

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

Request for Proposals

RFP No. HTH- 100-25

Core HIV, STD and Viral Hepatitis Prevention Services in Kauai County

April 17, 2012

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.



April 17, 2012

REQUEST FOR PROPOSALS

**CORE HIV, STD, AND VIRAL HEPATITIS PREVENTION SERVICES IN
HAWAII COUNTY
RFP No. HTH- 100-25**

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV, STD and viral hepatitis prevention services for priority HIV prevention populations which include HIV-positive persons and their partners, men who have sex with men, men who have sex with men and inject drugs, and injection drug users (IDU) at risk for HIV in Kauai County. Services shall include comprehensive HIV prevention services for people living with HIV including partner services; HIV and hepatitis C antibody counseling, testing and referral and condom distribution. The contract term will be from January 1, 2013 through December 31, 2014. 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 May 24, 2012, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on May 24, 2012, 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 April 27, at 2:00 p.m. in room 425, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are strongly encouraged to attend the orientation. Applicant can also join by calling toll free number 1-866-505-4121.

The deadline for submission of written questions is 4:30 p.m. HST on May 9, 2012. All written questions will receive a written response from the State on or about May 17, 2012.

Inquiries regarding this RFP should be directed to the RFP contact person, 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 May 24, 2012** 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), May 24, 2012.** 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., **May 24, 2012.**

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>
Request for Information Meeting	March 7, 2012
Closing date for submission of written questions for written responses	March 15, 2012
State purchasing agency's response to applicant's written questions	March 22, 2012
Public notice announcing Request for Proposals (RFP)	April 17, 2012
Distribution of RFP	April 17, 2012
RFP orientation session	April 27, 2012
Closing date for submission of written questions for written responses	May 9, 2012
State purchasing agency's response to applicants' written questions	May 17, 2012
Proposal submittal deadline	May 24, 2012
Proposal evaluation period	June – July 2012
Provider selection	August 2012
Notice of statement of findings and decision	August 2012
Contract start date	January 1, 2013

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: April 27, 2012 **Time:** 2:00pm – 4:30pm

Location: Diamond Head Health Center, 3627 Kilauea Avenue, Room 425,
 Honolulu

Applicants can also join the orientation session using the toll free number 1866-505-4121. 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.

- 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.
- I. Insurance Requirements.** The PROVIDER shall obtain from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawai`i), general liability insurance in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000) in the aggregate (the maximum amount paid for claims during a policy term).

In addition to the general liability insurance, the PROVIDER shall obtain from a company authorized to do business in the State of Hawaii (or meet Section 431:8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawai`i), automobile liability insurance for automobiles owned or leased by the PROVIDER and used to carry out services specified in this Agreement, that complies with the Hawaii No Fault Insurance Law. The amount shall be at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per accident.

For both the general liability and automobile liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected

therewith. The PROVIDER shall maintain in effect this liability insurance until the STATE certifies that the PROVIDER's work under the Contract has been completed satisfactorily.

The insurance policies shall also provide that:

1) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

2) The STATE and its officers and employees are Additional Insureds with respect to operations performed for the State of Hawaii.

Prior to or upon execution of the Agreement, the PROVIDER shall obtain and provide to the STATE a certificate of insurance verifying the existence of the necessary general liability and automobile liability insurance coverage in the amounts stated above. The certificate shall indicate that the STATE and its officers and employees are Additional Insureds.

The PROVIDER shall immediately provide written notice to the contracting department or agency should any of the insurance policies evidenced on its certificate of insurance forms be cancelled, limited in scope, or not renewed upon expiration.

Should the insurance coverage be cancelled, limited in scope, or not renewed upon expiration, before the PROVIDER's work under the Contract is certified by the STATE to have been completed satisfactorily, the PROVIDER shall immediately procure replacement insurance that complies in all respects with the requirements of this section, and provide a current certificate of insurance to the STATE.

If the scheduled expiration date of the liability insurance policy is earlier than the expiration date of the time of performance under the Agreement, the PROVIDER shall timely renew the policy and provide the STATE an updated certificate of insurance.

Nothing in the insurance requirements of this Contract shall be construed as limiting the extent of PROVIDER's responsibility for payment of damages resulting from its operations under this Contract, including the PROVIDER's separate and independent duty to defend, indemnify, and hold the STATE and its officers and employees harmless pursuant to other provisions of this Contract.

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

- J. **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: Loretta J. Fuddy	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 and viral hepatitis 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 integrated and comprehensive HIV, STD and viral hepatitis services for priority HIV prevention populations which include HIV positive persons and their partners, men who have sex with men (MSM), men who have sex with men and injection drug user (MSM/IDU), and injection drug user (IDU). The purpose of these services is to provide prevention services for positives persons and their partners and reduce transmission and acquisition of HIV, STD and viral hepatitis and to link those testing positive with appropriate care.

National HIV AIDS Strategy (NHAS)

In July 2010, the White House released the National HIV/AIDS Strategy (NHAS), a comprehensive roadmap for reducing the impact of HIV. The strategy sets clear priorities and targets for HIV prevention and care in the United States, and calls on government agencies and their public and private partners to align efforts toward a common purpose.

The NHAS Vision :

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

Three primary goals for the NHAS:

- Reducing HIV incidence
- Increasing access to care and optimizing health outcomes
- Reducing HIV-related health disparities

U.S. prevention efforts based on NHAS over the next 5 years:

- Lower the annual number of new infections by 25 percent
- Increase from 79 to 90 percent the percentage of people living with HIV who know of their infection
- Reduce the HIV transmission rate, a measure of annual transmissions in relation to the number of people living with HIV, by 30 percent
- Increase the percentage of newly diagnosed people linked to care within 3 months from 65 to 85 percent
- Increase the proportion of HIV-diagnosed gay and bisexual men, African Americans, and Latinos with undetectable viral load by 20 percent

Priorities for HIV Prevention:

NHAS lays out clear priorities for increasing the impact of HIV prevention efforts in reducing new infections:

- Intensify HIV prevention in the communities where HIV is most heavily concentrated
- Expand targeted use of effective combinations of evidence-based HIV prevention approaches
- Educate all Americans about the threat of HIV and how to prevent it.

NHAS recognizes the connection between prevention, care, and treatment in reducing new infections and improving the health of people living with HIV. The strategy also emphasizes the central importance of reducing disparities in HIV prevention and care and in reducing the stigma and discrimination associated with HIV.

Centers for Disease Control and Prevention's (CDC) Role:

As the agency with primary responsibility for HIV prevention, CDC's efforts are central to achieving the NHAS vision. CDC's major HIV prevention activities include supporting state and local HIV prevention programs—including the important work of health departments and community-based organizations—through funding and technical assistance; tracking the epidemic through HIV/AIDS surveillance activities; and identifying new prevention interventions through research. CDC also works to overcome complacency about HIV and ensure that all Americans know how to protect themselves, in part through the ongoing Act Against AIDS campaign, launched in 2009.

To address these challenges, CDC and its partners are pursuing a High-Impact Prevention approach to reducing new HIV infections. By using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas, this approach promises to increase the impact of HIV prevention efforts – an essential step in achieving the goals of NHAS. This approach is designed to maximize the impact of prevention efforts for all Americans at risk for HIV infection, including gay and bisexual men, communities of color, women, injection drug users, transgender women and men and youth.

Maximizing Limited Resources for HIV Prevention:

In the last decade, CDC and its partners have used a “combination prevention” approach to reducing HIV infections, involving an increasingly comprehensive mix of proven interventions. But simply combining interventions is not enough – to maximize reductions in new infections, prevention strategies need to be combined in the smartest and most efficient ways possible for each of the populations affected by the epidemic.

Today, the need to do more with existing resources is greater than ever. The global economic crisis has led to major reductions in HIV prevention resources at the state and local levels, and federal financing is severely constrained. To address the challenges of the epidemic in the United States, advance the prevention goals of NHAS, and maximize the effectiveness of current HIV Prevention methods, CDC’s Division of HIV/AIDS Prevention pursues a **High-Impact Prevention Approach**. This approach uses a combination of scientifically proven, cost-effective, and scaleable interventions targeted to the right populations in the right geographic areas, and promises to greatly increase the impact of HIV prevention efforts. High-Impact Prevention addresses this reality by achieving a higher level of impact with every federal prevention dollar.

This approach guides the broad allocation of prevention resources as well as the development of specific prevention strategies for all populations at risk, including gay and bisexual men, communities of color, women, injection drug users, transgender women and men, youth and others.

Hawaii Department of Health’s (DOH) role:

In keeping with NHAS and CDC Hawaii will follow the national lead in HIV prevention. In the coming years, the HIV Prevention Program within the STD/AIDS Prevention Branch (SAPB) of the Hawaii Department of Health will focus on reducing new infections in high risk priority populations through targeted testing, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. Particular emphasis will be placed on increasing testing, linking newly diagnosed and those currently living with HIV to medical and other services, and increased monitoring, evaluation, and quality assurance. To achieve these outcomes, the SAPB will provide direct services; contract and partner with community based organizations; and collaborate with health care providers throughout the state.

The SAPB will implement HIV prevention strategies that are appropriate, effective, and scalable in the context of Hawaii.

B. Planning activities conducted in preparation for this RFP

Extensive internal SAPB meetings have been held to discuss the development of this RFP. Topics considered included NHAS, SAPB Prevention Application to CDC, priorities set by CDC, goals and objectives and specific information/data related to HIV/STD and viral hepatitis prevention interventions of this RFP.

An RFI meeting was held on March 7, 2012. It was two hour long attended by some providers. One written comment was submitted and oral comments were integrated into this RFP as applicable.

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

- 2011 Funding Opportunity Announcement (FOA)
- 2011 Application
- 2008 “Comprehensive HIV Prevention Plan for Hawai’i” Hawai’i Department of Health.
- 2010 “Institute of Medicine’s Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C”
- 2011 “U.S. Department of Health and Human Services’ Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis”
- 2009 “CDC’s White Paper on Program Collaboration and Service Integration”
- 2010 Annual HIV/AIDS Surveillance reports
- 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 persons 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:

- National HIV/AIDS Strategy (NHAS)

<http://www.cdc.gov/hiv/strategy/pdf/nhas.pdf>

- Centers for Disease Control and Prevention (CDC) main HIV/STD/hepatitis website:

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

<http://www.cdc.gov/std/>

<http://www.cdc.gov/hepatitis/>

- High-Impact HIV Prevention; CDC's Approach to Reducing HIV Infections in the United States.

www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf

- 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 HIV status and reduce the frequency of HIV/STD/hepatitis risk of HIV transmission among the indicated populations on Kauai County through required services such as primary

prevention interventions for people living with HIV, HIV and hepatitis C counseling, testing and referral, outreach, partner services, provision and/or referral of STDs and viral hepatitis services. Services will help ensure all persons testing positive for HIV, STD or viral hepatitis will access care and treatment.

D. Description of the target populations to be served

The STATE seeks services for the priority populations identified by the Hawai'i State HIV Care and Prevention Community Planning Group (CPG) in the 2008 Comprehensive HIV Prevention Plan for Hawai'i ("The Plan") based on the epidemiology of Hawaii. Services shall be provided to:

1. Persons living with HIV and their partners.

As stated in the Plan, people living with HIV are the highest priority population for HIV prevention services. The "Comprehensive HIV Prevention with Positives" services requested herein aim to identify new positive persons through HIV testing, their partners and reduce new HIV infections by assisting persons in reducing their risk of transmitting HIV to others. Given that many persons 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, Comprehensive HIV Prevention with Positives must not be limited only to clients of a provider's care case management services, Applicant must also make services available outside of the agency. Comprehensive HIV Prevention with Positives also includes impacting the progression of disease by ensuring access to STD and viral hepatitis services and linking all positive persons with medical care and treatment as appropriate. Partner services are an integral part of Comprehensive HIV Prevention with Positives.

All available data indicates clearly that the majority of HIV positive persons in all areas of the state are MSM. Therefore the majority of clients shall be MSM, and Comprehensive HIV Prevention with Positives programs must be designed accordingly. Programs must also, however, be prepared to provide these services to any HIV positive persons who are at risk for transmitting HIV and who are not MSM.

2. Men who have sex with men (MSM) and their partners

MSM represent the majority of persons living with HIV in Hawaii. This priority population includes both adult and young MSM, and men who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual.

3. Men who have sex with men and inject drugs (MSM/IDU) and

their partners

While the population of MSM/IDU may be small, their HIV risk is often extremely high. This RFP does not require services that are specifically designed to reach MSM/IDU. However, Comprehensive HIV Prevention with Positives services and services for MSM must be inclusive of MSM/IDU. Comprehensive HIV Prevention with Positives and MSM services that are provided to MSM/IDU must address injection-related risk, and every effort must be made to ensure that these persons are linked with syringe exchange services.

4. Injecting drug users (IDU) and their partners

This includes male, female and transgender IDU of all ages. While the STATE provides comprehensive HIV prevention services to IDU through the statewide syringe exchange program, this RFP supports HIV counseling and testing to IDU. In addition, all SAPB-funded providers shall make every effort to link clients with injection-related risk to the syringe exchange program.

E. Geographic coverage of service

Kauai County

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

Probable funding: Total funding of \$117,800 each fiscal year (pending availability of funds).

The agency that is awarded the contract to provide services described in this RFP may, with the prior written consent of SAPB, sub-contact a portion of the service delivery to another agency. Full responsibility for meeting the terms of the contract will remain with the original contracted agency.

The details of a proposed sub-contract should be laid out in the application responding to the RFP but may also be provided for the consideration and approval of SAPB at a later date.

Source of funds:

Federal and State Funding

Availability:

1/1/13-12/31/14 with the option to extend up to two additional twenty-four month periods, ending no later than December 31, 2018.

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: 1/1/13- 12/31/14

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 is 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
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STD/AIDS Prevention Branch
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III. Scope of Work

The scope of work encompasses the following tasks and responsibilities, some of these services are required or mandatory and some of the activities are recommended or supported:

A. Required Service Activities (Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV/STD/hepatitis prevention services that are consistent with the “Hawaii Department of Health Application to (FOA) CDC-RFA-PS12-1201” and recommendations made by the Hawai`i State, HIV Planning Group (HPG) in the 2012 Jurisdictional HIV Prevention Plan and Comprehensive Program 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 identify new positive persons and preventing the greatest number of new HIV infections; the described populations represent prioritized populations.

1. Targeted HIV testing in non-clinical settings and/or HIV and Hepatitis C Virus (HCV) Antibody Counseling, Testing and Referral Services (CTR):

HIV CTR is a core component of HIV prevention services for persons at risk for HIV, and hepatitis C. CTR is an adjunct service offered to persons 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). See Attachment F. 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 persons who are HIV or HCV positive learn their status. These persons should access medical care 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 should 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.

Partner Services (PS) is a priority prevention service because partners of HIV positive persons are those at highest risk for acquiring HIV. Contractors shall link all positive persons newly diagnosed by the agency with SAPB Partner Services staff who will help ensure the new positive person is linked with care and support services and that all partners are notified of their possible exposure to HIV infection and offered HIV testing.

Another integral part of CTR pertains to ensuring that all HIV positive persons are aware of and linked with HIV medical care and treatment, And case management and support services as appropriate.

HIV and HCV CTR is a required activity.

a. **HIV and hepatitis C Counseling, Testing and Referral Services (CTR) Requirements and Responsibilities:**

CTR services are a core component of this RFP. The expectation is that CTR services will be provided to as many persons from targeted highest risk populations (HIV positive persons and their partners, MSM, MSM/IDU and IDU) as possible so they can learn their HIV status and receive as appropriate, other services such as STD/hepatitis C screening and hepatitis A and B vaccinations.

CTR must be conducted in accordance with SAPB CTR policies and procedures and may only be conducted by persons who have current SAPB certification. (see section B.1.a. “Staffing”).

CTR PROGRAMS MUST MAINTAIN HIGH RATES OF RESULTS DISCLOSURE. APPLICANT SHALL INITIATE CTR WITHIN THREE MONTHS OF THE START OF THE CONTRACT. APPLICANTS SHALL USE SAPB APPROVED HIV TEST TECHNOLOGY FOR CTR.

The Applicant is required to purchase rapid test kits, controls, and supplies using funding specified in this RFP. SAPB may consider the provision of additional HIV test kits to the contracted agency if/when the purchased kits are used and the number of high risk persons tested and the number of new positives is considered. SAPB will pay for processing of confirmatory tests for preliminary positive cases through the state laboratory.

The contractor may choose the testing technology for HCV CTR and have it approved by the SAPB Adult Viral Hepatitis Prevention Coordinator. SAPB shall purchase and provide HCV CTR supplies to the agency.

Prior to implementing HIV rapid testing the contracted agency shall develop rapid testing policies and procedures. These must be reviewed and approved by SAPB prior to implementing services. All staff training and quality assurance measures are implemented by the contracted agency. The technology and methodology of HIV and HCV testing is evolving rapidly and agencies need to be aware in advance that SAPB may require changes during the course of the contract.

The SAPB HIV Testing Coordinator and SAPB Adult Viral Hepatitis Prevention Coordinator will be available to support agencies in implementing effective, appropriate rapid CTR services.

CDC CTR website:

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

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

b. Additional CTR requirements:

For newly diagnosed HIV positive individual's additional CTR services shall include linkage to partner services (PS), HIV care case management as appropriate, medical care (including hepatitis C testing, hepatitis A/B immunization, and STD testing), Comprehensive Prevention for Positives, and other appropriate services for persons living with HIV.

Prior to each testing event, the agency's counselor/testers will advise clients that the if they test positive a SAPB partner services staff person will meet with them to help ensure they are linked with services and to ensure that their sex and needle sharing

partner (s) partners are confidentially informed that they be at risk. Confidential HIV testing requires identifying information about the person being tested that will go into a medical record and be attached to a test result. Anonymous HIV testing means that there is personal identify information (ie name, date of birth etc) obtained from the person testing and therefore is not on record. There is no personal identifying information that will tie an individual to a test result.

Contractor shall provide confidential HIV testing on an opt-out basis. If the client opts-out of confidential testing, anonymous testing may be performed. If the client tests reactive for HIV infection on the rapid test then they will be encouraged to convert to confidential status for the confirmatory test and follow-up linkage to medical and support services. This support provision of confirmed results, strengthen partner services and linkage with care.

The contractor will enter all required CTR client data into the SAPB approved Evaluation Web data collection system.

CDC CTR website:

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

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

2. Partner Services (PS):

PS is recognized as a critical component and is a high priority HIV prevention activity of the SAPB program. PS are critical for the partners of persons testing positive for HIV because they are at the highest risk of acquiring HIV. They need to be provided with the opportunity to learn their sero-status and access appropriate services. PS include partner elicitation and partner notification. Through PS, partners are informed of their possible exposure to HIV. Notified partners are encouraged and counseled to be tested and to receive a full range of HIV, STD and viral hepatitis prevention services. In addition, partners testing positive for HIV, STD or viral hepatitis should be linked with HIV medical care, treatment and appropriate support services.

Contracted agency shall be responsible for linking newly diagnosed HIV positive clients to designated SAPB staff for the provision of PS. All PS related activities shall be provided in full accordance with SAPB PS policies and procedures.

Contracted agency staff shall inform clients prior to testing that if the rapid test result is reactive then SAPB staff will meet with the client and begin to provide partner services support, each agency will have a lead PS staff person who will liaise with the SAPB PS staff.

Expanded services to HIV positive persons in Community-based settings:

Ongoing Partner Services:

Contracted agency shall develop and implement a methodology for ongoing partner services to reduce risk behavior. Positives enrolled in HIV case management will receive ongoing PS.

Establish support groups for persons living with HIV to promote PS, linkage to and retention in medical care, and medical adherence:

To expand services for HIV positive persons and their partners in community-based settings, a component will be to establish support groups for persons with HIV and their partners to promote PS, linkages to and retention in care, medication adherence, testing of partners, and risk reduction. Agencies shall propose a support group process with specific quantitative details that it thinks will work best in the community to achieve the objectives listed above

Integration of PS and other prevention services in HIV care case management services:

The contracted agency shall incorporate PS and agency's other prevention services such as Comprehensive HIV Prevention with Positives, condom distribution and referral into case management, outreach and referral. Case management staff at the contracted agency shall prioritize PS as one of the integral services offered by the agency.

SAPB shall provide technical assistance and support to the agency for PS and facilitate trainings for the Contracted agency staff.

HIV PS is a required activity

3. Comprehensive HIV Prevention with Positives (PWP):

Comprehensive HIV Prevention with Positives services are to be provided to persons newly testing HIV positive or living with HIV. Comprehensive HIV Prevention with Positives services aim to reduce new HIV infections primarily by assisting HIV positive persons access the various services available for them. Efforts shall be made during the confirmatory testing process to gain consent to convert any anonymous tests to confidential to increase the possibility for persons to reduce their risk of transmitting HIV to others, and by providing services to their partners to reduce their risk of acquiring HIV. Some living with HIV may enroll for care-related case management services, but may still be in need of assistance and support in reducing their risk for transmitting HIV to others. **Applicant must also make Comprehensive HIV Prevention with Positives services available to persons not enrolled in an Applicant's program. Selection of staff to provide Comprehensive HIV Prevention with Positives**

services is at the discretion of the contracted agency and can be provided by any appropriate and trained agency staff including case managers, nurses or social workers etc. using this or other funding sources.

Several interventions will be used to support comprehensive prevention for positives. These include: outreach to connect with already diagnosed but out of care positives persons; an Interventions Delivered to Individuals (IDI) to support prevention and access to care and other services for newly or previously diagnosed positive persons; PS for persons testing positive by community agencies; referral and linkage of existing and new positives into care, prevention and other support services; engaging medical case management staff to assist in provision of ongoing PS; treatment adherence, access to care and support services; and provision of an annual, individual prevention risk assessment of clients in case management to help identify clients for ongoing prevention services.

Summary of Strategies for Comprehensive Prevention with Persons Living with HIV:

- Linkage with HIV care (HIV health care provider)
- Promotion of retention or re-engagement in care
- Provision of antiretroviral therapy consistent with current guidelines – referral
- Promotion of adherence to antiretroviral medications
- STD testing, screening and treatment– referral or on-site
- Ongoing partner services for persons previously diagnosed with HIV
- Linkage of newly diagnosed positives to case management and other medical and social services

Linkage with HIV care (HIV health care provider): linkage of all HIV positive persons living with HIV care and treatment and supported to be retained in care and adherent to treatment.

For every newly confirmed positive HIV test result the agency work to ensure the client has an immediate or near term appointment with an HIV medical provider of the person’s choice and attends that appointment. This may include agency staff accompanying the client to the provider’s office. The agency will continue to follow up with the positive person (with their permission) to ensure they attend their initial medical appointments.

Contracted agency staff shall also inform the client with a reactive result with HIV rapid test about the benefits of prompt care and treatment. They should be informed of the support that is potentially available to them

case management, care and treatment even if they have no insurance or means of payment. Every effort shall be made by the agency to link the client to HIV health care.

Promotion of retention or re-engagement in care: Retention and re-engagement in medical care is a core component of SAPB's HIV Medical Case Management contracts with agencies. It is required that agencies use client level CD4 and viral load data to monitor retention in care. Case managers and medical case managers in the contracted agencies have the specific task of supporting persons to remain in care through a variety of means including linkage with support services, housing and access to Hawaii Seropositivity and Medical Management Program (HSPAMM) and Hawaii Drug Assistance Program (HDAP). The situation is more complex for positive persons who are not in case management and may be out of care. The prevention outreach workers, particularly for high risk populations, may be the only staff who meet a positive person not in care. Every effort shall be made by the contracted agency to promote retention and re-engagement of these individual in medical care. Prevention staff shall work with case management staff of the contracted agency to make sure all the positive persons are either retained or re-engaged in care.

Strengthening focus on medical outcomes including enrollment and retention in care, adherence and quality of care is also an initiative of the current medical case management contracts.

Provision of antiretroviral therapy consistent with current guidelines: Agency shall provide referral for these services.

Promotion of adherence to antiretroviral medications: HIV testers shall work to link new and out-of-care positive persons with care and HIV treatment. Prevention staff shall work with case managers to monitor and support client's access to and retention in care and ongoing adherence with ART as measured by CD4 and viral load tests within the past six months. Agencies shall ensure that clients understand proven prevention benefits of adherence to HIV treatment regimens both for the individual and to reduce possible transmission of HIV infection to others.

STD/hepatitis testing, screening and treatment: HIV positive persons need to be screened and if necessary treated for STD and receive viral hepatitis services (such as hepatitis B and/or C screening and hepatitis A/B immunizations). Contracted agency may provide these services on-site or may provide referral for the services.

Ongoing partner services for persons previously diagnosed with HIV: Ongoing PS and other prevention services will be provided for clients of HIV case management at the Contracted agency. The protocols may vary by contracted agency, but all will **provide the following:**

-linkage to SAPB PS for clients who have had risk behavior with partners of negative or unknown sero status

-support for re-engagement of HIV positive clients who have not had lab services in the past six months, do not have a physician or are not on HIV treatment

Linkage of newly diagnosed positives to case management, medical and other social services: Prevention and case management will focus on positive persons, particularly those newly diagnosed and those with higher acuity and the development of ongoing contacts to monitor their needs and access to care and treatment. The applicant must explain in detail their system for linking newly diagnosed HIV positive persons with HIV medical case management, medical care, treatment and other appropriate services. The applicant should explain in detail the process for linkage and the procedures for follow up.

CDC Comprehensive HIV Prevention with Positives website:

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

a. Interventions for Comprehensive HIV Prevention with Positives:

For this RFP applicants need to propose Comprehensive HIV Prevention with Positives interventions that they consider effective, theoretically sound, and appropriate. At least one Prevention with Positives intervention must be indicated. The interventions may be created by the applicants themselves and/or be traditional interventions such as an IDI. A detailed description of the intervention; the intervention's link to evidence of effectiveness; protocol and procedure of the intervention; essential features of the intervention; details of the intervention implementation, such as duration and frequency of activities of each intervention, number of sessions, etc.; HIV prevention-related skills that will be addressed through the intervention; intended results of the intervention; etc. The intervention must include activities to build appropriate skills the client can use in reducing their risk such as disclosing their status to their partners, medication adherence, negotiation skills and other risk reduction strategies.

Other information on components of the interventions is requested in this RFP; consult Section 3 of this RFP for further information.

b. Outreach to physicians and community agencies for Prevention with Positives recruitment:

Contracted agency staff shall actively engage in outreach and recruitment efforts in their respective communities to link with and

recruit potential HIV+ clients. These outreach and recruitment activities shall occur with physicians' offices and with community agencies. Contracted agency shall prioritize collaborations with physicians who provide services for HIV+ clients. Contracted agency will also identify community agencies that may serve clientele who are HIV+, such as community health clinics, other community clinics (such as those that provide social services), drug clinics, homeless shelters and other such sites. Outreach and recruitment to physicians and community agencies may include activities such as making condoms and risk reduction materials available, providing information on HIV, viral hepatitis and STD risk. Information can be provided on how physicians might refer patients testing HIV positive to the contracted agency for relevant services.

c. Coordination with Case Management:

In providing services to HIV positive persons, the contracted agency's prevention staff shall coordinate with case management providers to ensure that clients receive the most comprehensive and appropriate services possible. There should be ongoing communication between the supervisors of HIV prevention and case management services. Trainings and in-service workshops should be held for outreach workers and line workers to ensure that staffs of both programs are aware of the need to access both prevention and case management services for HIV positive clients. PS designated staff shall work closely with the Agency's case management staff in making sure newly diagnosed and existing positives receive all the services. As appropriate, prevention outreach workers will ensure that HIV positive clients are provided referrals to case management services and other support and social services to help ensure access to necessary medical, housing and other supportive services.

Prevention with Positives intervention is a required activity.

4. Condom Distribution:

Condom distribution is a structural-level intervention aiming to increase condom availability, accessibility and acceptability. A condom distribution program becomes a structural intervention when the environment is changed so that there is increased availability and accessibility to condoms, and people are more inclined to use them. Research has shown that condom distribution (CD) programs are efficient in increasing use of condoms, increasing condom acquisition and condom carrying, promoting delayed

sexual initiation or abstinence among youth, and reducing the incidence of STDs.

The applicant's proposed condom distribution strategy should align with National HIV/AIDS Strategy (NHAS) and emphasize the distribution of condoms to HIV positive people, their partners and people who are at highest risk of contracting HIV, thereby reducing new HIV infections. The applicant must distribute condoms to those populations in the communities where HIV is most heavily concentrated, thereby reducing HIV-related disparities and health inequities.

For this RFP the applicant needs to distribute condoms to target HIV-positive persons, their partners and persons at highest risk of acquiring HIV. CD may be done through CTR, outreach and interventions delivered to positive persons and persons at greater risk for HIV. CD should be done in clinical settings such as public clinics, community health centers, private physicians and non healthcare facilities such as ASOs and outreach places where the highest risk populations congregate such as bars, clubs and other local businesses that provide services to HIV positives. Some areas of enhanced outreach for distributing condoms could be food pantries, drug treatment centers and homeless shelters depending on the situation of the jurisdiction.

a. CD in physician's offices and community health centers:

This RFP requires the contracted agency to work closely with clinical settings such as public clinics, community health centers, private physicians in distributing condoms to positive persons and persons at significant risk for HIV. On Oahu SAPB will distribute condoms to HIV-positive persons at the DHHC STD/HIV Clinic following testing and during return visits for other services. On the islands of Maui, Hawaii, and Kauai, SAPB CT and partner service staff will distribute condoms to clients testing positive at the various venues in which they work.

Distribute condoms to partners of HIV-positive persons while providing partner services

SAPB will distribute condoms to partners of HIV-positive persons tested at the DHHC STD/HIV Clinic during all outreach and clinic visits occurring during the course of providing partner services. On the islands of Maui, Hawaii, and Kauai, SAPB CT and partner service staff will distribute condoms to partners of HIV-positive persons in the course of providing partner services at the various venues in which they work.

b. Public Sex Environment (PSE) Outreach to MSM (including MSM/IDU)

Contracted agency shall conduct extensive outreach in PSEs to distribute condoms and reach MSM and engage them in services. PSEs are locations

that can vary greatly but might include parks and beaches that are frequented by men seeking sexual contacts with other men and are the sites of at least some sexual activity among men. Outreach services shall include distributing condoms, safer sex kits, and other risk reduction materials, providing information on HIV, viral hepatitis and STD risk, providing brief harm reduction-based counseling, providing on-site CTR, providing linkages, as appropriate, to CTR, STD and hepatitis C screening and treatment, hepatitis A and B vaccinations, and comprehensive HIV prevention with positives services.

Importantly, outreach to MSM also includes outreach to HIV positive persons who are not in medical care and treatment and provision of support to help them access these services.

CDC Outreach website:

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

c. Internet Outreach

A maximum of 25% of the total outreach proposed by the contractor may be conducted in the county via Internet chat rooms, social networks and other online communities. Internet outreach shall target persons who are HIV positive or are at risk for HIV such as MSM for condom promotion. Internet outreach is a *virtual interaction between an STD/HIV prevention professional, such as an outreach worker, and a person or persons at risk for STDs, HIV or hepatitis for the purpose of providing STD/HIV or viral hepatitis related: health information and education, referral and access to services, recruitment for testing and treatment, and support for reducing risk behaviors.* This outreach must make every attempt to focus narrowly on persons at risk in the geographic area of service. This outreach involves providing information on HIV, STD and hepatitis risk, providing brief harm reduction-based counseling, providing information on and encouragement to access CTR, STD and hepatitis C testing and treatment, and hepatitis A and B vaccinations as appropriate. Referrals to in-person services such as Comprehensive HIV Prevention with Positives, CTR, and syringe exchange should be made as appropriate and when possible. Applicant shall develop policies and procedures for implementing internet outreach in consultation with SAPB before starting the services.

National Coalition of STD Directors internet outreach document:

<http://www.ncsddc.org/upload/wysiwyg/documents/IGO.pdf>

Condom Distribution is a required activity.

4. Integration of HIV/STD and viral hepatitis Services:

In 2010, 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". PCSI promotes improved integrated HIV, viral hepatitis, STD, and TB prevention and treatment services at the client level through enhanced collaboration at the health department jurisdictional level, as well as organizational program level, thereby offering opportunities to: (1) increase efficiency, reduce redundancy, and eliminate missed opportunities; (2) increase flexibility and better adapt to overlapping epidemics and risk behaviors; and (3) improve operations through the use of shared data, enabling service providers to adapt to, and keep pace with, changes in disease epidemiology and new technologies. HIV, STD and viral hepatitis service integration at the client level is supported by SAPB and is reflected in this RFP.

Details of this strategy and approach are outlined in the NCHHSTP PCSI White Paper:

http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf

Referral:

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 contracted agency through a series of steps that encourages the client to access services at the referral agency. Applicant will develop a referral tracking system.

CDC Referral website:

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

If an Applicant is proposing to provide referrals/linkages to outside sources for clients to obtain STD and or hepatitis or any other services, the applicant shall explain their referral system including but not limited to copy of referral form, referral tracking system, referral follow-up plan and a list of DOH programs for referral such as, Family planning for chlamydia testing, SAPB community partners and other community agencies which will provide the STD and hepatitis services. Referral should be first made to client's health care provider at no cost to Health Department. If the client does not have health insurance coverage then they should be referred to

Health Department partner agencies in the community that provide STD testing and hepatitis A and B immunizations. The client may also potentially be referred to SAPB counselor and tester.

a. STD Services

Many persons at-risk for sexually transmitting or contracting HIV may also be at-risk for transmitting or contracting other sexually transmitted diseases. Testing 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 testing for persons at-risk should be based on assessment of risk. Appropriate clients should be informed about STD risks and the importance of STD testing, and should be encouraged to accessing STD testing by their healthcare provider. For clients without provider or health care insurance may be referred to alternative STD testing sites such as SAPB supported STD testing programs provided by partner agencies and community health centers. Referral can also be made to SAPB counselors and testers if no other options are available. Applicant agency will preferably provide STD testing for syphilis, chlamydia and gonorrhea services on-site or develop strong collaboration with other community health care partners who provide the clinical services. Linkages to STD testing and treatment should be incorporated into HIV prevention efforts for appropriate clients who are unable to access STD testing through their healthcare provider. SAPB may facilitate training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

Provision of STD services on-site or referral of clients to STD services is a required activity.

CDC STD website:

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

STD screening guideline website:

<http://hawaii.gov/health/healthy-lifestyles/std-aids/info-medical-providers/Screening%202011.pdf>

b. Viral Hepatitis Services

Many persons 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 B and C and receive hepatitis A

and B vaccinations. The CDC highly recommends that IDU be screened for hepatitis B and C; MSM should be screened for hepatitis B; MSM and IDUs should receive hepatitis A and B vaccinations; and persons from other populations be screened for hepatitis C and receive hepatitis A and B vaccinations as indicated by risk assessment. At-risk clients should be offered hepatitis C testing on-site and if possible, hepatitis B testing and hepatitis A and B immunizations as well. If hepatitis B testing and hepatitis A and/or B immunizations are not offered on site, referrals must be made for clients at-risk. Hepatitis B testing and vaccinations for hepatitis A and B are available through the Department of Health counselor and tester(s) in each county. The SAPB Adult Viral Hepatitis Prevention Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention activities into HIV prevention programs. **Testing for hepatitis C on-site and referrals for viral hepatitis A and B vaccination and testing for hepatitis B are required activities. Please see appendix F for a list of recommendations on target populations for hepatitis B and C testing and hepatitis A and B immunizations.**

Viral hepatitis websites:

www.cdc.gov/hepatitis

www.hcvadvocate.org

Integration of HIV/STD and hepatitis services is a required activity.

5. Routine opt-out HIV testing in clinical settings:

Applicant will inform and encourage the community health centers and private providers in the county to provide routine opt-out HIV testing in clinical settings.

6. Provision of Pre and Post-Exposure Prophylaxis:

Applicant shall make sure that their staff is trained and have knowledge of Pre and Post-Exposure Prophylaxis. Applicant should be able to link their clients to the providers who offer Pre and Post-Exposure Prophylaxis in their community and link clients to information on the web and be able to educate them about it.

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

1. Personnel

a. Staffing

Services requested in this RFP shall be provided by a minimum of **1.5 FTE** prevention workers for the provision of direct services including a designated minimum .5 FTE for a designated staff lead for Partner Services and Comprehensive Prevention services for HIV Positives.

b. Staff Training and Development

Applicant shall insure that:

- (1) **HIV/HCV Counselor/Tester Certification.** All outreach staff shall obtain and maintain current HIV/HCV counselor/tester certifications. Certification will be provided by SAPB.
- (2) **Program Monitoring and Evaluation Requirements:** The contracted agency shall 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/Training Requirements:**
These meetings provide outreach workers with information, skills building and opportunities to share strategies with other outreach workers. Program staff shall participate in one two day outreach workers meeting on O`ahu. This two day meeting shall have skill building component and focus group discussions and trainings for outreach workers providing services to MSM, women at risk, transgender at risk and persons living with HIV. Additional meetings shall be held by conference call or webinar. All prevention staff that is 1 FTE funded through this prevention contract shall attend these meetings. All other staff is encouraged to participate in these meetings. Staff attendance and program representation at each outreach worker meeting shall be reported to the SAPB in the quarterly program reports. Expenses related to staff time, hotel, inter-island and ground transportation for attendance at O`ahu meeting shall be the responsibility of the contracted agency and should be reflected in the proposed budget.
- (4) **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;

- (5) **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)-(3), 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 does not fulfill all or part of this contractual obligation. Completion of training by each staff member shall be reported in an ongoing manner 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.
- f. Employee HIPPA data security and confidentiality provisions policies and procedure

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. Program Evaluation and Monitoring through Evaluation Web System:

The contracted agency will be required to use a data collection system specified by SAPB. It is currently the Evaluation Web System for data input and management. Evaluation Web is a comprehensive confidential web-based data collection system developed by the Luther Consulting LLC. This data collection and reporting system supports standardized data collection, reporting, analysis, and delivery of HIV prevention programs. Evaluation Web data collection and reporting is required for all HIV prevention services supported with state or federal funds. SAPB will provide the needed data collection and reporting forms, as well as the necessary training and ongoing technical assistance. In general, CTR data is required to be inputted into Evaluation Web system within 72 hours of HIV tests conducted. Viral hepatitis testing data is required to be inputted into Evaluation Web system within 72 hours of giving hepatitis results or when requested by the Adult Viral Hepatitis Prevention Coordinator. Exceptions can be made for specific circumstances when 72 hours timeline is impossible to achieve.

2. Program Performance Indicators:

Program Performance Indicators will be integrated into the contract and reporting requirements. Their purpose is to monitor and evaluate the level of achievement of program objectives for contracted services and for reporting to funders. Most of the Performance Indicator data will be collected and reported using Evaluation Web System by the Luther Consulting LLC. 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.

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 persons 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, SAPB Prevention 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.

6. Reporting requirements for program and fiscal data

a. Data System

1. Evaluation Web

The contracted agency shall collect and manage data for all interventions funded with this RFP through Evaluation Web system.

These data shall include client-level data for CTR and IDI interventions, and aggregate data for Outreach and Condom Distribution interventions.

2. Data Entry Timeline

The contracted agency shall perform data entry following the timelines required by the SAPB. In general, all client-level data for

CTR and IDI are required to be entered into Evaluation Web within 72 hours of the CTR or IDI event, with the exceptions approved by the SAPB. Most of the exceptions are granted due to specific circumstances within an agency that won't allow the required timeline. All aggregate level data are required to be recorded in Evaluation Web system within 14 days of the service provided.

3. **Data Management and Quality Assurance**

Each contracted agency shall appoint an Evaluation Web administrator who will oversee the ongoing daily Evaluation Web data entry within the agency and routinely perform quality assurance of the data entered in the system. The quality assurance should ensure the completeness and consistency of data. The Evaluation Web administrator shall work closely with the SAPB when questionable data need to be followed up.

4. **Data Utilization**

The contracted agency is encouraged to utilize Evaluation Web data for their own program monitoring and evaluation on an ongoing basis.

5. **Training and Support on Evaluation Web**

Ongoing data entry and management technical assistance is provided by the SAPB and its private software development contractor. Site visits, webinars and everyday support through phone and email are available to the contracted agencies to ensure smooth process of the data related operations.

b. **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 based on Evaluation Web data;
- (3) A **table** indicating the funded positions and staff members working under the contract and the FTE information.
- (4) a **narrative report** that must include an analysis of progress in meeting quantitative contract objectives description of progress on meeting contract 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 meeting quantitative service objectives implementing services as planned and meeting objectives,**

modifications to service delivery, and any other points that might provide an understanding of the program.

As appropriate, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised by SAPB;

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

c. 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 and program objectives, 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.

d. Site visit:

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

C. Quality Assurance and Evaluation

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

D. Coordination of Services

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

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

E. Facilities

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

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 and HCV counseling and testing among the highest risk priority HIV prevention populations which include HIV-positive persons and their partners, men who have sex with men,-men who have sex with men and inject drugs, and injection drug users (IDU) 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/provide CTR to ensure that CTR services are accessed by the highest priority populations (HIV positive persons and their partners, MSM, MSM/IDU and IDU) for HIV and/or HCV?
- b. How will the program introduce and increase HIV testing of clients on opt out confidential rather than anonymous basis?
- c. How will the program ensure that clients who test preliminary positive for HIV return for their confirmatory results?
- d. How will the program collaborate with CTR services offered by the SAPB staff for confirmatory testing?
- e. How will the program successfully link newly diagnosed clients with SAPB PS staff?
- f. How will the program successfully link newly identified HIV positive clients to comprehensive prevention with positives services (see Section 2)
- g. How will the program link HIV positive CTR clients to HIV medical care and case management services?
- h. How will the program link HCV positive CTR clients to care 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 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*) persons.
- b. Of the total number of persons tested for HIV, at least 90% will be from targeted highest risk populations (partners of HIV positive persons, MSM, MSM/IDU, IDU. (*number*) (*This objective is non-negotiable*))
- c. By the end of each fiscal year, the contractor will provide HIV CTR to at least (*number*) partners of HIV positive persons.
- d. By the end of each fiscal year, the contractor will provide HIV CTR to at least (*number*) MSM.

- e. By the end of each fiscal year, the contractor will provide HIV antibody CTR to at least *(number)* MSM/IDU.
- f. By the end of each fiscal year, the contractor will provide HIV CTR to at least *(number)* IDU.

- g. By the end of the fiscal year, the contractor will provide HIV testing to at least *(number)* IDU sex and needle sharing partners.

- h. By the end of each fiscal year, 100% of clients will receive their reactive and non-reactive rapid HIV test results. *(This objective is non-negotiable.)*

- i. By the end of each fiscal year, at least 90% of newly diagnosed clients will receive their confirmed HIV-positive test results. *(This objective is non-negotiable.)*

- j. By the end of each fiscal year, 100% of newly identified, confirmed HIV positive persons who received their confirmatory results will be linked to SAPB partner services.
- k. By the end of each fiscal year, 100% of newly identified, confirmed HIV-positive clients who receive their confirmatory test results will be referred to medical care. *(This objective is non-negotiable.)*
- l. By the end of each fiscal year, 100% percent of newly identified, confirmed HIV-positive persons who receive their confirmatory test results will be linked to medical and case management services.

- m. By the end of each fiscal year, at least 90% of newly confirmed HIV positive persons who receive their confirmatory test results will have a confidential medical record.

- n. By the end of each fiscal year, 100% of client data will be entered into the Evaluation Web data collection system.
- o. By end of each fiscal year, the contractor will provide HCV CTR to at least *(number)* persons at risk.
- p. By the end of each fiscal year, at least 90% of newly identified HCV antibody positive clients will receive their test results. *(This objective is non-negotiable.)*
- q. By the end of each fiscal year, at least *(number)* percent of newly identified, confirmed hepatitis C clients who receive their test results will be referred to medical care.
- r. By the end of each fiscal year, at least *(number)* percent of newly identified, confirmed hepatitis C clients who receive their test results and get referred to medical care will attend their first appointment.

B. PARTNER SERVICES

1. Descriptive Information

*Provide a detailed description of the intervention activities that will be implemented as part of PS 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 the contracted agency provide **Ongoing Partner Services** to positives enrolled in case management?
- b. Provide an **overview (description) of the support groups** for positives and their partners; explain how the contracted agency will promote PS, linkages to and retention in care, medication adherence, testing of partners, and risk reduction, including descriptions of the topics/activities that will be covered during the implementation of this intervention?
- c. Describe how the contracted agency will increase **integration of PS and other prevention services** such as Comprehensive HIV Prevention with Positives, condom distribution and referral into HIV Medical Case Management Services to develop a continuum of HIV 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 the proposed intervention. Progress on objectives will be determined using information collected by the contracted agency. (Applicant can use the following objectives as guide for writing the objectives for the intervention they propose for PS)

- a. By the end of each fiscal year, ongoing Partner Services will be provided to all contracted agency case management clients
(This objective is non-negotiable.)
- b. By the end of each fiscal year, the applicant will conduct (number) support groups with positives and their partners.

C. COMPREHENSIVE HIV PREVENTION WITH POSITIVES

a. HIV Prevention Intervention for Individuals who are HIV Positive

1. Descriptive Information

Provide a detailed description of the intervention activities that will be

*implemented as part of PWP 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...).*

- c. How will the contracted agency **recruit HIV positive persons** for this intervention, including through the contracted agency's HIV medical case management program (if applicable), through other programs provided by the contracted agency (such as Outreach), and through venues outside of the contracted agency (such as physicians offices)?
- d. Provide an **overview (description)** and protocol/procedures of the sessions and activities that will be provided in implementing this intervention, including descriptions of the activities during the initial and subsequent sessions?
- e. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, key activities for each session, and other features of the intervention)?
- f. Indicate **site(s)/physical setting(s)** at which the intervention will be implemented?
- g. How will it be determined that the **client should exit** from the intervention?

3. Objectives

In the proposal, applicants must respond to all of the objectives below, filling in "number" to reflect the agency's goals for the proposed intervention. Progress on objectives will be determined using information collected by the contracted agency. (Applicant can use the following objectives as guide for writing the objectives for the intervention they propose for PWP)

- a. By the end of each fiscal year, at least (*number*) HIV-positive persons at risk for transmitting HIV will be enrolled in the PWP intervention.
- b. By the end of each fiscal year, at least (*number*) percent of HIV-positive clients enrolled in the PWP intervention will complete all intended sessions for a multi-session PWP intervention.
- c. By the end of each fiscal year (*number*) percent of the HIV-positive persons enrolled in the PWP intervention will be from outside the contracted agency at the time of PWP enrollment. [*Note: This objective is intended to ensure that PWP services are also provided to and accessed by clients who are not already clients of the contracted agency*]

b. Outreach to physicians and community agencies for PWP recruitment:

1. Descriptive Information

*Provide a detailed description of how this program will work with physicians offices and community health centers to recruit positives and their partners, **utilizing information in Section 2 as a guide.***

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 to physicians and community agencies. Progress on objectives will be determined using information collected by the contracted agency.

- a. The number of outreach contacts to physicians and community agencies to inform them about the ASO services.
- b. The total number of PWP referrals by physicians and community agencies to the applicant.
- c. All the persons testing positive by the contracted agency will be linked to HIV medical care. *(This objective is non-negotiable.)*

c. Coordination with case management:

1. Descriptive Information

*Provide a detailed description of how this program will work with case management providers to ensure that clients receive the most comprehensive and appropriate services available, **utilizing information in Section 2 as a guide.***

- a. Provide an **overview (description)** of how the contracted agency will provide linkage to newly diagnosed HIV positive persons with HIV medical care. Also to medical case management and other social services as appropriate?
- b. How will the contracted agency make sure **positive persons are retained or re-engaged** if they **fall out of HIV medical care or treatment**?
- c. How will the **prevention staff work with case management staff** to promote adherence to antiretroviral medications by the positives?
- d. How will the contracted agency make sure clients are provided **on-site** STD and hepatitis **services or referred** to services as appropriate?

2. Objectives

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

- a. All the persons testing positive at the contracted agency will be linked to medical care. *(This objective is non-negotiable).*

- b. Also medical case management and other social services as appropriate.
- b. The number of positive persons who were retained in care.
- c. The number of positive persons who were re-engaged in care.
- d. The number of positive persons who were newly linked with HIV medical care.
- e. The number of positives who were provided on-site services for STD and hepatitis or referred.
- f. The number of positive persons who were receiving ongoing PS from the contracted agency.

D. CONDOM DISTRIBUTION

a. Condom Distribution in physician’s offices and community health centers:

1. Descriptive Information

*Provide a detailed description of how this program will make condoms available at physician’s offices and community health centers for distribution to positive persons, their partners and to people at highest risk of acquiring HIV infection, **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 an **overview (description) of the condom distribution** plan of the contracted agency.
- b. Explain how the applicant will make sure every one of the contracted agency’s **new positive and their partners** receive condoms?
- c. What **activities will be undertaken by the contracted agency** to do condom distribution?

2. Objectives

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

- a. The number of venues where condoms will be distributed?
- b. The number of condoms distributed in physician’s offices, community health centers and CBOs.

b. Outreach

1. Descriptive Information

*Note that this section refers to **regular outreach**, i.e., outreach other than internet-based. (Internet outreach is covered in section below.) Provide a detailed description of how this program will increase the use of outreach among positives, their partners and high-risk persons, **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. Which **priority populations** will you target for outreach?
- b. Provide an **overview (description)** of the outreach intervention.
- c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, and other features of the intervention)?
- d. Indicate **sites/physical settings** at which outreach and recruitment will be delivered. Include a list of PSEs where at-risk clients will be reached.
- e. Describe the **protocol/ procedures** of the outreach intervention, including its activities.

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 persons. Progress on objectives will be determined using information collected by the contracted agency.

- a. The number of outreach contacts to be made with each target population (*e.g., by the end of each fiscal year, at least (number) outreach contacts will be made with MSM in PSEs*). Provide separate objectives for IDU, MSM/IDU and MSM who will receive this intervention.
- b. The number of condoms to be distributed to outreach contacts in each target population (*e.g., by the end of each contract year, at least (number) condoms will be distributed to MSM during PSE outreach*) Provide separate objectives for IDU, MSM/IDU and MSM who will receive this intervention.
- c. The total number of condoms to be distributed to outreach contacts in outreach settings (includes loose condoms *and* condoms in safer sex kits; include only condoms distributed directly to outreach contacts by outreach workers.)

c. Internet Outreach

1. Descriptive Information

Provide a detailed description of how this program will increase the use of

*internet outreach among high-risk persons, **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. Which **priority populations** will you target with internet outreach?
- b. Provide an **overview (description)** of the internet outreach intervention.
- c. What are the **essential features** of the intervention and how will you address them (this includes core elements, key characteristics, and other features of the intervention)?
- d. Indicate **internet sites** at which internet outreach and recruitment will be delivered.
- e. Describe the **overview** of the internet outreach intervention, including its objectives and activities.

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 persons. Progress on objectives will be determined using information collected by the contracted agency.

- a. The number of outreach contacts to be made with each target population (e.g., *by the end of each contract year, at least (number) internet outreach contacts will be made with MSM*). Provide separate objectives for each of the target populations.

E. INTEGRATION OF SERVICES THROUGH REFERRALS

1. Descriptive Information

*Provide a 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 HIV, STD and viral hepatitis integration activities** and how they will be implemented;
- b. Describe how you will **provide program linkages** to STD and viral hepatitis prevention services involving the priority populations;
- c. Provide plans to **collaborate with SABP partner agencies** and the SAPB counselor/tester(s) and on your island to ensure linkages to hepatitis B testing and treatment, hepatitis A and B vaccinations for appropriate clients, and STD 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.

If the applicant is proposing to provide on-site STDs and /or hepatitis B testing/hepatitis A and B immunizations from the beginning of the contract, then please fill out following objectives:

- a. By the end of each fiscal year, the contractor will provide syphilis testing on-site to at least (*number*) persons at risk for HIV.
- b. By the end of each fiscal year, the contractor will provide gonorrhea testing on-site to at least (*number*) persons at risk for HIV.
- c. By the end of each fiscal year, the contractor will provide hepatitis A and B immunization on-site to at least (*number*) persons at risk for HIV.
- d. By the end of each fiscal year, the contractor will provide hepatitis B testing on-site to at least (*number*) persons at risk for HIV.
- e. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) PWP clients for STD and/or hepatitis services.
- f. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) sexual and drug using partners of PWP clients for STD and/or hepatitis
- h. By the end of each fiscal year, the applicant will provide on-site services to at least (*number*) persons at risk for STD and/or hepatitis services

If applicant proposes to provide referrals for STD services and /or hepatitis B testing/hepatitis A and B immunizations, please fill out the following objectives:

- i. By the end of the fiscal year, the contractor will provide referral for syphilis testing to at least (*number*) persons at risk for HIV.
- j. By the end of the fiscal year, the contractor will provide referral for gonorrhea testing to at least (*number*) persons at risk for HIV.
- k. By the end of each fiscal year, the contractor will provide hepatitis A and B immunization referral to at least (*number*) persons at risk for HIV.
- l. By the end of each fiscal year, the contractor will provide hepatitis B testing referral to at least (*number*) persons at risk for HIV.
- m. By the end of the fiscal year, the applicant will provide referral to at least (*number*) to PWP clients for STD and/or hepatitis services.
- n. By the end of the fiscal year, the applicant will provide referral to at least (*number*) to the sexual and drug using partners of PWP clients for STD and/or hepatitis services

- o. By end of fiscal year, the applicant will follow-up at least (*percent*) of clients who were referred.
- p. By end of the fiscal year, the applicant will have at least (*number*) completed the referrals

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 (these include the cost of buying HIV rapid testing kits, controls and supplies for testing to the dollar amount specified for this purpose). “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, individual 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 persons 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 and abbreviations
Attachment D.	Screening Guidelines for Chlamydia
Attachment E.	STDs Screening Guideline by Population
Attachment F.	Viral Hepatitis Recommendation
Attachment G	Rapid Testing Checklist
Attachment H	Sample Form SPO-H-205
Attachment I.	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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DEFINITIONS AND ABBREVIATIONS

RFP Definitions

I. Definitions related to Intervention Levels:

Intervention level indicates the broad intervention type being referred to such as: outreach, CTR, IDI, IDG, CLI, CRCS, and HC/PI.

Outreach¹ interventions are conducted by peers or paid staff with high risk persons 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 IDI, CTR and CRCS, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

Internet Outreach Internet outreach is a virtual interaction between an STD/HIV prevention professional, such as an outreach worker, and a person or persons at risk for STDs, HIV or hepatitis for the purpose of providing STD/HIV or viral hepatitis related: health information and education, referral and access to services, recruitment for testing and treatment, and support for reducing risk behaviors.

HIV Counseling, Testing and Referral supports persons 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 persons, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the SAPB.

Interventions 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 session intervention with each session lasting between 30

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 individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an individual-level intervention. 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 individual-level intervention 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.

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 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 involve a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Interventions Delivered to Individuals may occur in an outreach or institutional (school, office, workplace, etc.) setting. Individual-level interventions also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Interventions Delivered to Groups: aim to change persons' behaviors through risk reduction interactions in group settings. In Interventions Delivered to Groups interaction takes place not only between individual participants and the health educator, but also *among* participants. Like Interventions Delivered to Individuals, Interventions Delivered to Groups includes a skills building component. Because of the interactive nature of these groups and the sharing involved, successful groups are often made up of persons who are members of the same community and who face similar HIV prevention issues. Interventions Delivered to Groups may use peer and non-peer models involving a wide range of skills, information, and support. Interventions Delivered to Groups do not include single session education presentations or lectures. Those activities are considered Health Communication/Public Information.

Community Level Interventions are a distinct class of programs characterized by their scope and objectives. Community level interventions are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention.

Comprehensive Risk Counseling Sessions (CRCS): is a more intensive intervention than IDI for persons with multiple, complex problems that create barriers to reducing risk for transmitting or contracting HIV. CRCS is a hybrid of HIV risk reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of CRCS must be to reducing

HIV risk. CRCS is a multiple sessions intervention, with sessions lasting at least 30 minutes.

Health Communication/Public Information involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support of safe behavior, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. While public information often includes activities directed to the general public, priority should be given to efforts directed at hard-to-reach members of the focus population and subgroups covered by this RFP. Health communication/public information activities include print media (fliers, brochures, newspaper, and posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures.

II. Definitions Related to Implementation of Specific Interventions

- **Intervention** is a specific program designed and developed to address risk behavior among target groups, such as MSM, IDU and TG. Examples of interventions are: Mpowerment, The SISTA Project, Healthy Relationships and CTR.
- **Adaptation** involves changes in who receives an intervention and where the intervention is delivered.
- **Core Elements** are critical features of an intervention that are thought to be responsible for its effectiveness. To ensure program effectiveness, they cannot be ignored, added to, or changed.
- **Evaluation** is the systemic collection of information to assess the extent to which a program or service has achieved its stated objectives or outcomes.
- **Fidelity** is maintaining the core elements, protocols, procedures, and content that made the original intervention effective.
- **Formative Evaluation** is the process of collecting data that examine the needs of the population and their risk factors.
- **Interventions** are sets of related activities intended to change the knowledge, attitudes, beliefs, behaviors, or practices of persons to reduce their health risk.
- **Key Characteristics** are crucial activities and delivery methods for conducting an intervention that can be adapted or tailored to meet the need of the target population.

- **Outcome Monitoring** is the process of collecting data about client outcomes before and after the intervention (e.g. knowledge, attitude, skills or behavior).
- **Process evaluation** is the process of collecting more detailed data about how the intervention was delivered, differences between the intended population and the population served, and access to the intervention.
- **Process Monitoring** is the process of collecting data that describes the characteristics of the population served, the services provided, and the resources used.
- **Sustainability** is the process of seeking and obtaining needed funds and resources, building staff and agency capacity, and building on collaborations to maintain a program or service.

III. Interventions Related to Evaluation:

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish—the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is “to decrease the transmission of HIV infection among MSM in Hawai’i.”

Objectives are statements of what a program will do or achieve in order to reach the program’s overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe a **process**, or an **outcome** of a program:

Process Objectives state what activities will be *conducted by program staff* in order to accomplish one or more of the program’s outcome objectives. Each process objective must be accompanied by process evaluation activities.

Outcome² Objectives are the intended results of a program. Outcome objectives are phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Most outcome objectives specify a change in what members of the target population do or express after program participation. These changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program’s stated goal.

²**Outcomes and Impacts:** *The terms “outcome” and “impact” are often used interchangeably or with opposite meanings. We will use “outcome” to refer to the immediate results of an intervention, and “impact” as the longer range results. Outcomes are the result of your intervention, while impacts are likely to be the results of many factors and not just a single intervention. Impacts in HIV prevention are often expressed as changes in the number of new HIV infections.*

Process Monitoring collects data describing the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: “*What services were delivered?*” and “*What population was served?*” and “*What resources were used?*”

Process Evaluation examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions “*Was the intervention implemented as intended?*” and “*Did the intervention reach the intended audience?*” and “*What barriers did clients experience in accessing the intervention?*” Process evaluation activities should measure, at a minimum, progress on specific process objectives as well as how that information is being used for program improvement.

Outcomes Monitoring measures changes in clients’ knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a “comparison group” of persons who do not participate in the intervention so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: “*Did the expected outcomes occur?*” Outcomes monitoring activities should measure, at a minimum, progress on specific outcomes objectives and how that information is being used for program improvement.

Outcomes² Evaluation measures changes in clients’ knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of persons who do not participate in the intervention. The inclusion of a “comparison” group means that client changes can be attributed to the intervention. Outcomes evaluation answers: “*Did the intervention cause the expected outcomes?*”

Primary HIV Prevention

Primary prevention activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

These definitions are drawn from a number of sources, including: “Evaluating CDC-funded Health Department HIV Prevention Programs,” August 2001; “CDC Announcement 99004: HIV Prevention Projects;” “Program Evaluation: A One Day Overview” course manual, San Francisco STD/HIV Prevention Training Center, 11/4/96, and “Using Evaluation for Program Improvement and Capacity Building,” participant notebook, CDC/ORC Macro Training, Berkeley, CA, 3/25/02-3/26/02.

RFP ABBREVIATIONS

ADA	Americans with Disabilities Act
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of persons representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral
DOH	Hawai`i Department of Health
FTE	full-time equivalent; one or more persons working a cumulative total of 40 hours each week.
HIV	human immunodeficiency virus
IDU	injection drug user
IDI	interventions delivered to individuals
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publicly or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.
MSM/IDU	men who have sex with men AND inject drugs
PWP	Prevention with positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as "primary prevention for HIV infected persons" (PHIP)
PS	partner services
The Plan	The Jurisdictional HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts.
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.

SAPB STD/AIDS Prevention Branch of the Hawai`i Department of Health

STD sexually transmitted disease

TG Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.

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 \leq 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"> - \leq25 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: \geq 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

Viral Hepatitis Screening and Immunization Recommendations by Target Population

Population	Recommendation
Everyone who accesses HIV and/or STD services	<ul style="list-style-type: none"> • Hepatitis B immunization
Injection Drug Users	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis B and C testing
Non-injection Drug Users	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis C testing if ice user
Men who have sex with Men	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis B testing • Hepatitis C testing if into fisting or other anal play that may involve blood
People Living with HIV	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis B and C testing • Hepatitis B surface antibody testing
Transgenderers	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis B and C testing
Persons with multiple sexual partners or a history of STDs	<ul style="list-style-type: none"> • Hepatitis B immunization
People with a history of incarceration	<ul style="list-style-type: none"> • Hepatitis B immunization • Hepatitis C testing
Persons with non-professional tattoos/piercings	<ul style="list-style-type: none"> • Hepatitis C testing
Anyone who has been exposed to blood, including blood transfusions < 1992	<ul style="list-style-type: none"> • Hepatitis C testing
Sexual partners of IDU or HCV+	<ul style="list-style-type: none"> • Hepatitis C testing
Persons living with hepatitis C	<ul style="list-style-type: none"> • Hepatitis A and B immunization • Hepatitis B testing
Persons living with hepatitis B	<ul style="list-style-type: none"> • Hepatitis A immunization • Hepatitis C testing
Persons born in countries in Asia, the Pacific Islands or Africa (>2% HBV)	<ul style="list-style-type: none"> • Hepatitis B testing • Hepatitis B immunization

Note hepatitis B testing is HBsAg and only needs to occur once if the person immune to hepatitis B (HBsAb).

Viral Hepatitis Screening and Immunization Recommendations by Service

Recommendation	Population
Hepatitis A immunization	<ul style="list-style-type: none"> • Men who have sex with men • Injection & non-injection drug users • Persons diagnosed with HIV • Transgenderers • Persons with any type of chronic liver disease (hep B or C)
Hepatitis B immunization	<ul style="list-style-type: none"> • Injection drug users and their needle sharing or sex partners • Sexually active heterosexuals (>1 partner in prior 6 months, recently acquired STD) • Men who have sex with men • Sex contacts of people with chronic hepatitis B • Persons with chronic liver disease such as hepatitis C • Persons diagnosed with HIV • Transgenderers <p><i>Note: the latest guidelines from the Centers for Disease Control and Prevention recommend hepatitis B vaccination to <u>ALL</u> clients who present for HIV or STD screening.</i></p>
Hepatitis A/B immunization	<ul style="list-style-type: none"> • Men who have sex with men • Injection & non-injection drug users • Persons diagnosed with HIV • Transgenderers • Persons with any type of chronic liver disease (hep C)
Hepatitis B testing	<ul style="list-style-type: none"> • Men who have sex with men • Injection drug users • People born in countries with HBV prevalence >2% • People with unexplained liver disease • People living with HIV
Hepatitis C testing	<ul style="list-style-type: none"> • Ever injected drugs (even once) or hormones • Transfusions/organ transplants before 1992 • Healthcare or public safety workers after exposure to HCV-positive blood • History of non-professional tattooing or body piercing • History of multiple sex partners or STDs • Long-term steady sex partners of HCV-positive persons or IDU • Users of intranasal cocaine or other non-injection drugs • Persons with history of exposure to blood

Rapid Testing Program Implementation CHECKLIST

In order to become a HIV rapid testing site in Hawaii, the following steps must be completed and certain documents must have been reviewed and approved by your licensed clinical laboratory director or laboratory consultant (licensed medical technologist) and the Coordinator for HIV Counseling, Testing, and Referral (CTR) Program at the STD/AIDS Prevention Branch of the Hawaii State Department of Health (SABP).

PROGRAMMATIC

Create a written and comprehensive Protocols, Procedures, and Quality Assurance Plan(s) for the testing site.

- **Within the manual, there should contain, sections on the following elements:**

**Agency
CLIA compliance
Confidentiality
Personnel
Clinic logistical plan
Client-centered testing and counseling procedures
Preliminary positive confirmatory testing procedures
Bloodborne pathogen exposure control plan
Quality Assurance and Evaluation**

PERSONNEL

Identify experienced counselors for rapid testing counseling

- Have they gone through State HIV CTR certification training? This is a requirement to do any type of HIV CTR in the State of Hawaii. It is recommended that test counselors who are not well practiced go through the certification training again.

Practice the Clinic flow/Logistical Plan

- This is a plan of what happens to a client when they arrive for rapid testing, and will be included in your Policies, Protocols, Procedures, and Quality Assurance Plan.
- Verify the process—walk through to see if clinic flow works as expected, *before* the first client arrives for testing.

Plan Confirmatory Testing Procedures

- What is the procedure and protocol for confirmatory testing tests that are rapid reactive? The SAPB requires all confirmatory testing to be done with blood.
- Who is able to administer a confirmatory test? How will follow up be ensured so that client returns for confirmatory result? How will specimens be delivered to the lab?

- This will also be included in your Policies, Protocols, Procedures, and Quality Assurance Plan.
- It is recommended that experienced test counselors be able to do rapid testing. All current test counselors must go through *Single Session HIV Rapid Testing* training prior to start of providing rapid HIV testing. Test counselors must show proficiency in administering the rapid test and interpreting the result in order to gain certification.
- How many HIV positive results have they given? Are they comfortable with giving a preliminary positive? Are they phlebotomy trained? Are they good about correctly and completely filling out paperwork? Can they perform partner elicitation?
- Each test counselor will have a personal file with documentation of all necessary trainings and certifications. In addition, all future trainings and evaluations will be kept in this file.

☐ **Get test counselors trained and certified**

- Attend *Single Session HIV Rapid Testing* training. State HIV CTR certification training (for conventional HIV CTR) is a prerequisite for *Single Session HIV Rapid Testing* training. Contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more information.
- After test counselor has gone through proper training, have test counselor shadow experienced rapid testing counselors, then have test counselor conduct sessions on their own while being observed by a more experienced test counselors, *before* providing services themselves.
- If your agency is starting rapid HIV testing and have no experienced test counselors, please contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more information.
- Make sure that proper documentation of training is on files with the SAPB before actual rapid HIV test counseling begins.

☐ **Identify who is able to perform fingerstick and other phlebotomy services**

- Submit the names and numbers for test counselors who have gone through an approved phlebotomy training including fingerstick training. Include training date and location.
- Your Quality Assurance Plan will have a section on how testing site will maintain and document phlebotomy skills of trained test counselors.
- Your agency should have a blood borne pathogen exposure plan on file with SAPB and on-site.

☐ **Identify who will actually run tests, and record time/temp/results**

- If a test counselor is unable to perform either the counseling session or collect and run a sample specimen or both, these issues will need to be addressed in your protocols and procedures.
- If a test counselor fails proficiency to administer the rapid test, s/he must be retrained AND approved by the site lab director to perform rapid testing. This involves reading

the package insert for the OraQuick *Advance*, successfully running a set of three controls, and being observed by the lab director.

- ❑ **Ensure that all staff/counselors are trained and familiarized with necessary forms (PEMS, lab slips, PCRS elicitation form, and other applicable paper work).**
 - If no trainings are being offered or refresher training is warranted, contact the Evaluation and Quality Assurance Coordinator for HIV CTR to schedule a training for your agency.

- ❑ **Determine what counselor support/debriefing activities will be available.**
 - Protocols and procedures will address what support/debriefing will be provided to test counselors.
 - What plans are in place for a test counselor who gives a preliminary positive result? For example, some sites have a policy that a counselor who provides a preliminary positive result has their schedule cleared for the rest of the day so they can complete paperwork and receive whatever support they need, rather than risking having to provide another preliminary positive later in the day.

LABORATORY

- ❑ **Establish that a valid CLIA certificate of waiver is on-site**
 - Sites that are doing rapid testing will need to apply for a CLIA waiver of certificate (Federal) as well as a CLIA permit (State).
 - Applications are available from Susan Naka through the Office of Health Care Assurance.
 - Provide a copy of the certificate and permit to the SAPB when received.

- ❑ **Establish a system for monitoring inventory of test kits/controls/lancets, etc.**
 - Who will maintain stock and order supplies when needed?
 - Who will monitor expiration dates (i.e. make sure older items are used first and make sure that expired tests are disposed of properly)?
 - How will test kits be tracked/accounted for?
 - Templates of required reports are available from the Evaluation and Quality Assurance Coordinator for HIV CTR.

- ❑ **Establish a system for storing test kits and controls**
 - Is a secure storage space available?
 - Is the temperature controlled in the storage area?
 - Test kits must be stored at 35 – 80 degrees Fahrenheit; controls must be stored at 35 – 46 degrees Fahrenheit.
 - Who will monitor the storage temperature and how often?

- How will daily temperature readings be recorded? A temperature log template is available from the Evaluation and Quality Assurance for HIV CTR.

Establish a system for running external controls

- This should be included in your Policies, Procedures, and Quality Assurance Plan.
- In addition to the required times, how often will controls be run?
- Who will be responsible for running controls and documenting correctly on the control log?
- Who will QA the external control log before sending to the SAPB at the end of each month? How often will the log be QA'd?

Obtain additional required testing equipment/supplies

- Who will pick-up equipment/supplies and ensure proper storage and handling during shipment.
- Supplies include testing technology, control kits, PEMS forms, and laboratory slips.
- Contact the Evaluation and Quality Assurance Coordinator to order rapid HIV testing technology.

Obtain phlebotomy equipment and supplies

- Confirmatory specimens must be collected in a vacutainer (solid red-top) at least half full or 5 mls.
- Lancets, gloves, cotton swabs, band-aids, and any other necessary supplies will be the responsibility of the testing site.

SAFETY

Ensure that a Bloodborne Pathogens Exposure Control Plan is in place on-site

- The STD Clinic at Diamond Head Health Center has one. Contact the Evaluation and Quality Assurance Coordinator for HIV CTR for more details if you will need to create a new plan from scratch.

Make appropriate personal protective equipment such as gowns and gloves available on-site.

- Your Protocols, Procedures, and Quality Assurance Plan will address this issue about the need to wear such protective equipment during rapid testing.

Establish a system for post exposure prophylaxis (PEP)

- Your Protocols, Procedures, and Quality Assurance Plan will include information on who will be providing this service.

Ensure proper sharps, biohazard, and medical waste disposal is available

- Your Protocols, Procedures, and Quality Assurance Plan will describe how your test site will dispose of sharps, biohazard and medical waste.

FORMS *DO YOU HAVE THE FOLLOWING NECESSARY FORMS?*

- Laboratory Slip
- Program Evaluation Monitoring System (PEMS)
- Storage Temperature Log
- External Quality Control Log
- Test Kit Inventory Log
- HIV Testing Laboratory Log
- Monthly Testing Summary Sheets
- Partner Elicitation Forms
- Counselor/Tester Evaluation Forms

For more information, contact:

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