

State of Hawaii  
Department of Human Services  
Social Services Division

**Addendum No. 1**

**November 1, 2015**

**to**

**Request for Proposals**

**RFP No. SSD-15-POS-2000**

**DOMESTIC VIOLENCE SHELTER AND  
TRANSITIONAL HOUSING SERVICES**

**STATEWIDE**

**RFP Posting Date: October 21, 2015**

**RFP Proposal Submission Deadline:  
November 19, 2014, 4:30 p.m.  
Hawaii Standard Time**

**ADDENDUM NO. 1**

**November 1, 2015**

**to**

**REQUEST FOR PROPOSALS**

**RFP No. SSD-15-POS-2000**

**DOMESTIC VIOLENCE SHELTER & TRANSITIONAL HOUSING SERVICES**

The Department of Human Services, Social Services Division, Child Welfare Services Branch is issuing this Addendum to amend the RFP as described below.

**If you have any questions please contact:**

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**Section 2, Service Specifications:**

Pg. 2-22, 2.4 B. 6.

The existing 3) shall be replaced by 3) listed below. Accordingly, the content of the existing 3), 4) and 5) shall become 4), 5), and 6).

a. Required program reports:

- 3) The Limited English Proficiency (LEP) Report shall be submitted in a format specified by the DHS. The Provider shall report on the number of survivors and children who were offered and who received language access services, the type of language service provided, the type of service provider used, and the expenditures spent on language access services during the reporting period. The LEP Report shall be submitted via email by the last day of the month following the quarterly reporting period.

Also, at the end of this Section are the Performance Measurement Forms A, B, and C. The Forms in both Word and Excel formats have been added as attachments to this Addendum so that the Applicant may complete the Forms more easily. The Applicant may choose either the Word or the Excel format to complete.

Section 3, Proposal Application:

Pg. 3-5, 3.4, first paragraph states, "The Applicant shall describe in detail a clear and practical approach to the service activities and delivery and the management requirements described in Section 2 of this RFP, including a fully completed Work Plan detailing all service activities and tasks, work assignments and responsibilities, and timelines/schedules. A sample Work Plan format shall be included as an Attachment in the RFP posting on the SPO website."

The Work Plan and its Instructions should have been included in Section 5 but were not. The Work Plan and its Instructions in Word format have been added as attachments to this Addendum so that the Applicant may complete the Plan more easily.

Section 5, Attachments:

A sample of the Limited English Proficiency (LEP) Report described in Section 2 has been added to this Section as Page 5-54 and is included in this Addendum as attached.

The Work Plan and its Instructions described in Section 3 have been added to this Section as Pages 5-55 – 5-58 and are included in this Addendum as attached.

REPORTING PERIOD SFY:

CONTRACT NO:

Q1 - July - Sept.  
Q2 - Oct. - Dec.  
Q3 - Jan. - March  
Q4 - April - June

LANGUAGE	TYPE OF LANGUAGE SERVICE PROVIDED					SERVICE PROVIDER TYPE					EXPENDITURES							
	TOTAL LEP #	Face-to-Face interpreter	Sight* translation	Written** translation	Telephone interpreter	Bilingual Staff	Community Volunteer	Staff Volunteer	PAID Interpreter via Agency	PAID Professional interpreter	Client ‡ provided	Face-to-Face interpreter	Sight translation	Written translation	Telephone interpreter	Sign Language	Other (Identify)	TOTAL LEP EXPENDITURES
Chinese	0																	\$0.00
Chukese																		
Hawaiian																		
Ilokano																		
Japanese																		
Korean																		
Kosraean																		
Mandarin																		
Marshalese																		
Portuguese																		
Samoan																		
Spanish																		
Tagalog																		
Thai																		
Tongan																		
Vietnamese																		
Visayan (Cebuano)																		
Sign Language/Hearing Impaired																		
Other - Somali																		
Other - (Identify)																		
Other - (Identify)																		

‡ Client provided interpreter must be identified in client's case record.

\*Sight translation = interpreter translated document immediately  
 \*\*Written translation = document translated - does not need to be related to specific client

INSTRUCTIONS: Please report each encounter separately; if an interpreter was requested for two days report each day as a separate encounter. An INTERPRETER deals with verbal communication; a TRANSLATOR deals with written communication/documents.

Summary of Language Access Services Provided:	QTR	YTD
A. # of LEP clients who were offered Language Assistance Services (LAS).		
B. # of LEP clients offered LAS and declined services.		
C. # of LEP clients offered LAS and received LAS.		
Interpreter Information for this Quarter:		
Name of interpreter:	Language provided:	Agency or relationship

## WORK PLAN INSTRUCTIONS

The Work Plan shall be a comprehensive guide to services provided by the Applicant's program. It shall describe not only *what* services will be offered but *how* those services will be provided.

In the following table the Applicant shall complete Columns B, C, and D as related to the Service Activities and Program Requirements listed in Column A. Column B shall detail how the Activities and Requirements in Column A will be met. The title or position of responsible staff in Column C shall be consistent with the position titles used elsewhere in the proposal, such as in the Organization-wide and Program Specific Charts and the section on Staffing. For direct services staff specified in Column C, the Applicant shall indicate back-up staff to cover for the responsible staff. Column D pertains to the timeline or schedule for completing specific service activities or tasks not to when policies and procedures will be developed or implemented.

The Applicant may add other service activities to Column A but shall not remove any listed Activities or Requirements. If the Applicant adds other service activities, the Applicant shall also complete Columns B, C, and D accordingly.

The Applicant shall assure that service activities will be provided in a manner consistent with the CWS guiding principles detailed in 2.1, C., Section 2 of this RFP.

See Section 2 of this RFP for further information regarding the specific required service activities and tasks.

NOTE: A narrative format may be used instead of the table format below as long as specific tasks, responsible staff, and timeline or schedule are addressed for each Activity and Requirement listed in Column A.

## WORK PLAN

Service Name: DV Shelter and Transitional Housing Services

RFP #: SSD-15-POS-20000

Agency: \_\_\_\_\_

SERVICE ACTIVITIES AND PROGRAM REQUIREMENTS	SPECIFIC TASKS	TITLE OF RESPONSIBLE STAFF AND BACK-UP STAFF	TIMELINE/SCHEDULE
Hotline, Screening, and Preliminary Assessment 1) 24/7 Hotline calls 2) Screening and preliminary assessment 3) Transportation for admission			
Shelter Services 1) Intake and orientation 2) Safety and security 3) Emergency alternative accommodations, if used 4) Daily program activities 5) House rules 6) Conflict resolution 7) Client surveys			
Transitional Housing Services 1) Intake and orientation 2) Safety and security 3) House rules, if any 4) Client surveys			

<p>Support Services</p> <ol style="list-style-type: none"> <li>1) Assessment, service, and safety planning</li> <li>2) Individual services for survivors and children</li> <li>3) Group services for survivors and children</li> <li>4) Information and referral</li> <li>5) Discharge/transition planning</li> <li>6) Outreach and follow-up</li> <li>7) Advocacy, as needed</li> </ol>			
<p>Protocols, including, but not limited to:</p> <ol style="list-style-type: none"> <li>1) Quality assurance and evaluation specifications</li> <li>2) Outcome and performance measurements</li> </ol>			
<p>Coordination of services with the survivors, other community providers, and the DHS to achieve the individualized goals stated in the Family Service Plan.</p> <p>Efforts made to fill in the gaps in services and avoid service duplication.</p>			

<p>Grievance and dispute resolution procedures to address potential disagreements between the clients and the Provider, the Provider and the DHS, and the Provider and other community resources.</p>			
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