

State of Hawaii  
Department of Human Services  
Social Services Division

**Addendum No. 1**

**November 1, 2015**

**to**

**Request for Proposals**

**RFP No. SSD-14-POS-4010**

**FIRST STEPS HOME VISITING  
SERVICES**

**STATEWIDE**

**RFP Posting Date: October 27, 2015**

**RFP Proposal Submission Deadline:  
November 25, 2014, 4:30 p.m.  
Hawaii Standard Time**

**ADDENDUM NO. 1**

**November 1, 2015**

**to**

**REQUEST FOR PROPOSALS**

**RFP No. SSD-14-POS-4010**

**FIRST STEPS HOME VISITING 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 clients 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, the Performance Measurement Forms A, B, and C should have been included but were not. The Forms have been added to this Section as Pages 2-22 - 2-26 and are included in this Addendum as attached.

**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.

## FORM A: PEOPLE TO BE SERVED

<b>PEOPLE TO BE SERVED</b>	Annual Goal for Contract Year	Actual # of Children/Families (unduplicated)							
		New This Quarter (1)		Year to Date New in Fiscal Year (2)		Carried Over Into This Quarter (3)		Year to Date Total Served (4)	
		Children	Families	Children	Families	Children	Families	Children	Families
1. CWS referral for a child less than one year of age									
2. CWS referral for a child one to three years of age									
3. VCM referral for a child less than one year of age									
4. VCM referral for a child one to three years of age									
5. FSS referral for a child less than one year of age									
6. FSS referral for a child one to three years of age									
7. Total Families Served Enter the total estimated number to be served for the Applicant's proposed geographic area (see 2.4, B., 7., b., Section 2 of this RFP).									

## FORM B: SERVICE ACTIVITIES

<b>SERVICE ACTIVITIES</b>	Families New This Quarter (1)	YTD New Families in FY (2)	Families Carried Over Into This Quarter (3)	YTD Total Families Served (4)
1. # of families seen by Registered Nurse				
2. # of families seen by Clinical Specialist				
3. # of families seen by CSAC if not Clinical Specialist				
4. # of children identified with a delay and referred to Early Intervention Services				
a. Medical				
b. Dental				
c. Vision				
d. Hearing				
e. Mental health				
f. Educational				
6. # of children referred for Fetal Alcohol Spectrum Disorder (FASD) treatment				
a. Child age 0-1				
b. Child age 1-2				
c. Child age 2-3				

## FORM B: SERVICE ACTIVITIES

<b>SERVICE ACTIVITIES</b>	Families New This Quarter (1)	Year to Date New Families in Fiscal Year (2)	Families Carried Over Into This Quarter (3)	Year to Date Total Families Served (4)
7. a. # of mothers referred to OB/GYN for prenatal care				
b. # of mothers referred to OB/GYN for post natal care				
8. # of parents referred for substance abuse treatment				
a. Father				
1) # of fathers referred for drug abuse				
2) # of fathers referred for alcohol abuse				
b. Mother				
1) # of mothers referred for drug abuse				
2) # of fathers referred for alcohol abuse				
9. # of parents referred for anger management services				
a. # of fathers				
b. # of mothers				
10. # of parents referred for domestic violence services				
a. # of fathers				
b. # of mothers				
11. # of parents referred for mental health treatment				
a. # of fathers				
b. # of mothers				
12. # of families referred to BESSD				
13. # of families referred to agencies, other than BESSD, for assistance with food, shelter, monthly income benefits, child care, etc.				

## FORM B: SERVICE ACTIVITIES

**Note:** The Applicant shall use the assessment tools listed below or comparable DHS-approved tools. If the Applicant proposes to use a comparable tool, the Applicant shall provide a full comparison and justification for the tool's use as well as fill in the numbers below.

<b>Assessments and other tools that evaluate the effectiveness of the services provided and measure the client's progress</b>	Families New This Quarter (1)	YTD New Families in FY (2)	Families Carried Over Into This Quarter (3)	YTD Total Families Served (4)
14. # of Families given AAPI-2				
15. # of Families given AAPI-2 with improved scores				
16. # of Families given Ages & Stages questionnaire				
17. # of Families given Ages & Stages questionnaire (Social/Emotional)				
18. # of families given Kempe Stress test pre-assessment for risk factors				
19. # of families given Kempe Stress test post-assessment with reduction in risk factors				
20. # of families given Kempe Stress test post-assessment with no improvement in risk factors				

## FORM C: OUTCOMES

OUTCOMES	Achievement of Proposed Outcomes (Annual Count, Not a Quarterly Count)						
	Proposed Annual % Achieved	% of New Families (1)	# of New Families (2)	% of Carryover Families (3)	# of Carryover Families (4)	% of Total Families (5)	# of Total Families (6)
1. Families with no new report of abuse/neglect during the time of Home Visiting Services	90%						
2. Families with no new <b>confirmed</b> report of abuse/neglect during the time of Home Visiting Services	100%						
3. Children in foster care with no new report of abuse/neglect during the time of Home Visiting Services	90%						
4. Children in foster care with no new <b>confirmed</b> report of abuse/neglect during the time of Home Visiting Services	100%						
5. Children in foster care reunited with biological family during the time of Home Visiting Services	80%						
6. Families meeting the healthcare needs of their children through:							
a. Medical home (Primary Care Provider)	95%						

b. Immunizations	95%						
c. Compliance with medical visits	95%						

REPORTING PERIOD SFY: \_\_\_\_\_

SERVICE PROVIDER	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 EXPENDITURES \$0.00					
	TOTAL LEP #	0	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
Cantonese																		
Chukese																		
Hawaiian																		
Ilokano																		
Japanese																		
Korean																		
Kosraean																		
Mandarin																		
Marshallese																		
Portuguese																		
Samoan																		
Spanish																		
Tagalog																		
Thai																		
Tongan																		
Vietnamese																		
Visayan (Cebuano)																		
Sign Language/Hearing Impaired																		
Other - Somali																		
Other - (Identify)																		

\*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