

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

Addendum No. 2

August 14, 2014

To

**RFP No. HTH-560-CW-013
To Enhance the Statewide System of Perinatal and
Women's Health
System of Care through
Systems Building and Advocacy; Pregnancy Resource,
Referral, and Information; and, Perinatal Support
Service Provider Education and Training**

Issued: July 2, 2014

August 14, 2014

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**To Enhance the Statewide System of Perinatal and Women's Health
System of Care through
Systems Building and Advocacy; Pregnancy Resource, Referral, and Information; and,
Perinatal Support Service Provider Education and Training**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch is issuing this addendum to HTH-560-CW-013, To Enhance the Statewide System of Perinatal and Women's Health System of Care through Systems Building and Advocacy; Pregnancy Resource, Referral, and Information; and, Perinatal Support Service Provider Education and Training, for the purposes of:

- Responding to questions that arose at the orientation meeting of July 16, 2014 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- Amending the RFP.
- Final Revised Proposals

The proposal submittal deadline:

- is amended to <new date>.
- is not amended. Deadline 10/17/2014.
- for Final Revised Proposals is <date>.

Attached is (are):

- A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- Amendments to the RFP.
- Details of the request for final revised proposals.

If you have any questions, contact:

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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 |

I. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist

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

Points will be awarded to bullets under the criteria by the evaluation committee, such as 100% of points are given for outstanding responses and 60% of points are given for satisfactory responses. Consensus scoring will be used by an evaluation committee to reviewing the proposals.

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| <p>5 – Outstanding <i>(100% of points)</i></p> | <ul style="list-style-type: none"> ▪ <i>Each bullet identified and addressed clearly.</i> ▪ <i>Consistently exceeded required elements by clearly proposing additional services or strategies for implementation to achieve the RFP requirements.</i> ▪ <i>Bullets addressed clearly in subheading under the appropriate numbered heading.</i> ▪ <i>More than met expectations by providing additional details or specific examples of the services or strategies for implementation.</i> ▪ <i>Competent; general description of “what we do” for all required elements.</i> ▪ <i>No additional details, specific examples, or additional services or strategies to achieve RFP.</i> ▪ <i>Not all bullets or all components of a bullet were evident under the appropriate numbered heading of the RFP.</i> ▪ <i>Did not answer the question completely in terms of approach, strategies, services, or descriptions.</i> ▪ <i>Not all bullets or components of a bullet were addressed or evident in the proposal.</i> ▪ <i>Only reiterated the wording of RFP or other attached DOH materials.</i> |
| <p>4 – Above Average <i>(80% of points)</i></p> | |
| <p>3 - Satisfactory <i>(60% of points)</i></p> | |
| <p>2 – Marginally Adequate <i>(40% of points)</i></p> | |
| <p>1 – Unsatisfactory <i>(20% of points)</i></p> | |

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. 5
- B. Experience**
 - Demonstrates experience in public health specifically for maternal, women, infant and child health population 5
- C. Quality Assurance and Evaluation**
 - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology for: adherence to scope of services and submission of invoices to MCHB. 5
- D. Coordination of Services**
 - Demonstrated capability to coordinate services with other agencies and resources in the community as related to program resources/activities in this RFP. 3
- E. Facilities**
 - Adequacy of facilities relative to the proposed services. 2

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. 3
 - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program. 3

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. 4
- **Organization Chart:** Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks. 5

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the Applicants approach to the service activities and management requirements outline in the Proposal Application. The evaluation criteria will also include an assessment of the logic of the work plan for the major service activities and tasks to be completed annually, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

A. Perinatal Systems Building and Advocacy 17

- 1. Promoting through facilitation, advocacy for improvement and/or changes to perinatal health including the preconception, post-partum and interconception periods and this system of care in the broader context of women’s health and MCHB issues. This will include always taking into consideration the multiple factors and social determinants of health and disparities which interact and can impact overall health. This process should also include efforts which address Healthy People 2020 Objectives, MCHB issues, and overarching service goals. 3
- 2. Planning and facilitating two (2) perinatal two (2) hour meetings through video conferencing to provide opportunity for statewide involvement. This will include developing and implementing strategies to inform and educate stakeholders on these meetings to support active statewide participation. 4

Each meeting will include an opportunity for participants to hear information, provide input and identify as appropriate strategies to address issues influencing perinatal and women's health (including preconception, post-partum, and interconception periods) and for healthy birth outcomes, taking into consideration health disparities. These stakeholder meetings will also be influenced by the outcomes and efforts the two (2) face-to-face, up to five (5) hour meetings described in 3, below.

- 3. Planning and overseeing all logistics and implementation for two (2) face-to-face, up to five (5) hour meetings for approximately seventy (70) stakeholders, working within the MCHB, and the Hawaii Maternal and Infant Health Collaborative: The First 1,000 Days team in its planning process. This will include being a participant of the team and attending these monthly meetings. The focus and outcomes for these meetings will be determined by current emphasis at the national, state, and community levels to improve perinatal and women's health (including preconception, post-partum and interconception periods). Meetings will include use of the state plan and framework when developed to guide ongoing discussion and assessment of the issues; sharing of related data, evaluation and evidence; facilitating

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actions which support opportunities to have in place a comprehensive system of resources, community engagement, and related public awareness. These meetings will be influenced by the outcomes and efforts in the two (2) perinatal stakeholder two (2) hour meetings. Logistics planning will also include: overseeing all communication, registration and meeting set-up and closing requirements, providing all meeting supplies; assisting with facilitation as needed; developing evaluation tool to collect and then analyze meeting outcomes; completion of meeting reports, including any breakout session discussions; distributing meeting reports to all invitees following MCHB review and approval.

- 4. Facilitating activities to engage neighbor island representation at the two (2) face-to-face meetings for up to one (1) individual each from Maui County, Kauai County and Hawaii County. Work with the MCHB and the Hawaii Maternal and Infant Health Collaborative team: The First 1,000 Days team and as a participant in this team in identifying individuals who are knowledgeable on maternal and child health issues and needs specific to their County and its communities, not representative of any specific interest group, and able to share information and then assist as needed with follow-up and next step required actions. Providing for logistics a budget for the payment of the two (2) face-to-face meetings for approximately seventy (70) stakeholders and travel for the three (3) neighbor island representatives. 3

- 5. Developing and implementing strategies 2

(e.g., legislative tracking) to ensure perinatal and other essential stakeholders and communities are informed of issues and policies impacting the statewide perinatal and related women's health system of care.

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| B. Pregnancy Resource, Referral, and Information | 24 |
| • 1. Planning and developing training and products (e.g. brochures) to increase statewide awareness of the phone line and website that include: acknowledgement of the DOH, MCHB on all developed material for this service with the DOH logo imprinted; and timelines for the DOH approval process. | 3 |
| • 2. Developing and implementing a phone line and website which, at a minimum, includes the availability of information and related resource areas for access to prenatal care; Medicaid providers; family planning services; sexually transmitted disease infection screening and treatment; substance use/abuse prevention services including smoking cessation; domestic violence, intimate partner violence, and sexual coercion services; mental health including counseling; breastfeeding support services; dental care during pregnancy; and, information to promote health behaviors prior to pregnancy (preconception), in pregnancy to decrease the incidence of pre-term and low or very low birth weight, and following pregnancy in the post-partum and interconception periods to support continued women's health and infant health needs. | 8 |

Implementing one (1) dedicated phone line and one (1) additional toll-free phone line for women and families to

call for statewide access to pregnancy resources, referrals, and information. This shall include staffing and operating a dedicated and toll-free phone line Monday through Friday during regular business hours with a plan for answering calls after hours.

Developing and implementing a website that provides internet access to local pregnancy, resources, referrals, and information to promote positive women's general health and decision making. The website shall have electronic mail capability for users to submit questions and receive answers.

- 3. Training and providing ongoing supervision in phone line and website personnel in answering phone line calls and website questions and in providing appropriate referrals. Phone line and website staff should have knowledge of preconception, perinatal, post-partum, and interconception care health issues, resources and able to recognize an emergency situation for appropriate referrals. 6
- 4. Developing and implementing strategies to expand awareness and increase usage of the pregnancy resource, referral, and information phone line and website use statewide. 3
- 5. Collecting data on pregnancy resource, referral, and information phone line and website users including, but not limited to: demographic information including County, zip code, and individual gender, age, race, education, marital status, and insurance status; time/day of calls or website hits; the means by which the caller learned of the phone line and/or website; request, referral and service needs; and reporting would also include 4

the discussion of activities promoting awareness of the phone line and website.

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| C. Perinatal Provider Education/Training | 14 |
| • 1. Describing the process for developing two (2) PSS education/trainings lasting four (4) hours each held on the same day as the ninety (90) minute PSS Provider meetings with the focus on service delivery for: 1) outreach; 2) health assessment and education/counseling; and, 3) case management/care coordination. Each developed training exercise shall focus on priority health areas including, but not limited to: increasing health promotion and education; screening for depression, screening for domestic violence, intimate partner violence, and sexual coercion; abstinence from alcohol, cigarette smoking, and illicit drug use; and support reproductive health planning for women to decrease the incidence of sexually transmitted infection and unintended pregnancies. Describing any subcontracting of duties, obligations, or interests for any of the core activities and the approach for these arrangements, including work assignments/responsibilities and the budget including that for any related education materials. Not more than 55% of the core services shall be subcontracted. | 6 |
| • 2. Describing methods that will be | 4 |

developed and implemented to evaluate the two (2) education/trainings with a focus on the impact on the PSS Providers in the quality of day-to-day service delivery and data collection; as well as the promotion of perinatal health and related positive women's health outcomes and decision making. Describing the process for completing written evaluation reports for each education/trainings for inclusion in the applicable quarterly report with a discussion of training objectives, implementation challenges, and future recommendations.

- 3. Describing the process for providing logistics including budget for payment of two the (2) PSS Providers' education/training(s) and ninety (90) minute PSS Provider meetings for approximately eighteen (18) participants. Describing the process for organizing the logistics including budget for three (3) neighbor island participants, one (1) from each contract provider with airline travel to attend trainings and meetings two (2) times a year. 4

4. Financial (10 Points)

- Personnel costs are reasonable and comparable to positions in the community. Non-personnel costs are reasonable and adequately justified. Applicant's proposed budget is reasonable, given program resources and operational capacity. The budget fully supports the scope of services and requirements for the Request for Proposal. 5
- Adequacy of accounting system. 5

A. 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.