State of Hawaii's Department of Health
Alcohol and Drug Abuse Division and
Adult Mental Health Division

Request For Information ("RFI")
RFI No. HTH-440-11-06-OSP

Integrated Care Services at the Honolulu Police Department's Central Receiving Division on the Island of Oahu

I. PURPOSE.

As part of its planning process, the State of Hawaii's ("STATE") Department of Health ("DOH") Alcohol and Drug Abuse Division ("ADAD") and Adult Mental Health Division ("AMHD")(hereinafter collectively referred to as the "DIVISIONS") are seeking information from qualified medical care, mental health, and Substance Use Disorder ("SUD") providers, individuals with lived experience of behavioral health systems of care, independent non-profit 501(c)(3) organizations, state and county agencies and programs, law enforcement agencies, courts, qualified vendors, consultants, service providers, and other interested stakeholders to provide Integrated Care Services ("ICS") at the Honolulu Police Department's ("HPD") Central Receiving Division ("CRD") on the Island of Oahu.

The purpose of this RFI is to gather information on capabilities, recommended approaches, operational considerations, staffing requirements, and estimated costs associated with providing ICS including, but not limited to, medical services, mental health and substance use screening, assessment, intervention, and referral services within the police cellblock environment. Information received through this RFI may be used to inform the development of a future Request for Proposal ("RFP") and contract for these services.

II. BACKGROUND INFORMATION.

Preliminary HPD data indicates that approximately 13,000 adults (18 years and older) were held and processed through CRD in 2025, after an arrest. On average, the admission rate is approximately 36 individuals per day.

The number of individuals processed into CRD appears to vary throughout the day. On average, the busiest four-hour block/period of time at CRD is between 12:00 a.m. and 4:00 a.m., where approximately 2900 individuals were processed in 2025. The four-hour period that sees the fewest individuals processed appears to be between 4:00 a.m. and 8:00 a.m., where approximately 1000 individuals were processed in 2025. From 8:00 a.m. to 12:00 a.m., each four-hour period appears to average approximately 2200 individuals being processed annually.

Individuals entering police custody often have a range of medical, behavioral health, and/or substance use-related needs that require timely identification and an appropriate clinical response. Because these needs can be both complex and urgent, an integrated, whole-person

care strategy is likely the most effective way to address them.

The DIVISIONS, therefore, are interested in creating an ICS model that would provide medical services at CRD to strengthen early identification efforts and facilitate appropriate health interventions to address substance use, mental health, physical health, medication, safety, housing and continuity of care needs for adults held at CRD after their arrest, while they are awaiting their initial court appearance.

The proposed ICS model would place qualified health care professionals at CRD to improve access to timely care, strengthen coordination across systems, reduce avoidable disruptions in treatment and unnecessary use of higher-cost services. Because the CRD represents a time-limited opportunity to identify and address immediate and clinically relevant needs, the selected CRD medical provider would likely need to provide care that includes timely intervention, stabilization, and a continuity of care strategy for individuals upon their arrival at CRD, especially those who may be eligible for release and care from community-based treatment services.

A. Description of Target Population to be Served.

   Individuals entering police custody that have medical, behavioral health, and/or substance use-related needs that require timely identification and an appropriate clinical response.

B. Geographic Coverage of Service.

   Island of Oahu (City and County of Honolulu).

C. Service Description.

   The DIVISIONS are exploring a continuous 24-hour-per-day, 7-day-per-week, 365-day-per-year ICS model at the CRD. The ICS would function as an early point of access to care during the individual's time-limited CRD encounter.

   The ICS is intended to address needs that can be reasonably identified and managed during the CRD encounter and to connect individuals with appropriate ongoing care when additional or longer-term services are needed. The proposed ICS model is not intended to replace comprehensive or longitudinal primary care, mental health treatment, or substance use treatment.

III. PROGRAM ACTIVITIES.

The ICS may include the following core capabilities:

A. Medical screening and clearance of custodies for safe placement at the CRD. Assessment of acute medical needs and coordination with emergency departments or hospitals if needs exceed the scope of the CRD setting for health care delivery.

B. Timely integrated care, treatment, wound care, and stabilization based on identified

needs, medication reconciliation, administration and management, assessment and intervention for intoxication, withdrawal, and overdose, medication-assisted treatment ("MAT")/medications for opioid use disorder ("MOUD"), identification of individuals requiring higher level of behavioral health care and medical concerns appropriate to the setting.

C. Rapid screening and assessment of mental health, substance use, physical health, safety, housing and continuity-of-care needs.

D. Appropriate clinical documentation, information exchange, and coordination with the Hawai‘i Health Information Exchange ("HHIE") to support continuity of care when feasible and permitted.

E. Point-of-care testing and other clinical and operational capabilities necessary to safely provide services in the CRD environment.

F. Verification of existing treatment and medication, where feasible, and coordination with prescribers, pharmacies, treatment programs, hospitals, and other community providers to minimize treatment interruptions.

G. Care coordination and transition planning by facilitating reconnection or linkage to community providers through warm handoffs, referrals, Jail Diversion Program ("JDP"), correctional healthcare, drug court/probation, the Oahu Intake Service Center ("OISC"), temporary housing and other appropriate support services that can be reasonably addressed during the CRD encounter in preparation for a possible release order from custody.

H. Ensure continuity of care following release into the community, that may include follow ups for mental health, SUD treatment, MAT/MOUD, peer support, medical care, and other needs identifying through screening and assessment.

I. Procedures for individuals who decline screening, assessment, medication, treatment, or referral, including documentation, assessment of capacity or safety concerns and appropriate escalation.

J. Transportation from the CRD or District Court to temporary housing or other identified services based on individual need for those granted release from custody.

K. Clinical oversight and quality assurance/improvement processes.

L. Collection and reporting of service, performance, and outcome information.

The DIVISIONS are interested in clinically appropriate, operationally feasible, and cost-effective approaches to achieving these capabilities. Respondents may recommend staff configurations, partnerships, technology, workflows, or other approaches they believe would best accomplish the intended service objective.

IV. INFORMATION REQUESTED.

Interested parties are invited to submit a detailed proposed workflow beginning with entry into the cellblock and continuing through release or transfer. Responses should address any or all of the following:

A. Organization Overview.

1. Identify which of the proposed service capabilities your organization could provide directly and which, if any, would require a partner, subcontractor, or other arrangement.

2. Describe relevant experience providing integrated health care, mental health, substance use, peer support, linkage to shelter/housing, justice-involved, correctional, urgent/short-term, or similar services while maintaining appropriate patient privacy and confidentiality. Identify experience in the STATE, if applicable.

3. Identify any licenses, certifications, provider types, partnerships, or other organizational capabilities your organization currently has that would support delivery of the proposed services.

4. Indicate your organization's level of interest in providing these services if the DIVISIONS issue a future RFP and contract.

B. Proposed Service Delivery Approach.

Describe the service delivery model your organization would recommend to achieve the proposed ICS capabilities at the CRD.

At a minimum, include the following:

1. Recommended staffing disciplines and approximate staffing levels by shift or coverage period.

2. Which functions should be provided onsite versus through telehealth, on-call, consultation, pharmacy, subcontracting, or other arrangements.

3. How the model would maintain 24/7/365 coverage and respond to fluctuations in volume and acuity.

4. How screening/triage, integrated mental health, substance use and physical health care, medication services, withdrawal/overdose response, MAT/MOUD, brief stabilization, and escalation to a higher level of care would be delivered.

5. How medication access, pharmacy support, and point-of-care testing would be provided.

6. Recommend approaches for providing warm handoffs, including services for individuals released during evenings, weekends or other times when community providers may have limited availability.

7. How the proposed model would support care coordination, wraparound linkage, and continuity during and after transition from the CRD.

8. Any alternative approaches that could achieve the intended outcomes more efficiently or cost-effectively without compromising clinical quality or safety.

C. Operational Requirements and System Coordination.

Identify what would be required from the DIVISIONS, HPD, Department of Corrections and Rehabilitation ("DCR"), the Judiciary or other partners for your proposed model to operate successfully.

At minimum, address the following:

1. Physical space, security, privacy, equipment, utilities, storage, medication/pharmacy arrangements, point-of-care testing, and other infrastructure.

2. Information or access needed at intake to safely and effectively provide services.

3. Electronic Health Records ("HER")/documentation requirements and your proposed documentation approach.

4. Current organizational or operational capacity and ability-to provide the services described above, participate in HHIE, including technical requirements and anticipated barriers.

5. Coordination needed with HPD, JDP, AMHD, ADAD, DCR/OISC, the Judiciary, shelter/housing, peer support, hospitals, pharmacies, existing treatment providers, and community services.

6. Information-sharing, consent, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 CFR Part 2, or other confidentiality issues that may affect the proposed model.

7. Any decisions, agreements, workflows, or responsibilities among participating agencies that should be established before implementation.

D. Cost and Budget Considerations.

Provide a reasonable estimated annual cost or cost range for the service delivery model recommended in section IV.B..

1. Include, to the extent feasible the following:
    a. Personnel and staffing.
    b. Clinical and medical supplies.
    c. Medications and pharmacy services.
    d. Point-of-care testing.
    e. EHR, technology, and information exchange.
    f. Subcontracted or partner services.
    g. Administrative/indirect costs.

h. Other significant costs.

2. Separately identify the following:

   a. One-time startup costs.
   b. Major assumptions used to develop the estimate.
   c. Resources, equipment, space, or services assumed to be provided by the DIVISIONS or HPD.
   d. Estimated implementation timeline following contract award.
   e. Major implementation dependencies or activities that could affect the timeline.
   f. Potential third-party reimbursement opportunities and significant barriers to reimbursement.
   g. Recommendations for improving long-term financial sustainability.

E. Feasibility and Recommendations.

Based on your experience and the proposed service model described above:

1. Identify requirements or capabilities that may be difficult, impractical, unnecessarily costly, or unlikely to produce the intended benefit in the CRD environment.

2. Recommend alternative approaches where applicable.

3. Identify significant workforce, clinical, operational, regulatory, technology, security, coordination, reimbursement, or other risks.

4. Identify strategies that could reduce or mitigate those risks.

5. Identify information needed from the DIVISIONS before you could develop a more definitive service model, staffing plan, or cost proposal.

6. Identify any important service capability, operational requirement, or consideration that the DIVISIONS have not addressed.

The DIVISIONS welcome recommendations that differ from the proposed approach when the respondent believes an alternative would better achieve the intended objectives.

V. SUBMISSION OF INFORMATION.

Potential applicants, public agencies, and interested stakeholders are encouraged to submit written comments and suggestions.

Feedback in writing is appreciated by 2:00 p.m., Friday November 6, 2026.

Please submit all comments via email submission to: Tori Ikehara

Email: tori.ikehara@doh.hawaii.gov

Please use the subject line: **"RFI Response – CRD Integrated Care Services"**

Phone: (808) 453-6993

Interested parties should note the following:

A. Participation in the RFI process is **optional** and is not required to respond to any subsequent procurement by the DIVISIONS.

B. The DOH, the DIVISIONS, nor any interested party responding to this RFI has any obligation under this process.

C. The STATE purchasing agencies reserve the right to adopt or not adopt any recommendations presented in response to this RFI.

D. This RFI does not commit the DIVISIONS to solicit or award a contract or to pay any costs incurred in the preparation of information submitted. The DIVISIONS reserve the right to accept, reject, or utilize without obligation, any information submitted in response to this request.