

Hawaii Department of Health
Adult Mental Health Division
Request For Information (RFI)
RFI No. AMHD 420-1-26
ICM PLUS CASE MANAGEMENT SERVICES
on the Islands of Oahu and Hawaii

A Request for Information (RFI) for ICM Plus Case Management Services for adults with serious mental illness on the Islands of Oahu and Hawaii was issued on July 24, 2025. Written feedback was received from five (5) organizations. Below is a summary of the responses received through this process as they relate to the questions from the RFI.

The Adult Mental Health Division (AMHD) acknowledges receiving five (5) RFI responses. All five (5) respondents are interested in submitting a proposal upon the release of the Request for Proposal (RFP) for ICM Plus Case Management services on the Islands of Oahu and Hawaii. Four (4) of the organizations are interested in providing the service on Oahu, and one (1) of the organizations is interested in providing the service on Hawaii Island.

With regards to potential challenges related to the provision of ICM Plus Case Management Services, four (4) of the RFI respondents noted challenges related to recruitment, training, and retention of qualified staff. One (1) respondent cited program design and service integration as a difficulty due to the fragmentation of services across systems in Hawaii. Billing rates, funding, and reimbursement were also noted as areas of concern, with one (1) respondent suggesting that the ratio of QMHPs to case managers should be loosened to allow for more case managers to provide services. Other respondents cited challenges with the high acuity of the demographic, client engagement and accessibility, data collection and outcome measurement, the multidisciplinary nature of treating ICM+ consumers, and ensuring fidelity and quality of services. One (1) respondent noted no anticipated difficulties.

All five (5) respondents voiced support for Psychosocial Rehabilitation (PSR), with three (3) respondents already having PSR integrated into their services, noting that this was often an important aspect of treatment for high utilization consumers. Concerns were voiced about possible challenges related to consumer attendance, participation, and space. One (1) respondent noted that providers would benefit from flexibility in developing and implementing PSR options.

AMHD asked RFI respondents what specific outcomes and data gathering/tracking/reporting methodologies case management providers use or propose to use to best manage their case management services for the purposes of maximizing positive consumer outcomes. All RFI respondents described various ways in which positive consumer outcomes could be maximized. Four (4) respondents described data tracking systems or approaches used by the provider to provide quality monitoring. Two (2) respondents noted that they currently contribute to AMHD data tracking systems.

Cultural competence and ethnic diversity were noted by four (4) respondents to be important considerations in their delivery of services to consumers, describing training models and staffing which emphasize Hawaii's diversity and multicultural population. One (1) respondent suggested that solid engagement with consumers and trust building were of greater importance than cultural

and ethnic diversity per se, as severely mentally unstable persons may not be able to benefit from nuanced interactions. All respondents acknowledged the use of professional translation services.

Four (4) of the respondents supported the addition of a Certified Substance Abuse Counselor (CSAC) as a requirement to the case management team. These respondents cited enhanced clinical experience, improved continuity of care, expanded service capacity, better staff consultation and training opportunities, and the provision of better screening, assessment, and intervention for individuals with substance use disorders as the potential benefits of having a CSAC on the treatment team. One (1) respondent noted that this was an area of importance for cultural competency in Hawaii given the high rates of co-occurring substance use disorders. Two (3) respondents indicated that their services already integrate CSACs or would have no difficulty in doing so. One (1) respondent was against the addition of a CSAC as a requirement due to difficulties in recruitment, but did support the addition of a CSAC to a treatment team when recommended, as well as the use of performance indicators to target the reduction in consumer substance use.

The AMHD appreciates the participation of the respondents that submitted responses to the RFI for ICM Plus Case Management services. These responses will be considered during the development of the RFP.