

State of Hawai`i
Department of Health
Communicable Disease Division
STD/AIDS Prevention Branch

RFP No. HTH-100-2

**HIV and HCV Prevention Services for
Injecting Drug Users and Men Who Have
Sex with Men and Inject Drugs**

September 18, 2007

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed 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.

September 18, 2007

REQUEST FOR PROPOSALS

HIV AND HEPATITIS C PREVENTION SERVICES FOR INJECTING DRUG USERS AND MEN WHO HAVE SEX WITH MEN AND INJECT DRUGS RFP No. HTH-100-2

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide Human Immunodeficiency Virus (HIV) and hepatitis C Virus (HCV) prevention services for injecting drug users and men who have sex with men and inject drugs. Services shall include outreach, syringe exchange, prevention and drug treatment services. The contract term will be from July 1, 2008 through June 30, 2009 with the possibility of two more extensions of twenty four months each. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before October 30, 2007, or hand delivered no later than 4:30 p.m., Hawai'i Standard Time (HST), on October 30, 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 STD/AIDS Prevention Branch will conduct an orientation on September 26, 2007 at 3:00 p.m. in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on October 10, 2007. All written questions will receive a written response from the State on or about October 19, 2007.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Nighat Quadri, Public Health Educator, STD/AIDS Prevention Branch, 3627 Kilauea Avenue #304, Honolulu, Hawai'i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: nighat.quadri@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: One original and four copies

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN October 30, 2007 and received by the state purchasing agency no later than 10 days from the submittal deadline.

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, HI 96801-3378

DOH RFP Coordinator

Valerie K. Ako
For further info or inquiries
Phone: (808) 586-4556
Fax: (808) 586-4649

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

Drop-off Sites

Oahu:

Department of Health
Administrative Services Office Room 310,
Kina'u Hale
1250 Punchbowl Street
Honolulu, Hawaii

Maui:

Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Attn: DOH Admin. Svcs. Office

East Hawaii:

Department of Health
Hawaii District Health Office
State Office Building, Room 105
75 Aupuni Street
Attn: DOH Admin. Svcs. Office

Kauai:

Department of Health
Kauai District Health Office
Lihue Health Center
Lihue, Kauai
Attn: DOH Admin. Svcs. Office

West Hawaii:

Department of Health
Kealahou Business Plaza
81-980 Haleki'i Street
Kealahou, Hawaii
Attn: DOH Admin. Svcs. Office

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Section 1

Administrative Overview

Section 1

Administrative Overview

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

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>
Request for Information	<u>August 24, 2007</u>
Public notice announcing RFP	<u>September 18, 2007</u>
Distribution of RFP	<u>September 18, 2007</u>
RFP orientation session	<u>September 26, 2007</u>
Closing date for submission of written questions for written responses	<u>October 10, 2007</u>
State purchasing agency's response to applicants' written questions	<u>October 19, 2007</u>
Proposal submittal deadline	<u>October 30, 2007</u>
Register of Proposals	<u>November 13, 2007</u>
Final revised proposals (optional)	<u>November 15, 2007</u>
Proposal evaluation period	<u>November – December 2007</u>
Provider selection	<u>December 2007</u>
Notice of statement of findings and decision	<u>December 2007</u>
Contract start date	<u>July 1, 2008</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 Providers” and “Forms”
5	Cost Principles	“Health and Human Services, Ch. 103F...” and “For Private Providers” and “Cost Principles”
6	Standard Contract -General Conditions	“Health and Human Services, Ch. 103F...” “For Private Providers” and “Contract Template – General Conditions”
7	Protest Forms/Procedures	“Health and Human Services, Ch. 103F...” and “For Private Providers” 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 applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

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

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

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

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

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

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 provider performance. The Contracting Office is:

STD/AIDS Prevention Branch
 Department of Health
 State of Hawai`i
 3627 Kilauea Avenue, Room 306
 Honolulu, HI 96816
 Telephone: (808) 733-9010; Fax: (808) 733-9015

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows: September 26 2007, at 3:00 p.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawai`i. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Ray Higa at (808) 733-9010.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted 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

4:30 p.m. H.S.T., on October 10, 2007, in order to generate written state purchasing agency response.

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person(s) 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 is 4:30 p.m. H.S.T., on October 10, 2007. All written questions will receive a written response from the state purchasing agency. State agency responses to applicant written questions will be provided by October 19, 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 at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. 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 applicants 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 shall submit comprehensive narratives that addresses 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 Hawai'i, 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, item 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 at www.hawaii.gov/tax/tax.html.

- 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 submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider 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 providers 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 be register 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 an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

- H. Proposal Submittal** – All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. 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:

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

IX. Discussions with Applicants

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

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant 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 applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider 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 providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawai'i 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 Hawai'i 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 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants 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 Hawai`i is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant 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 the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawai`i Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawai`i 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 mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and 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

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

Procurement Officer

Name: Acting Chief of Administrative Services Office

Title: Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

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 Hawai`i,

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 Measures
- (2) Quality of Services
- (3) Financial Management
- (4) Administrative Requirements

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). 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 section 5, the Proposal Application Checklist). 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

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai'i State Department of Health is to empower people in Hawai'i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and quality assurance. The SAPB coordinates planning and monitors HIV/STD/HCV services provided by the Hawai'i State Department of Health or through purchase of services contracts for both HIV, STD and HCV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure services that will reduce the transmission of HIV and HCV. This procurement has two major components:

1. to provide outreach, syringe exchange and related services to injecting drug users and men who have sex with men and inject drugs.
2. to secure methadone detoxification, methadone maintenance and methadone/buprenorphine drug treatment services for injecting drug users who are referred through the syringe exchange program statewide.

B. Planning activities conducted in preparation for this RFP

Several meetings have been held with Branch staff to discuss the development of this RFP. Topics at the meeting included goal and objectives, specific information data related to drug treatment and expanding services of this RFP.

An RFI meeting was held on August 24th, 2007. It was a two hour meeting attended by 12 people. No written comments were submitted and oral comments were integrated into this RFP as applicable.

The following data/reports were used for development of this RFP:

- “Comprehensive HIV Prevention Plan for Hawai’i” Hawai’i Department of Health 2007.
- “Hepatitis C in Hawai’i: A Strategic Plan for Action” Hawai’i Department of Health 2003.
- “A comprehensive Approach” Preventing Blood-Borne Infections Among Injection Drug Users – by Academy for Educational Development with funding provided by Center for Disease Control and Prevention – Division of HIV/AIDS Prevention
- 2007 Hawai’i HIV/AIDS Epidemiologic profile – HIV/AIDS Prevention Branch – Department of Health
- “Buprenorphine” – U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration center for Substance Abuse Treatment
- Quarterly Reports from the Contracted agency providing Syringe Exchange services

All of these documents can be obtained by contacting STD/AIDS Prevention Branch at (808) 733-9010.

C. Description of the goals of the service

Reduce HIV and HCV transmission throughout the state by reducing the frequency of HIV and HCV risk behaviors among injection drug users and men who have sex with men and inject drugs through syringe exchange and drug treatment services, and increasing knowledge of HIV and HCV serostatus among this population.

D. Description of the target population to be served

Services are to be provided to individuals who inject drugs, referred to herein as “injecting drug users” (IDU) and who are at risk for contracting or transmitting HIV and HCV. Because of the extremely high risk for transmitting or contracting HIV and HCV, men who have sex with men and inject drugs (MSM/IDU) are one group of IDU for whom specialized services are requested. Drug treatment services shall be provided to IDU with a history of addiction to opiates or opiate-like substances. Services shall be accessible to all program clients including specifically, MSM/IDU, female IDU and IDU who are multiply diagnosed, homeless, and/or Native Hawaiian.

In addition to working directly with IDU, it is also important that services be made available to their sexual partners when possible.

E. Geographic coverage of service

Statewide

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

Probably funding: Nine hundred, thirty-five thousand, eight hundred dollars (\$935,800) total funding each fiscal year (pending legislative appropriations and the availability of funds.) Of this, at least one hundred, seventy thousand dollars (\$170,000) shall be used to provide drug treatment services to clients. The remaining funds, no more than seven hundred, sixty-five thousand, eight hundred dollars (\$765,800) shall be used to provide outreach, syringe exchange, HIV/HCV testing services, referral of clients for treatment, administration of purchase of treatment services, and all other requested services.

Source of funds: State

Availability: 7/1/08-6/30/9. Two extensions possible for 7/1/9-6/30/11 and 7/1/11-6/30/13.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

1. Provider of outreach and syringe exchange services shall do so in keeping with Act 152, 1992, pertaining to syringe exchange.
2. Provider(s) of drug treatment services to clients under this procurement shall meet all state and federal requirements related to the provision of such services.

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: Not Applicable to this RFP

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

Single term (≤ 2 yrs) Multi-term (> 2 yrs.)

Contract terms:

Initial term of contract: 7/1/08-6/30/09

Length of each extension: twenty-four months

Number of extensions possible: two

Maximum length of contract: sixty months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: extension must be in writing and must be executed prior to expiration of the initial contract term.

F. RFP contact person

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

Ms. Nighat Quadri
Public Health Educator
STD/AIDS Prevention Branch
State of Hawai'i Department of Health
3627 Kilauea Avenue, Room #304
Honolulu, HI 96816

Phone: (808) 733-9281

Fax: (808) 733-9291

E-mail: nighat.quadri@doh.hawaii.gov**III. Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV and HCV prevention services that are consistent with the recommendations made by the Hawai'i State HIV Community Planning Group (CPG) in the 2007 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan") and "Hepatitis C in Hawai'i: A Strategic Plan for Action". The populations to be served include three populations prioritized in the Plan: HIV-positive individuals are the highest priority population; MSM/IDU are the second priority population; IDU are the fourth priority population.

1. Outreach and Syringe Exchange Services

A sterile syringe exchange program shall be implemented and administered to provide outreach and one-for-one syringe exchange to IDU (including MSM/IDU) in all counties of the State. Outreach to IDU and their partners shall provide access to sterile injection equipment and condoms, harm reduction information and education related to HIV/ HCV risk through injection equipment and sexual behavior, and shall support and facilitate access to STD, hepatitis C, and HIV counseling, testing & referral services. The program shall develop and implement a peer outreach program to extend or strengthen syringe exchange and harm reduction services to individuals who are not fully accessing program services. Peer outreach programs shall be established and maintained for at least one target population, which may be defined geographically or behaviorally, with SAPB's prior approval.

2. HIV and HCV Counseling, Testing & Referral (CTR)

HIV and HCV CTR are core components of comprehensive prevention services for IDUs. HIV CTR is prioritized in the Hawai'i HIV Prevention Plan as the second most important prevention intervention for IDUs behind access to sterile syringes. HCV CTR is recommended for all IDUs in the Hawai'i Hepatitis C Strategic Plan and in recommendations from the Centers for Disease Control and Prevention. The program must provide ongoing access to HIV and HCV CTR services by offering HIV and HCV CTR services conducted by program outreach staff.

HIV and HCV CTR must be conducted in accordance with current State and SAPB policies and procedures for CTR and may only be conducted by individuals who have been trained and maintain current certification by the SABP to perform CTR. The SABP CTR Training/Quality Assurance Coordinator and the Hepatitis C Coordinator will be available to support agencies in implementing effective, appropriate HIV and HCV CTR services. The SABP will provide contractors with test kits and materials to conduct HIV and HCV counseling and testing and will provide for processing of these tests.

3. Drug Treatment Services

The program shall provide drug treatment services to IDU who are clients of the syringe exchange program and have a history of addiction to opiates or opiate-like substances. Drug treatment services shall be provided or supervised by full time substance abuse counselors or program administrators certified pursuant to §321-193 (1), Hawai`i Revised Statutes. Services shall include twenty-one (21) to thirty (30) day and one hundred-eighty (180) day detoxification treatment, buprenorphine and outpatient methadone maintenance (as defined in 21 CFR §291.505); medical evaluations and supervision; counseling and supportive services; HIV and HCV risk assessment and education; and linkage to CTR. The program may also provide clients with hepatitis A and B vaccination and HIV and HCV testing, including out of treatment IDU's. Drug treatment services shall be appropriate to the needs of women and racial/ethnic minorities. Drug treatment services shall be provided to adults eighteen (18) years of age or older, whose income is not greater than 300% of the poverty level for Hawai`i, and who have clearly demonstrated through required documentation, opiate dependency problems, and require, based on a systematic screening process, detoxification prior to entering a treatment program or beginning a recovery program of change and/or pharmacological and ancillary support for their recovery. Clients under 18 years of age shall be considered for service in consultation with and prior approval of SAPB. Funds from this procurement shall not be used to make payment for any service which has been, or can reasonably be expected to be made, under any other State compensation program, or under any insurance policy, or under any Federal or State health benefits program, or by any entity that provides health services on a prepaid base. To this end, the program shall also ensure that clients are actively counseled and assisted to successfully enroll in MedQuest or other insurance plans.

a. Short-term Detoxification Treatment

Short-term detoxification shall be provided in twenty-one (21) to thirty day (30) detoxification treatment slots. A minimum of ten (10) short-term detoxification slots shall be available per month. Slots may be converted to seven (7) day or fourteen (14) day programs as needed. Counseling services shall provide a minimum of one (1) hour of individual, face-to-face therapeutic contact per twenty-one (21) day treatment, and a maximum of three (3) hours of face-to-face individual or group therapeutic contact per twenty-one (21) day treatment.

b. Long-term Detoxification Treatment

Long-term detoxification treatment shall be provided in one hundred-eighty (180) day detoxification treatment slots. A minimum of ten (10) long-term detoxification slots shall be available each fiscal year. Slots may be converted to sixty (60) day or ninety (90) slots as needed. Counseling services shall provide a minimum of one (1) hour of

individual, face-to-face therapeutic contact per month; a maximum of one (1) hour of group therapeutic contact per week; and an maximum additional twelve (12) hours of individual, face-to-face therapeutic sessions per one hundred-eighty (180) day program to be utilized on an as-needed basis for the expressed purpose of crisis intervention, for a maximum of eighteen (18) hours of individual, face-to-face therapeutic contact per one hundred-eighty (180) day program.

c. Methadone and/or Buprenorphine Maintenance Treatment

Counseling services may be provided as requested by the client; one (1) hour of individual, face-to-face therapeutic contact per month; a maximum of one (1) hour of group therapeutic contact per week; and an additional twenty-four (24) hours of individual, face-to-face therapeutic sessions per twelve (12) month period to be utilized on an as-needed basis for the expressed purpose of crisis intervention, for a maximum of thirty-six (36) hours of individual, face-to-face therapeutic contact per twelve (12) month period.

d. Counseling

Counseling shall consist of face-to-face individual counseling sessions which include ongoing treatment planning and may include counseling for HIV and viral hepatitis, testing for HIV and HCV, and vaccination for hepatitis A and B; and group sessions including process, task, education, and skill building; and family counseling. The unit of performance for counseling is a thirty (30) minute activity period which shall be reimbursable at maximum rates of:

- 1) THIRTY DOLLARS (\$30) for a thirty (30) minute individual activity per client; and
- 2) TWENTY DOLLARS (\$20) for a thirty (30) minute group activity per client; and
- 3) THIRTY DOLLARS (\$30) for a thirty (30) minute family counseling activity.

e. Medical Evaluations

Complete medical evaluations, medical history, physical examinations, appropriate laboratory tests and x-rays, screening for tuberculosis, and follow-up services shall be provided for all clients who receive detoxification or methadone maintenance treatment services. Medical services shall be reimbursable at the following maximum rates:

- 1) Intake physical examination: \$75.00
- 2) Intake assessment& treatment planning: \$50.00
- 3) Intake urinalysis & laboratory work: \$70.00
- 4) Daily methadone services, including medication, dispensing, and administering: \$ 9.00

- 5) Daily buprenorphine services, including medication, dispensing, and administering: \$ 12.00
- 6) Monthly toxicology screens (one per month per client): \$ 30.00

4. Specialized Services for MSM/IDU

While the population of MSM/IDU is small, their HIV/ HCV risk is often extremely high. Intensive prevention services specifically designed to meet their needs are appropriate. While all services outlined in this RFP should be inclusive of, and accessible to, MSM/IDU, an MSM/IDU-specific component of the program shall be developed and implemented. A minimum of .5 FTE staff person must be dedicated to serving this population. The MSM/IDU-specific staff person must be available to perform CTR. A significant proportion of MSM/IDU is likely to be HIV/ HCV infected. The provision of primary prevention services to HIV-positive MSM/IDU is a high priority.

5. Interventions Delivered to Individuals (IDI)

The program shall provide IDI to IDU who are at risk for transmitting or contracting HIV/ HCV. IDI is a multiple session intervention that focuses directly on changing HIV/ HCV related-risk behaviors. The intervention shall include a client-centered assessment of HIV/ HCV risk behaviors and an individualized risk reduction plan developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for transmitting or contracting HIV/ HCV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For individuals in IDI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing HIV/HCV CTR.

6. Integration of Sexually Transmitted Disease (STD) & Viral Hepatitis Services in HIV/HCV Prevention

b. Sexually Transmitted Diseases (Syphilis, Gonorrhea & Chlamydia)

Many individuals at risk for acquiring or transmitting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and Chlamydia not only improve the health of those infected and prevent further spread of these diseases, but may also play a significant role in reducing the spread of HIV. Information about STDs should be

provided to program participants. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into other HIV and HCV prevention activities.

c. Viral Hepatitis

Many individuals at risk for acquiring or transmitting HIV and HCV may also be at risk for transmitting or contracting hepatitis A and/or B. IDUs are recommended to be vaccinated against hepatitis A and B by the Centers for Disease Control and Prevention. Information about hepatitis A and B and linkages to hepatitis B screening and hepatitis A and B vaccinations should be incorporated into prevention efforts for appropriate clients. The SAPB Hepatitis C Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into other prevention activities.

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

1. Personnel

a. Staffing

All staff providing services under this procurement shall have the appropriate licensure, education, and training, and shall have demonstrated the skills and expertise necessary to provide services to the target population. The MSM/IDU-specific position must be staffed at a minimum 0.50 FTE.

b. Staff Training and Development

The provider shall ensure:

- (1) **New Staff Training.** New staff members shall receive training on HIV and HCV within sixty (60) days of employment and before providing services to the public. Training for new staff is the responsibility of the provider. Completion by each new staff member of the training, and how the training was provided shall be reported to the SAPB in the quarterly program reports.
- (2) **Ongoing Staff Training.** In each fiscal year, the provider shall ensure that staff receive ongoing training by:
 - (a) conducting a minimum of three (3) in-service trainings to all of its staff members on issues relevant to the contracted services;
 - (b) providing educational updates on HIV and HCV prevention for

IDU to all of its staff members at every statewide staff meeting; and

- (c) ensuring that all outreach and administrative staff attend a minimum of two (2) HIV and/or HCV prevention-related trainings in the community.
- (3) **HIV/HCV Counselor/Tester Certification.** All outreach staff shall maintain current HIV counselor/tester certification from the SAPB. In addition, for any other program staff members to be able to perform CTR they must also maintain current HIV/HCV counselor/tester certification from the SAPB;
- (a) **Initial Certification:** in order to be eligible for certification, new or not yet certified staff shall complete SAPB approved HIV CTR Training Course. After CTR observation by the SAPB CTR Training/Quality Assurance Coordinator (or by a counselor/tester designated by the SAPB) the newly trained outreach staff will be given a certification standing of “fully” or “conditionally” certified. Partner Counseling and Referral Services (PCRS) is a required component of the HIV and HCV CTR Training. The SAPB makes every effort to offer these courses when needed or if additional personalized training may be required;
- (b) **Specialized training:** All certified outreach staff will be trained in how to elicit partner notification for clients who are newly diagnosed HIV positive through SEP’s CTR program or who are already living with HIV/AIDS and are engaging in high risk activities for transmitting HIV/AIDS;
- (c) **Maintaining Certification:** in order to maintain current certification, all HIV counselor/testers shall choose from a list of approved trainings by SABP that must be completed at least once a year by the anniversary date of becoming fully certified. Any alternate arrangements for maintaining certification shall be at the discretion of SAPB. SAPB makes all decisions regarding certification of individual counselor/testers and certification can be withheld or suspended at the discretion of SAPB.

2. Administrative

The provider shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

- fiscal or accounting policies and procedures, or both;
- written personnel policies and procedures;
- written program policies and procedures;
- written policies required by applicable federal, state, or county laws;

and

- client and employee grievance policies and procedures.

Furthermore, the provider shall be required to:

- Coordinate, arrange for, and provide logistical and secretarial support for four (4) quarterly meetings of the Syringe Exchange Oversight Committee. This shall include developing meeting agenda, setting up meeting room, sending out meeting notices, and recording meeting minutes;
- Maintain and respect the confidentiality of client medical records and information, including HIV and HCV status and any test results, pursuant to all relevant sections of the Hawai`i Revised Statutes;
- Provide SAPB with a copy of the provider's Manual of Operations including policies, protocols and procedures for HIV/HCV CTR within six (6) months after the execution of this Agreement;
- Provide treatment outcome information on clients referred for treatment services through the program in the manner and interval prescribed by the SAPB;
- Ensure that treatment agencies provide data on a monthly basis on all program clients referred for treatment, including enrollment or not, program entered, status in program, termination or completion of program, and source for funding for payment. This data shall be reported to the program and SAPB indicating source of funding; and
- Send a staff member who is involved in program evaluation to one SAPB evaluation training each fiscal year.

3. Quality assurance and evaluation specifications

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The provider shall conduct evaluation in accordance with Act 152, 1992 Sessions Laws of Hawai`i 272. The applicant shall describe how it plans to evaluate its program and use that information internally for program improvement. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 7.a., Reporting Requirements for Program and Fiscal Data*.

4. Output and performance/outcome measurements

Performance measures must be an integral part of the program design, and these measurements must be included in the proposal.

The provider will be evaluated based on its performance on objectives

during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

5. Experience

Not applicable

6. Coordination of services

The provider shall be required to coordinate services with provider(s) of drug treatment services as well as with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Notification programs, and the SAPB Hepatitis C Coordinator. In addition, the provider shall:

- a. collaborate with SAPB in the planning and implementation of activities to increase syringe access through pharmacy, health facility and health provider sales or provision;
- b. Maintain a practical working relationship with other service providers in the community by maintaining staff membership on at least one (1) HIV community planning and at least one (1) HCV community planning or service group.
- c. Organize an IDU Work Group which shall convene at least twice a year to build capacity for the staff of other community agencies that are in contact or works with the IDU population and which shall include a minimum of one in-service training on HIV and HCV prevention for those who work with the IDU population.

7. Reporting requirements for program and fiscal data

The provider shall be required to:

- a. Maintain a standardized data collection and reporting system as approved by the SAPB. The applicant may be required to collect and submit program data specified by SAPB to SAPB using the Program Evaluation and Monitoring System (PEMS).
- b. Submit a written **evaluation report** to SAPB by January 1, of each fiscal year, which shall include information regarding syringe exchange activities as described in Act 152, 1992 Session Laws of Hawai'i 272. This evaluation report shall contain conclusions and recommendations based on the evaluation data and developed in collaboration with SAPB to improve the delivery of HIV/HCV prevention services for IDUs.
- c. Collect supplemental behavioral and prevention related information on crystal methamphetamine ("ICE") injectors and young injectors (under

- 30 years of age). This will require the addition of questions and modification of the standard data collection mechanisms used to prepare the annual evaluation. This information shall be reported to SAPB and the CPG upon request;
- d. Provide the State with written **quarterly program and budget reports** within sixty (60) days after the end of each quarter. These reports shall consist of:
 - 1) a **budget report** indicating expenses incurred;
 - 2) a **table** indicating the provider's quarterly and year-to-date progress on contract objectives as approved by SAPB;
 - 3) a **narrative report**. The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. The narrative should also indicate any changes in program staff or their duties. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
 - 4) **any additional information or program indicators requested** by SAPB to satisfy program monitoring requirements.
 - e. Provide the SAPB with a **final written report** within forty five (45) calendar days after the end of each contract period which reflects results of the provider's program, including accomplishments of service requirements, target populations served, development of program methodology, and adherence to the projected budget costs.

8. Pricing structure or pricing methodology to be used

Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted 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

Units of service and unit rates for substance abuse counseling and medical evaluation are outline above in A. *Service Activities, 7. Drug Treatment Services.*

10. Method of compensation and payment

Payment will be made quarterly, based on submission of invoice covering services delivered for that previous quarter. Condition for payment is based on submission of invoice and submission of the quarterly report which contains a narrative and data table. The invoice and quarterly report is due 60 days after the end of quarter.

IV. Facilities

Not applicable

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section, including all attachments.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *Proposals must be in a standard 12 point font, single spaced, single sided, with one inch margins.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

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

II. Experience and Capability

A. Necessary Skills

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

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. The applicant shall specifically describe plans to coordinate services for the provision of drug treatment services to syringe exchange clients, and shall provide documentation of coordination to provide drug treatment services to syringe exchange clients.

E. Facilities

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

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

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

2. Organization Chart

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

IV. Service Delivery

Applicant 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 the following:

A. PROPOSED INTERVENTIONS

1. OUTREACH AND SYRINGE EXCHANGE SERVICES

A detailed description of the proposed outreach and syringe exchange services. Include:

- a. a description of each activity and how it will be implemented;
- b. FTE to be devoted to the intervention;
- c. geographic coverage of services;
- d. The following are minimum set of specific, time-phased, measurable

objectives:

- 1) make a minimum of three thousand five hundred (3,500) one-on-one outreach contacts with high risk individuals;
- 2) conduct a minimum of seven thousand (7,000) syringe exchange visits;
- 3) exchange a minimum of four hundred thousand (400,000) syringes, on a one-for-one basis;
- 4) distribute forty thousand (40,000) condoms to outreach contacts;
- 5) refer a minimum of one hundred fifty (150) syringe exchange clients to drug abuse treatment programs licensed in the State of Hawai'i; and
- 6) ensure that a minimum of one hundred (100) syringe exchange clients are admitted and/or retained in drug abuse treatment programs.

2. HIV AND HCV COUNSELING, TESTING & REFERRAL (CTR)

Provide a detailed description of how this program will increase the use of HIV and HCV counseling, testing, and referral (CTR) among high-risk individuals within the prioritized population (IDU) with a focus on HIV+ individuals and MSM/IDU. In the description include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b ...)/ **Complete the following questions (a-e) separately for each target population:**

- a. How will the program promote counseling and testing?
- b. How will the program provide these services directly through outreach counseling and testing?
- c. How will the program collaborate with other counseling and testing services?
- d. How will the program link appropriate counseling and testing participants to other prevention services, and to which services individuals will be linked?
- e. How will the program link HIV positive counseling and testing participants to partner counseling and referral services, Prevention for Positives, care and case management services?
- f. How many outreach staff in terms of FTE will be devoted to the program?
- g. Specific, time-phased, measurable objectives. In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for CTR. Progress on objectives will be determined using information collected by the contracted agency and approved by the SAPB.
 - 1) By end of each contract year, the contractor will provide HIV and HCV antibody CTR to at least (*number*) sexual/needling sharing partners of individuals living with HIV.
 - 2) By end of each contract year, contractor will provide HIV and HCV antibody CTR to at least (*number*) MSM/IDU.
 - 3) By end of each contract year, contractor will provide HIV and HCV antibody CTR to at least (*number*) IDU.
 - 4) The contractor shall ensure that of all HIV and HCV antibody testing

conducted for females, at least 50% shall be for individuals who report one or more for the following risks, which shall be documented on the test requisition form: sexual/needle sharing partner of individual living with HIV/AIDS, trading sex for money or drugs, MSM, IDU, and/or sex with multiple partners while under the influence of crystal methamphetamine or crack cocaine.

- 5) The contractor shall ensure that of all HIV and HCV antibody testing conducted for males, at least 75% shall be for individuals who report one or more of the following risks, which shall be documented on the test requisition form: MSM/IDU with one or more sexual partner(s) who is living with HIV/AIDS, trading sex for money and/or drugs, sex with multiple partners while under the influence of crystal methamphetamine or crack cocaine.
- 6) The contractor shall have a return rate of at least 80% for HIV and HCV antibody testing results within each of the targeted high-risk populations.
- 7) The contractor shall have an overall return rate for results of at least 80% for all HIV and HCV antibody testing.
- 8) Should the contractor begin using rapid test technology, the contractor shall have a return rate of 100% for HIV and HCV antibody test results to individuals screened with the rapid test and a return rate of at least 80% for results on all confirmatory testing.

3. DRUG TREATMENT SERVICES

A detailed description of the drug treatment services to be provided. Include:

- a. a description of the treatment provider(s);
- b. geographic coverage; and
- c. specific, time-phased, measurable objectives. Note that a minimum set of objectives is specified in *Section 2, Service Specifications*.

4. SPECIALIZED SERVICES FOR MSM/IDU

A detailed description of the proposed specialized services for MSM/IDU. Include:

- a. a description of each activity and how it will be implemented;
- b. FTE to be devoted to the intervention; and
- c. specific, time-phased, measurable objectives.

5. INTERVENTION DELIVERED TO INDIVIDUALS (IDI)

A detailed description of the proposed IDI services. Include:

- a. a description of each activity and how it will be implemented;

- b. client selection criteria or guidelines that will be used;
- c. FTE to be devoted to the intervention;
- d. specific, time-phased, measurable objectives. Progress on objectives will be determined using information collected by the contracted agency. The proposal must include objectives that indicate the following and should be similar in format to the examples below:
 - 1) the number of clients who will be enrolled in the intervention (*e.g., by the end of each fiscal year, at least ten individuals will receive client-centered IDI sessions*).
 - 2) the number of clients who will complete the intervention (*e.g., by the end of each fiscal year, at least seven individuals will complete at least three IDI session totaling at least ninety minutes*).
 - 3) the percentage of clients completing the intervention who report a positive change in HIV/HCV-related risk behavior (*e.g., by the end of each fiscal year, at least 35% of individuals completing the intervention will decrease the frequency of unprotected anal or vaginal sex with serodiscordant partners; and/or decrease the number of serodiscordant sexual partners with whom they have unprotected sex; and/or decrease the frequency of needle sharing; and/or decrease the number of needle sharing partners*).

6. INTEGRATION OF STD AND VIRAL HEPATITIS IN HIV PREVENTION SERVICES

A detailed description of the integration activities that will be implemented. Include:

- a. a description of integration activities and how they will be implemented;
- b. specific, time-phased, measurable objectives.

V. Financial

A. Pricing Structure

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

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island

SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification - Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases
SPO-H-206J	Budget Justification - Motor Vehicle Purchases

Out of state travel (*SPO-H-206D*) is not an allowable expense under this RFP.

***SPECIAL BUDGET INSTRUCTIONS:**

On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment C: "Sample: Form SPO-H-205"*):

- a. column "a" showing the total budget request. For each line, the figure in column "a" must be the sum of the figures in the other columns.
- b. column "b" showing all proposed *direct program costs* funded under this RFP;
- c. column "c" showing all proposed *administrative costs* funded under this RFP; and
- d. additional column(s) showing any proposed expenditures under this RFP that cannot be categorized in columns "b" or "c".

For purposes of this RFP, "direct program costs" include wages and benefits of employees who directly provide services to clients, costs related to contractually required training and attendance at meetings for these employees, and the cost of materials and supplies used to provide contract services directly to clients. "Administrative costs" include depreciation, lease or rental of space or equipment, the costs of operating and maintaining facilities (including insurance, utilities, telecommunications, etc.) and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment D: "Sample Narrative Budget Justification"*).

B. Other Financial Related Materials

1. Accounting System

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

- A copy of the Applicant's most recent financial audit.

VI. Other

A. Litigation

The applicant 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

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

100 Points

TOTAL POSSIBLE POINTS

100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

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 an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

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

- a. Necessary Skills
 - Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- b. Experience
 - Experience delivering similar services.
 - Quality of performance on previous contracts with the state purchasing agency (if any).
- c. Quality Assurance and Evaluation
 - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- d. Coordination of Services
 - Demonstrated capability to coordinate services with other agencies and resources in the community.

- e. Facilities
 - 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
 - Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to ensure viability of the services.
 - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.
- b. Project Organization
 - Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
 - 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)*

The State will evaluate the applicant's approach to the service activities and management requirements outlined in the Proposal Application, including:

- Logic of the work plan for the major service activities and tasks to be completed.
- Clarity in work assignments and responsibilities.
- Clarity and detail of planned activities.
- Extent to which activities are based on models with evidence of effectiveness.
- Extent to which proposed objectives are reasonable and based of past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of the RFP, given the capacity, time and resources available.
- Realism of the timelines and schedules, as applicable.

4. *Financial (10 Points)*

- 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 RFP.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- 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.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Proposal Table of Contents
- C. CPG Prioritization of Interventions
- D. Sample Form SPO-H-205
- E. Sample Narrative Budget Justification

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant'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
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)			X	
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*		
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*	X	
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:				
<i>Federal Certifications</i>		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:				
Narrative Budget Justification		Section 5, RFP	X	
Service Delivery plan form		Section 5, RFP	X	

Authorized Signature

Date

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II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery	12
V.	Financial	20
	See Attachments for Cost Proposal	
VI.	Litigation	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

Hawai'i HIV Community Planning Group (CPG) Prioritization of Interventions

1. HIV+						
HIV+ MSM/IDU		HIV+ MSM	HIV+ IDU		HIV+ TG	HIV+ ♀
Oahu	NI	Oahu NI	Oahu	NI	Oahu NI	Oahu NI
ILI		ILI	ILI		ILI	ILI
PCM		GLI	HC/PI	PCM	GLI	GLI
HC/PI		PCM	PCM	HC/PI	PCM	PCM
CLI	CLI/GLI	HC/PI	GLI		HC/PI	HC/PI
GLI		CLI	CLI		CLI	CLI

2. MSM/IDU	3. MSM	4. IDU		5. TG		6. ♀	
Oahu NI	Oahu NI	Oahu	NI	Oahu	NI	Oahu	NI
SEP		SEP					
OR	OR	OR		OR		OR	
CTR	CTR	CTR		CTR		CTR	
ILI	ILI	GLI	ILI	GLI	ILI	GLI/ILI	GLI
HC/PI	CLI	ILI	PCM	ILI	GLI		ILI
PCM	GLI	PCM	GLI	CLI		PCM	HC/PI
GLI	HC/PI	HC/PI		HC/PI		HC/PI	CLI
CLI	PCM	CLI		PCM		CLI	PCM

High priority: will be conducted
Medium priority: may be conducted
Low priority: will not be funded

Interventions:

- CLI: community-level interventions
- CTR: HIV counseling, testing & referral
- GLI: group-level interventions
- HC/PI: health communication / public information
- ILI: individual-level interventions
- OR: outreach
- PCM: HIV prevention case management
- SEP: syringe exchange