

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Women's and Reproductive Health Section
Women's Health Clinical and Quality Assurance Unit

Request for Proposals

RFP No. HTH-560-CW-013 To Enhance the Statewide System of Perinatal and Women's Health System of Care through Systems Building and Advocacy; Pregnancy Resource, Referral, and Information; and, Perinatal Support Service Provider Education and Training

July 2, 2014

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

July 2, 2014

REQUEST FOR PROPOSALS

To Enhance the Statewide Perinatal and Related Women's Health System of Care Through Systems Building and Advocacy; Pregnancy Resource, Referral and Information; and Perinatal Support Service Provider Education and Training

RFP No. HTH 560-CW-013

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's and Reproductive Health Section, Women's Health Clinical & Quality Assurance Unit is requesting proposals from qualified applicants to promote healthy birth outcomes for women statewide from preconception (prior to pregnancy) through the post-partum (after birth) and interconception (between pregnancy) periods. Services are being sought to support and improve the perinatal and related women's health system of care and related outcomes during the reproductive years for women in Hawaii. Research has shown that perinatal health does not occur in isolation but within the broader overall context of women's health. Services will address outcomes to promote perinatal health within this broader context and not be limited to national and state performance measures to: improve access to care in the first trimester; decrease preterm births; reduce low and very low birth weight; promote abstinence from alcohol, cigarette smoking, and illicit drug use; decrease post-partum relapse of smoking among women who quit during pregnancy; increase breastfeeding; increase screening and referral for domestic violence, intimate partner violence, sexual coercion, and depression; improve use of contraception to prevent unintended pregnancy; increase preventive education and screening on oral health care and sexually transmitted infections. The contract term will be from July 1, 2015 through June 30, 2017, with the option to extend up to an additional twenty-four (24) months and end no later than June 30, 2019. Services should be written within one proposal to design and implement the following system components:

- 1) Perinatal Systems Building and Advocacy
Activities will include engaging, providing information and education, and facilitating activities to obtain input from a diverse group of stakeholders on issues influencing perinatal health and women's health (including preconception, post-partum and interconception periods). This must include activities to improve birth outcomes and to identify strategies to address health disparities.
- 2) Pregnancy Resource, Referral, and Information
Activities will include implementing a statewide phone line and website for the purpose of assisting women and their families in accessing resources, referral, and information which promote healthy pregnancy and related positive women's health outcomes and decision making.

3) Perinatal Support Service (PSS) Provider Education and Training

Activities will include provision of PSS provider education, training, and follow-up evaluation for the purpose of improving perinatal and women's health outcomes and service delivery in the areas of outreach, health assessment, education/counseling and case management/care coordination.

The Maternal and Child Health Branch will conduct an orientation on July 16, 2014, from 9:00 a.m. to 11:00 a.m. HST, at 741-A Sunset Avenue, Conference Room 204, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m., HST, on July 31, 2014. All written questions will receive a written response from the State on or about August 11, 2014.

Any inquiries and requests regarding this RFP should be directed to Candice Radner Calhoun at 741-A Sunset Avenue, Room 105, Honolulu, Hawaii 96816, telephone: (808) 733-9048, fax: (808) 733-9032, e-mail: Candice.calhoun@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: Four (4)

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **October 17, 2014** and received by the state purchasing agency no later than **10 days from the submittal deadline**.

All Mail-ins

Department of Health
Maternal and Child Health Branch
Women's and Reproductive Health Section
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816

DOH RFP COORDINATOR

Candice Radner Calhoun
Women's and Reproductive Health Section
Phone: (808) 733-9048
Fax: (808) 733-9032
E-mail: Candice.calhoun@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), October 17, 2014**. Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., October 17, 2014 .

Drop-off Sites

Department of Health
Maternal and Child Health Branch
Women's and Reproductive Health Section
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816

RFP Table of Contents

Section 1 Administrative Overview

1.1	Procurement Timetable.....	1-1
1.2	Website Reference	1-2
1.3	Authority.....	1-2
1.4	RFP Organization	1-3
1.5	Contracting Office	1-3
1.6	RFP Contact Person.....	1-3
1.7	Orientation	1-3
1.8	Submission of Questions	1-4
1.9	Submission of Proposals.....	1-4
1.10	Discussions with Applicants.....	1-6
1.11	Opening of Proposals.....	1-6
1.12	Additional Materials and Documentation.....	1-7
1.13	RFP Amendments.....	1-7
1.14	Final Revised Proposals.....	1-7
1.15	Cancellation of Request for Proposals.....	1-7
1.16	Costs for Proposal Preparation	1-7
1.17	Provider Participation in Planning.....	1-7
1.18	Rejection of Proposals	1-8
1.19	Notice of Award	1-8
1.20	Protests.....	1-8
1.21	Availability of Funds	1-9
1.22	General and Special Conditions of the Contract.....	1-9
1.23	Cost Principles.....	1-9

Section 2 - Service Specifications

2.1.	Introduction	
	A. Overview, Purpose or Need	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-1
	C. Description of the Service Goals	2-1
	D. Description of the Target Population to be Served.....	2-1
	E. Geographic Coverage of Service	2-1
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-1
2.2.	Contract Monitoring and Evaluation	2-2
2.3.	General Requirements.....	2-2
	A. Specific Qualifications or Requirements	2-2
	B. Secondary Purchaser Participation	2-2
	C. Multiple or Alternate Proposals.....	2-2
	D. Single or Multiple Contracts to be Awarded	2-2
	E. Single or Multi-Term Contracts to be Awarded	2-3

2.4.	Scope of Work	2-3
	A. Service Activities	2-3
	B. Management Requirements	2-3
	C. Facilities	2-4
2.5.	Compensation and Method of Payment	2-4

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
3.1.	Program Overview	3-2
3.2.	Experience and Capability	3-2
	A. Necessary Skills	3-2
	B. Experience	3-2
	C. Quality Assurance and Evaluation	3-2
	D. Coordination of Services	3-2
	E. Facilities	3-3
3.3.	Project Organization and Staffing	3-3
	A. Staffing	3-3
	B. Project Organization	3-3
3.4.	Service Delivery	3-4
3.5.	Financial	3-4
	A. Pricing Structure	3-4
	B. Other Financial Related Materials	3-5
3.6.	Other	3-5
	A. Litigation	3-5

Section 4 – Proposal Evaluation

4.1.	Introduction	4-1
4.2.	Evaluation Process	4-1
4.3.	Evaluation Criteria	4-2
	A. Phase 1 – Evaluation of Proposal Requirements	4-2
	B. Phase 2 – Evaluation of Proposal Application	4-2
	C. Phase 3 – Recommendation for Award	4-5

Section 5 – Attachments

- Attachment A. Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Intra-Departmental Directive No. 04-01 - Interpersonal Relationships
between Staff and Clients/Patients
- Attachment D. Budget Forms
- Attachment E. Federal Certifications

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	<u>July 2, 2014</u>
Distribution of RFP	<u>July 2, 2014</u>
RFP orientation session	<u>July 16, 2014</u>
Closing date for submission of written questions for written responses	<u>July 31, 2014</u>
State purchasing agency's response to applicants' written questions	<u>August 11, 2014</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>July 7 - October 17, 2014</u>
Proposal submittal deadline	<u>October 17, 2014</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>October 17, 2014 to October 21, 2014</u>
Final revised proposals (optional)	<u>November 6, 2014</u>
Proposal evaluation period	<u>November 7 – 17, 2014</u>
Provider selection	<u>November 18, 2014</u>
Notice of statement of findings and decision	<u>November 18, 2014</u>
Contract start date	<u>July 1, 2015</u>

1.2 Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo>

	For	Click on “Doing Business with the State” tab or
1	Procurement of Health and Human Services	http://hawaii.gov/spo/health-human-svcs/doing-business-with-the-state-to-provide-health-and-human-services
2	RFP website	http://hawaii.gov/spo/general/procurement-notice-for-solicitations
3	Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://hawaii.gov/spo/general/statutes-and-rules/procurement-statutes-and-administrative-rules
4	Forms	http://hawaii.gov/spo/statutes-and-rules/general/spo-forms
5	Cost Principles	http://hawaii.gov/spo/health-human-svcs/cost-principles-for-procurement-of-health-and-human-services
6	Standard Contract -General Conditions, AG103F13	http://hawaii.gov/spo/general/gen-cond/general-conditions-for-contracts
7	Protest Forms/Procedures	http://hawaii.gov/spo/health-human-svcs/protestsreqforreconsideration/protests-requests-for-reconsideration-for-private-providers

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

	For	Go to
8	Hawaii Compliance Express (HCE)	https://vendors.ehawaii.gov/hce/splash/welcome.html
9	Department of Taxation	http://hawaii.gov/tax/
10	Wages and Labor Law Compliance, HRS §103-055	http://capitol.hawaii.gov/hrscurrent
11	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click “Business Registration”
12	Campaign Spending Commission	http://hawaii.gov/campaign

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

1.4 RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Family Health Services Division
Maternal and Child Health Branch
741-A Sunset Avenue, Room 102
Honolulu, Hawaii 96816
Phone: (808) 733-9048
Fax: (808) 733-9032
Candice.calhoun@doh.hawaii.gov

1.6 RFP Contact Person

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Candice Radner Calhoun
Women's and Reproductive Health Section
Phone: (808) 733-9048
E-mail: Candice.calhoun@doh.hawaii.gov

1.7 Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: July 16, 2014 **Time:** 9:00 a.m. – 11:00 a.m.
Location: Wilcox Building Conference Room 204, MCHB, 741-A
Sunset Avenue, Honolulu, HI 96816

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

1.8 Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: July 31, 2014 **Time:** 4:30 pm **HST**

State agency responses to applicant written questions will be provided by:

Date: August 11, 2014

1.9 Submission of Proposals

A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in subsection 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Hawaii Compliance Express (HCE).** All providers shall comply with all laws governing entities doing business in the State. Providers shall register with HCE for online compliance verification from the Hawaii State Department of Taxation (DOTAX), Internal Revenue Service (IRS), Department of Labor and Industrial Relations (DLIR) , and Department of Commerce and Consumer Affairs (DCCA) . There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to **subsection 1.2, Website Reference**, for HCE's website address.
- **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from DOTAX and the IRS. (See subsection 1.2, Website Reference for DOTAX and IRS website address.)
 - **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. (See subsection 1.2, Website Reference for DLIR website address.)
 - **DCCA Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the DCCA, Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See subsection 1.2, Website Reference for DCCA website address.)

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS §103-55, at the Hawaii State Legislature website. (See subsection 1.2, Website Reference for DLIR website address.)
- F. **Campaign Contributions by State and County Contractors.** HRS §11-355 prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to HRS §11-355. (See subsection 1.2, Website Reference for Campaign Spending Commission website address.)
- G. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
 - 1. Postmarked after the designated date; or
 - 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or
 - 3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

- Faxed proposals and/or submissions of proposals on diskette/CD or transmission by email, website or other similar electronic formats will not be permitted.

1.10 Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline -** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with HAR §3-143-403.

1.11 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

1.12 Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.13 RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

1.14 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPOH-200).* After final revised proposals are received, final evaluations will be conducted for an award.

1.15 Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

1.16 Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

1.17 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with HAR §§3-142-202 and 3-142-203.

1.18 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons:

- (1) Rejection for failure to cooperate or deal in good faith. (HAR §3-141-201)
- (2) Rejection for inadequate accounting system. (HAR §3-141-202)
- (3) Late proposals (HAR §3-143-603)
- (4) Inadequate response to request for proposals (HAR §3-143-609)
- (5) Proposal not responsive (HAR §3-143-610(a)(1))
- (6) Applicant not responsible (HAR §3-143-610(a)(2))

1.19 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.20 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (See subsection 1.2, Website Reference for website address.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

- (2) A state purchasing agency’s failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency’s failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Linda Rosen	Name: Leighton Tamura
Title: Director of Health	Title: Public Health Administrative Officer
Mailing Address: P.O. Box 3378 Honolulu, HI 96801-3378	Mailing Address: 741-A Sunset Avenue Honolulu, HI 96816
Business Address: 1250 Punchbowl Street Honolulu, HI 96813-3378	Business Address: 741-A Sunset Avenue Honolulu, Hawaii 96816

1.21 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

1.22 General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See subsection 1.2, Website Reference for website address.) Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

1.23 Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPOH-201, which is available on the SPO website. (See subsection 1.2 Website Reference for website address.) Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

2.1 Introduction

A. Overview, purpose or need

The Hawaii State Department of Health (DOH), Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB), Women's and Reproductive Health Section, Women's Health Clinical and Quality Assurance Unit is requesting proposals from qualified applicants to promote healthy birth outcomes for women statewide from preconception (prior to pregnancy) through the post-partum (after birth) and interconception (between pregnancy) periods. Services are being sought to support and improve the perinatal and related women's health system of care and related outcomes during the reproductive years for women in Hawaii. Research has shown that perinatal health does not occur in isolation but within the broader context of women's overall health. Services will address outcomes not limited to those focused on from the National Healthy People 2020 Objectives and State Title V, Maternal and Child Health (MCH) performance measures to: improve access to care in the first trimester; decrease preterm births; reduce low and very low birth weight; promote abstinence from alcohol, cigarette smoking, and illicit drug use; decrease post-partum relapse of smoking among women who quit during pregnancy; increase breastfeeding (this will also include exclusive breastfeeding); increase screening and referral for domestic violence, intimate partner violence, sexual coercion, and depression; improve use of contraception to prevent unintended pregnancy; increase preventive education and screening on oral health care and sexually transmitted infections.

New opportunities exist with the implementation of the Affordable Care Act, with its focus to eliminate gender discrimination in health coverage, mandate the coverage of essential women's health services including maternity care and preventive services and expand insurance coverage to the uninsured. Expansion of the Collaborative Improvement and Innovation Network (COIIN) program to reduce infant mortality may also lead to additional opportunities to collaborate. Hawaii now has an active Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days with diverse stakeholders and workgroups to develop, align and implement key policies and efforts to improve perinatal and women's health including birth outcomes as measured by the incidence of preterm birth and infant mortality. Efforts are being taken to develop a state plan and framework to facilitate this effort as a life course approach before, during and after pregnancy. These national and state efforts to improve perinatal health and women's health, infant mortality and birth outcomes will require coordination to improve strategies and provide for systems change.

To reduce disparities in adverse pregnancy outcomes, the existing perinatal and related women's health system of care needs to expand the time frame for

addressing high risk factors and behaviors during the reproductive years. This includes addressing multi-factorial determinants that can influence perinatal, birth and women's health outcomes which begin early in one's life before a pregnancy occurs. The preconception and interconception periods where a woman spends the majority of her reproductive life, has the potential to determine her overall health status during her life span.

Research and recommendations are now promoting a higher awareness of addressing the risk and protective factors related to childbearing and promotion of a reproductive life plan (e.g. whether or when women wish to have children and how they will maintain their reproductive health). Increasing access to resources and services during the periods of preconception (prior to pregnancy) – through the post-partum (after birth) and – interconception (between pregnancy) is important to supporting positive maternal and child health and women's health issues, and related outcomes across the lifespan.

Services through this Request for Proposal have been developed to assist in improving the perinatal and related women's health system of care in the broader context of women's health. This system of services is focused on the prevention or minimization of health problems for pregnant women and their infants, before, during and after pregnancy. This will require increased public awareness and education about the importance of a life course perspective that influences women's and perinatal health and pregnancy outcomes. It will also require advocating for systems change that addresses health equity and the social determinants of health. Multiple factors and social determinants which interact and can impact health are not limited to home and neighborhood conditions, food security, unhealthy living conditions, effects of domestic violence or personal violence, racism, occupation or work-related effects and stress, low-socio-economic status, pregnancy intendedness and stressful life events.

Ensuring resources and actions for systems building and advocacy; having an information and referral system for pregnant women, and their families which will support positive women's health outcomes and decision making; and, providing education and training of State Perinatal Support Service Providers in serving high risk pregnant and post-partum/interconception women will strengthen and improve upon the existing hawaii perinatal system of care and women's health care in general.

B. Planning activities conducted in preparation for this RFP

References

Shobino D, Grason H, Minkovitz C. Charting a course for the Future of Women's Health in the United States: concepts, findings and recommendations. *Social Science & Medicine*. 2002; 54:839-848.

U.S. Department of Health & Human Services, Public Health Service, Health Resources & Services Administration (HRSA), Maternal & Child Health Bureau.

Grason H, Hutchins J, and Silver G, Editors, March 1999. Charting a Course for the Future of Women's and Perinatal Health, Vol. 1: Concepts, Findings and Recommendations; Vol.2: Reviews of Key Issues.

Behrman, R.E., Butler, A, A.; Institute of Medicine, Preterm Births: Causes, Consequences, and Prevention, Behrman, R.E., Butler, Adrienne, Washington, D.C.: The National Press, 2006.

Hayes, D., et al., Hawaii Journal of Medicine & Public Health, Insight in Public Health, Saving Babies: Reducing Infant Mortality in Hawaii, July 2013, Vol 72, No. 7.

American College of Obstetricians and Gynecologists (ACOG), Prediction and Prevention of Preterm Birth, ACOG Committee Opinion, Number 130, October 2012.

Oral health Care During Pregnancy Expert Workgroup, 2012, *Oral health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting*. Washington, DC: National Maternal and Child Oral health Resource Center.

Family Health Services Division, Hawai'i Department of Health, State of Hawai'i Primary Care Needs Assessment Data Book, 2012,
<http://hawaii.gov/health/doc/pcna2012datobook.pdf>

Family Health Services Division Profiles, 2009, Department of Health, State of Hawai'i <http://health.hawaii.gov/about/files/2013/06/FHSDProfiles2009.pdf>

Hawai'i PRAMS. Hawai'i *PRAMS Trend Report 2000-2008*. Honolulu, HI. Hawai'i Department of Health, Family Health Services Division. August 2010.
<http://www.hawaii.gov/health/doc/pramstrendreport2010.pdf>

Family Health Services Division, Department of Health, State of Hawai'i, Maternal and Child Health Needs Assessment, July 2010. Available through the Title V Information System website in November 2010 at:
<https://www.perfdata.hrsa.gov/MCHB/TVISReports/default.aspx>

United States Department of Health & Human Services, Healthy People 2020,
www.HealthyPeople.gov/2020/default.aspx

Request for Information (RFI)

A RFI was conducted via electronic mail format from May 21, 2014 to June 16, 2014. Interested individuals and organizations responded to the RFI notice by e-mail, telephone, and/or fax.

C. Description of the service goals

The overarching goals for these services are to improve the state performance measures in maternal and child health, including broader women's health care needs. Services provided broaden and enhance the current statewide perinatal system of care including that which supports women's health in the preconception, post-partum and interconception periods. This is inclusive of the Perinatal Support Service Providers service which with this expansion promotes maternal and child health and women health outcomes such as Healthy People 2020 objectives and Title V, Maternal and Child Health Priorities. Overarching goals are described below:

- Reduce unintended pregnancy;
- Increase first trimester prenatal care for pregnant women (excluding those arriving in the State of Hawaii after the first trimester);
- Decrease preterm births;
- Decrease number of low and very low birth weight infants;
- Decrease number of pregnant women using substance(s) in pregnancy (alcohol, cigarette smoking, and illicit drugs) and assure appropriate referral for services;
- Decrease post-partum relapse of smoking among pregnant women who quit smoking during pregnancy and assure appropriate referral for services;
- Increase screening for domestic violence, intimate partner violence, or sexual coercion and utilization of appropriate referrals and interventions during pregnancy and in the post-partum/interconception period;
- Increase screening for depression or other mental health problems during pregnancy and the post-partum/interconception period with appropriate service referral;
- Increase number of pregnant women receiving oral care education during pregnancy;
- Increase number of pregnant women breastfeeding their babies in the post-partum period (this will also include exclusive breastfeeding);
- Increase prenatal education for sexually transmitted infection (STI) prevention and related referrals for STI follow-up as required; and,
- Increase subsequent pregnancy planning in the post-partum/interconception period.

Overarching service delivery for perinatal systems building and advocacy; pregnancy resource, referral and information; perinatal support service provider education and training – will enhance the above outcomes through the following:

- Increased engagement, provision of information and education, including actions which facilitate input from a diverse groups of stakeholders, public and private partners and communities, on issues influencing perinatal and women’s health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, and to identify strategies to address health disparities (via Perinatal Systems Building and Advocacy activities).
- Increased access and utilization to pregnancy resources, referral, and information for women and their families in Hawaii.
- Increased access to information to promote both a healthy pregnancy and positive general women’s health outcomes and decision making (via Pregnancy, Resource, Referral, and Information).
- Improved service delivery in the areas of outreach, health assessment, education/counseling, and case management/care coordination (via Perinatal Support Service Provider Education and Training).
- Improved perinatal, infant and women’s health outcomes (via all service activities).

D. Description of the target population to be served

1. For Perinatal Systems Building and Advocacy, the target populations are perinatal and women’s health stakeholders such as public, private, and community leaders and other individuals directly involved in improving the health status of women during their lifespan with a focus on those interrelated to the reproductive years and that support optimum birth outcomes in Hawaii.
2. For Pregnancy Resource, Referral, Information, Phone Line and Website, the target population is primarily statewide pregnant women and their families and other individuals seeking and planning for pregnancy (preconception period), during pregnancy, and following pregnancy post-partum and interconception periods to support healthy birth and women’s health outcomes with related resources, referrals, and information.
3. For Perinatal Support Service (PSS) Provider Education and Training, the target populations are high-risk pregnant women served by the PSS Providers.

E. Geographic coverage of service

Perinatal Systems Building and Advocacy: statewide
Statewide for Pregnancy, Resource, Referral, Information, Phone Line and Website:
statewide
MCHB contract providers for PSS Provider Education and Training (services may
not be statewide)

F. Probable funding amounts, source, and period of availability

Up to one hundred forty-seven thousand dollars (\$147,000.00) will be allocated for these services based on availability of state and federal funds in each fiscal year (FY). The first FY begins on July 1, 2015 and ends on June 30, 2016 and the second FY begins on July 1, 2016 and ends on June 30, 2017. The total amount will be separated up to these amounts for each service component.

1. Perinatal Systems Building and Advocacy

FY 2016: \$61,000.00 State funds

FY 2017: \$61,000.00 State funds

2. Pregnancy Resource, Referral, and Information

FY 2016: \$68,000.00
 \$45,299.00 State Funds
 \$22,701.00 Federal Funds

FY 2017: \$68,000.00
 \$45,299.00 State Funds
 \$22,701.00 Federal Funds

3. Perinatal Support Service Provider Education and Training

FY 2016: \$32,880.00 State Funds

FY 2017: \$32,880.00 State Funds

July 1, 2015 – June 30, 2017: Funding is subject to appropriation and allotment of state and federal funds. If funding is appropriated and allotted in the subsequent biennium budget, the contract period may be extended for an additional twenty-four (24) months with an execution of a supplemental agreement. Provider(s) must perform the current contract in a satisfactory manner prior to any supplemental agreements, as determined by program and fiscal monitoring and audits.

Additional funding up to fifty thousand (\$50,000.00) in state funds may become available through the Hawaii State Legislature. The legislative intent regarding the use of the funds, however, must be consistent with this RFP.

2.2 Contract Monitoring and Evaluation

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

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

2.3 General Requirements

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

Applicant(s) must comply with all applicable federal, state, and county laws, ordinances, codes, rules, and regulations to manage the required services in this RFP, including but not limited to, written policies, procedures, and/or practices.

Secondary purchaser participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases – None

B. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

C. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

Applicant must submit one (1) proposal for all services described in this RFP.

D. 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)

Contract terms:

Initial term of contract: July 1, 2015 to June 30, 2017

Length of each extension: Up to twenty-four (24 months)

Number of possible extensions: One (1)

Maximum length of contract: Up to forty-eight (48 months)

The initial period shall commence on the contract start date or State Notice to Proceed date, whichever is later. Conditions for extension must be executed prior to the expiration of the initial term of contracts for continuation of services. Any additional funding, changes in contract language, or changes in service specification will be agreed upon in writing.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Perinatal Systems Building and Advocacy

Systems building and advocacy activities will be designed and implemented to engage, inform and educate, and include actions which facilitate input from a diverse group of stakeholders, public and private partners, and communities, on issues impacting perinatal and related women's health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, and to identify strategies to address health disparities.

Focus areas in systems building and advocacy efforts will take into consideration the current emphasis at the national, state and community levels; capacity and capability for a comprehensive system of resources; community engagement; public awareness; and data, evaluation and evidence that can be used and referenced. This will include using the state plan and framework when developed to guide ongoing discussion and assessment of the issues.

More specific annual activities will include:

- a. Promoting through facilitation, advocacy for the improvement and/or changes to perinatal health including the preconception, post-partum and interconception periods and this system of care in the broader context of women's health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health and disparities which interact and can impact overall health. This process should also include efforts which address Healthy People 2020 Objectives, MCHB issues, and overarching goals in 2.1, C., Description of the service goals.
- b. Planning and facilitating two (2) perinatal stakeholder two (2) hour meetings. These meetings will be held through video-conference centers to provide the opportunity for statewide involvement. The DOH, MCHB will

provide logistics support by reserving VCC sites.

Developing and implementing strategies to inform and educate stakeholders on these meetings to support active statewide participation. Each meeting will include an opportunity for participants to hear information, provide input and to identify strategies to address issues influencing perinatal and related women's health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, taking into consideration health disparities. These stakeholder meetings will also be influenced by the outcomes and efforts discussed in c. below.

Completing minutes of all meetings, including attendance sheets (and distributing to all who are on the invitee list).

- c. Planning and overseeing all logistics and implementation for two (2) face-to-face, up to five (5) hour meetings for approximately seventy (70) stakeholders, working with the MCHB, and Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days team in its planning process. This will include being a participant of the team and attending these monthly meetings. The focus and outcomes for these meetings will be determined by current emphasis at the national, state and community levels to improve perinatal and women's health (including preconception, post-partum and interconception periods). Meetings will include use of the state plan and framework when developed to guide ongoing discussion and assessment of the issues; sharing of related data, evaluation and evidence; facilitating actions which support opportunities to have in place a comprehensive system of resources, community engagement, and related public awareness. These meetings will also be influenced by the outcomes and efforts discussed in b. above.

Logistics planning will also include: overseeing all communication, registration and meeting set-up and closing requirements; providing all meeting supplies; assisting with facilitation as needed; developing an evaluation tool to collect and analyze meeting outcomes; completion of meeting reports, including any breakout session discussions; distributing meeting reports to all invitees following MCHB review and approval.

- d. Facilitating activities to engage neighbor island representation at the two (2) annual face-to-face meetings for up to one (1) individual each from Maui County, Kauai County, and Hawaii County. Work with the MCHB and the Maternal and Infant Health Collaborative: The First 1,000 Days team and as a participant in this team in identifying individuals who are knowledgeable on maternal and child health issues and needs specific to their County and its communities, not representative of any specific interest group, and able to share information and then assist as needed with follow-up and next step required actions.

- e. Providing for logistics and a budget for the payment of the two (2) face-to-face meetings for approximately seventy (70) stakeholders and travel for the three (3) neighbor island representatives.
- f. Developing and implementing strategies (e.g. legislative tracking) to ensure perinatal and other essential stakeholders and communities statewide are informed of issues and policies impacting the statewide perinatal and related women's health system of care.
- g. Completing quarterly and annual reports including systems building and advocacy activities using a report format approved by the MCHB, Women's Health Clinical and Quality Assurance Unit.

2. Pregnancy Resource, Referral, and Information

Pregnancy resource, referral, and information activities will be designed and implemented to provide (through a phone line and website) access to pregnancy resources, referral, and information for women and their families in Hawaii. This service will provide information which promotes both a healthy pregnancy and related positive women's health outcomes and decision making. The Awardee will be provided with related information and material previously developed to support the implementation process. More specific annual activities will include:

- a. Planning and developing training and products (e.g. brochures) to increase statewide awareness of the phone line and website. All material developed shall acknowledge the DOH, MCHB for this service with the DOH logo imprinted. Plans for developing material shall incorporate timelines that allow for the DOH review and approval process.
- b. Developing and implementing a phone line and website which, at a minimum, includes the availability of information and related resources in the areas of: access to prenatal care; Medicaid providers; family planning services; sexually transmitted disease screening and treatment services; substance use/abuse prevention services including smoking cessation; domestic violence, intimate partner violence and sexual coercion services; mental health including counseling services; breastfeeding support services; dental care during pregnancy; and, information to promote healthy behaviors prior to pregnancy (preconception), and in pregnancy to decrease the incidence of preterm and low or very low birth weight infants, and following pregnancy, in the post-partum and interconception periods to support continued women's health and infant health needs.
- c. Implementing one (1) dedicated phone line and one (1) additional toll-free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information. This shall include staffing and

operating a dedicated and toll-free phone line Monday through Friday during regular business hours with a plan for answering calls after hours.

- d. Developing and implementing a website that provides internet access to local pregnancy resources, referrals and information to promote positive women's general health outcomes and decision making. The website shall have electronic mail capability for users to submit questions and receive answers.
- f. Training and providing ongoing supervision to phone line and website personnel in answering phone line calls and website questions and in providing appropriate referrals. Phone line and website staff should have knowledge of preconception, perinatal, post-partum and interconception care health issues, resources and able to recognize an emergency situation for appropriate referrals.
- g. Developing and implementing strategies to expand awareness and increase usage of the pregnancy resource, referral and information phone line and website use statewide.
- h. Collecting data on pregnancy resource, referral, and information phone line and website users including, but not limited to: demographic information including county, zip code, individual gender, age, race, education, marital status, and insurance status; time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; request referral and service needs. Reporting would also include the discussion of activities promoting awareness of the phone line and website.

3. Perinatal Support Service (PSS) Provider Education and Training

To plan and facilitate training and education for the state funded PSS Providers to improve perinatal and women's health outcomes and service delivery in the areas of outreach, health assessment, education/counseling, and case management/care coordination. More specific annual activities will include:

- a. Developing two (2) PSS Provider education/trainings lasting 4 (four) hours each held on the same day as the PSS Provider meetings. The PSS Provider meetings will be for ninety (90) minutes and overseen by MCHB staff. Plans may include sub-contracting for services. The two (2) PSS education/trainings focus will be on service delivery for: (1) outreach; 2) health assessment and education/counseling; and, 3) case management/care coordination. Each developed training exercise will focus on priority health areas including, but not limited to, increasing health promotion and education; screening for depression; screening of domestic violence, intimate partner violence, and sexual coercion; abstinence from alcohol, cigarette smoking, and illicit drug use; and support reproductive

health planning for women to decrease the incidence of sexually transmitted infection and unintended pregnancies.

The Awardee would provide not less than 55% of described core activities. If the applicant is planning to subcontract any of its duties, obligations, or interests for any of the core activities, the approach for these arrangements, including work assignments/responsibilities and the budget for the subcontractor and related education materials will be required.

- b. Developing and implementing method(s) to evaluate the two (2) education/trainings with a focus on the impact on the PSS Providers in the quality of day-to-day service delivery and data collection, as well as promotion of perinatal health and related positive women's health outcomes and decision making.
- c. Completing written evaluation reports for each education/training for inclusion in the quarterly report and annual report to MCHB with a discussion of training objectives, implementation, challenges, and future recommendations.
- d. Providing logistics including budget for payment of the two (2) PSS Providers' four (4) hour education/training(s) and ninety (90) minute PSS Provider meeting(s) for approximately eighteen (18) participants.
- e. Organizing logistics including budget for approximately three (3) neighbor island participants, one (1) from each contract provider with airline travel to attend trainings and meetings two (2) times a year.

B. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

All personnel required to perform the services in this RFP are to be secured at the Applicant's own expense, unless otherwise provided for in the proposal budget. The Applicant shall ensure that the employees or agents are experienced and fully qualified to engage in activities and perform the services required under this RFP, and that all applicable licensing and operating requirements imposed or required under federal, state, or county law, and all applicable accreditation and other standards of quality generally accepted in the field of activities of such employees and agents are complied with and satisfied.

The Applicant shall ensure that personnel who conduct activities are qualified and have:

- 1) For the Systems Building and Advocacy, educational requirements with a

minimum of a Bachelor's degree; and experience in public health or similar programs.

- 2) For the Pregnancy, Resource, Referral and Information services, at a minimum staff shall have:
 - a) Knowledge of perinatal health issues, resources, and the competence to triage phone calls especially in an emergency situation for appropriate referrals;
 - b) At a minimum, a high school diploma with two (2) years' experience in public health, medical services, or social services; and
 - c) Supervision by personnel that possess a Bachelor's or higher degree with experience in public health, medical services, or social services.
- 3) For the Perinatal Support Service Provider Education and Training educational requirements with a minimum of a Bachelor's degree; and experience in public health, or similar programs.

2. **Administrative**

Provider(s) will be responsible for understanding and complying with the Hawaii Administrative Rules (HAR) Chapter 3-141 effective on January 23, 2006 (available on the website http://www4.hawaii.gov/spoh/HAR/ch3_141.htm), for an appropriate accounting system and record keeping.

The Provider shall:

- a. Acknowledge the DEPARTMENT and the FHSD as the awardee's program sponsor. This acknowledgement shall appear on all printed materials for which the DEPARTMENT is a program sponsor.
- b. Comply, as a covered entity, with the provisions of Hawaii Revised Statutes Chapter 371, Part II, Language Access. This requires that families be linked with interpreter services if English is not the family's native or primary language.
- c. Comply with the DEPARTMENT's Directive 04-01, dated May 3, 2004 related to Interpersonal Relationships Between Staff and Clients/Patients. (See Section 5, Attachment "C").
- d. Comply with Section II-355, H.R.S., which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by the legislative body.

e. Obtain, maintain, and keep in force throughout the period of this Contract the following types of insurance:

(1) General liability insurance issued by an insurance company in the amount of at least ONE MILLION and NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION and NO/100 DOLLARS (\$2,000,000.00) aggregate.

(2) Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.

The insurance shall be obtained from a company authorized by law to issue such insurance, in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the State has certified that the Provider's work under the Contract has been completed satisfactorily.

Prior to any execution of the contract, the Provider shall obtain a certificate of insurance verifying the existence of the necessary insurance coverage in the amounts stated above.

Each insurance policy for a contract shall contain the following clauses:

- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

The certificate of insurance shall indicate these provisions are included in the policy.

The Provider shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

If the scheduled expiration date of the insurance policy is earlier than the

expiration date of the time of performance under the contract, the Provider, upon renewal of the policy, shall promptly cause to be provided to the State an updated certificate of insurance.

- f. Comply with the DEPARTMENT's provisions to protect the use and disclosure of personal information administered by the AWARDEE. These provisions will be incorporated in the General Conditions of the contract. For the specific language, go to <http://www4.hawaii.gov/StateForms/Internal/ShowInternal.cfm>.

Below is specific requirement that shall be established for the purposes of services to enhance the statewide perinatal and related women's health system of care through Systems Building and Advocacy; Pregnancy Resource, Referral, and Information; and, Perinatal Support Service Provider Education and Training.

Provider(s) own determination and compliance efforts in regards to the Federal Health Insurance Portability Act of 1996 ("HIPAA").

3. Quality assurance and evaluation specifications

The Applicant shall describe its own plan for quality assurance and evaluation of proposed services, including methodology. At a minimum this shall include:

- a. For Systems Building and Advocacy: ongoing coordination and collaboration that occurs in designing and implementing activities to engage, inform, educate and include actions which facilitate input from a diverse group of stakeholders, public and private partners, and communities on issues impacting perinatal and related women's health (including preconception, post-partum and interconception periods) and for healthy birth outcomes, and to identify strategies to address health disparities. Focus areas in systems building and advocacy efforts will take into consideration the current emphasis at the national, state and community levels: capacity and capability for a comprehensive system of resources; community engagement; public awareness; and data, evaluation, and evidence that can be used and referenced. This will include using the state plan and framework when developed to guide ongoing discussion and assessment of the issues as well as the overarching goals in 2.1.C., Description of the service goals. This will also include reporting to MCHB with related invoices and required report documentation related to systems building and advocacy outcome activities.
- b. For Pregnancy, Resource, Referral, and Information services, information, have in place operational protocols which ensure referrals, and resources

being shared with users are current and within the guidelines of the American College of Obstetrics and Gynecology, American Academy of Pediatrics, State of Hawaii Department of Human Services, American College of Nurse Midwives, and/or other standards for preconception, perinatal, post-partum and interconception care. Phone calls should be answered by the second ring and electronic mail questions be answered within a day or by the next business day on weekends or holidays.

- c. For PSS Provider Education and Training: number of PSS Providers participating in education and training that met learning objectives; and number of qualitative descriptions by PSS Providers in recommendations for continued educations/trainings; improvements and/or changes to PSS service delivery to improve perinatal and women's health outcomes related to overarching goals in 2.1,C., Description of service goals.
- d. Quality assurance of program activities and services shall include MCHB site visits for evaluation of how services are: delivered, provided, and received by the specific population groups for this RFP; and, documented and reported for perinatal and related women's health system improvements and/or changes.

4. Output and performance/outcome measurements

There are overarching goals discussed in Section 2.1, C., Description of the service goals. These performance measurements are to be measured as a broader statewide perinatal and related women's health system of care and services by MCH in relation to Healthy People 2020 and Title V Maternal and Child Health priorities.

Specific annual output and performance/outcome measurements for these services will include.

- a. Perinatal Systems Building and Advocacy
 - Two (2) perinatal stakeholder (2) hour meetings through video-conference to provide the opportunity for statewide involvement. Number of strategies used to inform and educate stakeholders on these meetings to support active statewide participation. Completion of two (2) meeting minutes and attendance sheets from the two (2) meetings held.
 - Two (2) face-to-face, up to five (5) hour meetings for approximately seventy (70) stakeholders, working with the MCHB and the Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days team in its planning process. This will include being a participant of the team and attending these monthly meetings. The focus and outcomes for these meetings will be determined by current emphasis at the

national, state and community level to improve perinatal and women's health (including preconception, post-partum and interconception) care.

- Document and describe the methods and number of activities to engage neighbor island representation at the two (2) face-to-face meetings for up to one (1) individual each from Maui County, Kauai County, and Hawaii County working with the MCHB and Hawaii Maternal and Infant Health Collaborative: First 1,000 Days team, and as a participant of this team and attending these monthly meetings.

b. Pregnancy Resource, Referral, and Information

- Number of strategies planned and implemented to increase awareness of phone line and website statewide.
- Monthly number of users statewide with statistical data analysis of counties, zip codes, and individual demographic information not limited to (gender, age, race, education, marital status, insurance status). This would include an assessment by time/day of calls or website hits.
- Number of website hits and questions received and answered by e-mail.
- Number of categories for resource, referral, and information shared, and the most requested category.
- Data collection which shows the means by which the callers learned of the phone line and/or website.

c. Perinatal Support Provider Education and Training

- Number of PSS Providers participating in education and training that met learning objectives.
- Number of qualitative descriptions provided by PSS Providers in recommendations for continued education/trainings.
- Number of improvements and/or changes made to PSS service delivery to improve perinatal and women's health (including preconception, post-partum and interconception periods) related to the overarching goals in 2.1, C., Description of the service goals.
- Document and describe the methods and number of activities completed to evaluate the outcomes of the PSS Provider(s) and how they improved upon service delivery and data collection after receiving education and training on outreach, health assessment, education/counseling, and case management/care coordination to

support service delivery for recommended topic areas.

5. Experience

Experience in managing public health programs specifically for the maternal, infant and child population groups is preferred.

6. Coordination of services

The Provider shall coordinate services and resources with other organizations and community agencies as related to program services/activities in this RFP.

7. Reporting requirements for program and fiscal data

a. Required Program Reports

The Provider shall submit, in the format specified by MCHB, quarterly and annual reports. Quarterly reports are due thirty (30) days after the end of a quarter. Year-end reports are due forty-five (45) days after the end of the fiscal year.

The Provider shall submit one (1) report per quarter and an annual report for all service activities. The timeline for quarterly and annual reports for contracts beginning July 1st are:

<u>1st Quarter</u> : (July 1-September 30)	due October 31
<u>2nd Quarter</u> : (October 1 – December 31)	due on January 31
<u>3rd Quarter</u> : (January 1 – March 31)	due on April 30
<u>4th Quarter</u> : (April 1 – June 30)	due on July 31
Annual Report: (July 1 – June 30)	due on August 15

b. Required Fiscal Reports:

The Provider shall submit monthly invoices accompanied by expenditure reports to MCHB. The expenditure reports shall be certified by the Provider to contain expenditures actually incurred for services provided under the Agreement.

MCHB will perform fiscal monitoring of the Provider to ensure that billed services have been provided and documented. The fiscal monitoring shall include, but is not limited to, the review of financial statements, invoices, receipts, payroll registers, cancelled checks, and other documents as requested by the monitors.

C. Facilities

Facilities should be adequate to accommodate the activities and services as required

by this RFP.

2.5 COMPENSATION AND METHOD OF PAYMENT

Cost Reimbursement

- a. Cost Reimbursement pricing structure will be used for the services of this RFP.
- b. The Cost reimbursement pricing structure reflects a purchase agreement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are mutually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Plans may include subcontracting for services. The Provider shall perform not less than fifty-five percent (55%) of the core activities of the RFP and comply with the General Conditions for the Health and Human Services Contracts for subcontracts and assignments and shall describe subcontractor's work assignments, arrangements, responsibilities, budget and related education materials.

- c. Conditions for Payment

Payments shall be based on the Provider's monthly invoice statement which shall demonstrate the Provider's expenditures.

The Department shall approve payment and then forward for payment processing. Billing invoice format and content to be determined by the Department. Provider(s) should expect payment within thirty (30) days after approval by the Department. Timeliness of payment will be contingent on receipt of invoices. Provider(s) shall have quality control protocols in place for complete and accurate invoices to the Department for payment to ensure monthly funding allocation.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPOH-200A) is available on the SPO website (see 1.2 Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application is comprised of the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

3.1 Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

3.2 Experience and Capability

A. Necessary Skills

The Applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The Applicant shall provide a description of related projects/contracts within the past five (5) years that are pertinent to the proposed services that are detailed in Section 2, and provide highlights of maternal and women's health, infant, and child public health programs experience. Applicant shall include points of contact, addresses, e-mail, and phone numbers. The State reserves the right to contract references to verify experience.

C. Quality Assurance and Evaluation

The Applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

Quality assurance plans shall be in the proposal, but are not limited to assuring:

1. Adherence to scope of services, program supervision, staffing, and accounting practices. Also see Section 2. 3. Quality Assurance and Service Specifications for a minimum of what this shall include for services provided.
2. Activities are being implemented to meet output measures in the scope of services.
3. Accurate invoices are submitted to MCHB.

D. Coordination of Services

The Applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community to meet the scope of services.

E. Facilities

The Applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and the special equipment that may be required for the services.

3.3 Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The Applicant shall describe the proposed staffing pattern appropriate for the viability of the services. (Refer to Section 2 III B. Personnel.)

2. Staff Qualifications

The Applicant shall submit position descriptions of qualified personnel to be hired and/or of program staff assigned to provide overall program supervision and those to provide program activities. The Applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to Section 2 III B. Personnel)

B. Project Organization

1. Supervision and Training

The Applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The Applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item 2.1, Scope of Work, including a work plan of all annual service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. Providing Perinatal Systems Building and Advocacy by describing:

- a. Promoting through facilitation, advocacy for the improvement and/or changes to perinatal health including the preconception, post-partum, and interconception periods and this system of care in the broader context of women’s health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health and disparities which interact and can impact overall health. This process should also include efforts which address

Healthy People 2020 Objectives, MCHB issues, and overarching goals in 2.1.C., Description of the service goals.

- b. Planning and facilitating two (2) perinatal stakeholder two (2) hour meetings. These meetings will be held through video-conference centers to provide the opportunity for statewide involvement. The DOH, MCHB will provide logistics support by reserving VCC sites.

Developing and implementing strategies to inform and educate stakeholders on these meetings to support active statewide participation. Each meeting will include an opportunity for participants to hear information, provide input and to identify strategies to address issues influencing perinatal and related women's health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, taking into consideration health disparities. These stakeholder meetings will also be influenced by the outcomes and efforts discussed in c. below.

Completing minutes of all meetings, including attendance sheets (and distribute to all who are on the invitee list).

- c. Planning and overseeing all logistics and implementation for two (2) face-to-face, up to five (5) hour meetings for approximately seventy (70) stakeholders, working with the MCHB, and the Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days team in its planning process. This will include being a participant of the team and attending these monthly meetings. The focus and outcomes for these meetings will be determined by current emphasis at the national, state and community level to improve perinatal and women's health (including preconception, post-partum, and interconception periods). Meetings will include use of the state plan and framework when developed to guide ongoing discussion and assessment of the issues; sharing of related data, evaluation and evidence; facilitating actions which support opportunities to have in place a comprehensive system of resources, community engagement, and related public awareness. These meetings will also be influenced by the outcomes and efforts discussed in b. above.

Logistics planning will also include: overseeing all communication, registration and meeting set-up and closing requirements, providing all meeting supplies; assisting with facilitation as needed; developing an evaluation tool to collect and analyze meeting outcomes; completion of meeting reports, including any breakout session discussions; distributing meeting reports to all invitees following MCHB review and approval.

- d. Facilitating activities to engage neighbor island representation at the two (2) face-to-face meetings for up to one (1) individual each from Maui County, Kauai County, and Hawaii County. Work with the MCHB and the Maternal and Infant Health Collaborative: The First 1,000 Days team and as a participant of this team in identifying individuals who are knowledgeable on maternal and

child health issues and needs specific to their County and its communities, not representative of any specific interest group, and able to share information and then assist as needed with follow-up and next step required actions.

- e. Providing for logistics and a budget for the payment of the two (2) face-to-face meetings for approximately seventy (70) stakeholders and travel for the three (3) neighbor island representatives.
- e. Developing and implementing strategies (e.g. legislative tracking) to ensure perinatal and other essential stakeholders and communities statewide are informed of issues and policies impacting the statewide perinatal and related women's health system of care.
- g. Completing quarterly and annual report including systems building and advocacy activities using a report format approved by the MCHB, Women's Health Clinical and Quality Assurance Unit.

B. Providing Pregnancy Resource, Referral and Information by describing:

- a. Planning, and developing training and products (e.g. brochures) to increase statewide awareness of the phone line and website. All material developed shall acknowledge the DOH, MCHB for this service with the DOH logo imprinted. Plans for developing material shall incorporate timelines that allow for the DOH review and approval process.
- b. Developing and implementing a phone line and website which, at a minimum, includes the availability of information and related resource in the areas of: access to prenatal care; Medicaid providers; family planning services; sexually transmitted infection screening and treatment; substance use/abuse prevention services including smoking cessation; domestic violence, intimate partner violence, and sexual coercion services; mental health including counseling services; breastfeeding support services; dental care during pregnancy; and, information to promote health behaviors prior to pregnancy (preconception) in pregnancy to decrease the incidence of preterm and low or very low birth weight infants, and following pregnancy in the post-partum and interconception periods to support continued women's health and infant health needs.
- c. Implementing one (1) dedicated phone line and one (1) additional toll-free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information. This shall include staffing and operating a dedicated and toll-free phone line Monday through Friday during regular business hours with a plan for answering calls after hours.
- d. Developing and implementing a website that provides internet access to local pregnancy resources, referrals and information to promote positive women's general health outcomes and decision making. The website shall have electronic mail capability for users to submit questions and receive answers.

- e. Training and providing ongoing supervision to phone line and website personnel in answering phone line calls and website questions and in providing appropriate referrals. Phone line and website staff should have knowledge of preconception, perinatal, post-partum and interconception care health issues, resources and able to recognize an emergency situation for appropriate referrals.
 - f. Developing and implementing strategies to expand awareness and increase usage of the pregnancy resource, referral and information phone line and website use statewide.
 - g. Collecting data on pregnancy resource, referral, and information phone line and website users, including, but not limited to: demographic information including county, zip code, and individual gender, age, race, education, marital status, and insurance status; time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; request, referral, and service needs; and reporting would also include the discussion of activities promoting awareness of the phone line and website.
- C. Perinatal Support Service Provider Education and Training by describing:
- a. Development of two (2) Perinatal Support Service (PSS) Provider education/trainings lasting four (4) hours each held on the same day as the PSS Provider meetings. The PSS Provider meetings will be for ninety (90) minutes and overseen by the MCHB staff. The two (2) PSS education/trainings focus will be on service delivery for: 1) outreach; 2) health assessment and education/counseling; and 3) case management/care coordination. This description should include how each developed training exercise will focus on priority health areas including, but not limited to, increasing health promotion and education; screening for depression; abstinence from alcohol, cigarette smoking, and illicit drug use; and, support reproductive health planning for women to decrease the incidence of sexually transmitted infection and unintended pregnancies.
- This service may include subcontracting but any Awardee would provide not less than 55% of described core activities along with a budget for the subcontractor and along with any related education materials.
- b. Development and implementation method(s) to evaluate the two (2) education/training(s) with a focus on the PSS Providers in quality of day-to-day service delivery and data collection; as well as the promotion of perinatal health and related positive women's health outcomes and decision making.
 - c. Completion of written evaluation reports for each education/training for inclusion in the applicable quarterly report with a discussion of training objectives, implementation of challenges, and future recommendations.

- d. Providing logistics including budget for payment of the two (2) PSS Providers' four (4) hour education/trainings and ninety minute (90) minute PSS Provider meeting(s) for approximately eighteen (18) participants.
- e. Organizing logistics including the budget for three (3) neighbor island PSS contract participants, one (1) from each contract provider with airline travel to attend trainings and meetings two (2) times a year.

3.5 Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website. (See subsection 1.2, Websites References for website address.) The following budget form(s) shall be submitted with the Proposal Application: SPO-H-205, SPO-H-206A, SPO 206B, and SPO-H-206H (see Section 5, Attachment "D").

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicants accounting system as described under administrative rules, the most recent financial audit is requested as part of the proposal application.

3.6 Other

A. Litigation

The applicant shall disclose and explain any pending litigation to which they are a party, including the disclosure of any outstanding judgment.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPOH-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

A 5-point rating scale will be used to rate the proposal content. Only whole numbers will be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this five (5)-point rating scale. This scale is based on the semantic differential developed by William E. Arnold, James C. McCroskey, and Samuel V.O. Prichard of the University of Connecticut, as well as the Information Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

1	2	3	4	5
I-----I	I-----I	I-----I	I-----I	I-----I
<i>Unresponsive</i>	<i>Unsatisfactory</i>	<i>Marginally Adequate</i>	<i>Satisfactory</i>	<i>Outstanding</i>

5 - Outstanding	<ul style="list-style-type: none"> ▪ <i>Each bullet identified and addressed clearly.</i> ▪ <i>Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</i>
4 – Above Average	<ul style="list-style-type: none"> ▪ <i>Bullets addressed clearly in subheading under the appropriate numbered heading.</i> ▪ <i>.More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</i>
3 - Satisfactory	<ul style="list-style-type: none"> ▪ <i>Competent; general description of “what we do” for all required elements.</i> ▪ <i>No additional details, specific examples, or additional services or strategies to achieve RFP.</i>
2 – Marginally Adequate	<ul style="list-style-type: none"> ▪ <i>Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</i> ▪ <i>Did not answer the question completely in terms of approach, strategies, services, or descriptions.</i>
1 – Unsatisfactory	<ul style="list-style-type: none"> ▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i> ▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i>

1. Experience and Capability (20 Points)

The State will evaluate the applicant’s experience and capability relevant to the proposal contract, which shall include:

- A. Necessary Skills**
 - Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. 5
- B. Experience**
 - Demonstrates experience in public health specifically for maternal, women, infant and child health population 5
- C. Quality Assurance and Evaluation**
 - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology for: adherence to scope of services and submission of invoices to MCHB. 5

- D. Coordination of Services**
 - Demonstrated capability to coordinate services with other agencies and resources in the community as related to program resources/activities in this RFP. 3
- E. Facilities**
 - Adequacy of facilities relative to the proposed services. 2

2. Project Organization and Staffing (15 Points)

The State will evaluate the applicant’s overall staffing approach to the service that shall include:

- A. Staffing**
 - Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. 3
 - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. 3
- B. Project Organization**
 - Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 4
 - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 5

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the Applicants approach to the service activities and management requirements outline in the Proposal Application. The evaluation criteria will also include an assessment of the logic of the work plan for the major service activities and tasks to be completed annually, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

A. Perinatal Systems Building and Advocacy	17
• 1. Promoting through facilitation, advocacy for improvement and/or changes to perinatal health including the preconception, post-partum and interconception periods and this system of care in the broader context of women’s health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health and disparities which interact and can impact overall health. This process should also include efforts which address Healthy People 2020 Objectives, MCHB issues, and overarching service goals.	<u>3</u>
• 2. Planning and facilitating two (2) perinatal two (2) hour meetings through video conferencing to provide opportunity for statewide involvement. This will include developing and implementing strategies to inform and educate stakeholders on these meetings to support active statewide participation. Each meeting will include an opportunity for participants to hear information, provide input and identify as appropriate strategies to address issues influencing perinatal and women’s health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, taking into consideration health disparities. These stakeholder meetings will also be	<u>4</u>

influenced by the outcomes and efforts the two (2) face-to-face, up to five (5) hour meetings described in 3, below.

- 3. Planning and overseeing all logistics and implementation for two (2) face-to-face, up to five (5) hour meetings for approximately seventy (70) stakeholders, working within the MCHB, and the Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days team in its planning process. This will include being a participant of the team and attending these monthly meetings. The focus and outcomes for these meetings will be determined by current emphasis at the national, state, and community levels to improve perinatal and women's health (including preconception, post-partum and interconception periods). Meetings will include use of the state plan and framework when developed to guide ongoing discussion and assessment of the issues; sharing of related data, evaluation and evidence; facilitating actions which support opportunities to have in place a comprehensive system of resources, community engagement, and related public awareness. These meetings will be influenced by the outcomes and efforts in the two (2) perinatal stakeholder two (2) hour meetings. Logistics planning will also include: overseeing all communication, registration and meeting set-up and closing requirements, providing all meeting supplies; assisting with facilitation as needed; developing evaluation tool to collect and then analyze meeting outcomes; completion of meeting reports, including any breakout session discussions; distributing meeting reports to all invitees following MCHB review and approval.

5

<ul style="list-style-type: none"> • 4. Facilitating activities to engage neighbor island representation at the two (2) face-to-face meetings for up to one (1) individual each from Maui County, Kauai County and Hawaii County. Work with the MCHB and the Hawaii Maternal and Infant Health Collaborative team: The First 1,000 Days team and as a participant in this team in identifying individuals who are knowledgeable on maternal and child health issues and needs specific to their County and its communities, not representative of any specific interest group, and able to share information and then assist as needed with follow-up and next step required actions. Providing for logistics a budget for the payment of the two (2) face-to-face meetings for approximately seventy (70) stakeholders and travel for the three (3) neighbor island representatives. 	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 3
<ul style="list-style-type: none"> • 5. Developing and implementing strategies (e.g., legislative tracking) to ensure perinatal and other essential stakeholders and communities are informed of issues and policies impacting the statewide perinatal and related women’s health system of care. 	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 2
B. Pregnancy Resource, Referral, and Information	24
<ul style="list-style-type: none"> • 1. Planning and developing training and products (e.g. brochures) to increase statewide awareness of the phone line and website that include: acknowledgement of the DOH, MCHB on all developed material for this service with the DOH logo imprinted; and timelines for the DOH approval process. 	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 3
<ul style="list-style-type: none"> • 2. Developing and implementing a phone line and website which, at a minimum, 	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 8

includes the availability of information and related resource areas for access to prenatal care; Medicaid providers; family planning services; sexually transmitted disease infection screening and treatment; substance use/abuse prevention services including smoking cessation; domestic violence, intimate partner violence, and sexual coercion services; mental health including counseling; breastfeeding support services; dental care during pregnancy; and, information to promote health behaviors prior to pregnancy (preconception), in pregnancy to decrease the incidence of pre-term and low or very low birth weight, and following pregnancy in the post-partum and interconception periods to support continued women's health and infant health needs.

Implementing one (1) dedicated phone line and one (1) additional toll-free phone line for women and families to call for statewide access to pregnancy resources, referrals, and information. This shall include staffing and operating a dedicated and toll-free phone line Monday through Friday during regular business hours with a plan for answering calls after hours.

Developing and implementing a website that provides internet access to local pregnancy, resources, referrals, and information to promote positive women's general health and decision making. The website shall have electronic mail capability for users to submit questions and receive answers.

- 3. Training and providing ongoing supervision in phone line and website personnel in answering phone line calls

6

and website questions and in providing appropriate referrals. Phone line and website staff should have knowledge of preconception, perinatal, post-partum, and interconception care health issues, resources and able to recognize an emergency situation for appropriate referrals.

- 4. Developing and implementing strategies to expand awareness and increase usage of the pregnancy resource, referral, and information phone line and website use statewide. 3

- 5. Collecting data on pregnancy resource, referral, and information phone line and website users including, but not limited to: demographic information including County, zip code, and individual gender, age, race, education, marital status, and insurance status; time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; request, referral and service needs; and reporting would also include the discussion of activities promoting awareness of the phone line and website. 4

C. Perinatal Provider Education/Training 14

- 1. Describing the process for developing two (2) PSS education/trainings lasting four (4) hours each held on the same day as the ninety (90) minute PSS Provider meetings with the focus on service delivery for: 1) outreach; 2) health assessment and education/counseling; and, 3) case management/care coordination. Each developed training exercise shall focus on priority health areas including, but not limited to: increasing health promotion and education; screening for depression, screening for domestic violence, intimate partner violence, and sexual coercion; abstinence from alcohol, cigarette smoking, and illicit drug use; and support reproductive 6

health planning for women to decrease the incidence of sexually transmitted infection and unintended pregnancies. Describing any subcontracting of duties, obligations, or interests for any of the core activities and the approach for these arrangements, including work assignments/responsibilities and the budget including that for any related education materials. Not more than 55% of the core services shall be subcontracted.

- 2. Describing methods that will be developed and implemented to evaluate the two (2) education/trainings with a focus on the impact on the PSS Providers in the quality of day-to-day service delivery and data collection; as well as the promotion of perinatal health and related positive women’s health outcomes and decision making. Describing the process for completing written evaluation reports for each education/trainings for inclusion in the applicable quarterly report with a discussion of training objectives, implementation challenges, and future recommendations. 4

- 3. Describing the process for providing logistics including budget for payment of two the (2) PSS Providers’ education/training(s) and ninety (90) minute PSS Provider meetings for approximately eighteen (18) participants. Describing the process for organizing the logistics including budget for three (3) neighbor island participants, one (1) from each contract provider with airline travel to attend trainings and meetings two (2) times a year. 4

4. Financial (10 Points)

- Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. Applicant's proposed budget is reasonable, given program resources and operational capacity. The budget fully supports the scope of services and requirements for the Request for Proposal. 5
- Adequacy of accounting system. 5

B. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Intra-Departmental Directive No. 04-01 - Interpersonal Relationships between Staff and Clients/Patients
- D. Budget Forms
- E. Federal Certifications

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Hawaii Compliance Express Verification Certificate	Section 1, RFP	Hawaii Compliance Express SPO Website*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				

*Refer to subsection 1.2, Website Reference for website address.

Sample

**Proposal Application
Table of Contents**

- 1.0 Program Overview 1**
- 2.0 Experience and Capability 1**
 - A. Necessary Skills 2
 - B. Experience 4
 - C. Quality Assurance and Evaluation 5
 - D. Coordination of Services 6
 - E. Facilities 6
- 3.0 Project Organization and Staffing 7**
 - A. Staffing 7
 - 1. Proposed Staffing 7
 - 2. Staff Qualifications 9
 - B. Project Organization 10
 - 1. Supervision and Training 10
 - 2. Organization Chart (Program & Organization-wide)
(See Attachments for Organization Charts)
- 4.0 Service Delivery 12**
- 5.0 Financial 20**

See Attachments for Cost Proposal
- 6.0 Litigation 20**
- 7.0 Attachments**
 - A. Cost Proposal
 - SPO-H-205 Proposal Budget
 - SPO-H-206A Budget Justification - Personnel: Salaries & Wages
 - SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments,
and Fringe Benefits
 - SPO-H-206H Budget Justification - Program Activities
 - SPO-H-206E Budget Justification - Contractual Services – Administrative
 - B. Other Financial Related Materials
 - Financial Audit for fiscal year ended June 30, 2013
 - C. Organization Chart
 - Program
 - Organization-wide

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

INTRA-DEPARTMENTAL DIRECTIVE 04-01
May 3, 2004 Page 1 of 5

TO: All Deputies, Division and Branch Chiefs, Staff Officers, District Health Officers, and Administrators of Attached Agencies

FROM: Chiyome Leinaala Fukino, M.D.
Director of Health *Chiyome Fukino*

SUBJECT: **INTERPERSONAL RELATIONSHIPS BETWEEN STAFF AND CLIENTS/PATIENTS**

04-1.1 **PURPOSE**

This directive provides the policy for the State of Hawaii, Department of Health on interpersonal relationships between staff and clients/patients.

04-1.2 **POLICY**

- A. Staff shall not use their professional position to exploit others for any reason.
- B. Staff shall avoid engaging in dual/multiple relationships with clients/patients or former clients/patients. When dual/multiple relationships are unavoidable, staff shall take steps ensure that the nature of the dual/multiple relationship shall neither harm nor exploit the client/patient.
- C. Sexual relationships with any client/patient or former client/patient are prohibited. Staff shall not have financial relationships with clients/patients or former clients/patients.

- D. Staff are prohibited from engaging in sexual relationships with clients/patients' relatives or other individuals with whom clients/patients maintain close personal relationships, or to whom clients/patients are reliant upon. Staff are required to set clear, appropriate and culturally sensitive boundaries.
- E. Staff shall neither initiate, assume, nor maintain a treatment relationship to individuals with whom they have had prior sexual relationships. Staff shall inform their supervisor if there have been past relationships with potential clients/patients and arrange to have the care of such patients/clients provided by another qualified staff person.
- F. Staff shall not engage in physical contact with clients/patients when there is a possibility of psychological harm to the clients/patients as a result of the contact (such as cradling or caressing clients/patients). In providing services, staff who are required to have physical contact with clients/patients are responsible for setting clear, appropriate and culturally sensitive boundaries that govern such physical contact.
- G. Staff who anticipate the potential for sexual relationships with former clients/patients shall consult in depth with their supervisors, exploring the various risks and concerns.

04-1.3 **SCOPE**

This directive applies to all Department of Health employees, including volunteers, who provide treatment and/or services and individuals or agencies that are contracted to provide treatment and/or services on behalf of the Department of Health.

04-1.4 **DEFINITIONS**

Clients/Patients:	Persons under observation, care, treatment, or receiving services.
Department:	Department of Health
Director:	Director of Health

Dual/multiple relationships:	When an employee has, or has had, more than one relationship with a patient or client, either presently or in the past. These may include professional, business, social, or personal relationships. Dual/multiple relationships can occur simultaneously or consecutively.
Staff:	Department employees, including volunteers, and individuals or agencies that are contracted to provide services on behalf of the Department.
Health:	Includes physical and mental health.
Providers:	Any persons, public or private vendors, agencies, or business concerns authorized by the department to provide health care, services, or activities.
Services:	Appropriate assistance provided to a person with a medical illness, developmental disability, mental illness, substance abuse or dependency disorder, or mental retardation. These services include, but are not restricted to assessment, case management, care coordination, treatment, training, vocational support, testing, day treatment, dental treatment, residential treatment, hospital treatment, developmental support, respite care, domestic assistance, attendant care, habilitation, rehabilitation, speech therapy, physical therapy, occupational therapy, nursing counseling, family therapy or counseling, interpretation, transportation, psychotherapy, and counseling to the person and/or to the person's family, guardian or other appropriate representative.
Treatment:	The broad range of services and care, including diagnostic valuation, medical, psychiatric, psychological, and social service care, vocational rehabilitation, career counseling, and other special services which may be extended to a person in need or with a disabling condition.

04-1.5 **RESPONSIBILITIES**

- A. **Director:** Insure this policy is maintained, interpreted, updated, and communicated to all program managers.
- B. **Deputy Directors:** Insure this policy is communicated to, understood and implemented by program managers within their administrations, and insure needed revisions of this policy are communicated to the Director.
- C. **Program Managers:**
 - (1) Insure this policy is communicated to and understood by all vendors, providers, or contractors, and insert a reference to this policy in appropriate contracts.
 - (2) Insure this policy is enforced.
 - (3) Investigate alleged or reported infractions of this policy and take corrective actions as may be indicated.
 - (4) Recommend needed changes to this policy to their Deputy Directors.
- D. **Employees:** Comply with this policy and report alleged infractions of this policy to their supervisors or superiors.
- E. **Providers:** Insure this policy is communicated, understood, and implemented.

04-1.6 **PROVISO**

If there is a conflict between this policy and a collective bargaining agreement, the collective bargaining agreement shall prevail.

04-1.7 **REFERENCES**

- A. Discrimination in Public Accommodations, Chapter 489, Hawaii Revised Statutes, as amended.
- B. Fair treatment, Section 84-13, Hawaii Revised Statutes, as amended.
- C. Rights of persons with developmental or mental retardation, Section 333F-8, Hawaii Revised Statutes, as amended.
- D. Rights of recipients of mental health services, Chapter 334E, Hawaii Revised Statutes, as amended.
- E. Sex Discrimination, Title 12, Chapter 46, Subchapter 4, Hawaii Administrative Rules, as amended.
- F. Disability Discrimination, Chapter 46, Subchapter 9, Hawaii Administrative Rules.

This document should be placed in the Personnel Manual of Policies and Procedures under Section 11, SUBJECT: EMPLOYEE RELATIONS.

BUDGET

(Period _____ to _____)

Applicant/Provider: _____
 RFP No.: _____
 Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request			
	(a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING	(a) Budget Request	Budget Prepared By:		
	(b)	Name (Please type or print)		Phone
	(c)	Signature of Authorized Official		Date
	(d)	Name and Title (Please type or print)		
TOTAL REVENUE	For State Agency Use Only			
	Signature of Reviewer		Date	

**BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: _____

RFP No.: _____ Period: _____ to _____

Date Prepared: _____

Contract No.: _____
(As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	
Unemployment Insurance (Federal)	As required by law	As required by law	
Unemployment Insurance (State)	As required by law	As required by law	
Worker's Compensation	As required by law	As required by law	
Temporary Disability Insurance	As required by law	As required by law	
SUBTOTAL:			
FRINGE BENEFITS:			
Health Insurance			
Retirement			
SUBTOTAL:			
TOTAL:			
JUSTIFICATION/COMMENTS:			

**BUDGET JUSTIFICATION
PROGRAM ACTIVITIES**

Applicant/Provider: _____

RFP No.: _____

Period: _____ to _____

Date Prepared: _____

Contract No. : _____
(As Applicable)

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
Total:		

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider: _____

RFP No.: _____ Period: _____ to _____

Date Prepared: _____

Contract No. _____
(As Applicable)

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
TOTAL:			