

State of Hawaii
Department of Health
Family Health Services Division
Maternal and Child Health Branch
Perinatal Health Program

Request for Proposals

RFP No. HTH 550- 18 Baby S.A.F.E. (Substance Abuse Free Environment) Program

December 7, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each Applicant(s) must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

December 7, 2006

REQUEST FOR PROPOSALS

BABY S.A.F.E. (SUBSTANCE ABUSE FREE ENVIRONMENT) PROGRAM RFP No. HTH 550-18

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, is requesting proposals from qualified Applicant(s) to continue implementation of the Baby S.A.F.E. (Substance Abuse Free Environment) Program. Services are being sought to prepare substance abusing pregnant women for substance abuse treatment services. Services will include providing outreach, risk assessment(s), screening, case management/care coordination and referral services in its Baby S.A.F.E. (Substance Abuse Free Environment) Program. Services for the first fiscal year are scheduled to begin on July 1, 2007 through June 30, 2008. An agreement may be extended by the State for one (1) year.

Proposals shall be mailed, postmarked by the United States Postal Service on or before January 26, 2007, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:30 p.m., Hawaii Standard Time (HST), on January 26, 2007, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Family Health Services Division will conduct an orientation on December 19, 2006 from 10:00 a.m. to 12:00 noon HST at the Keoni Ana Building Video Conference Center (VCC) in Honolulu, Hawaii with VCC transmission on Oahu to Kapolei and the islands of Maui and Hawaii. All prospective applicants are encouraged to attend the orientation.

Honolulu, Oahu

Keoni Ana Building
1177 Alakea St., 3rd Floor
Honolulu, Hawaii

Kapolei, Oahu

Kahuhiwa Bldg.
601 Kamokila Blvd
Kapolei, Hawaii

Wailuku, Maui

Wailuku Judiciary Bldg
2145 Main Street
Wailuku, Hawaii

Hilo, Hawaii

Hilo State Office Bldg.
75 Aupuni Street, Basement
Hilo, Hawaii

Kona, Hawaii

Kona Health Center
79-1015 Haukapila Street
Kealahou, Hawaii

The deadline for submission of written questions is 4:30 p.m., HST, on January 2, 2007. All written questions will receive a written response from the State between January 8 - 11, 2007.

Please direct inquiries regarding this RFP to the RFP contact person, Ms. Candice Radner Calhoun at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9048, fax: (808) 733-9032, e-mail: candice.calhoun@fhsd.health.state.hi.us

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: ONE (1) ORIGINAL AND THREE (3) COPIES

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **January 26, 2007** 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
741-A Sunset Avenue, Room
203
Honolulu, Hawaii 96816
Attn: Family and Community
Support Section

DOH RFP Coordinator

Candice Radner Calhoun
For further info or inquiries

Phone: 733-9048
Fax: 733-9032
E-mail: candice.calhoun@fhsd.health.state.hi.us

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), January 26, 2007.** 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., January 26, 2007.

Drop-off Sites

Oahu:

Department of Health
Maternal and Child Health Branch
741-A Sunset Avenue, Room 203
Honolulu, Hawaii
Attn: Family and Community Support
Section

East Hawaii:

Department of Health
Keawe Health Center
46 Keawe Street
Hilo, Hawaii
Attn: MCHB – Baby S.A.F.E.

Maui:

Department of Health
Maui District Health Office
54 High Street, Room 301
Wailuku, Hawaii
Attn: Family Health Services Section

West Hawaii:

Department of Health
Kealakekua Health Office
81-980 Haleki'i Street, #103
Kealakekua, Hawaii

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicant(s) 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(s) to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	<u>Dec. 7, 2006</u>
Distribution of RFP	<u>Dec. 7, 2006</u>
RFP orientation session	<u>Dec. 19, 2006</u>
Closing date for submission of written questions for written responses	<u>Jan. 2, 2007</u>
State purchasing agency's response to Applicants' written questions	<u>Jan. 8 - 11, 2007</u>
Discussions with Applicant(s) prior to proposal submittal deadline (optional)	<u>Jan. 2007</u>
Proposal submittal deadline	<u>Jan. 26, 2007</u>
Discussions with Applicant(s) after proposal submittal deadline (optional)	<u>Jan. 27 – Feb. 12, 2007</u>
Final revised proposals (optional)	<u>Feb. 13 - 28, 2007</u>
Proposal evaluation period	<u>Mar. 1 - 16, 2007</u>
Provider(s) selection	<u>Mar. 19 - 23, 2007</u>
Notice of statement of findings and decision	<u>Mar. 26 – 30, 2007</u>
Contract start date	<u>July 1, 2007</u>

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

	For	Click
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “RFPs”
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	“Statutes and Rules” and “Procurement of Health and Human Services”
4	Forms	“Health and Human Services, Ch. 103F...” and “For Private Applicant(s)” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Applicant(s)” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Applicant(s)” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Applicant(s)” and “Protests”

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 www.hawaii.gov)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click “Forms”
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ click “Bill Status and Documents” and “Browse the HRS Sections.”
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click “Business Registration”
11	Campaign Spending Commission	www.hawaii.gov/campaign

III. Authority

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

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides Applicant(s) with an overview of the procurement process.

Section 2, Service Specifications--Provides Applicant(s) with a general description of the tasks to be performed, delineates Applicant(s) 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 Applicant(s) with information and forms necessary to complete the application.

V. 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 Applicant(s) performance. The Contracting Office is:

Maternal and Child Health Branch
 Perinatal Health Services Section
 Department of Health, State of Hawai'i
 741-A Sunset Avenue
 Honolulu, HI 96816
 Phone: (808) 733-9021 Fax: (808)733-9032

VI. Orientation

An orientation for Applicant(s) in reference to the request for proposals will be held as follows:

Date: December 19, 2006 **Time:** 10:00 a.m. to 12:00 p.m.
Location:

- Honolulu, Oahu; Keoni Ana Bldg, Video Conference Center (VCC), 117 Alakea Street, 3rd Floor, with VCC transmission to:
- Kapolei, Oahu; Kahuhiwa Bldg, 601 Kamokila Blvd
- Hilo, Hawaii; Hilo State Office Bldg, 75 Aupuni Street, Basement
- Kealahou, Hawaii; Kona Health Ctr, 79-1015 Haukapila Street
- Wailuku, Maui; Wailuku Judiciary Bldg, 2145 Main Street

Applicant(s) 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 next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicant(s) may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: January 2, 2007 **Time:** 4:30 p.m. HST

State agency responses to Applicant(s) written questions will be provided by:

Date: January 8-11, 2007

VIII. Submission of Proposals

A. **Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP). Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides Applicant(s) with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled 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 SPO-H-200A)** - Applicant(s) shall submit comprehensive narratives that address all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department

of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an Applicant(s) 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(s).
- D. Wages and Labor Law Compliance** - Before an Applicant enters into a service contract in excess of \$25,000, the Applicant shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws.** All Applicant(s) shall comply with all laws governing entities doing business in the State. 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] must be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)
- F. Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of Section 11-205.5, HRS, 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 a legislative body. For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage. (See paragraph II, Website Reference.)

- G. Confidential Information** – If Applicant(s) believes any portion of a proposal contains information that should be withheld as confidential, the Applicant(s) 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. 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. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- 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.

- Proposals submitted through electronic means such as fax, email, diskette/CD and other similar electronic formats will not be permitted.

IX. Discussions with Applicant(s)

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential Applicant(s) to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline -** Discussions may be conducted with Applicant(s) whose proposals are determined to be reasonably

susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency 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.

XI. Additional Materials and Documentation

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

XII. RFP Amendments

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

XIII. 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)'s best and final offer/proposal. *The Applicant(s) shall submit only the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal 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 interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by Applicant(s) in preparing or submitting a proposal are the Applicant(s)' sole responsibility.

XVI. Applicant(s) Participation in Planning

Applicant(s) participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and Applicant(s)' resources, shall not disqualify Applicant(s) from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. 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: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

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

XVIII. Notice of Award

A statement of findings and decision shall be provided to all Applicant(s) 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 awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any Applicant(s) may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) 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: Chiyome Leinaala Fukino, M.D.	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, HI 96816

XX. 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 Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. 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

XXII. General and Special Conditions of Contract

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

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). 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

I. Introduction

A. Overview, purpose or need

In general women who abuse alcohol and/or a variety of illicit drugs are more likely to have poor nutrition, medical problems (e.g. elevated blood pressure, increased heart rates), sexually transmitted diseases, are more likely to attempt suicide, have higher incidence of sexual assault, unprotected sex, unwanted pregnancies, and to experience domestic violence. Substance abuse for women has been reported in studies to co-occur with mental disorders such as major depression, anxiety disorder, and post-traumatic stress disorder. For women the social consequences of substance abuse increases the likelihood of fewer social supports, less stable living arrangements, homelessness, incarceration, and child abuse and neglect (Charting a Course for the Future of Women's and Perinatal Health, May 1999).

The use of alcohol and drugs before and during pregnancy negatively affects both women and their newborn. A range of outcomes including spontaneous abortion, low birth weight (LBW), and preterm delivery have been associated with prenatal use of licit and illicit drugs, including alcohol, tobacco, cocaine and marijuana. More specifically, tobacco use is associated with LBW and spontaneous abortion; alcohol use with FAS and preterm delivery; cocaine with premature birth, impaired fetal growth, higher risk of infections including hepatitis B and HIV; and, exposure to marijuana in utero may be associated with LBW, preterm birth, and neurobehavioral functioning (Healthy People 2010).

Although there is an increased focus on the need for treatment of substance use during pregnancy, many pregnant women with drug problems do not obtain the help they need. Reasons for not receiving support and treatment are numerous and not limited to lack of awareness, poverty, unavailable services and fear of prosecution which may lead addicted women to conceal their drug use from medical and social service agencies and in turn continues to impact the woman and her pregnancy outcome (Charting a Course for the Future of Women's and Perinatal Health, May 1999).

With barriers affecting women's access to substance abuse treatment services, the Baby S.A.F.E. Program provides a support service to work with pregnant women in ways which meet their needs at that point in time. In addition, many substance abusing women may be unlikely to perceive themselves as being at risk and/or are reluctant to enter treatment. Subsequently, motivational

enhancement techniques that are grounded in Motivational Interviewing (MI) may be useful (Connors, Walitzer, & Dermen, 2002). This counseling style guides the individual to explore and resolve ambivalence about changing while highlighting and increasing perceived discrepancy between current behaviors and overall goals and values. Another aim is to minimize clients' resistance to intervention. Studies have supported the efficacy of MI to reduce drinking and illicit drug use as well as enhance treatment engagement among substance abusers in many settings, including pregnant drinkers and drug users. As such the services being sought will provide opportunities to engage substance using pregnant women in supportive services to improve health outcomes for themselves and their pregnancies.

Services are being sought in the Waianae area on Oahu and islands of Hawaii and Maui. These geographic areas have been selected based on data not limited to: low birth weight, infant mortality, and ranking based on the maternal and infant health, and socio-economic health risk scores (State of Hawaii Primary Care Needs Assessment Data Book, 2005).

B. Planning activities conducted in preparation for this RFP

Planning activities included:

References:

CDC, MMWR. Recommendations to Improve Preconception Health and Health Care. By Kay Johnson, M.P.H., Samuel Posner, PhD, Janis Bierman, M.S., Jose F. Cordero, M.D., Hani K. Atrash, M.D. et. Al. 21 April 2006. 19 May 2006, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

Connors, G. J., Walitzer, K. S., & Dermen, K. H. (2002). Preparing clients for alcoholism treatment: Effects on treatment participation and outcomes. *Journal of Consulting and Clinical Psychology*, 70(5), 1161–1169.

Jones, H. E., Svikis, D., Rosado, J., Tuten, M., & Kulstad, J. L. (2004). What if They Do Not Want Treatment?: Lessons Learned From Intervention Studies of Non-Treatment-Seeking, Drug-Using Pregnant Women. *American Journal on Addictions*, 13, 342-357.

Family Health Services Division, Hawaii Department of Health. *State of Hawaii Primary Care Needs Assessment Data Book*, 2005.

U.S. Department of Health and Human Services, Public Health Service, Health Resources & Services Administration (HRSA), Maternal & Child Health Bureau. Grason, Holly, Hutchins, John and Silver, Gillian, 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.

United States Department of Health & Human Services. Healthy People 2010. 19 May 2006, <http://www.healthypeople.gov>

Velasquez, M.M., Hecht, J., Quinn, V.P., Emmons, K.E. & DiClemente, C. (2000). Application of motivational interviewing to prenatal smoking cessation: training and implementation issues. *Tobacco Control*, 9(Suppl 3), 36-40.

Request for Information (RFI) Session:

An RFI was conducted via electronic mail format on November 20, 2006. Interested individuals and organizations responded to the RFI notice by e-mail, telephone and/or fax.

C. Description of the goals of the service

The overarching goals of these services are to improve the State's performance measures in maternal and child health. This is inclusive of the State Perinatal Support Service Applicant(s) services promoting positive MCH outcomes such as related Healthy People 2010 Objectives and Title V Maternal and Child Health priorities. Overarching goals and performance measures are described below.

1. 90% of pregnant women will receive prenatal care within the first trimester of pregnancy (excluding those arriving in the State of Hawaii after the 1st trimester).
2. Reduce LBW to an incidence of no more than 5% of live births and very low birth weight (VLBW) to no more than 0.9%.
3. Decrease infant mortality rates. (Healthy People 2010 Target is as follows: 4.5. fetal and infant deaths during perinatal period, 28 weeks of gestation to 7 days or more after birth).
4. Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. (Healthy People 2010 Target is as follows: 94% of all pregnant women will abstain from alcohol; 99% of all pregnant women will abstain from cigarettes; 100% of all pregnant women will abstain from illicit drugs).
5. 100% of all pregnant women will receive screening for domestic violence.
6. 100% of all pregnant women who screen positive for domestic violence (DV) will receive appropriate intervention from the Contractor or referral/source.
7. 100% of all pregnant women who screen positive for depression during pregnancy will receive services/referral.

Note: The overarching goals and performance measures will be measured by the Department of Health, Maternal and Child Health Branch (“MCHB”) as a part of a larger system to improve perinatal health and are not solely reflective of program outcomes.

D. Description of the target population to be served

Substance using pregnant women.

E. Geographic coverage of service

The Waianae area on Oahu and on islands of Hawaii and Maui.

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

Up to five hundred seventy-nine thousand dollars (\$579,000.00) will be allotted for these services based on availability of State funds in the fiscal year (FY) beginning July 1, 2007 and ending on June 30, 2008. An agreement may be extended by the State for one (1) year.

II. General Requirements

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

The 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 maintained for:

- Smoking policy
- Drug Free Workplace
- Persons with Disabilities
- Nondiscrimination
- Confidentiality

Applicant(s) should be able to comply with all applicable requirements as stated in the Hawaii Administrative Rules (HAR) for recordkeeping and accounting.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

Criteria for multiple awards:

Single and multiple awards may be awarded for one or more geographic areas specifically listed which includes the Waianae area on Oahu and islands of Hawaii and Maui.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

Single term (\leq 2 yrs) Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract: July 1, 2007 to June 30, 2008

Length of extension: Up to twelve (12) months

Number of possible extensions: One (1)

Maximum length of contract: Up to twenty-four months

The initial period shall commence on the contract start date or State Notice to Proceed date. 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 specifications will be agreed upon in writing.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful Applicant or Applicant(s). Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Candice Radner Calhoun, A.C.S.W., L.S.W.
 Supervisor, Women's Health Section
 Maternal and Child Health Branch
 Family Health Services Division
 Department of Health
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 Honolulu, Hawaii 96816
 Phone: (808) 733-9048
 Fax: (808) 733-9032
 e-mail: candice.calhoun@fhsd.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

Therefore service delivery for the Baby S.A.F.E. Program will include but not be limited to:

1. Delivering outreach services with an emphasis on increasing awareness of Baby S.A.F.E. Program services targeting pregnant women, their families and the community.
2. Delivering outreach services with an emphasis on identifying and recruiting the target population of substance using pregnant women into Baby S.A.F.E. services during their first trimester.
3. Conducting initial risk assessment(s), screening and ongoing assessment(s) of participants for substance use, health and psycho-social behaviors. Risk assessments shall include but not be limited to: screening for substance use (e.g. cigarette smoking, alcohol, illicit drug use), domestic violence, depression and other mental health problems, nutrition and physical activity, oral health, and family planning (birth control and reproductive health needs).

Note: If a screening such as the 4 P's is completed and it is determined that the pregnant women was a "past substance use" or is in an environment with "partner substance use" and or "parental substance use – current or past" these women would be referred for services to the State Perinatal Support Services Program for the islands of Oahu and Maui, and the Big Island Disparities Program in Hawaii County.

4. Providing documentation and review of participant risk assessment(s), screening by a professional defined as either a Registered Nurse or a Master of Social Work when completed by another professional or para-professional.

5. Providing case management and service coordination to participants through a Care Plan including documentation of comprehensive and continuous service including birth outcomes. A Care Plan is defined as written information in a participant chart/file which will include participant risk assessment(s) (and screening information for substance abuse, depression and domestic violence) with progress notes on established goals, objectives and activities planned or completed to meet participant needs based on risk assessment(s), screening. This will include but not limited to: health education one-to-one or group sessions, counseling sessions, support services attended, and completed referrals or services received made on behalf of the participant. In all cases women should be linked with community resources and services whenever appropriate and indicated.

6. Providing through the program Care Plan and Baby S.A.F.E. data collection form documentation that Baby S.A.F.E. participants are receiving health education through one-to-one or group sessions which at a minimum promotes information on: 1) abstinence from substance abuse not limited to alcohol, cigarette smoking and illicit drugs; 2) readiness for substance abuse treatment; 3) signs and symptoms of depression and resources for support; 4) domestic violence and resource support; 5) importance of oral care during pregnancy; 6) nutrition and physical activity education; 7) sexually transmitted diseases and resources for treatment; 8) birth spacing and use of effective contraception following pregnancy; 9) pre-natal care; and, 10) parenting education.

7. Providing Motivational Enhancement Services that seeks to evoke from participants their own motivation for change and to consolidate a personal decision and plan for change. Motivational Enhancement is grounded in the clinical approach known as motivational interviewing. This approach identifies the various 'Stages of Change' according to Prochaska and DiClemente.

8. Attending a one (1) day Motivational Enhancement Services training on Oahu provided by the Maternal and Child Health Branch and engaging in follow-up review through site visits on utilization of these service delivery techniques.

Note: Providers will be required to attend this training even if they have attended previous motivational interviewing trainings. Research indicates conducting an initial training for providers is just the first step in helping them develop and refine the skills necessary to deliver a truly motivational intervention. Additional time and ongoing resources need to be allocated to training health care providers to deliver motivational interventions in order to maximize their effectiveness (Velasquez, Hecht, Quinn, Emmons, & DiClemente, 2000).

9. Providing as appropriate support groups to participants partners.

10. Attending three (3), six (6) hour Oahu based Baby S.A.F.E. Provider meetings/trainings.

11. Submitting to the Maternal and Child Health Branch Baby S.A.F.E. data collection form(s) with participant admission and discharge information with a schedule determined by MCHB. The MCHB will complete data entry and analysis for provider annual reports.

12. Submitting one (1) report per quarter and an annual report on Baby S.A.F.E. services in a format to be developed by the Maternal and Child Health Branch.

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

1. Personnel

Professional personnel such as bachelors or masters prepared Registered Nurses and/or Social Workers are to provide overall supervision and implementation of service activities.

Personnel providing direct services should have experience working with substance using populations providing outreach, risk assessment and other screenings(s), case management, health and substance abuse education, substance abuse counseling and/or motivational enhancement.

Personnel with the above recommended experience shall have a minimum of:

- a. Five (5) years experience with a high-school diploma or equivalency; or
- b. Two (2) years experience for personnel with a bachelors degree in health or human service fields; or
- c. Six (6) months experience for certified substance abuse counselors (CSACs).

2. Administrative

Applicant(s) shall establish protocols to address child abuse and neglect, domestic violence, and sexual assault.

The Applicant(s) shall make an acknowledgment of the Department of Health and Maternal and Child Health Branch as the awardee's program sponsor on all printed materials for which the Department of Health is a sponsor.

The Applicant(s) shall be responsible for their own determination and compliance efforts in regards to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

The Applicants (s) shall submit all required Baby S.A.F.E. data collection forms to the MCHB for entry and analysis and complete all program quarterly and annual activity in a format designed by the MCHB.

3. Quality assurance and evaluation specifications

The Applicant(s) shall describe its own plan for quality assurance and evaluation for the proposed services, including methodology.

Quality assurance or program activities shall include an annual site visit for evaluation of how services are: delivered, provided, and received by the specific population for this RFP; and/or documented and reported for perinatal system improvements and/or changes.

4. Output and performance/outcome measurements

There are overarching goals discussed in Section 2, B. Description of the goals of the service. The output measures in relationship to the overarching performance measures and scope of work will include:

1. The total number of outreach activities focused on increasing awareness of Baby S.A.F.E. services targeting pregnant women, their families and the community.
2. The total number of pregnant women provided Baby S.A.F.E. risk assessment(s), screening by trimester accessing the Baby S.A.F.E. Program during: 1) first trimester; 2) second trimester; and, 3) third trimester.
3. The total number of pregnant women who become program participants (to be defined as those who screen positive for substance abuse).
4. The total number of Baby S.A.F.E. participants (unduplicated count) receiving health education through one-to-one or group sessions

which at a minimum promotes information on: 1) abstinence from substance use not limited to alcohol, cigarette smoking and illicit drugs; 2) signs and symptoms of depression and resources for support; 3) domestic violence and resource support; 4) importance of oral care during pregnancy ;5) nutrition and physical activity education; 6) sexually transmitted diseases and resources for treatment; 7) birth spacing and use of effective contraception following pregnancy; 8) pre-natal care; and, 9) parenting education.

5. The total number of Baby S.A.F.E. participants (unduplicated count) receiving Motivational Enhancement Services through one-to-one or group sessions designed to (at a minimum) increase: 1) motivation to make behavioral changes to reduce illicit drug and alcohol use; 2) readiness to enter substance abuse treatment; and, 3) awareness about the impact of tobacco (cigarette smoking, alcohol, and illicit drugs upon themselves and their pregnancy.

6. The total number of Baby S.A.F.E. participants (unduplicated count) who receive case management/care coordination through a Care Plan.

Note: For 4, 5 and 6 an unduplicated count is defined as an annual program participant. In cases where a program participant becomes pregnant again within the annual timeframe they would be counted again as a program participant and for these services.

7. The total number of Baby S.A.F.E. participants who are referred to: 1) substance abuse treatment; 2) mental health services; and, 3) domestic violence services.

8. The total number of Baby S.A.F.E. participants who receive monthly (or more as appropriate) prenatal care.

Outcomes of program performance measures are to address and improve risk factors and birth outcomes with an allowance for a variance of (+/-) ten percent (10%). The performance measures and goals are:

1. 90% of pregnant women will receive prenatal care within the first trimester of pregnancy (excluding those who arrive in the state of Hawaii after the first trimester).

2. Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.

3. Decrease infant mortality rate.

4. 100% of pregnant women will receive screening for DV.

5. 100% of pregnant women who screen positive for DV will receive appropriate intervention from the Applicant(s) or referral source.
6. 100% of all pregnant women who screen positive for depression during pregnancy will receive services/referral.

5. Experience

The Applicant(s) should have experience in managing substance abuse treatment programs serving pregnant/parenting women. In addition, the Applicant(s) should have established connection(s) with a primary care provider who is able to provide medical services to pregnant/parenting women; demonstrate experience in achieving programmatic goals and interventions for improving the well being of substance abusing women and their families; working with various cultural groups and ethnicities; and working with hard-to-reach populations.

6. Coordination of services

The coordination of services should occur for participants requiring multiple medical and/or social service agencies to lessen the effect of substance abuse and the indigence of poor birth outcomes.

The coordination of services will be required documentation by completed referrals and related outcome in the Care Plan. Coordination of services would not be limited to:

- a. Assurances that referrals made on behalf of the participants are completed and the participant is receiving services as requested or needed.
- b. Case conferencing as applicable for participants that have multiple agencies involved to assure proper coordination or services.

MCHB will stipulate that the Applicant(s), if they do not provide primary care services on site, must describe current and ongoing relationships which will continue to occur that will, at a minimum, specify how referrals are to be made between the Applicant(s) and the primary care provider (PCP).

7. Reporting requirements for program and fiscal data

- a. Required Program Reports:

Quarterly and year end reports shall be provided in a format specified by the Department in which the Applicant(s)

summarizes major activities undertaken during the program report period, as well as accomplishments, problems encountered, recommendations, and proposed future activities. Data to be reported includes, but is not limited to, the items on the data forms (See Section 5, Attachments). The Department of Health MCHB on Oahu will oversee data entry and analysis. Analysis of annual data and performance measure outcomes will be shared with the provider(s) and other perinatal stakeholders to assist with program improvements and/or to address other related perinatal and women's health issues. The MCHB will provide the annual variance report that the Applicant(s) is required to complete. Other quarterly and annual reports may be required in a format determined by MCHB.

For contracts beginning July 1:

Quarter 1: July 1 – September 30	Report due October 31
Quarter 2: October 1 – December 31	Report due January 30
Quarter 3: January 1 – March 31	Report due April 30
Quarter 4: April 1 – June 30	Report due July 31
Annual: July 1 – June 30	Report due August 15

b. Required Applicant(s) Fiscal Reports:

Applicant(s) will submit invoices in the format provided by the Department. Invoices and expenditure reports shall be legible, complete, accurate, and timely. Forms should be submitted within thirty (30) days of completion. Untimely invoices may be rejected for payment if the funding period has ended and the deadline to submit invoices has occurred.

Expenditure reports shall be certified by the Applicant(s) to contain expenditures actually incurred for the services proved under the Agreement. MCHB shall perform an annual fiscal monitoring of the Applicant(s) 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 requested by the monitor.

8. Pricing structure or pricing methodology to be used

A cost reimbursement pricing structure for all services will be used. The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the Contractor(s) for budgeted agreed-

upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation

9. Units of service and unit rate

“Not applicable”.

10. Method of compensation and payment

Payments to the Contractor(s) will occur monthly upon submission of an invoice and expenditure report, in a format prescribed by the State. The Applicant(s) should have an accounting system that allows for monthly billing.

11. Cultural competence

Cultural competence for culturally and linguistically diverse groups shall be expected of Contractor(s). Written health education materials and/or instructions for health maintenance activities shall be simple to understand and written at the 6th grade reading level or less in English and other languages. Oral and written language assistance services shall be coordinated or provided for participants/families with limited English proficiency or communication disabilities.

IV. Facilities

Facilities should be adequate to accommodate the activities and services as required by this RFP, accessible to all women and families seeking services and meet ADA requirements.

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(s) 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).*
- *Applicant(s) 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.*
- *Applicant(s) are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the Applicant(s) must include all items listed in this section.*

The Proposal Application comprises the following sections:

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

I. Program Overview

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

II. Experience and Capability

A. Necessary Skills

The Applicant(s) shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services. The applicant should include demonstrated abilities in working with substance using pregnant women, specifically providing outreach, risk assessment and other screenings(s), case management, health and substance abuse education, substance abuse counseling and/or motivational enhancement.

B. Experience

The Applicant(s) shall provide a description of projects/contracts within the past five (5) years that are pertinent to the proposed services that are detailed in Section 2, III. A. Service Activities. The description should include the number of participants served and working with various cultural groups and ethnicities. The Applicant(s) shall also demonstrate experience in achieving similar programmatic goals and interventions for improving outcomes for pregnant/parenting substance using women through coordination and in non-duplicative efforts. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The Applicant(s) 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.
2. Activities are being implemented to meet output measures in the scope of services.
3. Accurate invoices are submitted to the MCHB.

D. Coordination of Services

The Applicant(s) shall demonstrate the capability to coordinate services with other agencies and resources in the community. The Department of Health,

Maternal and Child Health Branch (“MCHB”) will stipulate that the Applicant, if they do not provide primary care services on site, must describe current and ongoing relationships which will continue to occur with primary care provider (s) that will, at a minimum, specify how referrals are to be made between the Provider and the primary care provider (PCP).

The Applicant(s) should, at a minimum, describe a process for referral follow-up completion and, as appropriate, case conferencing activities to be conducted for program participants with agencies and/or services. Describe referral criteria, guidelines, and protocols that facilitate links with supportive specialists, community programs, and support agencies.

Applicant(s) should describe any coordination of service that occurs or will occur between DOH funded programs such as Perinatal Support Services, Big Island Disparities, Family Planning, and Healthy Start programs.

E. Facilities

The Applicant(s) 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 special equipment that may be required for the services.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The Applicant(s) shall describe the proposed staffing pattern, participant/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The Applicant(s) shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

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

2. Organization Chart

The Applicant(s) 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.

IV. Service Delivery

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

A. Service Activities

The Applicant(s) describes in detail, including any developed protocols, guidelines, best practices, tools, and/or systems in place for:

1. Delivering outreach services with an emphasis on increasing awareness of Baby S.A.F.E. Program services targeting pregnant women, their families and the community.
2. Delivering outreach services with an emphasis on identifying and recruiting the target population of substance using pregnant women into Baby S.A.F.E. services during their first trimester.
3. Conducting initial risk assessment(s), screening and ongoing assessment(s) of participants for substance use, health and psycho-social behaviors. Risk assessments shall include but not be limited to: screening for substance use (e.g. cigarette smoking, alcohol, illicit drug use), domestic violence, depression and other mental health problems, nutrition and physical activity, oral health, and family planning (birth control and reproductive health needs).
4. Providing documentation and review of participant risk assessment(s), screening by a professional defined as either a Registered Nurse or a Master of Social Work when completed by another professional or para-professional.
5. Providing case management and service coordination to participants through a Care Plan including documentation of comprehensive and continuous service including birth outcomes. A

Care Plan is defined as written information in a participant chart/file which will include participant risk assessment(s) (and screening information for substance abuse, depression and domestic violence) with progress notes on established goals, objectives and activities planned or completed to meet participant needs based on risk assessment(s), screening. This will include but not limited to: health education one-to-one or group sessions, counseling sessions, support services attended, and completed referrals or services received made on behalf of the participant. In all cases women should be linked with community resources and services whenever appropriate and indicated.

6. Providing through the program Care Plan and Baby S.A.F.E. data collection form documentation that Baby S.A.F.E. participants are receiving health education through one-to-one or group sessions which at a minimum promotes information on: 1) abstinence from substance abuse not limited to alcohol, cigarette smoking and illicit drugs; readiness for substance abuse treatment; 3) signs and symptoms of depression and resources for support; 4) domestic violence and resource support; 5) importance of oral care during pregnancy; 6) nutrition and physical activity education; 7) sexually transmitted diseases and resources for treatment; 8) birth spacing and use of effective contraception following pregnancy; 9) pre-natal care; and, 10) parenting education.
7. Providing Motivational Enhancement Services that seeks to evoke from participants their own motivation for change and to consolidate a personal decision and plan for change. Motivational Enhancement is grounded in the clinical approach known as motivational interviewing. This approach identifies the various 'Stages of Change' according to Prochaska and DiClemente.
8. Providing as appropriate support groups to participants partners.

B. Management Requirements

Applicant(s) shall provide a detailed discussion of their approach for achieving the following performance measures:

1. 90% of pregnant women will receive prenatal care within the first trimester of pregnancy (excluding those who arrive in the State of Hawaii after the first trimester).
2. Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.
3. Decrease infant mortality rate.

4. 100% of pregnant women will receive screening for DV.
5. 100% of pregnant women who screen positive for DV will receive appropriate intervention from the Applicant(s) or referral source.
6. 100% of all pregnant women who screen positive for depression during pregnancy will receive services/referral.

V. Financial

A. Pricing Structure

Applicant(s) 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 Section 1, paragraph II Websites referred to in this RFP). The following budget form(s) shall be submitted with the Proposal Application:

Budget Form	Description
SPO-H-205	Organization wide by program
SPO-H-206A	Personnel: Salaries & Wages
SPO-H-206B	Personnel: Payroll taxes assessment & fringe benefits
SPO-H-206C	Travel – Inter island
SPO-H-206D	Travel – Out of State
SPO-H-206E	Contractual – Administrative
SPO-H-206F	Contractual – Subcontracts
SPO-H-206H	Program Activities
SPO-H-206H	Equipment

1) Unallowable Costs

The following costs are unallowable:

- Indirect costs based on a rate that has not been negotiated with the federal government. (A valid copy of the written agreement with the federal agency for the negotiated rate must be provided to the State.)
- Depreciation – Assets acquired through the State of Federal government.

2) Travel – Out of State

Each out of state trip should be adequately justified on form SPO-H-206D (Budget Justification – Travel- Out of State). The MCHB will review requests for out of state travel using the following guidelines:

- The travel is essential to the implementation of the program.
- Personal attendance is preferable to conducting the business through FAX transmission, correspondence, telephone or other telecommunication method.

1. Accounting System

In order to determine the adequacy of the Applicant(s)'s accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached): most recent financial audit.

VI. Other

A. Litigation

The Applicant(s) shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. 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.

II. 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

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application checklist
- Required Licenses/Certificates

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-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(s) an opportunity to orient evaluators as to the service(s) being offered.

A five (5)-point scale will be used to rate the proposed content. Only whole numbers will be assigned (1, 2,3, 4, or 5), half numbers are not utilized in this five (5)-point scale rating. 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 Informational Skills Rating Scale developed by the Oak Harbor Schools and Jamie McKenzie.

5 – Outstanding

Each bullet identified and addressed clearly.

Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.

4 – Above Average

Bullets addressed clearly in the subheading under the appropriate numbered heading.

More than met expectations by providing additional details or specific examples of the services or strategies for implementation.

3 – Satisfactory

Competent: general description of “what we do” for all required elements.

No additional details, specific examples, or additional services or strategies to achieve RFP requirements.

2 – Marginally Adequate

Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.

Did not answer the questions completely in terms of approach, strategies, services, or descriptions.

1 – Unsatisfactory

Not all bullets or components of a bullet were addressed or evident in the proposal.

Only reiterated the wording of the RFP or other attached DOH materials.

1. Experience and Capability (20 Points)

The State will evaluate the Applicant(s)'s experience and capability relevant to the proposal contract, which shall include:

- | | |
|--|-----------------|
| A. Necessary Skills | <u>5</u> |
| <ul style="list-style-type: none"> • Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. • Demonstrated ability to incorporate cultural competency in the service delivery requirements. | |
| B. Experience | <u>5</u> |
| <ul style="list-style-type: none"> • Demonstrates experience working with the target population. • Demonstrates experience in improving the outcomes of substance using women and their families; working with various cultural groups and ethnicities; and working with hard-to-reach populations. | |
| C. Quality Assurance and Evaluation | <u>4</u> |
| <ul style="list-style-type: none"> • Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology. Quality assurance plans shall be in the proposal, but are not limited to assuring: <ul style="list-style-type: none"> • Adherence to scope of services, program supervision, staffing, and accounting practices. • Activities are being implemented to meet output measures in the scope of services. • Accurate invoices are submitted to the MCHB. | |
| D. Coordination of Services | <u>4</u> |
| <ul style="list-style-type: none"> • Demonstrated capability to coordinate services with other agencies and resources in the community. • Demonstrated ability to coordinate with multiple | |

services, agencies, PCPs, and DOH managed programs such as Perinatal Support Programs, Big Island Disparities Project, Family Planning and Healthy Start.

- E. Facilities** 2
- Adequacy of facilities relative to the proposed services.

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** 7
- Proposed Staffing: That the proposed staffing pattern, participant/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
 - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.

- B. Project Organization** 8
- Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
 - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the Applicant's approach to the service activities and management requirements outlined in the Proposal Application.

The evaluation criteria may also include as assessment of the logic of the work plan for the major service activities and tasks as written in Section 3, IV, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules as applicable.

- Delivering outreach services with an emphasis on increasing awareness of Baby S.A.F.E. Program services targeting pregnant women, their families and the community.

- Delivering outreach services with an emphasis on identifying and recruiting the target population of substance using pregnant women into Baby S.A.F.E. services during their first trimester.
- Conducting initial risk assessment(s), screening and ongoing assessment(s) of participants for substance use, health and psycho-social behaviors. Risk assessments shall include but not be limited to: screening for substance use (e.g. cigarette smoking, alcohol, illicit drug use), domestic violence, depression and other mental health problems, nutrition and physical activity, oral health, and family planning (birth control and reproductive health needs).
- Providing documentation and review of participant risk assessment(s), screening by a professional defined as either a Registered Nurse or a Master of Social Work when completed by another professional or para-professional.
- Providing case management and service coordination to participants through a Care Plan including documentation of comprehensive and continuous service including birth outcomes. A Care Plan is defined as written information in a participant chart/file which will include participant risk assessment(s) (and screening information for substance abuse, depression and domestic violence) with progress notes on established goals, objectives and activities planned or completed to meet participant needs based on risk assessment(s), screening. This will include but not limited to: health education one-to-one or group sessions, counseling sessions, support services attended, and completed referrals or services received made on behalf of the participant. In all cases women should be linked with community resources and services whenever appropriate and indicated.
- Providing through the program Care Plan and Baby S.A.F.E. data collection form documentation that Baby S.A.F.E. participants are receiving health education through one-to-one or group sessions which at a minimum promotes information on: 1) abstinence from substance abuse not limited to alcohol, cigarette smoking and illicit drugs; 2) readiness for substance abuse treatment; 3) signs and symptoms of depression and resources for support; 4) domestic violence and resource support; 5) importance of

oral care during pregnancy; 6) nutrition and physical activity education; 7) sexually transmitted diseases and resources for treatment; 8) birth spacing and use of effective contraception following pregnancy; 9) pre-natal care; and, 10) parenting education.

- Providing Motivational Enhancement Services that seeks to evoke from participants their own motivation for change and to consolidate a personal decision and plan for change. Motivational Enhancement is grounded in the clinical approach known as motivational interviewing. This approach identifies the various 'Stages of Change' according to Prochaska and DiClemente.
- Providing as appropriate support groups to participants partners.
- Applicant(s) approach for achieving the following performance measures:
 - a) 90% of pregnant women will receive prenatal care within the first trimester of pregnancy (excluding those who arrive in the state of Hawaii after the first trimester).
 - b) Reduce LBW to an incidence of no more than 5% of live births and VLBW to no more than 0.9%.
 - c) Decrease infant mortality rate.
 - d) 100% of pregnant women will receive screening for DV.
 - e) 100% of pregnant women who screen positive for DV will receive appropriate intervention from the Applicant(s) or referral source.
 - f) 100% of all pregnant women who screen positive for depression during pregnancy will receive services/referral.

4. *Financial (10 Points)*

- Pricing structure based on cost reimbursement
Personnel costs are reasonable and comparable to positions in the community.
Non-personnel costs are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal.
- Adequacy of accounting system.

C. 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(s).

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C.
 - 1. Table A – Performance Measures
 - 2. Table B – Output Measures
 - 3. Baby S.A.F.E. Data Forms
- D. Intra-Departmental Directive No. 04-01 - Interpersonal Relationships Between Staff and Clients/Patients
- E. Procurement Circular No. 2006-02 - Campaign Contributions by State and County Contractors, Section 11-205.5, Hawaii Revised Statutes

Proposal Application Checklist

Applicant(s): _____

RFP No.: _____

The Applicant(s)'s proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website. See Section 1, paragraph II Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant(s)
General:				
Proposal Application Identification Form (SPO-H-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 (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on 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*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
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*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				

Authorized Signature

Date

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	Financial Audit for fiscal year ended June 30, 1996	
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	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

Organization: _____

RFP No: _____

--

Table A – Performance Measures
Baby S.A.F.E.

Column A	Column B	Column C	Column D
Performance Measure	Baseline for 2006	Annual Performance Objective for Fiscal Year 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
1. 90% of all pregnant women will receive PNC within the 1 st trimester (excluding those arriving in State of Hawaii after 1 st trimester).	a) Number of pregnant women receiving services was _____. b) Number of pregnant women receiving prenatal care within the 1 st trimester of pregnancy was _____. c) Percentage of all pregnant women who will receive prenatal care within the first trimester of pregnancy is ____%. (b divided by a.).	a) The estimated proportion of all pregnant women who will receive prenatal care within the first trimester of pregnancy is ____%.	
2. Reduce low birth weight to an incidence of no more than 5% of live births and <u>very low</u> birth weight to no more than 0.9%.	a) Number of babies (live births) receiving services was _____. b) Number of <u>low</u> birth weight babies was _____. Number of <u>very low</u> birth weight babies was _____. c) The percentage of <u>low</u> birth weight babies was ____%. Percentage of <u>very low</u> birth weight babies was ____%.	a) The estimated percentage of <u>low</u> birth weight babies is ____%. The estimated percentage of <u>very low</u> birth weight babies is ____%.	
3. Decrease mortality	a) Infant mortality rate will be based on the State data as it becomes available.	a) Infant mortality rate will be based on the State data as it becomes available.	

Column A	Column B	Column C	Column D
Performance Measure	Baseline for 2006	Annual Performance Objective for Fiscal Year 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
3. 94% of all pregnant women will abstain from alcohol.	a) Number of pregnant women receiving services was _____. b) Number of pregnant women receiving services who abstained from alcohol was _____. c) The percentage of pregnant women served who abstained from alcohol was _____% (b divided by a).	a) The estimated percentage of pregnant women served who will abstain from alcohol is _____%.	a) The estimated pregnant percentage of women served who will abstain from alcohol is _____%.
4. 99% of all pregnant women will abstain from cigarette smoking.	a) Number of pregnant women receiving services was _____. b) Number of pregnant women receiving services who abstained from cigarette smoking was _____. c) The percentage of pregnant women served who abstained from cigarette smoking was _____% (b divided by a).	a) The estimated percentage of pregnant women served who will abstain from cigarette smoking is _____%.	a) The estimated percentage of pregnant women served who will abstain from cigarette smoking is _____%.
5. 100% of all pregnant women will abstain from illicit drugs.	a) Number of pregnant women receiving services was _____. b) Number of pregnant women receiving services who abstained from illicit drugs was _____. c) The percentage of pregnant women served who abstained from illicit drugs was _____% (b divided by a).	a) The estimated percentage of pregnant women served who will abstain from illicit drugs is _____%.	a) The estimated percentage of pregnant women served who will abstain from illicit drugs is _____%.
4. 100% of women will receive screening for DV.	a) Number of pregnant women receiving services was _____. b) Number of pregnant women receiving screening for DV was _____. Percentage of all pregnant women receiving screening for DV was _____%. (b divided by a.).	a) The estimated proportion of all pregnant women who will receive screening for DV is _____%.	

Column A	Column B	Column C	Column D
Performance Measure	Baseline for 2006	Annual Performance Objective for Fiscal Year 2007	Applicant's approach in meeting the performance objectives, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
5. 100% of pregnant women who screen positive for DV will receive appropriate intervention from the provider or referral/resource.	<ul style="list-style-type: none"> a) Number of pregnant women receiving services was _____. b) Number of pregnant women who screened positive for DV and received an appropriate intervention from the provider or referral/resource was _____. c) Percentage of all pregnant women who screened positive for DV and received an appropriate intervention from the provider or referral/resource was ____%. (b divided by a.). 	<ul style="list-style-type: none"> a) The estimated proportion of all pregnant women who were screened positive for DV and received an appropriate intervention from the provider or referral/resource is ____%. 	
6. 100% of all pregnant women who screen positive for depression during pregnancy will receive services/referral.	<ul style="list-style-type: none"> a) Number of pregnant women receiving services was _____. b) Number of pregnant women who screened positive for depression during pregnancy and received an services/referral was _____. c) Percentage of all pregnant women who screened positive for depression during pregnancy and received an services/referral was ____%. (b divided by a.). 	<ul style="list-style-type: none"> a) The estimated proportion of all pregnant women depression during pregnancy and received an services/referral was ____%. 	

**Table B – Output Measures
Baby S.A.F.E.**

	Baseline	Estimated
Program Activity	FY 2006	FY 2007
A. The total number of outreach activities focused on increasing awareness of Baby S.A.F.E. services targeting pregnant women, their families and the community.		
B. The total number of pregnant women provided Baby S.A.F.E. risk assessment(s), screening by trimester accessing the Baby S.A.F.E. Program during: 1) first trimester; 2) second trimester; and, 3) third trimester.	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
C. The total number of pregnant women who become program participants (to be defined as those who screen positive for substance abuse).		
D. The total number of Baby S.A.F.E. participants (unduplicated count) receiving health education through one-to-one or group sessions which at a minimum promotes information on: 1) abstinence from substance use not limited to alcohol, cigarette smoking and illicit drugs; 2) signs and symptoms of depression and resources for support; 3) domestic violence and resource support; 4) importance of oral care during pregnancy ;5) nutrition and physical activity education; 6) sexually transmitted diseases and resources for treatment; 7) birth spacing and use of effective contraception following pregnancy; 8) pre-natal care; and, 9) parenting education.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____
E. The total number of Baby S.A.F.E. participants (unduplicated count) receiving Motivational Enhancement Services through one-to-one or group sessions designed to (at a minimum) increase: 1) motivation to make behavioral changes to reduce illicit drug and alcohol use; 2) readiness to enter substance abuse treatment; and, 3) awareness about the impact of tobacco (cigarette smoking, alcohol, and illicit drugs) upon themselves and their pregnancy.	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
F. The total number of Baby S.A.F.E. participants (unduplicated count) who receive case management/care coordination through a Care Plan.		

G. The total number of Baby S.A.F.E. participants who are referred to: 1) substance abuse treatment; 2) mental health services; and, 3) domestic violence services.	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
H. The total number of Baby S.A.F.E. participants who receive monthly (or more as appropriate) prenatal care.		

BABY S.A.F.E. - Submit when Participant is ADMITTED

1. Referred by: 2. ID: [DOH assigns Participant ID] 3. Date Initial Visit: / / (MM/DD/YY)

4. Last Name:

5. First Name:

6. Maiden Name:

7. DOB: / / (MM/DD/YYYY) 8. Resident Zip Code:

9. Relationship Status: Married Single Separated Widowed Divorced 10. Cohabitation: YES NO

11. Citizen Status: U.S. Citizen Immigrant Compact States Refugee Student Visa Tourist Visa Other

12. Employed? YES NO 13. Limited English Proficiency? YES NO 14. Hispanic or Latino Origin: YES NO

15. Ethnicity (select one or more):
 Chinese Japanese Portuguese Other Asian
 African American/Black Chamorro Korean P.R./Mexican/Cuban Other Pac Islander
 American Indian/Alaskan Native Filipino Marshallese Samoan Other
 Caucasian/White Hawaiian/Part Hawaiian Micronesian Vietnamese Refused

16. Income Level: <100% 100-125% 126-150% 151-185% 186-200% 201-250% >250% Refused

17. Medical Ins Status: Uninsured Quest Private IHI Medicaid Military Unknown

18. Highest Grade Completed: Less than 12 Years 12 Years (HS Graduate/GED) More than 12 Years

CURRENT PREGNANCY

19. Trimester Enrolled into Program: FIRST SECOND THIRD

20. Pregnancy Planned? YES NO 21. Pregnancy Mistimed? YES NO 22. Pregnancy Accepted? YES NO

23. Is Partner Supportive of Pregnancy? YES NO 24. Will Partner be involved in Care? YES NO

SUBSTANCE USE PRIOR TO BECOMING PREGNANT

25. Used Alcohol or Tobacco in the 3 months prior to becoming pregnant? YES NO
 If YES, What was the Amount Used Each Day: Alcohol drinks Cigarettes

26. Used an Illicit Drug in the Month Prior to Becoming Pregnant? YES NO
 If Illicit Drug(s) Used, Identify Type: MJ ICE COCAINE OTHER:

RISK ASSESSMENT AND SERVICES DONE

23. RISK FACTORS	YES	NO
Substance Abuse		
with Screening		
Depression		
with Screening		
Domestic Violence		
with Screening		
STI		
Oral Health		
Physical Activity		
Nutrition		
Prenatal Care		

24. SERVICES DONE	CONTRACTOR SERVICES		SERVICE REFERRED		REFERRAL COMPLETE	
	YES	NO	YES	NO	YES	NO
MES						
Sub Abuse Treatment						
Mental Health						
Domestic Violence						
STI						
Oral Health						
Physical Activity						
Nutrition						
Prenatal Care						
Family Planning						
Parenting Education						

29. Was a Care Plan done? YES NO

Form Completed By: Staff Initials (First, Middle, Last): DATE: / / (MM/DD/YY)
 11/21/2006

BABY S.A.F.E. - Submit when Participant is DISCHARGED

1. PARTICIPANT ID: (DOH STAFF WILL COMPLETE THE PARTICIPANT ID)

2. Last Name:

3. First Name:

SUBSTANCE ABUSE ASSESSMENT

4. Before Pregnancy	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
5. During Pregnancy	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
6. Information Given	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
7. Referral Made	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
8. Referral Accepted	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
9. Entered Treatment	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other
10. Completed Treatment	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Illicit Drug	Type of Drug:	<input type="checkbox"/> MJ	<input type="checkbox"/> Ice	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Other

PREGNANCY OUTCOME

11. Number of OB Visits: 1st Trimester 2nd Trimester 3rd Trimester Post-Partum

12. Date of Outcome: / / (MM/DD/YY)

13. Outcome: Live Birth ITOP Fetal Death Left Program Lost to Follow-up

14. Diagnosis: Normal Twin/Triples Congenital Defect Prematurity Birth Injury

15. BWT: GRAMS 16. GA: WEEKS 17. Sex of Infant: Male Female

18. Toxicology Screen: **MOM:** Positive Negative Unknown **INFANT:** Positive Negative Unknown

POST-PREGNANCY INFORMATION

19. Is Mother breast feeding? YES NO 20. Neonatal Death (< 28 days after birth): YES NO

21. PCP Assigned to Participant: YES NO 22. Birth Control Method: YES NO

23. RISK FACTORS	YES	NO
Substance Abuse		
with Screening		
Depression		
with Screening		
Domestic Violence		
with Screening		
STI		
Oral Health		
Physical Activity		
Nutrition		
Prenatal Care		

24. SERVICES DONE	CONTRACTOR SERVICES		SERVICE REFERRED		REFERRAL COMPLETE	
	YES	NO	YES	NO	YES	NO
MES						
Sub Abuse Treatment						
Mental Health						
Domestic Violence						
STI						
Oral Health						
Physical Activity						
Nutrition						
Prenatal Care						
Family Planning						
Parenting Education						

25. DATE OF DISCHARGE FROM BABY S.A.F.E. PROGRAM / /

Form Completed By: Staff Initials (First, Middle, Last): DATE: / / (MM/DD/YY)

LINDA LINGLE
GOVERNOR OF HAWAII



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

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 Leinaala 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.

LINDA LINGLE
GOVERNOR



PROCUREMENT POLICY BOARD
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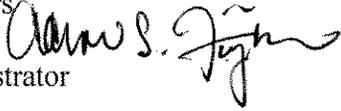
AARON S. FUJIOKA
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February 22, 2006

PROCUREMENT CIRCULAR NO. 2006-02

TO: Executive Department Heads
Chief Procurement Officers

FROM: Aaron S. Fujioka, Administrator 

SUBJECT: Campaign Contributions by State and County Contractors
Section 11-205.5, Hawaii Revised Statutes

Effective immediately, Section 11-205.5, HRS prohibits campaign contributions from state and county government contractors during the term of its contract with any governmental purchasing agency. A copy is attached for your reference.

To inform potential contractors of this mandate, the following statement should be included in all solicitations and contracts that utilize funds appropriated by the legislative body, whether paid in whole or in part.

Campaign contributions by State and County Contractors. *Contractors are hereby notified of the applicability of Section 11-205.5, HRS, 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 a legislative body.*

For more information, Act 203/2005 FAQs are available at the Campaign Spending Commission webpage, www.hawaii.gov/campaign. Questions on campaign spending issues should be directed to the Campaign Spending Commission's Executive Director, Barbara Uphouse Wong or General Counsel, Grant Tanimoto at 586-0285. If you have any procurement questions, please call me at 587-4700, or your staff may call Ruth Yamaguchi at 586-0554.

attachment

§11-205.5 Campaign contributions by state and county

contractors. (a) It shall be unlawful for the person who enters into any contract with the State, any of its counties, or any department or agency thereof either for the rendition of personal services, the buying of property, or furnishing any material, supplies, or equipment to the State, any of its counties, department or agency thereof, or for selling any land or building to the State, any of its counties, or any department or agency thereof, if payment for the performance of the contract or payment for material, supplies, equipment, land, property, or building is to be made in whole or in part from funds appropriated by the legislative body, at any time between the execution of the contract through the completion of the contract, to:

(1) Directly or indirectly make any contribution or to promise expressly or impliedly to make any contribution to any political party, committee, or candidate or to any person for any political purpose or use; or

(2) Knowingly solicit any contribution from any person for any purpose during any period.

(b) This section does not prohibit or make unlawful the establishment or administration of, or the solicitation of contributions to, any separate segregated fund by any state or national bank, corporation, or labor organization for the purpose of influencing the nomination for election or the election of any person to office; provided that the commission shall by rule establish contribution limits for limited liability companies as defined in section 428-101, limited liability partnerships as defined in section 425-101, and limited liability limited partnerships as defined in section 425E-102. Sole proprietors subject to this section shall comply with applicable campaign contribution limits in section 11-204.

(c) For purposes of this section, "completion of the contract" means that the parties to the government contract have either terminated the contract prior to completion of performance or fully performed the duties and obligations under the contract, no disputes relating to the performance and payment remain under the contract, and all disputed claims have been adjudicated and are final. [L Sp 1995, c 10, pt of §2(1); am L 1997, c 190, §6; am L 2005, c 203, §8]