Office of the Administrative Director of the Courts • Financial Services Department
Ke'ena o ke Po'o Lawelawe Hana o nā 'Aha Ho'okolokolo • Māhele Lawelawe Waiwai
THE JUDICIARY • STATE OF HAWAI'I | KA 'OIHANA HO'OKOLOKOLO • MOKU'ĀINA 'O HAWAI'I
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Date: August 26, 2026

To: All Interested Providers

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

Subject: **Request for Information for Health & Human Services (103F, HRS) for Juvenile Substance Abuse Treatment Services, First Circuit, The Judiciary, State of Hawai'i**
RFI J28001

The Judiciary, State of Hawaii issues this Request for Information (RFI) pursuant to Chapter 103F, Hawaii Revised Statutes, to seek information and recommendations from interested providers for the planned purchase of Juvenile Substance Abuse Treatment Services.

The purpose of this RFI is to gather information from interested service providers, stakeholders, and the public to assist the Judiciary, State of Hawaii in planning a future Request for Proposals (RFP) under Chapter 103F, Hawaii Revised Statutes, for the purchase of health and human services.

This RFI is issued for information and planning purposes only. It is not a solicitation, does not constitute a commitment by the Judiciary to issue an RFP or award a contract, and will not result in the selection of any provider. Responses to this RFI will be used to better understand current industry practices, available services, innovative approaches, and other information that may assist in developing the scope of services and procurement requirements for a future RFP.

Participation in this RFI is voluntary and is not a prerequisite for participation in any subsequent procurement.

Description of the goals of the service

The goal of the service is to provide evidence-based practices to assess, engage, and treat individuals in need of substance abuse assessment and treatment services. Services should provide juvenile offenders with the skills and knowledge to effectively deal with their use of alcohol and drugs in order to eliminate re-offending behaviors. Services should also be reflective of the court's balanced and restorative justice philosophy, and the juvenile justice reform effort with emphasis on best practices/evidence-based practices, collaboration, and

cultural competency. The goals of balanced and restorative justice are accountability, competency development, and public safety.

Description of the target population to be served

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

Geographic coverage of service

Service areas include the following:

First Circuit Island of O'ahu

General Requirements

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

1. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

    a. Residential programs, in accordance with Title 11, Chapter 98, Special Treatment Facility, must have a Special Treatment Facility license at the time of application and abide by applicable administrative rules governing accreditation of substance abuse programs.

2. The applicant must have demonstrated competence or qualifications to perform the required services and shall have a minimum of one-year experience in the provision of substance abuse treatment services.

3. The applicant must have an accounting system, with acceptable accounting practices and standards.

4. The proposed service must meet all required state licensing or certification standards, provide assurances of fair hearing and grievance procedures for clientele, civil rights compliance, information safeguarding practices, and provide proof of insurance coverage as applicable.

5. The applicant shall submit in a timely manner upon request by the Judiciary any additional information needed by the Judiciary to decide on the applicant's proposal. The Judiciary may request an oral discussion or presentation in support of the proposal. On-site visits may be made.

6. The applicant shall comply with Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective

10/01/98), which can be found on the SPO website (See Section 5, Proposal Application Checklist, for the website address).

7. The applicant shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, have a system for implementing and maintaining program integrity, and are in conformance to professional standards. For best practices in specific areas of substance abuse, the applicant may consult the Substance Abuse and Mental health Services Administration's (SAMHSA) Treatment Improvement Protocol Drug Addiction Treatment Improvement Protocol Series (TIPS) and the National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment, and/or access the individual government agency websites.

Scope of Work

The scope of work encompasses the following tasks and responsibilities:

Service Activities

Applicants may provide a comprehensive continuum of evidence-based offender-oriented treatment services to include Substance Abuse Assessments, Substance Abuse Education, Outpatient, Intensive Outpatient, and Residential Treatment to adolescents with alcohol and/or other drug related problems that are ordered or directed by the court to obtain such services. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM-PPC) for admission, continuance, and discharge and documentation shall be included in the client's chart.

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

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

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

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

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

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

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

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

   Applicants shall be available to meet with the youth in the community, including the youth's school, or out-of-home placement site. If the youth is incarcerated at the time,

the Applicant shall conduct the assessment at the institution (i.e., Detention Center and/or Hawaii Youth Correctional Facility).

The assessment report shall be used for case planning and court interventions. The assessment report shall be required to be submitted to the supervising probation officer no more than ten (10) working days after completing the assessment. Applicants shall be available to have a consultation session upon request by probation officer, via telephone and/or virtual conference with the probation officer, parent(s)/legal guardian(s) and/or youth, to explain the results of the report and answer any questions the parties may have.

2. **Substance Abuse Education**. Substance Abuse Education shall provide clients with information and skills training pertaining to the pharmacology of substance abuse, lifestyle consequences, emotions management, coping skills and problem-solving training using cognitive behavioral techniques, treatment process, relapse prevention and abstinence maintenance training. The alcohol education and counseling program shall be for eight (8) to ten (10) hours and may include topics on the effects of alcohol on the brain and body, legal and social consequences, triggers to using, etc. The applicant shall also provide a parent/guardian education and counseling program of not more than ten (10) hours.

3. **Outpatient/Intensive Outpatient Treatment.** Outpatient/Intensive Outpatient Treatment provides comprehensive non-residential services to adolescents with substance abuse problems. Program activities shall include professionally directed assessment, initial and updated treatment planning, crisis management plan, discharge plan, case management, individual and group counseling, substance abuse education, family counseling and support services. Services also shall include skill building, recreational therapy, and family counseling. On-site UA testing may also be offered as an additional service.

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

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

4. **Residential Program.** Residential program provides a planned regimen of professionally directed evaluation, treatment, individual and group counseling, skill

building, recreational activities, family services, case management, and other ancillary and special services. Every client must have an initial treatment plan with a meeting to include all parties of the client's treatment team, updated treatment plans, crisis management plan and discharge plan. A discharge meeting with all parties of the client's treatment team shall be conducted prior to the client's planned discharge date. Observation, monitoring, and treatment are available twenty-four (24) hours a day, seven days (7) a week. Clients shall have access to a Department of Education approved appropriate grade-level academic program while in treatment. Academic programming shall be an integral part of the client's treatment plan. Programs are to have access, either as paid staff or on a consultative basis, to a licensed psychiatrist or psychologist who is trained in child development, family systems, and substance abuse treatment. The treatment services and living quarters must be separate and specific for adolescents only, with no intermingling of adults and juveniles. Services required on a long-term basis, generally for four months and up to a year.

5. Applicants shall establish and implement policies and procedures for the following:
    a. Applicants for Outpatient/Intensive Outpatient and Residential Treatment services shall provide written admission, monthly progress, and discharge reports to supervising probation officers. Written reports shall be provided no more than ten (10) working days after the month's end or after a client's admission, discharge, or earlier upon request of the supervising officer for court hearing purposes. Discharge reports shall include the dates of admission, treatment and termination; reasons for termination with explanation; discharge plans and recommendations (including recommendations for handling of client target behaviors, relapse prevention plans, possible sanctions, etc), when applicable. Applicants shall attach sample copies of report formats to be used for these purposes.

    b. If on-site UA testing is provided as an additional service. The applicant shall provide their written policies and procedures for such testing and shall describe the frequency and application of testing in treatment. The applicant shall ensure that chain of custody and confidentiality issues are addressed appropriately. The applicant shall establish written testing, chain of custody and confidentiality procedures.

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

Positive drug test results shall be reported immediately to the supervising agency/probation officer, and a summary of drug test results shall be included in the required weekly and monthly reports for each client to drug and specialty courts.

c. Programs shall notify the supervising officer or program of any prospective major change in a client's status (i.e. potential discharge or level of care change) occurring before the scheduled reporting cycle. Program staff will participate in team meetings with the Judiciary when it is determined to be in the best interest of the client's treatment and adjustment.

d. Applicants who provide Outpatient, Intensive Outpatient, and Residential treatment modalities shall develop and implement appropriate transition plans for each client prior to discharge with a meeting with all parties involved to come up with the transition plan. The plan shall address transition and relapse prevention and shall be forwarded to the supervising officer.

e. Applicants shall identify and provide brief description of the distinguishing highlights for the evidence-based treatment model(s) and/or curriculum to be used. The applicant shall incorporate best practices/evidenced-based practices, such as a cognitive-behavioral approach, motivational interviewing, etc. into individual and group sessions as appropriate.

f. Applicants shall provide treatment transition assistance to the client in the event that treatment funding is terminated, i.e. referral to another program, referral back to the supervising officer, etc.

g. Both residential and outpatient programs shall collaborate with other community agencies and resources, including but not limited to health, mental health, social, educational, vocational rehabilitation, and employment services for coordination and linkages with other services as part of the continuum of care.

h. Applicants shall provide descriptions for receiving, documenting, and responding to client's grievances, including an appeals process.

i. In the event of unforeseen circumstances (as identified by the Judiciary) that prevent face-to-face contact with the clients, Applicants shall submit to the Judiciary a Continuation of Operations Plan (COOP) in a format specified by the Judiciary, indicating how applicant's plan to continue to provide access to services. In the event that face-to-face services are not feasible, the Judiciary

has the ability to allow all services identified (Section A; Service Activities), to be conducted via telehealth/telemedicine (e.g., audio-visual, audio only) and will be considered the same as face-to-face contact and paid at the same rate.

Written comments in response to the RFI shall be emailed to bridgette.m.bennett@courts.hawaii.gov

The deadline for the receipt of comments is **12:00 p.m., HST, on Wednesday, September 9, 2026**.

PLEASE NOTE:

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