

State of Hawaii  
Department of Health  
Family Health Services Division  
Healthy Start Program

## **Addendum No. 2**

**October 30, 2008**

**To**

**Request for Proposals**

**HTH-560-CT-002**

**Primary Prevention of Child Abuse and Neglect  
(Child Maltreatment)**

**Sub Category:  
Early Identification**

**October 3, 2008**

October 30, 2008

**ADDENDUM NO. 2**

To

**REQUEST FOR PROPOSALS  
Primary Prevention of Child Abuse and Neglect  
(Child Maltreatment)  
RFP No. HTH-560-CT-002**

The Department of Health, Family Health Services Division, Maternal and Child Health Branch, Healthy Start Program is issuing this addendum to RFP Number HTH-560-CT-002, Primary Prevention of Child Abuse and Neglect (Child Maltreatment) for the purposes of:

- Responding to questions that arose at the orientation meeting of October 15, 2008 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 and remains November 14, 2008.
- 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:  
Naomi Imai

808-733-4182  
naomi.ima@doh.hawaii.gov  
741 A Sunset Ave. Room 204  
Honolulu, Hawaii 96816

Responses to Question Raised by Applicants  
For HTH-560-CT-002  
Primary Prevention of Child Abuse and Neglect (Child Maltreatment)

- 1. I understand that the unit cost is \$33.99 per hour, for an average of 6 billable hours per day. But is there a total unit amount for Home Visiting (HV) over time? For example 6 billable hrs per day for \_\_\_ days? How many total units? Would this be predetermined from the onset of services?**

This request for proposals is for Early Identification, not Home Visiting. The 6 billable hours/ per day relate to activities by the assessment worker, not the home visitor. The dollar amount cap is based on the budget you propose: number of workers multiplied by hours billed cannot exceed the allocated amount. (See Table B)

- 2. Is there a total unit amount or limit for the service of the Early Identification (EID) screening and a separate total unit amount for Home Visiting (HV)? Or are these services considered one in the same?**

This request for proposals is for Early Identification only. See page 2-1, A. last sentence. The total amount of services (screens/assessments) would depend on the birthrate and staffing resources.

- 3. With regard to unit cost and cost reimbursement: If awarded will we as an approved provider agency be able to submit billing for a unit cost or cost reimbursement or does billing have to be submitted for both?**

You will submit both unit cost invoices and cost reimbursement invoices. You will submit a budget for your proposed number of workers multiplied by the unit cost, multiplied by the hours. See Unit Cost Budget Form (Attachment H). You will also submit your administrative expenditures on forms from the State Procurement Office which you may obtain from the SPO website listed on page 1-2 ("Forms")

**4. How many EID screenings were recorded last year?**

**FY2008 (July 2007 to June 2008) EID INFORMATION**

	Civilian Births	Total Screens	Positive Screens	Negative Screens	Total Assess.	Positive Assess.	Negative Assess.	Number Served (new enrollment)	New Enh Enroll
Quarter 1	3934	3409	1781	1628	1307	612	695	419	30
Quarter 2	3891	3317	1683	1634	1259	598	661	442	24
Quarter 3	3804	3295	1694	1601	1309	596	713	415	21
Quarter 4	3754	3317	1707	1610	1300	648	652	457	17
Total FY08	15383	13338	6865	6473	5175	2454	2721	1733	92

We expect that this new contract will screen and assess less families than FY2008 because this new contract requires staffing for a minimum of 5 days per week, rather than 7 days per week.

**5. May we see a copy of the MCHB approved tool for eligibility for program services?**

Currently MCHB utilizes the Kempe Family Stress Checklist. The screening tool is a 15 point list of risk factors and the Kempe Family Stress Checklist assesses the family on 10 interview items.

Screen: (Positive screen: True score on either item number 1, 9, 12; or Two or more true scores; or Seven or more unknowns)

1. Unmarried
2. Partner unemployed
3. Inadequate income
4. Unstable housing
5. No Phone
6. Education under 12 years
7. Inadequate emergency contacts
8. History of substance abuse
9. Inadequate prenatal care
10. History of abortions
11. History of psychiatric care
12. Abortion unsuccessfully sought or attempted
13. Adoption sought or attempted
14. Marital or family problems
15. History of depression

Kempe Family Stress Checklist (scoring: 0=No problem; 5=Mild problem, 10=Sever problem) Positive assessment = total score of 30 or more for either parent.

1. Childhood history of being abused
2. Substance abuse, mental illness ore criminal history
3. Previous or current Child Protective Services involvement
4. Low self-esteem, poor coping ability
5. Multiple life stressors
6. Potential for violent temper outbursts
7. Unrealistic expectations for child's development
8. Harsh punishment of child
9. Perceives child as being difficult or provacative
10. Child unwanted or risk of poor bonding

**6. What are the required trainings for each family assessment worker?**

Currently, core trainings include: Program Overview, Linking EID assessments to Home Visits, Dynamics of Child Abuse & Neglect, Crisis Intervention, Ethics/Boundaries, Overview of Child development. Training is provided by another contracted provider.

**7. The RFP states that the “Initial term of contract: July 1, 2010 to June 30, 2014” is that accurate?**

No, an addendum was issued Oct 6, 2008 correcting the dates to: July 1, 2009 or State's Notice to Proceed to June 30, 2013.

**8. The RFP states that “the Provider’s organization chart shall reflect the staffing proposal for each hospital and staffing proposals for increasing prenatal referrals.” Can we get an average number of actual and/or anticipated referrals from each hospital?**

Staffing will be for a minimum of 5 days per week. The applicant/provider shall determine which days will be staffed dependent on the hospital's rhythm and flow of deliveries. It is expected that staffing only 5 days per week will result in missed screens and assessment. The applicant/provider shall keep a record of missed screens.

**FY2008 Hospital Counts - Births**

	<b>Births</b>
<b>Kauai</b>	
Wilcox Hospital	534
Kauai Veterans Memorial Hospital	276
<b>Oahu</b>	
Castle Medical Center	685
Kaiser Permanente Hospital	1566
Kapiolani Medical Center	6136
Queen's Medical Center	2026
<b>Maui</b>	
Maui Memorial Medical Center	1876
<b>Molokai</b>	
Molokai General Hospital	19
<b>Hawaii (Island)</b>	
Kona Community Hospital	365
North Hawaii Community Hospital	644
Hilo Medical Center	1174
<b>Total Births</b>	<b>15301</b>

- 9. I understand that there will be multiple awards given but will there be more than one award given to a single geographical area and if so how will the referrals be given out to each provider?**

No, a geographical area will not be awarded to more than one contracted provider.

RFP No. HTH-560-CT-002, Primary Prevention of Child Abuse and Neglect (Child Maltreatment) is amended as follows:

***Subsection Page***

**Section 1, Administrative Overview – no changes**

**Section 2, Service Specifications**

III.A.1	2-5	Delete “all”. Offer the home visiting program universally to mothers of newborns in all civilian hospitals.
III.A.5	2-5	Delete #5 – “The Provider shall be responsible for the provision of laptop computers required to score and record assessment data.”
III.B.1.	2-5	Replace 3 <sup>rd</sup> paragraph: Flexible work hours shall be granted and scheduled for a minimum of 5 of 7 days per week.  last paragraph: Provider’s organization chart shall reflect the staffing proposal. ( <i>delete: “for each hospital and staffing proposals for increasing prenatal referrals.”</i> )
III.I.2.	2-9	Add the island of Lanai to Area C&D.

**Section 3, Proposal Application Instructions – no changes**

**Section 4, Proposal Evaluation – no changes**

**Section 5, Attachments**

Attachment A	Uncheck 5 <sup>th</sup> “X”- “Cost Proposal (Budget)” <i>this is a category title, not a form that is required.</i>
Attachment G	Delete “Supervision” and add “Orientation”. See attached revised Billing Definition Table.
Attachment H	MCHB-HS-Unit Cost Budget Form: Delete 1265 and replace with 1512. See

attached revised form.

Healthy Start Billing Definitions  
 Early Identification  
 (Billing definitions subject to change by MCHB)

<b>Healthy Start Billing Definitions</b>	<b>Limitations</b>	<b>Documentation</b>
Preparation: Time for preparing service activities; gathering materials, making referrals, telephone contacts, and other means of communication, including electronic with other agencies and family, documentation in record	Time reflected will be monitored by MCHB.	1. Start and end time to be recorded.
Travel: This is the time necessary for the worker to travel to and from a home or community site to conduct service activities associated with the screen or assessment.	Time reflected is between program site and service site, OR between worker's home and service site when time and distance is a factor.	1. Start and end time.
Screen: Time for conducting and scoring the 15 point Screen.	Time reflected will be monitored by MCHB.	1. Start and end time to be recorded.
Assessment: Time for conducting and scoring the MCHB approved assessment tool.	Time reflected will be monitored by MCHB.	1. Start and end time to be recorded.
Orientation: This category is to be used for new employees for up to 3 months following date of hire.	Time reflected cannot exceed 6 hours per day.	1. Start and end time to be recorded.
Outreach: Time spent following up to conduct screens and assessments for families that could not be contacted via the usual hospital route. Time spent following up on referrals made by other community entities for HS services.	Time reflected will be monitored by MCHB.	1. Start and end time to be recorded.

## MCHB-HS-Unit Cost Budget Form

Geographic Area: \_\_\_\_\_

FY 2010: # of FAW x Hourly Rate x Yearly Hours = FAW Total  
*Example:* 9 x \$33.99 x 1512 = \$462,535.92

**FY 2010 Total: \$386,976.15**

FY 2011: # of FAW x Hourly Rate x Yearly Hours = FAW Total  
*Example:* 9 x \$33.99 x 1512 = \$462,535.92

**FY 2011 Total: \$462,535.92**

## MCHB-HS-Summary Budget Form

Geographic Area: \_\_\_\_\_

FY 2010 Unit Cost: Insert FY 2010 amount from MCHB-HS-Unit Cost Budget

FY 2011 Unit Cost: Insert FY 2011 amount from MCHB-HS-Unit Cost Budget

FY 2010 Cost Reimbursement: Insert FY 2010 total from SPO-H-205

FY 2011 Cost Reimbursement: Insert FY 2011 total from SPO-H-205

### Total Budget

**Total FY 2010 Budget:**

FY 2009 Unit Cost + FY 2009 Cost Reimbursement = FY 2010 Total budget

**Total FY 2011 Budget:**

FY 2010 Unit Cost + FY 2010 Cost Reimbursement = FY 2011 Total budget