Number and percent of families (eligible during the report period) that did not successfully complete HOMEBUILDERS®.</p> <p>a. Total Number of Adults. b. Total Number of Children. c. Total Numbers of Families.</p> | |
| 7. | <p>Number and percent of families (eligible during the report period provided with one to two (1-2) weeks of extended intervention for a total of four to six (4-6) weeks of HOMEBUILDERS® - IHBS.</p> | |

FORM B – SERVICE ACTIVITIES

ORGANIZATION: _____

PROGRAM/SERVICE: Monthly Worker Visits

SITE(S): _____

| | SERVICE ACTIVITIES | Proposed Estimated Annual Goals |
|----|--|--|
| 1. | Number of cases that received Monthly Worker Visits. | |
| 2. | Number that received Monthly Worker Visits: a. Parents b. Resource caregivers c. Children | |
| 3. | Number of Visits provided during the report period to: a. Parents b. Resource caregivers c. Children d. Total number | |

FORM C - OUTCOMES

ORGANIZATION: _____

PROGRAM/SERVICE: Comprehensive Counseling and Support Services (CCSS)

SITE(S): _____

| | OUTCOMES | Proposed Estimated Annual Goals |
|----|---|--|
| 1. | Number and percent of families that developed IPPs that met or partially met the goals in their IPPs upon discharge: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 2. | Number and percent of families that increased supports/resources as a result of the intervention: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |
| 3. | Number and percent of clients that completed consumer satisfaction surveys and expressed satisfaction with the program: <ul style="list-style-type: none"> a. CWS b. VCM c. FSS d. Total Families | |

FORM C – OUTCOMES

ORGANIZATION: _____

PROGRAM/SERVICE: Intensive Home-Based Services utilizing HOMEBUILDERS® model of Intensive Family Preservation Services (HOMEBUILDERS® - IHBS)

SITE(S): _____

| | OUTCOMES | Proposed Estimated Annual Goals |
|----|--|---------------------------------|
| 1. | Number and percent of families in which out-of-home placement of a child was prevented while participating in the program. | |
| 2. | Number and percent of families connected to resources and services in the community to address their identified needs. | |
| 4. | Number and percent of families that show progress on the goal attainment rating for at least one goal at service closure. | |
| 5. | Number and percent of families (eligible during the report period) that have improved NCFAS ratings at the time of closing. | |
| 6. | Number and percent of clients that completed consumer satisfaction surveys and expressed satisfaction with the program. | |