DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
CHILD WELFARE SERVICES BRANCH

NOTICE OF REQUEST FOR INFORMATION

The State of Hawaii, Department of Human Services (DHS), is planning to procure the following service:

RFI SSD-21-POS-1120
Voluntary Case Management- Oahu

The new Contract is expected to begin on October 1, 2021.

As of **Friday, April 9, 2021**, interested parties may review the attached draft service specifications for the upcoming procurement for the island of Oahu for Voluntary Case Management on the State Procurement Office website at www.spo.hawaii.gov. Please see the information below from the SPO website as SPO's procurement notice process has changed. It is best to use Mozilla Firefox as the browser:

> Procurement notices of solicitations…are automatically placed on the Hawaii Awards and Notices Data System (HANDS). [This will be a link, click on the link; once you are connected then continue]. Click 'Bidding Opportunities'. Then enter keywords (e.g., refuse, Oahu, DAGS) to narrow down the search parameters. Solicitations will automatically populate with matching keywords.

In preparation for the subsequent Request for Proposals (RFP) regarding this service, the DHS is seeking community feedback/comments/questions regarding the attached documents. A teleconference meeting will be held on Monday, April 19, 2021 from 12:00pm – 1:00pm HST.

To participate in the meeting, please contact Ms. Jenny Matsunaga at (808) 586-5737 or jmatsunaga@dhs.hawaii.gov by April 16, 2021, 12:00pm, and provide your name, title, agency, email address, and phone number to RSVP.

Written comments, suggestions, and questions will be accepted by email until 4:30 p.m. on Wednesday, April 21, 2021 for full consideration for the Scope of Services and RFP. Please direct written submissions to Ms. Matsunaga by email at jmatsunaga@dhs.hawaii.gov, by fax to (808) 586-5700, or by mail to Department of Human Services, 1010 Richards Street, Room 216, Honolulu, Hawaii 96813. It is strongly recommended that all comments, suggestions, and questions be submitted in writing if they are discussed with the DHS.

PLEASE NOTE: Participation in the RFI process is optional and not required in order to respond to the subsequent RFP. Neither the DHS nor any interested party responding to the RFI has any obligation under this process.

Section 2
Service Specifications

2.1 Introduction

A. Overview and purpose

The State of Hawai‘i Department of Human Services (DHS) Social Services Division (SSD) Child Welfare Services Branch (CWSB) is implementing new opportunities to transform its child welfare services system by supporting families with evidenced-based services and using a trauma and healing-informed service delivery approach while leveraging Title IV-E prevention funds authorized by the Family First Prevention Services Act (FFPSA). The Hawai‘i Title IV-E Prevention Plan titled *Family First Hawai‘i: Keeping Families Together* provides a roadmap to safely reduce the number of children entering foster care in Hawai‘i, and to strengthen and preserve families.

Family First Hawaii (FFH) helps CWSB expand existing efforts to enhance parent and family protective factors, reduce risk factors, support children in their families, prevent placement into foster care, and address inequities in the child welfare system. Furthermore, FFH provides resources necessary to support a safe and healing family home.

CWSB can support these families using IV-E funds for up to twelve months with the possibility of extension, and in that time, CWSB takes several steps to ensure the safety of children. CWSB must:

- Identify candidates for foster care and determine FFH eligibility;
- Document the child's FFH eligibility and create a child-specific prevention plan (prevention plan);
- Link the family with appropriate evidence-based programs and services to meet the family's identified needs;
- Monitor safety of the child by conducting periodic risk assessments; and
- Assess whether the provided programs and services are reducing the risk of the child entering foster care.

A candidate for foster care is a child who CWSB determines is at imminent risk of entering foster care but who can safely remain at home or in a family/kinship arrangement if CWSB provides evidence-based services that mitigate the identified risks and are necessary to prevent the entry into foster care.

CWSB has created several categories of candidates who will be identified by caseworkers using tools and strategies to assess safety and risk in families. The state’s definition of candidacy can be modified over time based on the needs of families. At this time, candidates may include children participating in Voluntary Case Management (VCM) Services.

Differential Response System (DRS)

FFH aligns with and enhances current practice within the Differential Response System (DRS) to support candidates. DRS is a process that CWSB uses to assesses each hotline report to

determine the most appropriate, most effective, and least intrusive response that can be provided by CWSB or community providers. CWSB utilizes the DRS to support families assessed as having low to moderate risk without safety concerns that would necessitate further CWSB involvement. Families with moderate risk concerns are referred to Voluntary Case Management (VCM) and families with low/moderately low risk are referred to Family Strengthening Services (FSS).

These two voluntary DRS services—VCM and FSS—are provided by contracted community agencies that work with families to identify strengths, needs, and goals, and offer services and supports to help families achieve their goals. The services are designed to mitigate risks, prevent maltreatment, and provide referrals to various community and government agencies. Families will be served by a VCM caseworker with consultation and oversight from a CWSB Voluntary Case Management Liaison (VCL).

VCM is the Hawai‘i DRS service for families that the CWSB intake unit or CWSB assessment worker determines there are no safety concerns and are at moderate risk for child abuse or neglect. Some children referred to VCM may be candidates for FFH prevention services.

When VCM receives a referral from the intake unit, a VCM caseworker gathers information to conduct a formal assessment with the family using the Child Safety Assessment (CSA) and Comprehensive Strengths and Risk Assessment (CSRA). If the assessment indicates that the child is a FFH candidate and evidence-based services must be provided to mitigate that risk, then the VCM caseworker will recommend to the VCL that the child in the family is a candidate. With the family, the VCM worker will create a draft prevention plan in SHAKA and SHAKA will alert the VCL. With oversight of a CWSB, the VCL will review and approve the candidacy and prevention plan, if appropriate.

The expected date of implementation is on or before October 1, 2021.

Further clarification will be provided through procedures, training, etc.

The Department of Human Services (DHS), Child Welfare Services (CWS) is seeking proposals for Providers to provide Voluntary Case Management (VCM) Services to children and their families/caregivers involved in or referred by CWS to increase capacity on O‘ahu as a part of infrastructure enhancement/in anticipation of FFH implementation.

The purpose of VCM Services is to promote the safety, permanency, and well-being of children and families by addressing the range of family system issues that place children at risk of child abuse and neglect or result in child maltreatment. VCM Services include, but are not limited to:

1. Contact;
2. Assessment to determine strengths and needs, appropriate level of intervention, and identifying candidates for FFH;
3. Service Planning including matching families to appropriate services based on needs which may include evidenced based interventions and the development of a service plan that aligns with or includes FFH prevention plan requirements;
4. Coordination;
5. Individual/Group Skill Building;

6. Monitoring progress in services/interventions and conducting ongoing assessments of safety and risk; and
7. Documentation including inputting information in the DHS database as determined by DHS.

B. Planning activities conducted in preparation for this RFP

_____	Information from funders (legislature, federal agencies, private foundations, etc.) on funding terms and conditions.
_____	Information from other state agencies on services to the same target group.
_____	Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals.
_____	Views of Provider organizations on how to improve service specifications; a request for information (RFI) process may have been used for this purpose.
X	Information from POS monitoring and other reports for current contracts.
X	Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

Planning information may be obtained from Jenny Matsunaga, POS Specialist and RFP contact, by email at jmatsunaga@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, and 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 VCM Services are to serve families assessed as having risk for child maltreatment with the most effective, least intrusive level of intervention through services and supports to strengthen the family and assure child safety:

1. To prevent child maltreatment among families;

2. To prevent the reoccurrence of maltreatment if maltreatment has occurred; and

3. To prevent entry into foster care.

D. Target population to be served

The target population to be served is:

1. Families with children who are reported to CWS as being harmed or threatened with harm by a family member and are assessed to have risk issues.

   Intake Referral - Families with children who are reported to CWS as being harmed or threatened with harm by a family member and are assessed to have moderate risk issues and no safety concerns.

2. Families with children who are reported to CWS for assessment and are determined to be appropriate for VCM Services.

   Assessment Worker - Families with children who are reported to CWS for assessment and are determined to have moderate risk issues, no safety concerns, and be appropriate for VCM Services.

Some children in referrals in 1. and 2. above may be identified as candidates for FFH based on an assessment, as defined by the Department, by the VCM provider and approved by the VCL.

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 implementation.

The estimated number of referrals (intakes/cases) to be served annually per geographic area are as follows. Each intake/case may include one (1) or more families:

O‘ahu	150 referrals

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:
1. O‘ahu

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

Each contract shall be awarded for an initial term of one (1) year and nine (9) 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 nine (9) months, from October 1, 2021, through June 30, 2027.

Total contract funding is anticipated to be $325,000 per fiscal year, allocated per contract as follows:

O‘ahu	$325,000

Total contract funding shall be pro-rated for periods of less than one (1) year.

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 in each geographic area (see Performance Measurement Form A, Section 2 of this RFI). 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 (refer to Hawai'i 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 Hawai'i Revised Statutes (HRS), with particular attention to Chapters 346, 350, and 587; Hawai'i 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. Contracted direct service providers/workers include subcontracted direct service providers/workers.

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. Contracted direct service providers/workers are considered "qualified child abuse and neglect experts."
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. When the DHS has specific forms to be used, they shall be shared with the Provider. Provision of requested information to the Court may include providing staff resumes, if requested.
e. Non-subpoenaed or court-ordered staff may accompany a family to Court to provide support if requested by the family. Non-subpoenaed or 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 after significant communication between them has occurred, 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 if approved by the DHS.

Planned secondary purchases shall not be allowed.

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

Multiple proposals shall not 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

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 nine (9) months, from October 1, 2021 through June 30, 2023.

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 nine (9) months, from October 1, 2021 through June 30, 2027, subject to the Option to Extend provision of the contract.

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.

If the Applicant plans to subcontract for direct services, all information shall be provided including organizational charts, budgets, etc.

If the Applicant plans to refer families to specific services based on their needs and the Applicant plans to provide payment, the Applicant shall submit information on the agency, including why the agency was selected, the credibility of the organization to serve the target population, formal agreements/working relationship, etc. Formal subcontracting shall be considered, as appropriate.

If the Applicant plans to refer families to specific services based on their needs and the Applicant does not plan to provide payment, the Applicant is not required to submit specific information about the agencies to which they refer. However, it may be helpful to consider information about the agency, including why the agency was selected, the credibility of the organization to serve the target population, formal agreements/working relationship, etc. This information may be provided in the Applicant's proposal to explain and demonstrate their understanding of the needs of families and the services to which they may be referred.

If the Applicant is awarded the contract and later would like to refer families and provide payment to other agencies, the Provider shall seek prior approval from the DHS and submit information on the agency, including why the agency was selected, the credibility of the organization to serve the target population, formal agreements/working relationship, etc. Formal subcontracting shall be considered, as appropriate.

2.4 Scope of Work

The Provider shall provide VCM Services in compliance with and including all of the following tasks and responsibilities:

A. Service delivery

VCM services include a wide range of case management activities to be provided to children and families referred by CWS and identified as moderate risk and no safety concerns at initial intake

or during on-going assessment. Children and families receiving VCM Services shall not have active safety concerns. Children may reside in or out of the family home (not in foster care).

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 and healing-informed approach, meaning attending to a client's emotional as well as physical safety, including understanding how trauma affects the client's life.

Programs and services shall be aligned with the needs of the diverse communities in the population served including but not limited to cultural identity and practices and sexual orientation, gender identity, and gender expression. Operations shall be refined in order to best serve the target population and make progress towards reducing healthcare disparities.

The Provider shall ensure effective, equitable, understandable, and respectful quality care and services that are sensitive and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs to preserve cultural identity.

The Provider shall communicate and interact effectively with non-English speaking children and families and provide language assistance services. Language assistance services must include oral interpretation from a qualified interpreter and written translation from a qualified translator. Language assistance services must be:

a) free of charge to the participant;
b) accurate;
c) timely; and
d) protect the privacy and independence of the participant.

The Provider shall adopt a plain language strategy for making written and oral information easier to understand.

The Provider shall abide by the CWSB Anti-Harassment and Non-Discrimination Policy and Procedure Guidelines Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ+). The Provider shall provide services in a healthy and affirming manner and create a safe and respectful environment for all individuals. The Provider shall not discriminate based on sexual orientation, gender identity, or gender expression.

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 the clients' schedules.

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

Services shall be provided for up to 12 months. Extensions may be requested in writing 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 State.

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.

The Provider shall ensure appropriate service transitions for clients to other service providers/community agencies, as applicable, when the contract ends.

1. Service framework

   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. Utilize the protective factors framework to guide practice and service delivery to prevent child maltreatment and promote healthy outcomes. This framework is organized by strengths-based ideas centered on
      - parent resilience;
      - social connections;
      - knowledge of parenting and child development;
      - concrete support in times of need; and
      - social and emotional competence of children.
   f. Be provided in an environment that is welcoming, inclusive, de-stigmatizing, and not re-traumatizing; and
   g. Utilize Motivational Interviewing, whenever possible and appropriate, in accordance with the model, in casework practice.

2. 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; and
   d. The parents'/caregivers' ability to problem-solve.

3. 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.

4. Roles

VCM cases shall be managed by qualified VCM workers (case managers) assisted by the DHS' Voluntary Case Liaison (VCL) or a DHS staff functioning in that capacity. The primary duties of the VCL include, but are not limited to, providing assistance with family location and engagement, providing case consultation, and monitoring the quality of work done by the VCM workers. The Provider shall follow the procedures specified by the DHS, including those in the DRS Procedures Manual.

VCM workers will recommend FFH candidacy for determination by the VCL.

5. Service completion/Discharge

VCM Services shall be terminated when:

a. Services are successfully completed and the risk issues have been adequately/appropriately addressed.
b. At any time, including during the initial or subsequent assessments, the Provider identifies that a child has suffered substantial harm instead of risk and/or identifies the presence of a safety factor, as defined by the DHS; the Provider shall inform CWS immediately, provide crisis intervention to the family, as necessary, and return the case to the appropriate CWS Unit for re-assignment. The Provider shall also assist CWS in ensuring a smooth transition of the case to CWS.
c. During the initial or subsequent assessments by the Provider or during service provision the family chooses not to participate in VCM Services and the family is assessed as needing services; the Provider shall inform CWS, provide crisis intervention to the family, as necessary, and immediately return the case to the appropriate CWS Unit for re-assignment. The Provider shall also assist CWS in ensuring a smooth transition of the case to CWS.
d. At any time a child is reported to be substantially harmed during the provision of VCM Services and an investigation by CWS confirms the report and VCM Services are no longer appropriate; the Provider shall immediately return the case to the appropriate CWS Unit for re-assignment. The Provider shall also assist CWS in ensuring a smooth transition of the case to CWS.

For cases returned to CWS for which CWS subsequently files a court petition, the Provider shall provide CWS with updated assessments and the Family Partnership Plan and Family Partnership Planning Activities, if requested by the DHS, for submission with the Family Court petition. The Provider may also be required to provide testimony in Family Court.

B. Service activities

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

The Provider shall follow and implement the procedures specified in the Differential Response Procedures Manual (see the Differential Response Procedures Manual included in the RFP posting). The DRS Procedure Manual may be revised as necessary.

Services include, but are not limited to:

a. Contact
   1) The Provider shall share the concerns in the CWS report with the family at the time of initial contact. The initial contact may be a face-to-face visit, phone call, letter, or other method, as applicable.
   2) At the time of initial contact, the Provider shall advise the subject of a child abuse and neglect assessment of the concerns regarding the individual, while protecting the identity of the complainant.
   3) The Provider shall make initial face-to-face contact with the family, including the children, within five (5) working days of the referral, or as specified by the DHS, to share the concerns identified in the report, clarify VCM Services/the Provider's involvement, assess the safety concerns/risks to the children and the family's needs, and assist the family with the development of a plan to meet their needs.
   4) The Provider shall partner with the DHS' VCM staff to locate and contact children and parents/caregivers as necessary.

b. Assessment

The Provider shall:

1) Share the concerns noted in the CWS report with the family as well as assess those concerns.
2) Complete the initial Child Safety Assessment within two (2) working days of the initial face-to-face contact. The Provider shall make efforts to interview each family member, including the children, alone (with the consent of their parents/guardians, as needed) and document who was assessed as well as the information gathered. The safety assessment shall also be completed to assess if a safety concern may be present, and prior to case closure or at other intervals as specified by the Department.
3) Complete the Comprehensive Strengths and Risk Assessment tool, or another tool if specified by the DHS, within 60 days of referral date. The family's strengths, needs, and ability to protect the children shall be assessed to determine any and all appropriate service activities. The tool shall be completed when circumstances change, prior to case closure, and at other intervals as specified by the Department.
4) Incorporate the DHS' assessment of the family including, but not limited to, the Safe Family Home Report, as applicable.
5) Use the Family Partnership Planning and Family Partnership Plan Activities document, or another document if specified by the DHS, as part of the assessment.
6) Complete ongoing monthly assessments to assess child safety, strengths, risk issues, and progress in services as assessment is an ongoing process and shall be continually evaluated to identify those components.

7) Identify and recommend candidates for Family First Hawai‘i based on criteria specified by the Department.

The Applicant may choose to propose the use of other assessment tools in addition to the tools required by the DHS. The Applicant may want to describe the proposed tools and how they will be helpful in service planning and service delivery. Applicants/Providers would need written permission to use other assessment tools in the place of the DHS required tools. Applicants/Providers would not need written permission to use other assessment tools in addition to the DHS required tools.

c. Service Planning
   1) Family Partnership Planning for VCM Services:
      i. The Provider shall begin to develop the Family Partnership Planning and Family Partnership Plan Activities with the family within 60 calendar days from the referral date. The plan should be completed sooner than 60 days when FFH candidates are identified or when appropriate for families. The goals and activities in the plan should be targeted for completion within 12 months.
      ii. The planning process shall include the Provider communicating with the child, parents, legal/physical custodians, and all other relevant persons identified as necessary to the development and implementation of the case plan goals.
      iii. The Family Partnership Planning and Family Partnership Plan Activities (FPP-FPPA) document shall specify services that will be provided to address the reported concerns and the risk issues in the home. Service plans include services necessary to address needs of infants exposed to substances and their affected parents/caregivers.
      iv. The FPP-FPPA shall also be used to fully document for the family the positive and negative consequences of successful or unsuccessful completion of the planned activities.
      v. If the family is not able or willing to complete the planning process, the Provider shall document the family’s response to the report to CWS, the completed safety assessment, any strengths and risk issues identified, and information/resources/supports provided to the family to meet their needs. A closing summary shall also be completed to document and summarize the information gathered about the family and the information/resources/supports provided.
   2) For FFH candidates, as part of service planning, prevention plan elements shall be included in the service plan or documented in a prevention plan form specified by the Department.

      If a family in which a child is identified as a candidate has any existing service plans, the plan information will become part of the family’s comprehensive case plan that the family and all caseworkers and service providers work from.

      Prevention plans for candidates must be developed with the family as soon as candidates are identified. Plans must be approved by the VCL. Prevention plans must be documented within 5 days of the plan development meeting or as specified by the Department.

The prevention plans will include the following elements:

- The candidate and the adults in the case;
- The date the plan is created;
- The circumstances causing the child to be at imminent risk of entering foster care;
- The prevention strategy that will allow the child to remain safely at home; and
- The services or programs that will ensure the success of the prevention strategy.

3) IPP (Individualized Program Plan) for Individual and Group Skill Building:

i. The VCM client, VCM worker shall, and individual or groups skill building worker (if provided by a different worker than the VCM worker) through collaboration, develop an IPP that provides each family clear goals, objectives, ongoing feedback, and progress reports. The IPP process shall assure that the family understands the goals and objectives and that ongoing feedback and progress reports are furnished to them and the VCM worker, if the VCM worker is not the individual or groups skill building worker.
ii. To develop the IPP, a telephone consultation or a face-to-face case conference shall be held no later than 30 days from the referral date for individual and/or group skill building. The referral date is the date the worker and the family have identified the need for Individual or Group Skill Building and a referral/initiation of services has been completed. The referral date is not the date of the intake or transfer from CWS.
iii. The consultation or conference shall include the input of the client and the VCM worker. Live planning meetings are recommended.
iv. The consultation or conference shall result in an IPP which shall specify the manner, frequency, focus, goals, and type of services to be provided.
v. The IPP shall describe actions/interventions that address the needs and risk issues identified by the family, the VCM worker, and the VCM skill builder (if the service is not provided by the VCM worker).
vi. 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.
vii. 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.
viii. The IPP shall be completed within 30 days of the referral for individual or group skill building.

If the family will receive individual or group skill building services from a different program, the VCM program does not create the IPP for individual and group skill building. The service would be referenced in the Family Partnership Plan and Family Partnership Planning Activities as an intervention to address the

identified risk issue(s). The VCM worker may be included in the IPP development with the other program, as appropriate. The VCM worker shall monitor progress, including participation, development of skills, and integration into parenting and functioning.

d. Coordination
The Provider shall identify and coordinate referrals with the family which may include helping/coaching families to find and contact resources. Services should be identified that meet the needs of families.

This may include the identification of and referral to FFH evidence-based services, as appropriate.

e. Individual and Group Skill Building
1) Services may be provided to families who are in need of hands-on skill building. They may be 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 based. Services include, but are not limited to:
   i. Regular visits in the home;
   ii. Hands on parenting instruction;
   iii. Practical life skills instruction;
   iv. Role modeling;
   v. Nutrition; and
   vi. Planning.

2) Activities may focus on, but are not limited to:
   i. Enhancing child-parent bonding and attachment, empathy, and child management skills by using simple, concrete techniques employing both educational materials and skill building exercises.
   ii. Providing information about normal child development stages.
   iii. 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.
   iv. Socialization in order to develop concrete, everyday problem solving abilities as well as to learn how to interact with other people more productively.
   v. 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.
3) Services shall be provided to meet the needs of the family when no other services are available or appropriate.
4) Services shall be short term, intensive, and specifically targeted to meet the family's identified needs.

The service framework may be similar to other individual and group skill building services/programs/interventions available in the community or through other contracts; however, the delivery may vary based on the program (curriculum, special population focus, cultural considerations, etc.) and populations served. The delivery

of individual and group services provided by the VCM contract shall be targeted to meet the needs of each specific family receiving the service.

Individual and group skill building provided by the VCM contract is for families when other similar services are not available or appropriate to meet the families' needs. Rather than referring the family to another provider, it may be advantageous to work with the family within the VCM program on targeted skill building efforts. Some reasons to serve the family within the VCM contract include the family's preference to work with only one program, more immediate availability of service (especially for urgent needs), continuity for the family, and improved engagement and relationship between the worker and family.

Evidenced-based services may be used or specified by the DHS.

f. Monitoring

Monitoring is necessary to ensure appropriate and effective services and child safety and well-being.

1) Monthly face-to-face contacts shall include ongoing safety and risk assessments, discussions and observation of progress in services/interventions, assessment of whether the services are meeting the needs of the family and addressing risks so that the child can remain safely at home.
2) If families have missed appointments or there are scheduling challenges, the Provider shall make efforts to reschedule within the month and request the support of the DHS' VCM staff to maintain monthly face-to face-contact with the family.
3) Ongoing contact and monitoring activities with family and other individuals/agencies involved with the family, including review of progress and tracking participation in services/resources.
4) Following 12 months of service, the Provider will:
   - Assess whether the services are meeting the needs of the family and addressing risks so that the child can remain safely at home;
   - Re-assess recommendation for FFH candidacy, if applicable; and
   - Provide FFH candidacy redetermination recommendation to the VCL, if applicable.

g. Documentation

The Provider shall complete, maintain, and provide documentation as specified by the DHS.

Specific logs of contact, response time information, and other information specified by the STATE shall be submitted by the PROVIDER to the Department for inclusion in the Department's database. The VCM worker shall create the logs and provide/update other information, as specified in writing by the STATE, including the DRS Procedures Manual.

Current practice is that the VCM worker enters logs into the CWS SHAKA database for review by the Voluntary Case Liaison (VCL). The VCL reviews the logs and

accepts them for entry into SHAKA and CPSS. The VCL will contact the VCM worker if there are any questions.

Currently, the Provider is also required to enter response time information in the SHAKA database.

Other information can be found in the Differential Response Procedures Manual.

The Provider may be required to enter the information from the Child Safety Assessment and Comprehensive Strengths and Risk Assessment in the Department's Database in the near future.

Training and support shall be provided to the Provider to enter required information in the Department's Database.

For FFH candidates, the caseworker will create and submit a prevention plan, as specified by the Department, for review and approval by the VCL.

C. Administrative/Management requirements

1. Experience

The Provider shall have verifiable and relevant experience for the last three (3) years in providing VCM Services or 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 direct services (e.g., contact with the family, assessments, IPPs, service coordination, and monitoring) 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 in providing relevant services to clients. 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 in providing relevant services. Close supervision includes recommended actions and the review and approval of reports. Staff that complete the

comprehensive assessment, service plan, service coordination, and monitoring (case management services) shall have, at a minimum, a Bachelor's degree.

c. All staff, volunteers, and contracted personnel providing individual/group skill building services and directly related assessments 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 in providing relevant services. However, services may be provided by staff with a high school diploma or a 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 in providing relevant services. Close supervision includes recommended actions and the review and approval of reports.
d. 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.
e. 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.
f. Program supervision, including supervision of staff, volunteers, and contracted personnel, shall be provided by staff with, at 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 in providing relevant services. 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.
g. Volunteers shall be under the control and direction of the Provider even though they are not paid staff or contracted personnel.
h. 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.
i. 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.

j. Verification 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.

k. 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.ehawaii.gov/ahewa/ (Adult Criminal Conviction Information System, Hawai‘i 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 annual, on-going 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. All VCM supervisors and direct service workers are required to receive a minimum of 15 training hours per year. Training must be child welfare related.
   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 LGBTQ);
         d) Confidentiality and ethics;
         e) Security and safety provision;
         f) Emergency response and disaster preparedness procedures; and
         g) Diversity-embracing service provision (including but not limited to culture, language, gender identity, gender expression, and sexual orientation).
      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/days 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.
   e. Providers may be required to attend specific training events provided or coordinated by the Department.
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 DHS' VCM staff (Voluntary Case Liaison - VCL) or a DHS staff functioning in that capacity, 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, language access needs (LEP), 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 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 who 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 Hawai'i 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. Hawai'i 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 Hawai‘i. 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.

_X_ 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. The Provider shall not require any additional fees from clients for services provided through this contract without the prior approval of the State.

4. 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: Voluntary Case Management Services

GEOGRAPHIC AREA: _____

_____

	PEOPLE TO BE SERVED	Annual Proposed Estimated Goals	
		DHS	Applicant
1.	Total # of VCM Services referrals:	Refer to Target Population to be Served	
	a. From CWS Intake Units.		
	b. From CWS Assessment/Permanency Units.		
	c. From other VCM Services Providers as transfers.		
	d. Total # of VCM Services referrals: 1) Families 2) Children 3) Adults		
	e. Total # of Service referrals with Family First Hawaii candidates identified: 1) Referrals 2) Families 3) Children 4) Adults		
2.	Of the total # of referrals in item 1 (1.a, 1.b, and 1.c) # of referrals from Family Court (this number should reflect cases in which Family Court initiated intake or referral for services).		
3.	Of the total # families referred in 1.d, # of referrals who have agreed to and are receiving VCM Services.		

FORM B – SERVICE ACTIVITIES

ORGANIZATION: _____

PROGRAM/SERVICE: Voluntary Case Management Services

GEOGRAPHIC AREA: _____

	SERVICE ACTIVITIES	Annual Proposed Estimated Goals	
		DHS	Applicant
1.	# of referrals for VCM Services.		
2.	# of referrals where face-to-face contact was initiated within five (5) working days of the referral.	100% of Form A, Item 1 (A1)	
3.	# of referrals that received an initial face-to-face contact *within* five (5) working days of the referral.	85% of A1	
4.	# of referrals that received an initial face-to-face contact *after* five (5) working days of the referral.	10% of A1	
5.	# of referrals that were unable to be contacted.	5% of A1	
6.	# of referrals that have a Child Safety Assessment completed within two (2) working days of the initial face-to-face contact.	100% of B3 plus B4	
7.	a. # of referrals that accept services after initial contact b. # of families that accept services after initial contact	a. 80% of B3 plus B4 b. # of families represented in B7a.	
8.	# of families that have a Comprehensive Strengths and Risk Assessment completed within 60 days of the referral date.	90% of B7b	
9.	# of families that have a Family Partnership Plan and Family Partnership Plan Activities (as the IPP) within 60 days of the referral date.	90% of B7b	

10.	# of families offered an `Ohana Conference.	100% of B7b	
11.	# of families that participated in an `Ohana Conference.		
12.	# of families that received monthly face-to-face contact.	90% of B7b	
13.	# of families that received individual skill building provided by VCM contract.	25%-50% of B7b	
14.	# of families that receive group skill building provided by the VCM contract.	10%-25% of 7b	
15.	# of families with a FFH candidate identified.		
16.	# of families with a candidate identified that have a FPP or Prevention Plan.		
17.	# of families with a candidate identified that are referred to a FFH evidence-based intervention.		

FORM C - OUTCOMES

ORGANIZATION: _____

PROGRAM/SERVICE: Voluntary Case Management Services

GEOGRAPHIC AREA: _____

	OUTCOMES	**Annual Proposed Estimated Goals**	
		DHS	**Applicant**
1.	# and percentage of families who developed Family Partnership Plan and Family Partnership Plan Activities that met or partially met goals in their upon discharge.	80% of B7b	
2.	# and percentage of families who have increased supports/resources as a result of the intervention.	50% of B7b	

3.	# and percentage of referrals that were returned to CWS for safety issue(s) during service provision: a. Total # returned that were referred to VCM from CWS Intake Units. b. Total # returned that were referred to VCM from CWS Assessment/Permanency Units.	Less than 5% of A1	
4.	# and percentage of referrals that were returned to CWS due to lack of participation by the family: a. Total # returned that were referred to VCM from CWS Intake Units. b. Total # returned that were referred to VCM from CWS Assessment/Permanency Units.	Less than 10% of A1	
5.	# and percentage of clients that were contacted who expressed satisfaction with the program as determined by the completed consumer satisfaction surveys.	95% of B7b	