

State of Hawaii  
Department of Health  
Family Health Services Division  
Maternal and Child Health Branch/  
Women's Health Section

## **Request for Proposals**

# **RFP No. HTH-560-CW-004 Expansion and Capacity Building of the Big Island Perinatal Health Disparities Consortia**

**August 11, 2008**

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, 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.

August 11, 2008

## **REQUEST FOR PROPOSALS**

### **EXPANSION AND CAPACITY BUILDING OF THE BIG ISLAND PERINATAL HEALTH DISPARITIES CONSORTIA RFP No. HTH-560-CW-004**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Women's Health Section is requesting proposals from qualified applicants to provide services to support and foster the Big Island Disparities Consortia comprised of the Big Island Consortium (BIC) and the four (4) Local Area Consortium (LAC) located in Hilo, Kona, Hamakua and Ka'u. Services will not be limited to assisting the BIC and LAC to increase the composition and capacity of membership, improve the health of women of reproductive age and their perinatal outcomes by enhancing the capacity of the Big Island (Hawaii County) perinatal service system. A special focus of the Project is on child-bearing aged women of Native Hawaiian, Other Pacific Islander, and Hispanic ethnicities; and adolescent females through age 18, regardless of ethnicity. The contract term will be from the State's Notice to Proceed through May 31, 2011. Multiple contracts will not be awarded under this request for proposals.

Proposals shall be mailed, postmarked by the United States Postal Service on or before September 22, 2008, 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 September 22, 2008, 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 August 28, 2008 from 2:00 p.m. to 4:00 p.m. HST, at the Keoni Ana Building Video Conference Center (VCC) in Honolulu, Hawaii with VCC transmission to the island of Hawaii in the Hilo, Hamakua, Kona and Ka'u areas. All prospective applicants are encouraged to attend the orientation.

#### **Honolulu, Oahu**

Keoni Ana Building  
1177 Alakea St. 3<sup>rd</sup> Floor  
Honolulu, Hawaii

#### **Kona, Hawaii**

Kona Health Center  
79-1015 Haukapila Street  
Kealahou, Hawaii

#### **Hilo, Hawaii**

Hilo State Office Building  
75 Aupuni Street, Basement  
Hilo, Hawaii

#### **Hamakua, Hawaii**

Hamakua Health Center  
45-549 Plumeria St.  
Honoka'a, Hawaii

**Ka'u, Hawaii**  
Ka'u Hospital  
1 Kamani Street  
Pahala, Hawaii

The deadline for submission of written questions is 4:30 p.m., HST, on September 4, 2008. All written questions will receive a written response from the State on or about September 10, 2008.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Connie Brunn at 741-A Sunset Avenue, Honolulu, Hawaii 96816, telephone: (808) 733-9024, fax: (808) 733-9032, e-mail: [connie.brunn@doh.hawaii.gov](mailto:connie.brunn@doh.hawaii.gov).

## **PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

**NUMBER OF COPIES TO BE SUBMITTED: Four (4)**

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **September 22, 2008** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

### **All Mail-ins**

Department of Health  
Maternal and Child Health Branch  
Women's Health Section  
741-A Sunset Avenue, Room 102  
Honolulu, Hawaii 96801-3378

### **DOH RFP COORDINATOR**

Connie Brunn  
For further information or inquiries  
Phone: 733-9024  
Fax: 733-9032

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), September 22, 2008.** 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., September 22, 2008.

### **Drop-off Sites**

#### **Oahu:**

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

#### **East Hawaii:**

Department of Health  
Hawaii District Health Office  
State Office Building, Room 105  
75 Aupuni Street  
Attn: DOH Administrative Services Office

#### **West Hawaii:**

Department of Health  
Kealahou Business Plaza  
81-980 Haleki'i Street  
Kealahou, Hawaii  
Attn: DOH Administrative Services 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>
Public notice announcing Request for Proposals (RFP)	<u>August 11, 2008</u>
Distribution of RFP	<u>August 11, 2008</u>
RFP orientation session	<u>August 28, 2008</u>
Closing date for submission of written questions for written responses	<u>September 4, 2008</u>
State purchasing agency's response to applicants' written questions	<u>September 10, 2008</u>
Discussions with applicant prior to proposal submittal deadline (optional)	
Proposal submittal deadline	<u>September 22, 2008</u>
Discussions with applicant after proposal submittal deadline (optional)	
Final revised proposals (optional)	<u>September 2008</u>
Proposal evaluation period	<u>September 2008</u>
Provider selection	<u>September 2008</u>
Notice of statement of findings and decision	<u>October 2008</u>
Contract start date	<u>Notice to Proceed</u>

## II. Website Reference

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

	<b>For</b>	<b>Click</b>
1	Procurement of Health and Human Services	“Health and Human Services, Chapter 103F, HRS...”
2	RFP website	“Health and Human Services, Ch. 103F...” and “The RFP Website” (located under Quicklinks)
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 <http://hawaii.gov>)

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

## 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 provider responsibilities, and defines deliverables (as applicable).

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

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

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

#### 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:

Department of Health  
**Family Health Services Division, Maternal and Child Health Branch**  
**741-A Sunset Avenue, Honolulu, Hawaii 96816**  
 Phone: (808) 733-9048 Fax: (808) 733-9032

#### VI. Orientation

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

**Date:** August 28, 2008 **Time:** 2:00p.m. – 4:00p.m.  
**Location:** Keoni Ana Building Video Conference Center (VCC), 1177  
 Alakea Street, 3<sup>rd</sup> Floor, Honolulu, HI with VCC  
 transmission to the Big Island of Hawaii (Hilo, Kona,  
 Hamakua, Ka‘u)

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and

may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII. Submission of Questions.

## **VII. Submission of Questions**

Applicants 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:** September 4, 2008      **Time:** 4:30p.m. HST

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

**Date:** September 10, 2008

## **VIII. Submission of Proposals**

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

1. **Proposal Application Identification (Form SPO-H-200).** Provides applicant proposal identification.
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 address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

- B. **Program Specific Requirements.** Program specific requirements are included in Section 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications 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. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **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 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 part II, Website Reference.)
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance, Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE provides

the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section's part II. Website Reference for HCE's website address.

- G. **Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of HRS Section 11-205.5, 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, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)
- H. **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.*

- I. **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.

## **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 HAR Section 3-143-403.

## **X. Opening of Proposals**

Upon receipt of a 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**

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 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 RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best 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 RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with HAR Sections 3-142-202 and 3-142-203.

**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:

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

**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 Hawaii 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 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.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Chiyome Leina'ala Fukino M.D.	Name: Loretta Fuddy, A.C.S.W., M.P.H.
Title: Director of Health	Title: Chief, Family Health Services Division
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI 96813	Business Address: 1250 Punchbowl Street, Honolulu, HI 96813

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

**XXI. 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.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form 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

The Hawaii Department of Health (DOH) is in the ninth year of funding under the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) “Eliminating Disparities in Perinatal Health (Border, Alaska, and Hawaii)” grant. This current funding cycle is scheduled to end in 2009. The DOH, Maternal and Child Health Branch (MCHB) intends to submit a competitive application for continuation of this grant. Although a new grant application could be awarded for up to four (4) years, the DOH, MCHB would be required, if awarded this grant, to reapply annually through a non-competitive grant. Any contract service award would be for a two (2) year timeframe, with a possibility of extension for not more than two (2) additional twelve (12) month periods.

The “Eliminating Disparities in Perinatal Health (Border, Alaska, and Hawaii)” grant will fund the Big Island Perinatal Health Disparities Project (Project). The overall purpose of the Project funded under this grant is to decrease disparities in the health of women of reproductive age residing in Hawaii County, and thus their perinatal outcomes, by enhancing the capacity of the Big Island (Hawaii County) perinatal service system. The Project targets Native Hawaiian, Other Pacific Islander, and Hispanic women, and adolescent females through 18 years of age of all ethnicities, beginning with the first trimester of pregnancy and for two years after birth. The Project has two components.

The first component is a service delivery piece that includes recruiting women into the Project; providing culturally and linguistically appropriate health education to participants, their partners and other family members; screening for environmental and medical risk factors, such as maternal age, high blood pressure, and depression; and case management. This service delivery component would be under a separate contract, and not part of this Request for Proposal (RFP).

The second component, core system efforts, relates to the services being sought from this RFP. Among the core system efforts required by the funding agency are the development of a Local Health System Action Plan (LHSAP) to be used as a basis for developing an integrated service delivery system for targeted populations and the establishment of a community-based consortia. This latter requirement, the establishment and maintenance of community-

based consortia, is mandated by the federal legislation which funds these grants. These consortia are to be composed of community members, former and/or current Project participants, and a range of private and public organizations and are to be maintained for the life of the Project.

The Project has such a consortium, the Big Island Disparities Consortium (BIDC), comprised of the Big Island Consortium (BIC) and the four (4) Local Area Consortia (LAC) located in Hilo, Kona, Hamakua and Ka'u geographic areas. The BIC membership is currently comprised of the LAC Chairpersons. The LAC membership is currently made up of a range of public and private agencies, organizations, businesses, and other community offices, as well as interested community volunteers. The BIC and LAC together coordinate as advisory bodies to promote actions intended to improve the perinatal, infant, and related women's health system in Hawaii County.

The purpose of this request for service delivery is secure proposals from local agencies to provide services designed to support the BIDC and its constituent subdivision (the BIC and LACs), in their efforts to carry out their responsibilities.

The BIDC, inclusive of the BIC and LAC, serves as an advisory body to the Project. The BIDC is expected to:

1. Serve as the community voice in the planning and execution of Project efforts intended to improve the perinatal, infant, and related women health system in Hawaii County.
2. Encourage the further development of the perinatal service system, including those components addressing preconception and interconception care of women of reproductive age, in Hawaii County so that this system becomes more effective in reducing ethnic and other disparities in perinatal health.

As such, activities of the BIDC include:

1. Providing comment regarding community needs and resources;
2. Assisting in the further refinement and implementation of the Project's LHSAP;
3. Increasing awareness of the Project and its goals;
4. Ensuring participation by family members of Project participants (i.e. Native Hawaiian, Other Pacific Islander, Hispanic, and adolescent females through age 18, regardless of ethnicity);

5. Ensuring collaboration and coordination of linkages with key state and local services; and
6. Providing input, as appropriate, into Project direction and policies.

Services to be provided in support of the BIDC, at a minimum, shall include:

1. Recruitment of additional LAC members, including family members of program participants;
2. Providing guidance to Consortia members in refining and operationalizing the LHSAP;
3. Working with Consortia members to increase the community's understanding and appreciation of the problems associated with disparities in perinatal health; and
4. Providing fiscal oversight for Consortia operating funds.

The anticipated benefit of securing these services will be an increase in the effectiveness of the BIDC's ability to support the Project and its goal of increasing first trimester care among the target populations, Native Hawaiian, Other Pacific Islander, and Hispanic women, and adolescent females, resulting in the reduction in the number of very low birth weight and low birth weight babies delivered by the participants, as well as the reduction in infant mortality among infants born to these women.

**B. Planning activities conducted in preparation for this RFP**

A Request for Information (RFI) was conducted via electronic mail format on July 10, 2008. Interested individuals and organizations were able to respond to the RFI notice by e-mail, telephone and/or fax.

**C. Description of the goals of the service**

The overall service goal of the service is the *facilitation* of community-based partnerships and activities designed to:

1. Increase community awareness about the risk factors for poor pregnancy outcomes; and
2. Reduce the incidence of very low birth weight, low birth weight and premature births and infant mortality among Native Hawaiian, Other Pacific Islanders, Hispanic women and adolescent females through age 18, regardless of ethnicity.

**D. Description of the target population to be served**

The target population shall include individuals and organizations within Big Island communities (including, but not limited to: Hilo, Kona, Hamakua and Ka'u) that are currently or could become LAC members, and are willing and/or able to support the implementation of activities to improve and sustain good outcomes for perinatal, infant, and women's health within these individual communities and/or Hawaii County as a whole.

This target group would include but not be limited to:

1. Hawaii County residents;
2. Community members who have an interest and desire to improve the health outcomes for child-bearing age women, pregnant women, and infants;
3. Current and former project participants (i.e. women of childbearing age who have, currently are or will receive services) and their family members;
4. Individuals, organizations, and other State and County offices that serve child-bearing aged females of Native Hawaiian, Other Pacific Islander, and Hispanic ethnicities, and adolescent females residing in Hawaii County;
5. Local and state agencies responsible for administering block grant programs under Title V of the Social Security Act, hospitals, health centers, other significant sources of health care services, Medicaid, social service agencies, and early intervention programs;
6. Local business communities, religious organizations or associations, community/civic organizations, and elected officials.

**E. Geographic coverage of service**

The geographic area to be served is Hawaii County, with a focus through the LACs in the following geographic areas:

1. South Hawaii: District of Ka'u (Ka'u LAC)
2. West Hawaii: Districts of North and South Kona (Kona LAC)
3. North Hawaii: Districts of Hamakua and North and South Kohala (Hamakua LAC)
4. East Hawaii: Districts of Hilo and Puna (Hilo LAC)

These areas are described in greater detail in the State of Hawaii, Primary Care Needs Assessment Databook 2005.

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

Available funds are from grant funds which are applied for and awarded on a year by year basis for two (2) years (2009-2010 and 2010-2011). The services will be conducted from the State's Notice to Proceed and ending May 31, 2011. The State may extend the contract for specified periods of time not to exceed twenty-four (24) months or for not more than two (2) additional twelve (12) month periods. Funds are contingent on federal award and based on availability of funding and a continuation of need.

Up to two hundred four thousand four hundred dollars (\$204,400.00) will be available dependent on federal grant funding award and availability of federal grant monies. The first award, beginning from the State's Notice to Proceed through May 31, 2010 will be one hundred two thousand two hundred dollars (\$102,200.00). The second award will begin June 1, 2010 to May 31, 2011 for an additional one hundred two thousand two hundred dollars (\$102,200.00).

For each award year (from State's Notice to Proceed through May 31, 2010 and from June 1, 2010 to May 31, 2011) eleven thousand two hundred dollars (\$11,200.00) of this funding will be provided to support BIC and LAC activities. These amounts should be clearly identified in a Applicant's budget submission (SPO-H-205).

The BIC can apply for and receive up to eight hundred dollars (\$800.00) for each contract year (State's Notice to Proceed through May 31, 2010 and June 1, 2010 to May 31, 2011) and the four (4) LAC in Hilo, Kona, Hamakua and Ka'u can each receive up to two thousand six hundred dollars (\$2,600.00) to complete activities Local Health System Plan efforts for each contract year (State's Notice to Proceed through May 31, 2010 and June 1, 2010 to May 31, 2011).

The following table illustrates funding allotments by contract year:

ALLOCATION OF FUNDS	YEAR 1		YEAR 2	
<b>Contracted Services</b>		91,000		91,000
<b>Consortia Activities</b>				
<i>BIC</i>	<i>800</i>		<i>800</i>	
<i>LAC (4 @ \$2,600 each)</i>	<i>10,400</i>		<i>10,400</i>	
<b>Consortia Activity Subtotal</b>		11,200		11,200
<b>TOTAL AWARD</b>		<b>102,200</b>		<b>102,200</b>

## 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:

1. Smoking policy
2. Drug Free Workplace
3. Persons with Disabilities
4. Nondiscrimination; and
5. Confidentiality

Applicant(s) shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201, which can be found on the SPO website [[www.spo.hawaii.gov](http://www.spo.hawaii.gov)].

### B. Secondary purchaser participation (Refer to HAR Section 3-143-608)

After-the-fact secondary purchases: will be allowed.

Planned secondary purchases: none will be allowed.

### C. Multiple or alternate proposals (Refer to HAR Section 3-143-605)

Allowed                       Unallowed

### D. Single or multiple contracts to be awarded (Refer to HAR Section 3-143-206)

Single                       Multiple                       Single & Multiple

### E. Single or multi-term contracts to be awarded (Refer to HAR Section 3-149-302)

Single term (2 years or less)                       Multi-term (more than 2 years)

Contract terms:

The anticipated term of the contract is from the State's Notice to Proceed date through May 31, 2011, with the option to extend an additional two (2) years (from July 1, 2011 to May 31, 2013). Extensions must be in writing and must be executed prior to the expiration date of May 31, 2011.

**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 provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, Item I. - Procurement Timetable of this RFP.

Connie Brunn  
 Maternal and Child Health Branch  
 Women's Health Section  
 741-A Sunset Avenue  
 Honolulu, Hawaii 96816  
 Phone: (808) 733-9024  
 E-mail: [connie.brunn@doh.hawaii.gov](mailto:connie.brunn@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)

Services shall be provided which facilitate community-based partnerships and activities to increase awareness of perinatal health disparities and to reduce the number of very low birth weight and low birth weight births, premature births, other types of poor birth outcomes and the occurrence of infant mortality in Hawaii County. A special focus shall be on child-bearing women of Native Hawaiian, Other Pacific Islander, Hispanic women and adolescent females through age 18, regardless of ethnicity.

These are the service activities which shall be performed.

1. Recruitment of additional LAC members.

Recruitment for LAC membership shall include, but not be limited to, those described in paragraph I. D (Description of target population to be served) of this section. Each LAC must include representation that reflects a partnership of participants and their family members, interested members of the community, service providers, public and private

community organizations, and similar groups with interests, knowledge, skills, or resources that can positively impact the problems associated with infant mortality, such as very low and low birth weight, preterm birth and late entry into prenatal care.

Members selected to represent an agency or group should have the authority to make decisions for the entity they represent. Each member must have the expertise to responsibly provide advice on the needs and problems existing in the community and proposed strategies that could impact identified problems.

Note: The LAC brochure, which describes the goals, roles and activities of the LAC, shall be used to assist with increasing the size and composition of the four (4) LACs. This brochure is currently in development and will be ready for use prior to the implementation of any contract service award resulting from this RFP.

2. Facilitate two meetings of the BIDC, including all BIC and LAC membership, annually. One of these meetings is to be a face-to-face meeting and one is to be conducted via videoconferencing technology. The DOH staff assigned to the Hawaii District Health Office (HDHO) will assist in establishing videoconferencing center (VCC) connections in selected communities throughout Hawaii County.
3. Provide guidance to the BIC and LACs in the further development and operationalization of the LHSAP. See Attachment D for highlights of LHSAP components identified as necessary to develop a comprehensive system of perinatal care for Hawaii County. Activities shall include, but not be limited to, facilitation of workgroups comprised of LAC members and other LHSAP Partners to:
  - a. Update the LHSAP for distribution to the four (4) LACs to facilitate ongoing discussion, decision making and related actions;
  - b. Develop short term goals and activities designed to promote a comprehensive system of perinatal care; and
  - c. Implement a minimum of one (1) of these activities during each contract year.
4. Working with Consortia members to increase the community's understanding and appreciation of the problems associated with disparities in perinatal health. At a minimum, the following activities designed to assist the Consortia in meeting this responsibility shall include:

- a. Collaborate with each LAC to develop and implement a minimum of two (2) strategies intended to support engaging family members of Project target population (child-bearing aged women of Native Hawaiian, Other Pacific Islander and Hispanic ethnicities, and adolescent females through age 18 regardless of ethnicity) to participate in LAC efforts to enhance the community's capacity to sustain core services and improve perinatal health outcomes. The implementation of these strategies to engage family members may occur separate from LAC regularly scheduled meetings. Documentation of the effectiveness of the strategies and their implementation shall be provided through quarterly and annual reporting.
  - b. Provide one (1) capacity building training opportunity for between forty (40) and sixty (60) BIDC members related to areas such as leadership and mentoring for each year of the contract period. This training will promote skills for both current and potential members to engage in planning and implementation of LAC activities. Funding for conducting the trainings will come from the Awardee's contract.
  - c. Collaborate with the LAC to support the development and distribution of one (1) public awareness message in the first year of the contract and a new or enhanced version of the original message in the second year of the Project. Public awareness messages shall focus on perinatal, infant health, and related women's health disparities. Funding for development and distribution of these messages will come from the BIC and LAC allocation of the Awardee's contract.
5. Oversee the BIC and LAC funds, including the dispersal of funds and monitoring and documenting expenditures. There will be for each contract period up to eight hundred dollars (\$800.00) for the BIC and up to two thousand six hundred dollars (\$2,600.00) for each of the four (4) LACs.

Funding would support the BIC and LAC in addressing the LHSAP in efforts such as:

- a. Developing and distributing public awareness messages to increase the number of pregnant women serviced and percent of pregnant women who enter first trimester care within Hawaii County.
- b. Supporting health education and promotion activities specific to their locale and/or island-wide to enhance the community's capacity to provide core services and improve outcomes for Native Hawaiians, Other Pacific Islander and Hispanic women, and adolescent females through age 18 regardless of their ethnicity, and their infants and/or

toddlers. Events and activities would focus on Project goals, such as improving access to first trimester prenatal care, improving infant mortality, low birth and very low birth weight, depression screening during pregnancy and post-partum periods, birth spacing for up to two (2) years following birth. These activities would also benefit the population of the Big Island as a whole.

6. Ensure, as applicable, that printed materials developed and published under this Project shall include the following wording: *“Supported in part by project H67MCH04801 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Title V, Social Security Act).”*
7. Provide logistics for LAC training as pertaining to 4 b. above or as requested by the DOH, MCHB.
8. Secure focus groups and survey participants as requested by the DOH, MCHB, the BIC and/or LAC.
9. Complete quarterly and annual reporting documents in a format determined by the MCHB which will demonstrate completion of scope of work and related activities. Quarterly reports shall also include:
  - a. Copies of all forms submitted by the BIC and/or LACs during the applicable quarter for all activities these entities participated in. These forms are shown in Section 5 Attachments and include the *Consortia Request and Expense Form* (Attachment E), which is submitted prior to obtaining funding for events or activities to be provided, and the *Consortia Community Events/Activities Outcomes Form* (Attachment F), which is submitted following events or activities that the BIC and/or LACs participated in, regardless of whether Project funding was expended.
  - b. An assessment of each LAC’s progress and effectiveness in efforts to increase awareness of the Project and improve the perinatal service system in Hawaii County.

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

**1. Personnel**

Professional personnel, such as bachelor’s or master’s prepared individuals, shall provide overall supervision as well as implementation of service activities. Personnel background should show engagement in community organization and planning.

It is required that one (1) Full Time Equivalent (FTE) professional with the background described above shall be provided for this Project.

## **2. Administrative**

The DOH, MCHB, through the grant Project Officer and other administrative staff, including the Hawaii District Health Nurse and Nurse Manager, Project Epidemiologist and Women’s Health Section Supervisor, shall provide guidance as required.

The Applicant shall comply with all DOH, MCHB standards and guidelines for implementation, monitoring, reporting and billing requirements as described in the “FHSD Policy on Budget Revisions for Cost Reimbursement Contracts.”

## **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 will be overseen and monitored by the DOH staff through a variety of methods, such as:

- a. Meetings with Project staff;
- b. Completion of timely and required project activities and products; and
- c. Review and submittal of required (quarterly/annual) reports, including the *Consortia Request and Expense Form* shown in Attachment E and the *Consortia Community Events/Activities Outcomes Form* shown in Attachment F.

## **4. Output and performance/outcome measurements**

The Applicant shall have responsibility for achieving performance and output measures intended to evaluate effectiveness of the BIDC to support the Project in meeting specific overall outcomes. Project outcomes related to BIDC efforts include the following:

- a. Increased community awareness of the disparities in birth outcomes in Hawaii County and of the Project’s role in reducing these disparities;
- b. Operationalization of the LHSAP and subsequent improvement in the perinatal service system in Hawaii County.

The specific output and performance measures to be achieved by the Applicant are listed in Table A – Output Measures (Attachment C).

(Applicants shall complete Columns B, C, D and E of this table as part of the application process.)

## **5. Experience**

The Applicant shall have documented experience in community planning and organization. The Applicant shall have demonstrated experience in achieving required outcome measures and/or indicators of success, including but not limited to: working at the community level with community members; and working with community coalitions/consortia. Of particular interest will be Applicants who have worked with Native Hawaiian, Other Pacific Islander, and/or Hispanic populations and/or adolescent females, as well as community members, individuals and organizations who address the factors contributing to the racial and ethnic, cultural, socio-economic, and geographical disparities impacting maternal and child health populations. The Applicant shall have demonstrated experience in designing and producing public awareness products.

## **6. Coordination of services**

Applicants shall be required to describe current and ongoing relationships that will continue or new relationships that shall occur to support Project services and outcomes. This shall include descriptions of how the Applicant works or intends to work in coordination and collaboration to meet Project services and outcomes by engaging the diverse groups described in Item I D (Description of target population to be served) in this Section.

## **7. Reporting requirements for program and fiscal data**

### **a. Required Project Reports:**

Quarterly and year end reports shall be provided in a format specified by the Department in which the Applicant summarizes major activities and projects undertaken during the program reporting period, as well as accomplishments, recommendations and proposed future activities.

For the first year from the State's Notice to Proceed (estimated):

Quarter 1: June 1, 2009 – August 31, 2009

Report due September 31, 2009

Quarter 2: September 1, 2009 – November 31, 2009

Report due December 31, 2009

Quarter 3: December 1 – February 28, 2010

Report due March 31, 2010

Quarter 4: March 1, 2010 – May 31, 2010

Report due June 30, 2010

Annual Report: June 1, 2009 – May 31, 2010  
Report due June 30, 2010

For the second year beginning June 1, 2010:

Quarter 1: June 1, 2010 – August 31, 2010  
Report due September 30, 2010

Quarter 2: September 1, 2010 – November 30, 2010  
Report due December 31, 2010

Quarter 3: December 1, 2010 – February 28, 2011  
Report due March 31, 2011

Quarter 4: March 1, 2011 – May 31, 2011  
Report due June 30, 2011

Annual Report: June 1, 2010 – May 31, 2011  
Report due June 30, 2011

b. Required Fiscal Reports:

The Applicant will submit invoices in the format provided by the DOH, MCHB. Invoices and expenditures reports shall be legible, complete, accurate, and timely. Forms shall 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 to contain expenditures actually incurred for the services provided under the Agreement. MCHB shall perform an annual fiscal monitoring of the Applicant 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.

c. Penalties for Late Reporting

Unless otherwise specified in the contract, quarterly program reports are due thirty (30) days after the end of the quarter. Payment for invoices submitted after the end of the quarter will not be authorized until all reports are submitted. If quarterly reports due are not submitted by the end of the federal fiscal year (May 31<sup>st</sup>), funding will lapse and the Applicant will become ineligible for payment. The Applicant will still be required to maintain the capacity to provide the contracted level of services in spite of lost funding.

**8. Cultural competence**

The Applicant shall employ staff with cultural competence in working with culturally and linguistically diverse groups. Of particular interest will be those who have worked with Native Hawaiian, Other Pacific Islander, and Hispanic populations. The Applicant shall also employ staff with competence in working with adolescent females through age 18 (regardless of ethnicity).

**C. Facilities**

Facilities should be adequate to accommodate the activities and services as required by this RFP and meet Americans with Disabilities Act (ADA) requirements

**IV. COMPENSATION AND METHOD OF PAYMENT****A. Pricing structure or pricing methodology to be used**

A cost reimbursement pricing structure for all services, including those pertaining to the BIC and LAC funding allotments, will be used. The cost reimbursement pricing structure reflects a purchase arrangement in which the purchasing agency pays the provider for budgeted agreed-upon costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

**B. Unit rate**

Not applicable.

**C. Method of compensation and payment**

Payments to the Applicant shall occur monthly, upon submission of an invoice and expenditure report in a format prescribed by the DOH, MCHB. An initial payment of one twenty-fourth (1/24) may be made to the Applicant. The Applicant should have an accounting system that allows for monthly billing.

## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (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 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**

The 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. The Applicant should include demonstrated abilities in community organization and planning.

### **B. Experience**

The Applicant shall provide a description of projects/contracts undertaken within the past five (5) years that are pertinent to the proposed services detailed in Section 2, Item III. A - Service Activities. The Applicant shall include points of contacts, addresses, and e-mail/phone numbers. The State reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

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

### **D. Coordination of Services**

The Applicant shall demonstrate the capability to coordinate services with other agencies and resources in the communities described in Section 2. E. Geographic Coverage of Services.

### **E. Facilities**

The Applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and any 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 appropriate for the viability of the services. (Refer to 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 project. (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

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

### A. Service Activities and Tasks

The following is a listing of the service activities and tasks to be completed:

1. Increase the size and composition of the Big Island Consortium (BIC) and the four (4) Local Area Consortia (LAC) located in Hamakua, Hilo, Kona and Ka‘u. (Consortia membership is not limited to those described in Section 2 D Description of target population to be served.)
2. Facilitate two meetings of the BIDC, including all BIC and LAC membership, annually. One of these meetings is to be a face-to-face meeting and one is to be conducted via videoconferencing technology. The DOH staff assigned to the Hawaii District Health Office (HDHO) will assist in establishing videoconferencing center (VCC) connections in selected communities throughout Hawaii Island.
3. Provide guidance to the BIC and LAC in the further development and operationalization of the Local Health System Action Plan (LHSAP) to develop a comprehensive system of perinatal care for Hawaii County. At a minimum, this discussion should include the approach and method(s) proposed to:

- a. Update the LHSAP for distribution to the four (4) LACs to facilitate ongoing discussion, decision making and related actions.
  - b. Develop short term goals and activities designed to promote a comprehensive system of perinatal care.
  - c. Implement a minimum of one (1) of these activities during each contract year.
4. Increase awareness of the importance of perinatal, infant, and women's health disparities in Hawaii County utilizing the LAC membership to support the development and distribution of public awareness message(s). At a minimum, the Applicant shall completely describe the approach and method(s) for the following specific required activities:
- a. Collaborate with each LAC to develop and implement a minimum of two (2) strategies intended to support engaging family members of each Project target population (Native Hawaiian, Other Pacific Islander, Hispanic, and adolescent females through age 18 regardless of ethnicity) to participate in meeting LAC responsibilities related to sustaining core services and improving perinatal health outcomes.
  - b. Provide one (1) capacity building training opportunity for between forty (40) and sixty (60) Consortia members related to areas such as leadership and mentoring annually. The budget pages shall reflect estimated costs related to planning and conducting these two (2) capacity building training sessions.
  - c. Collaborate with the LAC to support the development and distribution of one (1) public awareness message in the first year of the contract and a new or enhanced version of the original message in the second year of the Project. Public awareness messages shall focus on perinatal, infant health, and related women's health disparities.
5. Oversee the BIC and LAC funds, including the dispersal of funds and monitoring and documenting expenditures. The Applicant should include a thorough discussion of how the *Consortia Request and Expense Form* (submitted prior to obtaining funding for events or activities to be provided) and *Consortia Description of Outcome Community Events/Activities Form* (submitted following events or activities that were subsequently provided) submitted by the BIC and or LAC for activities to address the LHSAP would be reviewed; how the collection of receipts and processing of payment would be completed and how program information would be obtained. This program information would be submitted to the MCHB, DOH on a quarterly basis as part of the Awardee's reporting

requirements. The funding would support the BIC and LAC in addressing the LHSAP in efforts such as:

- a. Developing and distributing public awareness messages to increase the number of pregnant women serviced and percent of pregnant women who enter first trimester care within Hawaii County.
  - b. Promoting health education and promotion activities specific to their locale and/or island wide to enhance the community's capacity to provide core services and improve outcomes for Native Hawaiians, Other Pacific Islander and Hispanic women, and adolescent females through age 18 regardless of their ethnicity and their infants/toddlers. Events and activities would focus on Project goals, such as improving access to first trimester prenatal care; decreasing rates of infant mortality, low birth weight and very low birth weight; increasing depression screening during pregnancy and post-partum periods; promoting birth spacing for up to two (2) years following birth; etc.
6. Ensure, as applicable, that printed materials developed and published under this Project shall include the following wording. *“Supported in part by project H67MCH04801 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (Title V, Social Security Act).”*
  7. Provide logistics for LAC training as pertaining to 4. b. above or as requested by the DOH, MCHB.
  8. Secure focus groups and survey participants as requested by the DOH, MCHB, the BIC and/or LAC.

## **B. Work Plan**

Develop and attach to your proposal a Work Plan incorporating all of the Performance Measures listed in “Column A” of Table A – Output Measures (See Attachment C). This Work Plan should describe in detail the activities, including methodology and reporting measures and methods, which the Applicant is proposing to meet each specific the performance measure. Proposed timelines, target audiences (if applicable) and budget should also be included.

## **V. Financial**

### **A. Pricing Structure**

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

<b>Budget Form</b>	<b>Description</b>
SPO-H-205	Budget
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 Services – Administrative
SPO-H-206F	Contractual Services – Subcontracts
SPO-H-206H	Program Activities
SPO-H-206I	Equipment Purchases*

\* If your proposal includes out-of-state travel or equipment purchases, please include these forms.

Please consult pages 8-17 of the Cost Principles document (# 5 of the items listed in Section I: Administrative Overview, II: Website Reference of this RFP) for a list of allowable and unallowable cost items.

Please note that additional line items (such as for BIC and LAC activity expenditures) can be added to the SPH-H-205 form as needed. Also, line items currently listed on this form that are not applicable to the Applicant's proposal may be deleted.

## **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. Most recent financial audit

The applicant shall describe all other revenue from other funding sources to provide similar services and how the applicant will prevent billing more than one payer and submit overpayment to the Department. The applicant may not bill other payers for services already paid for by the Department or bill the Department for services eligible for payment by another payer.

**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

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

### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

None



**1. Program Overview:**

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

**2. Experience and Capability (20 Points)**

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

<b>Evaluation Criteria</b>	<b>Maximum Points</b>
<b>A. Necessary Skills</b> <ul style="list-style-type: none"> <li>• Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.</li> <li>• Demonstrated understanding of the purpose and role of the Consortia in relation to the perinatal, infant, and related women's health disparities</li> <li>• Described the capacity to effectively plan and implement public awareness activities.</li> </ul>	<u>7</u>
<b>B. Experience</b> <ul style="list-style-type: none"> <li>• Documented experience in community organization and planning.</li> <li>• Documented experience in working with community organizations.</li> </ul>	<u>6</u>
<b>C. Quality Assurance and Evaluation</b> <ul style="list-style-type: none"> <li>• Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.</li> </ul>	<u>3</u>
<b>D. Coordination of Services</b> <ul style="list-style-type: none"> <li>• Demonstrated capability to coordinate services with other agencies and resources in the geographic coverage of service.</li> </ul>	<u>3</u>
<b>E. Facilities</b> <ul style="list-style-type: none"> <li>• Adequacy of facilities relative to the proposed services.</li> </ul>	<u>1</u>

**3. Project Organization and Staffing (15 Points)**

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

<b>Evaluation Criteria</b>	<b>Maximum Points</b>
<p><b>A. <i>Staffing</i></b></p> <ul style="list-style-type: none"> <li>• <u>Proposed Staffing</u>: That the proposed staffing pattern, is reasonable to insure viability of the services.</li> <li>• <u>Staff Qualifications</u>: Minimum qualifications (including experience) for staff assigned to the Project.</li> <li>• Cultural competency: Assurance that staff are aware of and practice culturally appropriate skills.</li> <li>• Job descriptions for key positions are included.</li> </ul>	<p style="text-align: center;"><u><b>10</b></u></p>
<p><b>B. <i>Project Organization</i></b></p> <ul style="list-style-type: none"> <li>• Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.</li> <li>• Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.</li> <li>• Organizational charts are provided for the proposed Project showing the relationship of the applicant to any other entities collaborating in the delivery of services.</li> </ul>	<p style="text-align: center;"><u><b>5</b></u></p>

**4. *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 an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity of work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

<b>Evaluation Criteria</b>	<b>(55 Points Maximum)</b>
<ul style="list-style-type: none"> <li>• The applicant has described the approach and method(s) to be used to increase the size and composition of the Big Island Consortium (BIC) and the four (4) Local Area Consortia (LAC).</li> <li>• The applicant has described the approach and method(s) to be used to develop and implement a minimum of two (2) strategies with each LAC to engage family members of each Project target population to meet LAC responsibilities.</li> </ul>	

- Applicant has described the approach and method(s) to guide the BIC and LAC in development and operationalization of the LHSAP including specific activities described at a minimum that would be addressed including implementation of one (1) activity each contract year.
- Applicant has described the approach and method(s) to be used to increase awareness of the importance of perinatal, infant, and women’s health disparities in Hawaii County utilizing the LAC membership to support the development and distribution of public awareness message(s).
- Applicant has described the approach and method(s) to be used to conduct two (2) capacity building training opportunities for Consortia members.
- Applicant has described the approach and method(s) to be used to oversee BIC and LAC funds, including the dispersal, monitoring and documentation of expenditures including the use of the required Consortia forms in this oversight.
- Applicant has described the approach and method(s) as applicable to ensure printed materials developed and published under the Project contain required wording.
- Applicant has described the approach and method(s) that will be used to provide logistics for LAC training as requested as well as secure focus groups and survey participants as requested by the DOH, MCHB, BIC or LAC.

**5. Financial (10 Points)**

<b>Evaluation Criteria</b>	<b>(10 Points Maximum)</b>
<ul style="list-style-type: none"> <li>● Adequacy of accounting system.</li> <li>● Personnel costs are reasonable and comparable to positions in the community.</li> <li>● Non-personnel costs are reasonable and adequately justified.</li> <li>● The budget fully supports the scope of services and requirements of the Request for Proposal.</li> <li>● Cost allocations are explained and are reasonable.</li> <li>● Costs are allowable expenses.</li> </ul>	

**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. Output Measures
- D. Highlights of the Local Health System Action Plan
- E. Consortia Request and Expense Form
- F. Consortia Community Events/Activities Outcomes Form
- G. Intra-Departmental Directive No. 04-01 – Interpersonal Relationships Between Staff and Clients/Patients
- H. Certifications

## 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
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
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*	<b>X</b>	
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*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP	<b>X</b>	
Debarment & Suspension		Section 5, RFP	<b>X</b>	
Drug Free Workplace		Section 5, RFP	<b>X</b>	
Lobbying		Section 5, RFP	<b>X</b>	
Program Fraud Civil Remedies Act		Section 5, RFP	<b>X</b>	
Environmental Tobacco Smoke		Section 5, RFP	<b>X</b>	
<b>Program Specific Requirements:</b>				

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	<b>A.</b> Necessary Skills .....	<b>2</b>
	<b>B.</b> Experience.....	<b>4</b>
	<b>C.</b> Quality Assurance and Evaluation.....	<b>5</b>
	<b>D.</b> Coordination of Services.....	<b>6</b>
	<b>E.</b> Facilities.....	<b>6</b>
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	<b>A.</b> Staffing.....	<b>7</b>
	1. Proposed Staffing.....	<b>7</b>
	2. Staff Qualifications .....	<b>9</b>
	<b>B.</b> Project Organization .....	<b>10</b>
	1. Supervision and Training.....	<b>10</b>
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	<b>A.</b> 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>B.</b> Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	<b>C.</b> Organization Chart	
	Program	
	Organization-wide	
	<b>D.</b> Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	<b>E.</b> Program Specific Requirements	

**TABLE A – OUTPUT MEASURES**  
**Expansion and Capacity Building of the Big Island Perinatal Health Disparities Consortia**

Column A	Column B	Column C	Column D	Column E
Output Measure	Baseline (Fiscal Year 2008-2009)	Annual Performance Output for Fiscal Year 2009 - 2010	Annual Performance Output for Fiscal Year 2010 - 2011	Applicant’s approach in meeting the output measures, including methodology and reporting. (Attach additional sheets as necessary.)
<p>Increase the size and composition of the Big Island Consortia (BIC) and the four (4) Local Area Consortium (LAC) memberships by a minimum of four (4) new members for each LAC.</p>	<p>a) Number of Hilo LAC members is ____.</p> <p>b) Number of Kau LAC members is ____.</p> <p>c) Number of Hamakua LAC members is ____.</p> <p>d) Number of Kona LAC members is ____.</p>	<p>a) Number of Hilo LAC members will be ____.</p> <p>b) Number of Ka‘u LAC members will be ____.</p> <p>c) Number of Hamakua LAC members will be ____.</p> <p>d) Number of Kona LAC members will be ____.</p>	<p>The four (4) LACs will each have an increase in membership of four (4) new members.</p> <p>a) Number of Hilo LAC members will be ____.</p> <p>b) Number of Ka‘u LAC members will be ____.</p> <p>c) Number of Hamakua LAC members will be ____.</p> <p>d) Number of Kona LAC members will be ____.</p>	
<p>Facilitate two meetings of the Big Island Disparities Consortia (BIDC), including all BIC and LAC members, annually.</p>		<p>Two meetings of the BIDC, including all BIC and LAC members, were held.</p>	<p>Two meetings of the BIDC, including all BIC and LAC members, were held.</p>	
<p>Develop and implement a minimum of two (2) strategies with each LAC to support engaging family members of each Project target population.</p>			<p>Each of the four (4) LACs will have developed and implemented a minimum of two (2) strategies to engage family members of the Project target population.</p> <p>a) Hilo LAC – describe two (2) strategies:</p> <p>b) Ka‘u LAC – describe two (2) strategies:</p> <p>c) Hamakua LAC – describe two (2) strategies:</p>	

Column A	Column B	Column C	Column D	Column E
Output Measure	Baseline (Fiscal Year 2008-2009)	Annual Performance Output for Fiscal Year 2009 - 2010	Annual Performance Output for Fiscal Year 2010 - 2011	Applicant's approach in meeting the output measures, including methodology and reporting. (Attach additional sheets as necessary.)
			d) Kona LAC – describe two (2) strategies:	
Provide guidance to the BIC and LACs in further development and operationalization of the Local Health System Action Plan		Implementation of one (1) of these activities.	Implementation of one (1) of these activities.	
Provide two (2) capacity-building training opportunities for BIC and LAC members related to leadership and mentoring.		One (1) capacity-building training opportunity provided for forty (40) to sixty (60) Consortia members.	One (1) capacity-building training opportunity provided for forty (40) to sixty (60) Consortia members.	
Collaborate with LAC to support the development and distribution of one (1) public awareness message in the first year of the contract focusing on perinatal, infant, and related women's health disparities.		Develop and distribute one (1) public awareness message focusing on perinatal, infant, and related women's health disparities.	Develop and distribute one (1) public awareness message or a new or enhanced version of the original message developed by May 31, 2011 which is focused on perinatal, infant, and related women's health disparities.	
Oversee BIC and LAC funds including the dispersal of funds and monitoring and documenting expenditures.		a) Review and accept proposals from the BIC and LAC using the Consortia Request and Expense Form, Exhibit "E"  b) When the event or activity is completed obtain Consortia Description of Outcome of Community	a) Review and accept proposals from the BIC and LAC using the Consortia Request and Expense Form, Exhibit "E"  b) When the event or activity is completed obtain Consortia Description of Outcome of Community Events/Activities Form, Exhibit "F" and the	

Organization: \_\_\_\_\_

RFP No: \_\_\_\_\_

Column A	Column B	Column C	Column D	Column E
Output Measure	Baseline (Fiscal Year 2008-2009)	Annual Performance Output for Fiscal Year 2009 - 2010	Annual Performance Output for Fiscal Year 2010 - 2011	Applicant's approach in meeting the output measures, including methodology and reporting. (Attach additional sheets as necessary.)
		Events/Activities Form, Exhibit "F" and the original receipts.	original receipts.	
Provide logistics for LAC training to be provided as described in Section 2, III. A. 4. b of this RFP (page 2- 9) and/or as requested by the DOH, MCHB.		Logistics provided for Consortia training (as applicable)	Logistics provided for Consortia training (as applicable)	
Secure focus group and survey participants as requested by the DOH, MCHB, the BIC and/or a LAC.		Secure focus group and survey participants (as applicable)	Secure focus group and survey participants (as applicable)s	

## Highlights of the Local Health System Action Plan

<b>Vision:</b>	A sustainable system of perinatal service to eliminate health disparities.
<b>Focus:</b>	First trimester entry into prenatal care.
<b>Purpose:</b>	Enhance the capacity of the community's perinatal service system.
<b>Goals:</b>	Improve comprehensiveness and quality of the Hawai'i County perinatal care system.
<b>Objectives:</b>	Improve entry into first trimester care, and reduce low birth weight infants and infant mortality rates.
<b>Approach:</b>	A multi-level, social capital approach promoting an ecological and life span perspective for women's and infant health.
<b>Priority:</b>	Ka'u area.
<b>Target Groups:</b>	Native Hawaiians, Other Pacific Islanders, Hispanics, Adolescents
<b>Outcomes:</b>	Increased community support and establishment of health care standards based on best practice.

Organization: \_\_\_\_\_  
RFP No: \_\_\_\_\_

## Big Island Perinatal Health Disparities Project Consortia Request and Expense Form

Date \_\_\_\_\_

Consortia:       Hamakua       Hilo       Ka'u       Kona

Title of Activity: \_\_\_\_\_

Purpose of Activity - include the following:

- 1) relevance of event/activity to project goals for the populations of Native Hawaiian, Other Pacific Islanders, Hispanic pregnant women and/or adolescent females such as improving infant mortality, very low and low birth weight, access to first trimester prenatal care, depression screening during pregnancy and postpartum, birth spacing for up to 2 years following birth etc;
- 2) reason why this activity was selected for example an identified community need;
- 3) role of the Consortium as either the sponsor, co-sponsor, participant;
- 4) if other organizations will participate in the event/activity provide a list as an attachment;
- 5) describe attendees and note how this will reach the Project population groups of Native Hawaiian, Other Pacific Islander, Hispanic pregnant women and or adolescent females (through age 18, regardless of ethnicity).

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Description of Product (s) requested (e.g. services, food, coupons) please include description of the product/service, quantity needed, who will receive or benefit from the product, and the purpose of the product to the activity)

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Amount Requested, please include total and unit cost (if applicable) \$ \_\_\_\_\_

Invoice, Receipts Attached:       Yes       No

Name of Person Requesting (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Organization: \_\_\_\_\_  
RFP No: \_\_\_\_\_

## Big Island Perinatal Health Disparities Project Consortia Community Events/Activities Outcomes Form

Date: \_\_\_\_\_ Consortia:  Hamakua  Hilo  Ka'u  Kona

Title of Activity & date completed: \_\_\_\_\_

### Activity Outcomes:

1. Provide a count of attendees (estimates ok) by category. Examples: 12 community agencies, approximate number of Project women; approximate number of infants/toddlers; or if community event, approximately 350.
  
2. Describe what the event/activity achieved in terms of Project goals (such as improving infant mortality, very low and low birth weight, access to first trimester prenatal care, depression screening during pregnancy and post-partum, birth spacing for up to 2 years following birth) etc.
  
3. Describe the next steps the Consortia will take related to this event/activity.

### Preparations: (if not previously reported, please attach a sheet with answers to the following items.)

1. Describe any marketing strategies used to publicize the event/activity (such as newspaper, flyers, notice in church bulletin, radio ad, word of mouth.)
2. Why was this particular activity was selected? (for example an identified community need)
3. Describe the role of the Consortium (i.e., sponsor, co-sponsor, or a participant.) If other organizations participated in the event/activity attach a list of these organizations.
4. Describe any other relevant information.

Print Name of Person Submitting Information: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

RFP No: \_\_\_\_\_

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.**

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management  
Office of the Assistant Secretary for Management and Budget  
Department of Health and Human Services  
200 Independence Avenue, S.W., Room 517-D  
Washington, D.C. 20201

### **3. CERTIFICATION REGARDING LOBBYING**

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

**5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

