

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

Request for Proposals

RFP No. HTH- 100-03

Core HIV Prevention Services for Women on O`ahu

September 30, 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, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.



September 30, 2008

REQUEST FOR PROPOSALS

**CORE HIV PREVENTION SERVICES FOR WOMEN ON O`AHU
RFP No. HTH- 100-03**

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV prevention services to women on O`ahu at risk for transmitting or contracting HIV. Services shall include primary prevention interventions for people living with HIV; HIV antibody counseling, testing and referral; interventions delivered to individuals; partner services; and outreach. The contract term will be from July 1, 2009 through June 30, 2011. A single contract will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before November 20, 2008, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on November 20, 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 STD/AIDS Prevention Branch will conduct an orientation on October 8, 2008 at 2:00 p.m. in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on October 24, 2008. All written questions will receive a written response from the State on or about on November 3, 2008.

Inquiries regarding this RFP should be directed to the RFP contact persons, Ms. Nighat Quadri at 3627 Kilauea Avenue #304, Honolulu, Hawai`i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: nighat.quadri@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

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

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN November 20, 2008 **and received by the state purchasing agency no later than 10 days from the submittal deadline.**

All Mail-ins

STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816

DOH RFP COORDINATOR

Nighat Quadri
STD/AIDS Prevention Branch
Hawaii State Department of Health
3627 Kilauea Avenue, Room 304
Honolulu, HI 96816
(808)733-9281
(808)733-9291
Nighat.quadri@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST)**, November 20, 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., November 20, 2008.

Drop-off Sites

STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
3627 Kilauea Avenue, Room 306
Honolulu, HI 96816

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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)	September 30, 2008
Distribution of RFP	September 30, 2008
RFP orientation session	October 8, 2008
Closing date for submission of written questions for written responses	October 24, 2008
State purchasing agency's response to applicants' written questions	November 3, 2008
Proposal submittal deadline	November 20, 2008
Proposal evaluation period	December 2008 - January 2009
Provider selection	January 2009
Notice of statement of findings and decision	January 2009
Contract start date	July 1, 2009

II. Website Reference

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

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "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>)

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

III. Authority

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

IV. RFP Organization

This RFP is organized into five sections:

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

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates 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:
 STD/AIDS Prevention Branch
 Department of Health
 State of Hawai`i
 3627 Kilauea Avenue, Room 306
 Honolulu, HI 96816
 Telephone: (808) 733-9010; Fax: (808) 733-9015

VI. Orientation

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

Date: October 8, 2008 **Time:** 2:00pm – 4:30pm

Location: Diamond Head Health Center, 3627 Kilauea Avenue, Room 418,
 Honolulu

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: :October 24, 2008 **Time:** 4:30 pm HST

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

Date: November 3, 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 Sections 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.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome Leinaala Fukino, M.D.	Name: Sharon Abe
Title: Director of Health	Title: Chief, administrative Services Office
Mailing Address: P.O. Box 3378, Honolulu, HI 96801	Mailing Address: P.O. Box 3378 Honolulu, HI 96801
Business Address: 1250 Punchbowl Street, Honolulu, HI	Business Address: 1250 Punchbowl Street Honolulu, HI 96801

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

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

The purpose of this procurement is to secure HIV/STD prevention services that will reduce the transmission of HIV.

B. Planning activities conducted in preparation for this RFP

Several meetings have been held with Branch staff to discuss the development of this RFP. Topics at the meeting included goals and objectives and specific information data related to HIV prevention interventions of this RFP.

An RFI meeting was held on August 25th, 2008. It was an hour long meeting attended by some providers. No written comments were submitted and oral comments were integrated into this RFP as applicable.

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

- “Comprehensive HIV Prevention Plan for Hawai’i” Hawai’i Department of Health 2007.
- 2007 Hawai’i HIV/AIDS Epidemiologic profile – HIV/AIDS Prevention Branch – Department of Health
- Quarterly Reports from the Contracted agency providing HIV prevention services for women at risk.
- “Primary Prevention Needs for People Living with HIV in Hawai’i” (Bopp et al. 2002) is available from the SAPB.

- “Hawai`i’s Work Plan for Primary and Secondary HIV Prevention Work with HIV-Positive People and their Partners” (White, 2004) is available from the SAPB.

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

Resources and information listed in this RFP provide a general overview of the population to be served and the interventions to be implemented, but they are not sufficient for proposal development. The websites provided here and throughout Section 2 should be reviewed, as they provide enhanced information and data related to topics addressed and interventions to be proposed through this RFP:

- Centers for Disease Control and Prevention (CDC) main HIV website:
<http://www.cdc.gov/hiv/>
- CDC website for the publication of *Morbidity and Mortality Weekly Report* (MMWR):
<http://www.cdc.gov/mmwr/>
- SAPB website:
<http://hawaii.gov/health/healthy-lifestyles/std-aids/index.html>

Other website addresses will be provided throughout Section 2, as appropriate. Applicant should refer to these websites for more detailed information regarding interventions they plan to propose.

C. Description of the goals of the service

Services are intended to increase knowledge of serostatus and reduce the frequency of HIV/STD/hepatitis risk behaviors among the indicated populations on Oahu through primary prevention interventions for people living with HIV, HIV counseling, testing and referral, outreach, interventions delivered to individuals, partner services and integration of STDs and viral hepatitis.

D. Description of the target population to be served

This RFP will target women at-risk for HIV and women living with HIV with comprehensive HIV, STD and viral hepatitis prevention services. While all women are potentially at-risk for HIV, **this RFP dictates that HIV prevention services be targeted toward at-risk HIV negative women to prevent the acquisition of HIV and towards women who are living with HIV to prevent HIV transmission from them to others.**

Once a woman is determined to be at-risk for acquiring or transmitting HIV because of her behaviors, she should receive comprehensive HIV, STD and viral hepatitis services as appropriate and recommended by the Centers for Disease Control and Prevention (CDC). While this RFP is not targeted towards women at-risk for STDs and viral hepatitis, it would be a missed opportunity to not integrate these services, as available and appropriate, for women at-risk for and living with HIV. The field level service focus is on these women and their comprehensive health risks and needs.

Services must focus on those women who are HIV infected and at risk for transmitting HIV to others, and on women who are HIV negative or whose HIV status is unknown and who:

1. exchange sex for money or drugs;
2. engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or
3. have one or more sexual partners who are HIV-positive, MSM, or IDU.

Services should be inclusive of women who inject drugs, and the program will need to address IDU-related risk when appropriate for a particular client; the program should not, however, specifically design services to reach female IDU who are not otherwise included in the above categories, as services of the statewide syringe exchange program are specifically designed to reach them.

In addition to working directly with these women, it is also important that services be made available to their sexual partners when possible and to men who place women at risk for HIV/STD/hepatitis.

E. Geographic coverage of service

O`ahu

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

Probably funding: \$110,000 each fiscal year (pending legislative appropriations and the availability of funds.)

Source of funds: State

Availability: 7/1/09-6/30/11 with the option to extend up to two additional twenty-four month periods, ending no later than June 30, 2015.

II. General Requirements

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

None

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases: None

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

Single Multiple Single & Multiple

Criteria for multiple awards: Not Applicable to this RFP

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

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

Contract terms:

Initial term of contract: 7/1/09-6/30/11

Length of each extension: twenty-four months

Number of extensions possible: two

Maximum length of contract: sixty months

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

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

F. RFP contact person

The individual listed below are the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received

on or before the day and time specified in Section I, paragraph I (Procurement Timetable) of this RFP.

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

Phone: (808) 733-9281

Fax: (808) 733-9291

E-mail: nighat.quadri@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV/STD/hepatitis prevention services that are consistent with the recommendations made by the Hawai'i State HIV Prevention Community Planning Group (CPG) in the 2004 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan"). Services sought under this RFP include the following services to be provided to the described population. The requested services represent interventions identified in the Plan as being critical for preventing the greatest number of new HIV infections; the population to be served includes two populations prioritized in the Plan: HIV positive individuals are the highest priority population; Women at risk are the sixth priority population.

1. HIV and Hepatitis C Virus (HCV) Antibody Counseling, Testing and Referral Services (CTR):

HIV CTR is a core component of HIV prevention services for women at risk for HIV, and hepatitis C CTR is an adjunct service offered to women at risk for hepatitis C. HIV CTR should be based on CDC's MMWR (Morbidity and Mortality Weekly Report) publication on *Revised Guidelines for HIV Counseling, Testing, and Referral* (2001/50 RR19;1-58). HCV CTR should be based on CDC's MMWR publication on *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease* (1998/47RR-19:1-39). These documents can be found at the following websites:

- *Revised Guidelines for HIV Counseling, Testing and Referral:*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

- *Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease:*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00055154.htm>

It is critical that individuals who are HIV- or HCV- infected learn their status. Individuals who find out that they are living with HIV or HCV can access medical interventions to maintain their health and can take steps to reduce their risk of transmitting HIV or HCV to others. Individuals with current high risk behaviors who test HIV or HCV negative can receive risk reduction counseling to support them in reducing or eliminating their current high-risk behaviors and be encouraged to re-test at appropriate intervals.

When an individual tests positive for HIV, voluntary PS is an integral part of CTR. PS is offered whenever the individual testing positive has had partners who may need to be made aware that they should consider accessing CTR. PS can involve assisting the client in planning and skill-building to notify partners directly, or eliciting partner names and locating information so that SAPB staff can notify partners while maintaining the anonymity of the client, or a combination of both.

CTR is a required activity. All of the staff members who make up the required FTE for this RFP (see *section B.1.a. [Staffing]*) must be available to perform CTR.

a. **Counseling, Testing and Referral Services (CTR) Requirements and Responsibilities**

CTR must be conducted in accordance with current SAPB CTR policies and procedures and may only be conducted by individuals who have been trained and maintain current certification by the SAPB. CTR activities must provide PS and linkages to STD screening and treatment, and hepatitis education, screening, vaccinations and treatment as appropriate. CTR programs must maintain high rates of results disclosure and implement activities to ensure clients receive test results. SAPB must approve and monitor that CTR policies and procedures have been developed prior to implementing CTR and that all training and quality assurance measures have been met by the contracted agency. For contractors planning to conduct HIV CTR using rapid test technologies, the SAPB will make available rapid test kits, controls, and provide technical assistance. Rapid testing is the preferred HIV testing methodology; however, OraSure® or blood draw testing is acceptable and SAPB will provide for processing of these tests through the State Laboratory or private lab.

The SAPB CTR Training/Quality Assurance Coordinator will be available to support agencies in implementing effective, appropriate CTR services.

CTR services are a fundamental component of this RFP. The expectation is that CTR services will be provided to as many women at-risk as possible so they can determine their HIV status and can be referred, as appropriate, to other services such as STD/hepatitis C screening and hepatitis A and B testing.

b. Counseling, Testing and Referral Services (CTR) for women at risk and their partners

The majority of CTR services under this RFP shall be specifically targeted to women who exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. In addition, CTR shall also be targeted to the sexual and needle sharing partners of these women and to partners of women living with HIV.

Hepatitis C CTR shall be specifically targeted towards women who use injection and non-injection drugs, women who have received non-professional tattoos in prison or other settings and women who may have otherwise been exposed to blood. HCV CTR shall also be targeted towards female sexual partners of IDUs.

CDC CTR website:

<http://www.cdc.gov/hiv/topics/testing/>

2. Services to HIV positive individuals and their partners

HIV prevention services to HIV positive individuals are known as Prevention for Positives (P4P) services in Hawai'i. P4P services aim to reduce new HIV infections primarily by assisting HIV positive individuals in reducing their risk of transmitting HIV to others, and by providing services to their partners to reduce their risk of acquiring HIV. P4P services are to be provided to women living with HIV to assist them in reducing their risk for transmitting HIV to others. In addition, P4P services should be provided to men living with HIV who have sex with women to assist them in reducing their risk for transmitting HIV to women. Given that many individuals living with HIV may not need care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others, P4P

services must not be limited only to clients of a provider's care case management services, and **agencies must make P4P services available outside of their agency.**

P4P services shall be provided in part by a dedicated P4P peer staff person. The minimum staffing requirement for the P4P-specific position is stated below in *section B.1.a., (Staffing)*. The P4P staff person should provide CTR and at least some of the P4P IDI (Interventions Delivered to individuals), and may also provide non-P4P services. The P4P staff person will be expected to collaborate with P4P staff at other agencies to support each other and share expertise to most effectively meet the needs of clients and support them in reducing their risk of transmitting HIV to others.

The P4P staff person will also collaborate on an ongoing basis with case management staff at the applicant agency in order to ensure that the client receives integrated services from both prevention and care staff at the agency.

If a female P4P peer staff person can be identified and hired for O`ahu, she will play a critical role with the statewide P4P coordinator and with neighbor island agencies in meeting the primary prevention needs of HIV-positive women in other parts of the state.

CDC P4P website:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

a. P4P Interventions Delivered to Individuals (IDI) and their partners

IDI shall be provided as a main component of P4P services and shall focus directly on changing HIV-risk related behaviors. IDI services shall be comprehensive and shall include referrals to care, case management, treatment and support services, STD screening and treatment services, hepatitis A and B vaccinations and hepatitis C testing, as appropriate. IDI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her/his risk for transmitting HIV to others. The intervention must include activities to build appropriate skills the client can use in reducing their risk. **P4P IDI is a required activity.**

b. Partner Services (PS): formerly known as PCRS

PS, formerly known as Partner Counseling and Referral Services (PCRS), is a prevention activity with the following goals:

- 1) Providing services to HIV-infected persons and their sex and needle-sharing partners so they can avoid infection or, if already infected, can prevent transmission to others.
- 2) Helping partners gain early access to individualized counseling, HIV testing, STD screening, hepatitis immunizations and hepatitis C testing and medical evaluation, treatment, and other prevention services.

Through PS, partners are informed of their exposure or possible exposure to HIV. Notified partners can choose whether to be tested and, if not tested or if found to be not infected, can receive counseling about practicing safer behaviors to avoid future exposure to HIV. If, however, they are found to be infected, they can seek early medical treatment and practice behaviors that help prevent transmission of HIV to others and reduce the risk of becoming infected with other STDs.

There are three groups that benefit from accessing PS services:

- 1) persons with HIV infection;
- 2) their partners and other sex and/or needle-sharing partners; and
- 3) affected communities.

Through a client-centered approach, HIV-infected persons can receive counseling about their risk behavior and be offered a range of choices and support in informing their partners of the possibilities of exposure to HIV. Some studies indicate that a client-centered counseling approach may result in behavior change, thereby decreasing the likelihood of HIV transmission to others. HIV-infected persons can also benefit from referrals to other social and medical services, such as couples counseling, prevention case management, and antiretroviral therapy.

For the partners of HIV-infected persons, one benefit comes from being informed that they are at risk. This will be particularly helpful information for those who do not suspect that they might have been exposed. Once informed, the partner can decide to access available HIV prevention counseling and testing services.

If not infected with HIV, partners can be assisted in changing their risk behavior, thus reducing the likelihood of acquiring the virus. Or, if already HIV-infected, the partner's prognosis can be improved through earlier diagnosis and treatment.

The following activities are components of PS:

- HIV-infected client voluntarily discloses information about partners
- client and/or provider informs each partner of possible exposure to HIV
- client and/or provider assists partner in accessing CTR and other support services, including referrals to care, case management, treatment and support services, STD screening and treatment services, hepatitis A and B vaccinations and hepatitis C testing, as appropriate
- partner seeks HIV CTR services
- partner tests positive and chooses to participate in PS
- PS provider and partner together formulate a plan and set priorities

PS in Hawai'i will be implemented via a plan developed by the SAPB ("SAPB PS Plan") in late 2008 and early 2009. The SAPB PS Plan will be based on collaborative efforts between SAPB and contracted agencies, and on the "CDC PS Recommendations", due to be released October 2008.

Staff of contracted agencies will become familiar with and address requirements in the SAPB PS Plan and the CDC PS Recommendations through the development of an agency plan ("Agency PS Plan") with accompanying activities that reflect the SAPB plan and the CDC Recommendations.

The Agency PS Plan will be completed by the agency and approved by SAPB one month prior to the start of the contract (by June 1, 2009) to provide prevention services to women at-risk. **PS is a required activity.**

CDC PS website:

<http://www.cdc.gov/hiv/resources/guidelines/pcrs/>

3. Outreach to Women at Risk

Services to women at risk shall be provided through extensive outreach. Outreach shall include street-based outreach to:

- women who exchange sex for money or drugs,
- women who engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or
- women who have one or more sexual partners who are HIV-positive, MSM, or IDU.

Outreach to women at-risk may also include outreach to men who place these women at-risk, due to the following behaviors:

- men having sex with other men who do not identify as MSM or gay men and who have sex with women (they identify as “heterosexual men”)
- men in the above category who place women at risk due to drug use, including non-injection drug use, such as abusing alcohol, smoking dope, ingesting heroin, etc.

Outreach to this group of men who place women at risk must be limited to sites such as drug treatment centers or transitional housing programs where these men are likely to be receiving treatment for their behaviors that place women at risk.

Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages to CTR, STD screening and treatment, syringe exchange services, and hepatitis screening, vaccinations and treatment as appropriate, and when appropriate engaging individuals for P4P services. **Outreach is a required activity. The minimum staffing requirement for outreach is stated below in *section B.1.a. (Staffing)*.**

CDC Outreach website:

http://www.cdc.gov/hiv/topics/prev_prog/AHP/resources/guidelines/pdf/pro_guidance_recruitment.pdf

4. Interventions Delivered to Individuals (IDI) for Women at Risk

IDI shall be provided to women at risk who are HIV negative or who are unaware of their status and who exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU. IDI may also be provided to male partners of HIV-positive women. **(Note that services to women who are HIV-positive should be categorized under P4P).** IDI focus directly on changing HIV-risk related behaviors. IDI is a multiple session intervention with a completed intervention considered to be at least three sessions. Each session should last between 30 and 90 minutes. The

intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For women in these IDI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and these individuals should be encouraged and supported in accessing CTR, and retesting at appropriate intervals. **IDI is a required activity.**

5. Integration of Services through Referral

a. Integration of Services

In 2007, the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) began the Program Collaboration and Service Integration (PCSI) initiative and emphasized it as one of the three priorities for the Center. PCSI, as defined by CDC, is "a mechanism of organizing and blending inter-related health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services". This strong emphasis on integration from CDC reflects the expectation from the SAPB that all applicants shall describe a plan for the integration of STDs and viral hepatitis into their HIV prevention services. This plan should not be merely an addition to the application, but integration should be referenced throughout as one of the core philosophies of comprehensive and client-centered HIV prevention services.

A referral occurs when the referring provider (outreach worker) spends one-on-one time with an at-risk client. The outreach worker provides information to the client that will potentially link the client to an appropriate service provider or agency through a series of steps that encourages the client to access services at the referral agency.

CDC Referral website:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

b. Referral to STD Services

Many individuals at risk for sexually transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted diseases. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improves the health of those infected and prevents further spread of these diseases, but may also play a

significant role in reducing the spread of HIV. CDC recommends that screening for women at risk should be based on assessment of risk. Appropriate clients should be informed about STD risks and the importance of STD screening, and should be encouraged and supported in accessing STD screening from their healthcare provider. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients who are unable to access STD screening through their healthcare provider. SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs. **Referral to STD services is a required activity.**

CDC STD website:

<http://www.cdc.gov/std/research/default.htm>

c. Referral to Viral Hepatitis Services

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting viral hepatitis. The U.S. Public Health Service highly recommends that people living with HIV be screened for hepatitis C and receive hepatitis A and B vaccinations. The CDC highly recommends that IDU be screened for hepatitis C; MSM and IDU receive hepatitis A and B vaccinations; and individuals from other populations be screened for hepatitis C and receive hepatitis A and B vaccinations as indicated by risk assessment. Appropriate clients should be informed about hepatitis risk and importance of hepatitis C screening and hepatitis A and B vaccinations, and should be encouraged and supported in accessing these services through their healthcare provider. Appropriate clients who are unable to access these services through their healthcare provider should be linked to publicly funded services. Vaccinations for hepatitis A and B and hepatitis C screening are available through the Department of Health counselor and tester(s) in each county. The SAPB Hepatitis C Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs. **Referral for viral hepatitis A and B vaccination and testing for hepatitis C are required activities.**

Viral hepatitis websites:

www.cdc.gov/hepatitis

www.hcvadvocate.org

d. Referral to Case Management Services

As appropriate, prevention outreach workers and P4P Coordinators will ensure that HIV positive clients are provided referrals to the agency's case management services. This will ensure that the client will

have access to necessary medical, housing and other supportive services.

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

1. Personnel

a. Staffing

Services requested in this RFP shall be provided by a minimum of **2.0 FTE** prevention workers for the provision of direct services. Of this, at least **0.5 FTE** must be a P4P-specific person; at least **0.5 FTE** must be devoted to providing outreach.

b. Staff Training and Development

Applicant shall insure that:

- (1) **HIV/HCV Counselor/Tester Certification.** All outreach staff shall maintain current HIV/HCV counselor/tester certification from the SAPB;
 - (a) **Initial Certification:** in order to be eligible for certification, new or not yet certified staff shall complete SAPB approved HIV and HCV CTR Training Course. After CTR observation by the SAPB CTR Training/Quality Assurance Coordinator (or by a counselor/tester designated by the SAPB) the newly trained outreach staff will be fully certified. Partner Services (PS) is a required component of the HIV and HCV CTR Training. The SAPB makes every effort to offer these courses when needed or if additional personalized training may be required;
 - (b) **Specialized training:** All certified outreach staff will be trained in how to elicit partner notification for clients who are newly diagnosed HIV positive through CTR program or who are already living with HIV/AIDS and are engaging in high risk activities for transmitting HIV/AIDS;
 - (c) **Maintaining Certification:** in order to maintain current certification, all HIV counselor/testers shall choose from a list of approved trainings by SAPB that must be completed at least once a year by the anniversary date of becoming fully certified. Any alternate arrangements for maintaining certification shall be at the discretion of SAPB. SAPB makes all decisions regarding certification of individual counselor/testers and certification can be withheld or suspended at the discretion of SAPB.
- (2) **Program Monitoring and Evaluation Requirements:** The contracted agency complete all SAPB mandated training and

technical assistance requirements pertaining to program monitoring and evaluation. Such training and technical assistance will be provided by SAPB-contracted and/or SAPB staff and will include training sessions, as well as technical assistance and quality assurance site visits. The contracted agency shall also assist with scheduling and logistics of organizing these activities at their agency.

- (3) **Outreach Worker Meeting Requirements:**
- (a) **P4P Requirements:** the contracted agency's P4P staff person attend each of the three P4P meetings held annually;
 - (b) **Women at-Risk Advisory Committee (WRAC) Requirements:** program staff participate fully in WRAC, the statewide outreach worker meeting for HIV prevention to women at risk. Participation shall include attendance at each of the biannual WRAC meetings by a minimum of one staff member who is prepared to represent the provider's program. Each of the staff members who make up the required FTE for this RFP (see *a. Staffing* above) shall attend at least one outreach worker meeting during each year of the contract. Staff attendance and program representation at each outreach worker meeting shall be reported to the SAPB in the quarterly program reports.
- (4) **AIDS Educators Coalition (AEC) Requirements:** all prevention workers working more than .5 FTE on this contract attend a minimum of one AIDS Educators Coalition meeting.
- (5) **New Staff Training Requirements:** new staff members receive initial training within sixty (60) days of employment. This training shall ensure that they:
- (a) have correct factual knowledge of HIV, STDs and hepatitis, including:
 - i. history and epidemiology of the HIV epidemic
 - ii. biology of HIV
 - iii. modes of HIV transmission
 - iv. information on STDs
 - v. information on hepatitis A, B & C
 - vi. populations at risk for HIV
 - vii. utilizing theories of behavioral interventions
 - viii. treatment of HIV infection
 - ix. community resources statewide
 - x. HIV antibody counseling and testing sites statewide
 - (b) understand clearly the populations to be served under this contract
 - (c) understand the purposes of activities they will be implementing
 - (d) are oriented to behavioral interventions
 - (e) understand basic methods and uses of evaluation
 - (f) are familiar with the specific requirements of the contract

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;

(6) **Outreach Training Requirements:** all prevention workers receive appropriate training on an on-going basis. SAPB will provide various types of training to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. During each year of the contract and in addition to activities required above in items (1)-(4), each prevention worker working more than .5 FTE shall complete a minimum of two days of SAPB-approved training, and each prevention worker working .5 FTE or less shall complete a minimum of one day of SAPB-approved training. Completion of training requires attendance for the entire duration of a training course. Attendance at part of a scheduled training cannot fulfill all or part of this contractual obligation. Completion of training by each staff member shall be reported to the SAPB in the quarterly program reports.

2. Administrative

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

- a. fiscal or accounting policies and procedures, or both;
- b. written personnel policies and procedures;
- c. written program policies and procedures;
- d. written policies required by applicable federal, state, or county laws; and
- e. client and employee grievance policies and procedures.

3. Program Monitoring and Evaluation

Program monitoring and evaluation requirements and activities focus on results by:

- a. managing and measuring program performance;
- b. improving the quality of prevention programs;
- c. promoting accountability.

Specific program monitoring and evaluation activities will include:

1. *PEMS (Program Evaluation and Monitoring System):*

The contracted agency will be required to use the Program Evaluation and Monitoring System (PEMS). PEMS is a comprehensive confidential data collection system developed by

the CDC. This web-based software and data collection/reporting system supports standardized data collection, reporting, analysis, and delivery of HIV prevention programs. The SAPB-contracted staff will provide the needed training and technical assistance.

2. *Program Performance Indicators:*

Program Performance Indicators will be integrated into the contract and reporting requirements. Their purpose is to monitor progress in critical areas of the contracted prevention services and to improve performance and accountability of the program. Most of the Performance Indicators data will be collected and reported using PEMS. The contract based on this RFP will operationalize the Performance Indicators as objectives for each intervention. The applicant shall use the objectives provided in Section 3 of Proposal Application. The applicant is required to propose objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be monitored and evaluated based on its performance on objectives on an ongoing basis during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

3. *Other:*

In the event the selected agency undertakes additional evaluation activities not required by SAPB, these activities shall be discussed with and approved by SAPB before implementation.

Applicants should plan to devote a minimum of 0.10 FTE to evaluation-related activities.

4. Experience

Not applicable

5. Coordination of services

a. Coordinate with SAPB Programs and other Community based Programs:

Coordination of services is a critical component in addressing the risk of women who are HIV positive for co-infection with other STDs. The provider shall coordinate services with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Services programs, Health Education and Risk Reduction program, and the SAPB Hepatitis C Coordinator to

address these critical needs. Provider shall also coordinate services with agencies that will be utilized in providing services to clients.

b. Coordination with Agency’s Case Management Program:

In providing services to HIV positive individuals, the P4P Coordinator and other prevention staff shall coordinate with the agency’s case management program to ensure that clients receive the most integrated, comprehensive and appropriate services available. There should be ongoing communication between the Supervisors of the Prevention and Case Management programs at the agency. Trainings and in-service workshops should be held for outreach workers and line workers to ensure that staff of both programs are aware of the need to access both prevention and case management services for HIV positive clients. **It is essential that coordination between prevention and case management programs occur so that services provided to clients are efficient, effective and integrated.**

6. Reporting requirements for program and fiscal data

a. Quarterly Reports:

Provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:

- (1) a **budget report** indicating expenses incurred;
- (2) a **table** indicating the provider’s quarterly and year-to-date progress on contract objectives;
- (3) **client-level data** for all clients in HIV prevention interventions will be collected and submitted to the SAPB. The format for data collection and the process for submission will follow CDC and DOH guidelines. Note that aggregate data will be collected and submitted for outreach clients;
- (4) a **narrative report** that must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter. **The narrative should also specifically address barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program.** As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised;

(5) **any additional information requested** by SAPB to satisfy program monitoring requirements.

b. Annual/Final Reports:

Provide the State with an annual or final written report within thirty (30) days after the end of the fiscal year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. **An annual report is required at the end of each fiscal year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period.** Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

c. Annual Site visit:

Applicant will host an annual site visit by SAPB program staff. The applicant's Prevention Supervisor shall be available for this one on-site visit annually for evaluation and monitoring of prevention program by SAPB staff. Executive Director and agency outreach staff shall be available for the site visit, as requested by SAPB program staff. Agency staff will also be available for other site visits and/or conference calls as deemed necessary by SAPB Program staff.

d. Program Evaluation and Monitoring System (PEMS) Data:

Applicant will report contract-generated data using the internet-based PEMS to the State as required by SAPB.

e. Program Review Panel (PRP):

Any materials or curricula obtained, developed, or distributed by the applicant shall be submitted to the Hawai'i PRP for approval prior to use.

The applicant shall ensure adherence to the requirements of the PRP, a Hawai'i-based group of individuals facilitated by SAPB staff and mandated by CDC to ensure that media developed and/or utilized by the applicant contains appropriate messages designed to communicate with various community-based groups.

Program Review Panel website:

<http://www.cdc.gov/od/pgo/forms/hiv.htm>

C. Facilities

Not applicable

IV. COMPENSATION AND METHOD OF PAYMENT

Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

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

Applicant shall give a brief overview to orient evaluators as to the program/services being proposed.

II. Experience and Capability

A. Necessary Skills

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

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

G. Quality Assurance and Evaluation

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

H. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

Applicant will host an annual site visit by SAPB program staff. The applicant's Prevention Supervisor shall be available for this one on-site visit annually for evaluation and monitoring of prevention program by SAPB staff. Executive Director and agency outreach staff shall be available for the site visit, as requested by SAPB program staff. Agency staff will also be available for other site visits and/or conference calls as deemed necessary by SAPB Program staff.

I. Facilities

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

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

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

2. Staff Qualifications

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

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Applicant shall describe the meetings, trainings and community advisory committee meetings their staff will attend (see section 2.B.1.b. (1) – (6).

2. Organization Chart

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

IV. Service Delivery

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

A. COUNSELING, TESTING AND REFERRAL (CTR)

1. Descriptive Information

*Provide a detailed description of how this program will increase the use of HIV counseling and testing among high-risk women, **utilizing information in Section 2 as a guide**. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b...).*

- a. How will the program promote CTR to ensure that CTR services are accessed by women at-risk for HIV?
- b. How will the program collaborate with other CTR services?

- c. How will the program link identified at-risk women to other prevention services, and to which services will individuals be linked?
- d. How will the program link HIV positive CTR clients to partner services (PS), P4P and care case management services?
- e. How will the program conduct quality assurance related to their CTR program and certified counselors?

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in “number” to reflect the agency’s goals for CTR. Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) sexual or needle sharing partners of individuals living with HIV.
- b. By the end of the fiscal year, the contractor shall have a return rate of at least 80% for HIV antibody testing results using Orasure and 100% for rapid testing results for sexual or needle sharing partners of individuals living with HIV (*this objective is non-negotiable*).
- c. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) women at risk.
- d. By the end of the fiscal year, the contractor shall have a results return rate of at least 80% for HIV antibody testing results using Orasure and 100% for rapid testing results for women at risk (*this objective is non-negotiable*).
- e. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least (*number*) sexual partners of women at risk.
- f. By the end of the fiscal year, the contractor shall have a results return rate of at least 80% for HIV antibody testing results using Orasure and 100% for rapid testing results for sexual partners of women at risk (*this objective is non-negotiable*).
- g. By the end of the fiscal year, the contractor will provide HCV CTR to at least (*number*) women at risk.
- h. By the end of the fiscal year, the contractor shall have a results return rate of at least 75% for HCV antibody testing for women at risk (*this objective is non-negotiable*).

B. HIV PREVENTION INTERVENTIONS DELIVERED TO INDIVIDUALS (IDI) WHO ARE HIV POSITIVE

1. Descriptive Information

*Provide a detailed description of the intervention delivered to individuals (IDI) activities that will be implemented as part of P4P services, **utilizing information in Section 2 as a guide**. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b...).*

- a. How will agency access HIV positive women for this intervention, including HIV positive women not receiving services from the agency's case management program?
- b. Provide an overview for each of the sessions that will be utilized to provide these IDI services to HIV positive women (i.e. what topics will be addressed with the women at each session?);
- c. Describe how staff will assess the success of the intervention. How will staff measure the frequency of unsafe sexual behaviors, needle-sharing behaviors, number of sexual partners, etc.?
- d. How will it be determined that the client should exit from the IDI services?
- e. FTE to be devoted to this intervention.

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for IDI. Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of the fiscal year, the applicant will provide at least (*number*) HIV-positive individuals at risk for transmitting HIV with peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: This objective refers to all clients *enrolled* in P4P IDI.]
- b. By the end of the fiscal year, the applicant will provide at least (*number*) HIV-positive individuals at risk for transmitting HIV with a minimum of (*number*) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: The first number refers to P4P clients who have *completed* the IDI intervention. The second number indicates the intended minimum number of session per client (i.e., three, four, etc.)]
- c. By the end of the fiscal year, no more than (*number*) percent of the HIV-positive individuals enrolling in IDI will be HIV care case management clients at the time of P4P enrollment. [Note: This objective is intended to ensure that some P4P IDI clients are not case management clients of the CBO. An individual is defined as being a case management client if they have been in case management within

- the last two years.]
- d. By the end of the fiscal year, at least (*number*) percent of P4P IDI clients completing the intervention will decrease the frequency of unprotected anal and vaginal sex with partners of negative or unknown HIV status; and/or decrease the number of sexual partners with negative or unknown HIV status with whom they have unprotected sex; and/or decrease the frequency of needle sharing; and/or the number of needle sharing partners.

C. PARTNER SERVICES (PS)

1. Descriptive Information

*Provide a detailed description of the partner services activities that will be implemented as part of P4P services, **utilizing information in Section 2 as a guide**. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b...).*

- a. Provide a list of specific activities that will be provided by your agency to implement PS for women who are HIV positive.
- b. Provide a description of each activity listed in (a), and details regarding how each will be implemented.
- c. Describe how your agency will provide access to your agency's PS program for women who learned of their diagnoses previous to 6 months ago.
- d. Describe how agency staff will make referrals for PS clients. To what services will they be referred, as appropriate? How will agency staff track referrals?

1. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for partner services. Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of the fiscal year, the applicant will offer Partner Services to 100% of new HIV positive individuals (*this objective is non-negotiable*).
- b. By the end of the fiscal year, (*number*) percent of new HIV positive clients will be interviewed for HIV Partner Services.
- c. By the end of the fiscal year, (*number*) of previously identified HIV positive female clients will be offered Partner Services.
- d. By the end of the fiscal year, (*number*) of previously identified HIV positive female clients will be interviewed for Partner Services.
- e. By the end of the fiscal year, the applicant will elicit partners from at

least 80% of new HIV positive clients who agree to be interviewed for Partner Services (*this objective is non-negotiable*).

D. OUTREACH

1. Descriptive Information

*Provide a detailed description of how this program will increase the use of outreach among high-risk women, **utilizing information in Section 2 as a guide**. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b ...).*

- a. What sub-populations of women at risk will you target with outreach (e.g., women exchanging sex for money/drugs, women who have one or more sexual partners who are HIV positive, etc.)?
- b. Indicate site/physical setting at which outreach and recruitment will occur. Be specific in naming the sites and venues (e.g., River Street in China Town).
- c. Describe specific activities to be undertaken for this outreach component such as: harm reduction information, distribution of condoms, referrals and other activities, etc.
- d. If your agency plans to provide outreach services to men who place women at-risk, describe the specific sites where this intervention will occur and the specific activities to be undertaken for this outreach component.
- e. FTE to be devoted to this intervention

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in “number” to reflect the agency’s goals for outreach among high-risk women. Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of the fiscal year, (*number*) of individuals will be reached by the proposed outreach component.
- b. By the end of the fiscal year, (*number*) condoms will be distributed.
- c. By the end of the fiscal year, (*number*) women at risk who are outreach contacts will receive, be referred to, or be recruited into one or more of the following services by outreach workers: CTR, IDI, hepatitis vaccination or hepatitis/STD screening.
- d. By the end of the fiscal year, (*number*) men who place women at risk will receive appropriate services and/or referrals to decrease their risk for placing women at-risk (*complete this objective only if you propose services to this group*).

E. HIV PREVENTION INTERVENTIONS DELIVERED TO INDIVIDUALS (IDI) WHO ARE WOMEN AT RISK

1. Descriptive Information

*Provide a detailed description of intervention delivered to individuals (IDI) activities that will be implemented to women at risk, **utilizing information in Section 2 as a guide.** In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a , b...).*

- a. How will agency staff access women at-risk for this intervention?
- b. Provide an overview for each of the sessions that will be utilized to provide these IDI services to women at-risk (i.e. what topics will be addressed with the women at each session?);
- c. Describe how staff will assess the success of the intervention. How will staff measure the frequency of unsafe sexual behaviors, needle-sharing behaviors, number of sexual partners, etc.?
- d. How will it be determined that the client should exit from the IDI services?

2. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in “number” to reflect the agency’s goals for IDI activities (other than P4P) that will be implemented to women (or their partners). Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of the fiscal year, the applicant will provide at least (*number*) individuals at risk for having or contracting HIV with peer-based, client-centered, interventions delivered to individual sessions between 30 and 90 minutes in duration. [Note: This objective refers to all clients *enrolled* in non-P4P IDI.]
- b. By the end of the fiscal year, the applicant will provide at least (*number*) individuals at risk for having or contracting HIV each with a minimum of (*number*) peer-based, client-centered, individual-level intervention sessions between 30 and 90 minutes in duration. [Note: The first objective refers to non-P4P clients who have *completed* the ILI intervention. The second number indicates the intended minimum number of session per client (i.e., three, four, etc.)]
- c. By the end of the fiscal year, at least (*number*) percent of non-P4P clients completing the intervention will decrease the frequency of unprotected anal and vaginal sex with partners of positive or unknown HIV status; and/or decrease the number of sexual partners with positive or unknown HIV status with whom they have unprotected sex;

and/or decrease the frequency of needle sharing; and/or the number of needle sharing partners.

F. INTEGRATION OF SERVICES THROUGH REFERRALS

1. Descriptive Information

Provide a detailed description of integration activities that will be implemented, utilizing information in Section 2 as a guide. In the proposal, include responses to each of the following questions, numbering each response to correspond to the numbering below (e.g., a, b...).

- a. Provide a description of integration activities and how they will be implemented;
- b. Provide program linkages to STD and viral hepatitis prevention involving the priority populations;
- c. Provide plans to collaborate with the SAPB counselor/tester(s) on your island to ensure linkages to hepatitis C screening and treatment, and hepatitis A and B vaccinations for appropriate clients;
- d. How will referral be implemented and how will applicant coordinate care services with prevention services?

2. Objectives:

In the proposal, applicants must respond to all of the objectives below, filling in “number” to reflect the agency’s goals for integrating STD and viral hepatitis services. Progress on objectives will be determined using information collected by the contracted agency.

- a. By the end of the fiscal year, the applicant will provide at least (*number*) referrals for STD and/or hepatitis services to P4P clients.
- b. By the end of the fiscal year, the applicant will provide at least (*number*) referrals for STD and/or hepatitis services to the sexual and drug using partners of P4P clients.
- c. By the end of the fiscal year, the applicant will provide at least (*number*) referrals for STD and/or hepatitis services to women at risk.
- d. By the end of the fiscal year, the applicant will provide at least (*number*) referrals for STD and/or hepatitis services to partners of women at risk.

V. Financial

A. Pricing Structure

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

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

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification – Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases

Neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

***SPECIAL BUDGET INSTRUCTIONS:**

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

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

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

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

B. Other Financial Related Materials

1. Accounting System

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

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

VI. Other

A. Litigation

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

Section 4
Proposal Evaluation

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

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

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

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

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

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

1. *Experience and Capability (20 Points)*

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

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

- Experience delivering similar services.
- Quality of performance on previous contracts with the state purchasing agency (if any).

C. Quality Assurance and Evaluation

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community.

E. Facilities

- Adequacy of facilities relative to the proposed services.

2. Project Organization and Staffing (15 Points)

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

A. Staffing

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

B. Project Organization

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

3. Service Delivery (55 Points)

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

- Extent to which applicant responds to each of the questions/statements in “Descriptive Information” section of each intervention (i.e. CTR, PS, Outreach, IDI, etc.).
- Clarity and detail of “Descriptive information” provided by applicant for each of the sections
- Extent to which proposed objectives are reasonable and based on past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of the RFP, given the capacity, time and resources available.
- Clarity and detail of planned activities.
- Clarity in work assignments and responsibilities.
- Realism of the timelines and schedules, as applicable.

4. *Financial (10 Points)*

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.
- The budget fully supports the scope of service and requirements of the RFP.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- Adequacy of accounting system.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- Attachment A. Competitive Proposal Application Checklist**
- Attachment B. Sample Proposal Table of Contents**
- Attachment C. Definitions of interventions**
- Attachment D. Screening Guidelines for Chlamydia**
- Attachment E. STDs Screening Guideline by Population**
- Attachment F. Sample Form SPO-H-205**
- Attachment G. Sample Narrative Budget Justification**

Proposal Application Checklist

Applicant: _____

RFP No.: _____

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

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Narrative Budget Justification		Section 5, RFP	X	

Authorized Signature

Date

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RFP INTERVENTION DEFINITIONS

Outreach¹ interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. The primary purpose of outreach activities should be targeted toward recruitment into a behavioral intervention or prevention program, as opposed to used primarily for condom distribution. Outreach also involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccinations and treatment, and to PHIP services. Outreach is also a term used to describe a method of delivering interventions such as ILI, CTR and PCM, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

HIV Counseling, Testing and Referral supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

Partner Services (formerly called Partner Counseling and Referral Services) promotes the process of HIV positive clients informing their partners that they may be at risk for HIV or collaborating with Department of Health staff to notify their partners of their possible HIV risk. Notified partners can choose whether to be tested and, if not tested or if found to be not infected, can receive counseling about practicing safer behaviors to avoid future exposure to HIV. If, however, they are found to be infected, they can seek early medical treatment and practice behaviors that help prevent transmission of HIV to others and reduce the risk of becoming infected with other STDs.

Intervention Delivered to Individuals¹ aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. IDI is a multiple sessions intervention with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an

¹**Outreach vs. Interventions Delivered to Individuals:** Both outreach and IDI involved one-on-one contact, and since IDI are often provided in outreach settings, these are sometimes confused. Not all one-on-one outreach contacts are Intervention Delivered to Individuals. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an Intervention Delivered to Individuals. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an Intervention Delivered to Individuals when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, IDIs, unlike outreach, are intended to be multiple session interventions.

individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her HIV transmission or infection risk. The intervention must include activities to build appropriate skills the client can use in reducing their risk. These interventions may be peer or non-peer based, and involves a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Intervention Delivered to Individuals may occur in an outreach or institutional (school, office, workplace, etc.) setting. Intervention Delivered to Individuals also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Screening Guidelines for *Chlamydia trachomatis*

	Female	
	Adolescent	Adults
American College of Preventive Medicine 2003	<ul style="list-style-type: none"> • Sexually active women with risk factors • Pregnant women with risk factors during their 1st trimester of prenatal visit, re-screened during 3rd trimester • Risk factors: <ul style="list-style-type: none"> ○ New male sex partner or 2 or more partners during preceding yr ○ Inconsistent use of barrier contraception ○ History of prior STD ○ African-American race ○ Cervical ectopy ○ Mucopurulent discharge, suggestive of cervicitis 	<ul style="list-style-type: none"> • Sexually active women with risk factors • Pregnant women with risk factors during their 1st trimester of prenatal visit, re-screened during 3rd trimester • Risk factors: <ul style="list-style-type: none"> ○ Age \leq 25 yo ○ New male sex partner or 2 or more partners during preceding yr ○ Inconsistent use of barrier contraception ○ History of prior STD ○ African-American race ○ Cervical ectopy ○ Mucopurulent discharge, suggestive of cervicitis
CDC STD Guideline 2006	<ul style="list-style-type: none"> • Screen all at-risk adolescents • STD screening without parental consent: \geq 16 yo • Check local laws about HIV C/T, vaccination • High-risk: <ul style="list-style-type: none"> ○ $<$ 15 yo and sexually active ○ MSM ○ Detention ○ Use illicit drug ○ Drug-using partners 	<ul style="list-style-type: none"> • More than one sex partner • New sex partner(s) • History of STD • Sexually active and \leq 25 yo • Male partners who have had sex with men (MSM) • Condoms used incorrectly and inconsistently • Pregnant or considering pregnancy
Region IX IPP, Chlamydial Clinical Guidelines 2003	<ul style="list-style-type: none"> • Screen all sexually active females at the first visit and annually thereafter • Re-screen all females 3-4 mo after treatment for Chlamydia • Test and presumptively treat females presenting syndromes associated with Chlamydia: mucopurulent cervicitis, pelvic inflammatory disease 	<ul style="list-style-type: none"> • Screen all sexually active females \leq 25 yo at the first visit and annually thereafter • Re-screen all females 3-4 mo after treatment for Chlamydia • Screen women $>$ 25 yo individually based on risk factors • Test and presumptively treat females presenting syndromes associated with Chlamydia: mucopurulent cervicitis, pelvic inflammatory disease
U.S. Preventive Service Task Force 2007	<ul style="list-style-type: none"> • Sexually active women • Pregnant • Risk assessment: <ul style="list-style-type: none"> ○ Previous Chlamydial or other STD infection ○ New or multiple sexual partners ○ Inconsistent condom use ○ Sex work ○ African American and 	<ul style="list-style-type: none"> • Sexually active women \leq 24 yo or $>$ 25 yo and at increased risk • Pregnant women \leq 24 yo or $>$ 25 yo and at increased risk • Risk assessment: <ul style="list-style-type: none"> ○ Previous Chlamydial or other STD infection ○ New or multiple sexual partners ○ Inconsistent condom use

	Hispanic have higher prevalence rates	<ul style="list-style-type: none"> ○ Sex work ○ African American and Hispanic have higher prevalence rates
	Male	
American College of Preventive Medicine	<ul style="list-style-type: none"> • Partners of women with positive tests 	
CDC STD Guideline 2006	<ul style="list-style-type: none"> • No recommendation for routine screening of sexually active young men due to insufficient evidence • Screening of sexually active young men should be considered in clinical settings with a high prevalence of Chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) 	
Region IX IPP, Chlamydial Clinical Guidelines 2003	<ul style="list-style-type: none"> • No recommendations to guide asymptomatic Chlamydia infection screening for sexually active men due to lack of data • Screening sexually active males ≤ 25 yo at the initial exam could be considered • Test and treat males with syndromes associated with Chlamydia such as urethritis and epididymitis 	
U.S. Preventive Services Task Force 2007	<ul style="list-style-type: none"> • No recommendation due to insufficient evidence 	

Sources:

Center for Diseases Control and Prevention, Workowski KA, Berman SM. Sexually transmitted diseases treatment guidelines, 2006. MMWR Recomm Rep. 2006 Aug 4;55(RR-11);1-94.

Hollblad-Fadiman K, and Goldman SM. American College of Preventive Medicine Practice Policy Statement Screening for *Chlamydia trachomatis*. Am J Prev Med 2003;24(3):287-292.

Region IX IPP, Chlamydia Clinical Guidelines. 2003.

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Screening Guideline by Population. CDC STD Treatment Guideline, 2006

POPULATION	SCREENING CONSIDERATION
ADULTS	<ul style="list-style-type: none"> ◊ More than one sex partner ◊ New sex partner(s) ◊ History of STD ◊ Sexually active and ≤ 25 yo ◊ Male partners who have had Sex with Men (MSM) ◊ Condoms used incorrectly and inconsistently ◊ Pregnant or considering pregnancy
PREGNANT WOMEN	<ul style="list-style-type: none"> ◊ Screen all pregnant women first prenatal visit: HIV, STS, HBsAg, CT, GC, BV, PAP, HCVab ◊ Retest high-risk at 3rd trimester for: HIV, CT, GC and STS (at delivery) ◊ High-risk: <ul style="list-style-type: none"> - <25 yo with new partners or multiple partners, - Recent STD - Use Illicit drug - Drug-using partners
ADOLESCENT	<ul style="list-style-type: none"> ◊ Screen all at-risk adolescents ◊ STD screening without parental consent: ≥ 14 yo ◊ Check local laws about HIV C/T, vaccination ◊ High-risk: <ul style="list-style-type: none"> - <15 yo and sexually active - MSM - Detention - Use illicit drug - Drug-using Partners
MSM	<ul style="list-style-type: none"> ◊ Regardless of HIV status: <ul style="list-style-type: none"> - Annually: HIV; STS; urethral CT and GC; rectal and/or pharyngeal GC ◊ Retest high-risk every 3-6 mo ◊ High Risk: <ul style="list-style-type: none"> - Anonymous sex - Drug-using partners - Use of illicit drug use - Use of methamphetamine
WSW	<ul style="list-style-type: none"> ◊ BV especially Metronidazole-resistant trichomoniasis ◊ HPV ◊ Genital infection with HSV-1
SEXUAL ASSAULT	<ul style="list-style-type: none"> ◊ Initial examination: GC/CT from site of penetration or attempted penetration; culture or FDA cleared NAAT for either GC or CT; wet mount and culture of vaginal swab for T. vaginalis infection, BV and candidiasis; HIV, HBV, STS ◊ Follow-up at 3 and 6 months: HIV, STS