

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

RFP No. HTH-100-27

**HIV and HCV Prevention Services for
People Who Inject Drugs and Men Who
Have Sex with Men and Inject Drugs**

Date Issued: June 22, 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, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

June 22, 2012

REQUEST FOR PROPOSALS

HIV AND HEPATITIS C PREVENTION SERVICES FOR INJECTING DRUG USERS AND MEN WHO HAVE SEX WITH MEN AND INJECT DRUGS RFP No. HTH-100-27

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide Human Immunodeficiency Virus (HIV) and hepatitis C Virus (HCV) prevention services for HIV positive persons and their partners, People Who Inject Drugs (IDU) and men who have sex with men and inject drugs. Services shall include outreach, syringe exchange, drug treatment services, 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 July 1, 2013 through June 30, 2015 with the possibility of two more extensions of twenty four months each. 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 July 26, 2012, or hand delivered no later than 4:30 p.m., Hawai`i Standard Time (HST), on July 26, 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 on July 3, 2012 at 10:00 – 12:00 noon in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on July 11, 2012. All written questions will receive a written response from the State on or July 18, 2012.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Nighat Quadri, Public Health Educator, STD/AIDS Prevention Branch, 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 July 26, 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), July 26, 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., **July 26, 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	May 14, 2012
Closing date for submission of written questions for written responses	May 23, 2012
State purchasing agency's response to applicant's written questions	June 1, 2012
Public notice announcing Request for Proposals (RFP)	June 22, 2012
Distribution of RFP	June 22, 2012
RFP orientation session	July 3, 2012
Closing date for submission of written questions for written responses	July 11, 2012
State purchasing agency's response to applicants' written questions	July 18, 2012
Proposal submittal deadline	July 26, 2012
Proposal evaluation period	August – September, 2012
Provider selection	October 2012
Notice of statement of findings and decision	October 2012
Contract start date	July 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

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: July 3, 2012 **Time:** 10:00am – 12:00pm

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

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral

questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the paragraph VII. Submission of Questions.

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: July 11, 2012 **Time:** 4:30pm HST

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

Date: July 18, 2012.

VIII. Submission of Proposals

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

1. **Proposal Application Identification (Form SPO-H-200).** Provides applicant proposal identification.
2. **Proposal Application Checklist.** Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.

B. **Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State

certifications are listed on the Proposal Application Checklist located in Section 5.

- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website. (Refer to this section's part II. Website Reference.)
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section 103-55, at the Hawaii State Legislature website. (See part II, Website Reference.)
- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See part II, Website Reference.)
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The "Certificate of Vendor Compliance" issued online through HCE provides the registered provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes.

Refer to this section's part II. Website Reference for HCE's website address.

G. Campaign Contributions by State and County Contractors. Providers are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, FAQs are available at the Campaign Spending Commission webpage. (See part II, Website Reference.)

H. Confidential Information. If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

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

I. Confidentiality of Personal Information. Act 10 relating to personal information was enacted in the 2008 special legislative session. As a result, the Attorney General's General Conditions of Form AG Form 103F, *Confidentiality of Personal Information*, has been amended to include Section 8 regarding protection of the use and disclosure of personal information administered by the agencies and given to third parties.

J. 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.

- K. **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 services that will reduce the transmission of HIV and HCV. This procurement has two major components:

1. to provide outreach, syringe exchange and related services to injecting drug users and men who have sex with men and inject drugs.
2. to secure methadone detoxification, methadone maintenance and methadone/buprenorphine drug treatment services for injecting drug users who are referred through the syringe exchange program statewide.

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

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 May 14, 2012. It was two hours long and 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) and 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 Syringe Exchange Services
- “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/>

- 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

Reduce HIV and HCV transmission throughout the state by reducing the frequency of HIV and HCV risk behaviors among injection drug users and men who have sex with men and inject drugs through syringe exchange and drug treatment services, and increasing knowledge of HIV and HCV serostatus among this population.

D. Description of the target population to be served

Services are to be provided to individuals who inject drugs, referred to herein as “injecting drug users” (IDU) and who are at risk for contracting or transmitting HIV and HCV. Because of the extremely high risk for transmitting or contracting HIV and HCV, men who have sex with men and inject drugs (MSM/IDU) are one group of IDU for whom specialized services are requested. Drug treatment services shall be provided to IDU with a history of addiction to opiates or opiate-like substances. Services shall be accessible to all program clients including specifically, MSM/IDU, female IDU and IDU who are multiply diagnosed, homeless, and/or Native Hawaiian.

In addition to working directly with IDU, it is also important that services be made available to their sexual partners when possible.

E. Geographic coverage of service

Statewide

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

Probable funding: Eight hundred, sixteen thousand, nine hundred dollars (\$816,900) total funding each fiscal year (pending legislative appropriations and the availability of funds.) Of this, one hundred thousand dollars (\$100,000) shall

be used to provide drug treatment services to clients. The remaining funds, seven hundred, sixteen thousand, nine hundred dollars (\$716,900) shall be used to provide outreach and condom distribution, syringe exchange, PWP, PS, HIV/HCV testing services, referral of clients for treatment, administration of purchase of treatment services, and all other requested services.

Source of funds: State and Federal
 Availability: 7/1/13-6/30/15. Two extensions possible for 7/1/9-6/30/17 and 7/1/11-6/30/19.

II. General Requirements

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

1. Provider of outreach and syringe exchange services shall do so in keeping with Act 152, 1992, pertaining to syringe exchange.
2. Provider(s) of drug treatment services to clients under this procurement shall meet all state and federal requirements related to the provision of such services.

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 (\leq 2 yrs) Multi-term ($>$ 2 yrs.)

Contract terms:

Initial term of contract: 7/1/13- 6/30/2015
 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
 State of Hawai'i Department of Health
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III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

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

The STATE seeks HIV/STD/hepatitis prevention services that are consistent with the National HIV/AIDS Strategy. The populations to be served include three populations prioritized in the State HIV Jurisdictional Plan : HIV-positive individuals are the highest priority population; MSM/IDU is the second priority population; IDU are the fourth priority population. Services sought under this RFP include the following services to be provided to the described population.

1. Outreach, condom distribution and Syringe Exchange Services

A sterile syringe exchange program shall be implemented and administered to provide outreach and one-for-one syringe exchange to IDU (including MSM/IDU) in all counties of the State. Outreach to IDU and their partners shall provide access to sterile injection equipment and condoms, harm reduction information and education related to HIV/ HCV risk through injection equipment and sexual behavior, and shall support and facilitate access to STD, viral hepatitis, and HIV counseling, testing & referral services. The program shall develop and implement a peer outreach program to extend or strengthen syringe exchange and harm reduction services to individuals who are not fully accessing program services. Peer outreach programs shall be established and maintained for at least one target population, which may be defined geographically or behaviorally, with SAPB's prior approval.

Condom distribution is a structural-level intervention aiming to increase condom availability, accessibility and acceptability. 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 IDU, MSM/IDU, IDU, and partners of these individuals.

Condom Distribution, outreach and syringe exchange are required activities.

2. Drug Treatment Services

The program shall provide drug treatment services to IDU who are clients of the syringe exchange program and have a history of addiction to opiates or opiate-like substances. Drug treatment services shall be provided or supervised by full time substance abuse counselors or program administrators certified pursuant to §321-193 (1), Hawai'i Revised Statutes. Services shall include twenty-one (21) to thirty (30) day and one hundred-eighty (180) day detoxification treatment, buprenorphine and outpatient methadone maintenance (as defined in 21 CFR §291.505); medical evaluations and supervision; counseling and supportive services; HIV and HCV risk assessment and education; and linkage to CTR. The program may also provide clients with hepatitis A and B vaccination and HIV and HCV testing, including out of treatment IDU's. Drug treatment services shall be appropriate to the needs of women and racial/ethnic minorities. Drug treatment services shall be provided to adults eighteen

(18) years of age or older, whose income is not greater than 300% of the poverty level for Hawai`i, and who have clearly demonstrated through required documentation, opiate dependency problems, and require, based on a systematic screening process, detoxification prior to entering a treatment program or beginning a recovery program of change and/or pharmacological and ancillary support for their recovery. Clients under 18 years of age shall be considered for service in consultation with and prior approval of SAPB. Funds from this procurement shall not be used to make payment for any service which has been, or can reasonably be expected to be made, under any other State compensation program, or under any insurance policy, or under any Federal or State health benefits program, or by any entity that provides health services on a prepaid base. To this end, the program shall also ensure that clients are actively counseled and assisted to successfully enroll in MedQuest or other insurance plans.

a. Short-term Detoxification Treatment

Short-term detoxification shall be provided in twenty-one (21) to thirty day (30) detoxification treatment slots. A minimum of ten (10) short-term detoxification slots shall be available per month. Slots may be converted to seven (7) day or fourteen (14) day programs as needed. Counseling services shall provide a minimum of one (1) hour of individual, face-to-face therapeutic contact per twenty-one (21) day treatment, and a maximum of three (3) hours of face-to-face individual or group therapeutic contact per twenty-one (21) day treatment.

b. Long-term Detoxification Treatment

Long-term detoxification treatment shall be provided in one hundred-eighty (180) day detoxification treatment slots. A minimum of ten (10) long-term detoxification slots shall be available each fiscal year. Slots may be converted to sixty (60) day or ninety (90) slots as needed. Counseling services shall provide a minimum of one (1) hour of individual, face-to-face therapeutic contact per month; a maximum of one (1) hour of group therapeutic contact per week; and an maximum additional twelve (12) hours of individual, face-to-face therapeutic sessions per one hundred-eighty (180) day program to be utilized on an as-needed basis for the expressed purpose of crisis intervention, for a maximum of eighteen (18) hours of individual, face-to-face therapeutic contact per one hundred-eighty (180) day program.

c. Methadone and/or Buprenorphine Maintenance Treatment

Counseling services may be provided as requested by the client; one (1) hour of individual, face-to-face therapeutic contact per month; a maximum of one (1) hour of group therapeutic contact per week; and an additional twenty-four (24) hours of individual, face-to-face therapeutic sessions per twelve (12) month period to be utilized on an as-needed basis for the expressed purpose of crisis intervention, for a

maximum of thirty-six (36) hours of individual, face-to-face therapeutic contact per twelve (12) month period.

d. Counseling

Counseling shall consist of face-to-face individual counseling sessions which include ongoing treatment planning and may include counseling for HIV and viral hepatitis, testing for HIV and HCV, and vaccination for hepatitis A and B; and group sessions including process, task, education, and skill building; and family counseling. The unit of performance for counseling is a thirty (30) minute activity period which shall be reimbursable at maximum rates of:

- 1) THIRTY DOLLARS (\$30) for a thirty (30) minute individual activity per client; and
- 2) TWENTY DOLLARS (\$20) for a thirty (30) minute group activity per client; and
- 3) THIRTY DOLLARS (\$30) for a thirty (30) minute family counseling activity.

e. Medical Evaluations

Complete medical evaluations, medical history, physical examinations, appropriate laboratory tests and x-rays, screening for tuberculosis, and follow-up services shall be provided for all clients who receive detoxification or methadone maintenance treatment services. Medical services shall be reimbursable at the following maximum rates:

- 1) Intake physical examination: \$75.00
- 2) Intake assessment& treatment planning: \$50.00
- 3) Intake urinalysis & laboratory work: \$70.00
- 4) Daily methadone services, including medication, dispensing, and administering: \$ 9.00
- 5) Daily buprenorphine services, including medication, dispensing, and administering: \$ 12.00
- 6) Monthly toxicology screens
(one per month per client): \$ 30.00

3. HIV and HCV Counseling, Testing & Referral (CTR)

HIV and HCV CTR are core components of comprehensive prevention services for IDUs. HIV CTR is the highest prevention priority in the 2012 CDC Prevention Cooperative Agreement and with access to sterile syringes the most important prevention intervention for IDUs. HCV CTR is recommended for all IDUs in the Hawai`i Hepatitis C Strategic Plan and in recommendations from the Centers for Disease Control and Prevention. The program must provide ongoing access to HIV and HCV CTR services

by offering HIV and HCV CTR services conducted by program outreach staff.

HIV and HCV CTR must be conducted in accordance with current State and SAPB policies and procedures for CTR and may only be conducted by individuals who have been trained and maintain current certification by the SAPB to perform CTR. The SAPB HIV Testing Coordinator and the Adult Viral Hepatitis Prevention Coordinator will be available to support agencies in implementing effective, appropriate HIV and HCV CTR services. In addition, SAPB will provide for processing of confirmatory HIV tests through the state laboratory.

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 be linked to medical care to maintain their health and 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 that 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.

All HIV positive persons must be aware of and linked with HIV medical care and treatment, 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 MSM/IDU and IDU populations as possible so they can learn their HIV and HCV status and receive as appropriate, other services such as STD/hepatitis B 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 BEING RETURNED TO CLIENTS. APPLICANT SHALL INITIATE CTR WITHIN THREE MONTHS OF THE START OF THE CONTRACT. APPLICANTS SHALL USE SAPB APPROVED RAPID HIV TEST TECHNOLOGY FOR CTR.

The Applicant is required to purchase HIV 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 HIV confirmatory tests for preliminary positive cases through the state laboratory. SAPB shall purchase and provide HCV rapid test kits and controls to the agency.

Prior to implementing HIV and HCV 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 B and 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 if they test HIV 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) 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 no personal identity 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 anonymously and is 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.

Contractor shall provide all HCV rapid testing on a confidential basis, as mandated by the DOH reporting requirements. Rapid HCV testing may NOT be offered anonymously.

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>

4. Specialized Services for MSM/IDU

While the population of MSM/IDU is small, their HIV/ HCV risk is often extremely high. Intensive prevention services specifically designed to meet their needs are appropriate. While all services outlined in this RFP should be inclusive of, and accessible to, a MSM/IDU, an MSM/IDU-specific component of the program shall be developed and implemented. A minimum of .5 FTE staff person must be dedicated to serving this population. The MSM/IDU-specific staff person must be available to perform CTR. A significant proportion of MSM/IDU is likely to be HIV/ HCV co- infected. The provision of primary prevention services to HIV-positive MSM/IDU is a high priority.

5. 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 PS staff for notification of possible exposure and 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 a rapid test result is reactive and confirmed by blood draw 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.

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

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

Collaboration with and referral to Case management programs to provide ongoing PS and other services to positives and their partners.

HIV PS is a required activity**6. 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.

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

- Viral hepatitis B and C testing, screening, and or treatment as well as viral hepatitis A and B immunizations-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

For this RFP applicants need to propose Comprehensive HIV Prevention with Positives interventions that they consider effective, theoretically sound, and appropriate. Applicant shall explain how and what services shall be provided to HIV positive IDU.

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

In providing services to HIV positive persons who inject drugs, the contracted agency's prevention staff shall coordinate and collaborate 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 syringe exchange programs and case management services providers. 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 and critical activity.

7. 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, viral 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 /hepatitis 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 access 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. 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.

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

1. Personnel

a. Staffing

All staff providing services under this procurement shall have the appropriate licensure, education, and training, and shall have demonstrated the skills and expertise necessary to provide services to the target population. The MSM/IDU-specific position must be staffed at a minimum 0.50 FTE.

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) **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;

- (3) **Ongoing Staff Training.** In each fiscal year, the provider shall ensure that staff receive ongoing training by:
 - (a) conducting a minimum of three (3) in-service trainings to all of its staff members on issues relevant to the contracted services;
 - (b) providing educational updates on HIV and HCV prevention for IDU to all of its staff members at every statewide staff meeting; and
 - (c) ensuring that all outreach and administrative staff attend a minimum of two (2) HIV and/or HCV prevention-related trainings in the community.
- (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

Furthermore, the provider shall be required to:

- i. Coordinate, arrange for, and provide logistical and secretarial support for four (4) quarterly meetings of the Syringe Exchange Oversight Committee. This shall include developing meeting agenda, setting up meeting room, sending out meeting notices, and recording meeting minutes;
- ii. Maintain and respect the confidentiality of client medical records and information, including HIV and HCV status and any test results, pursuant to all relevant sections of the Hawai`i Revised Statutes;
- iii. Provide SAPB with a copy of the provider's Manual of Operations including policies, protocols and procedures for HIV/HCV CTR within six (6) months after the execution of this Agreement;
- iv. Provide treatment outcome information on clients referred for treatment services through the program in the manner and interval prescribed by the SAPB;
- v. Ensure that treatment agencies provide data on a monthly basis on all program clients referred for treatment, including enrollment or not, program entered, status in program, termination or completion of program, and source for funding for payment. This data shall be reported to the program and SAPB indicating source of funding; and
- vi. Send a staff member who is involved in program evaluation to one SAPB evaluation training each fiscal year.

3. Quality assurance and evaluation specifications

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The provider shall conduct evaluation

in accordance with Act 152, 1992 Sessions Laws of Hawai'i 272. The applicant shall describe how it plans to evaluate its program and use that information internally for program improvement. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 7.a., Reporting Requirements for Program and Fiscal Data.*

4. 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.

5. Experience

Not applicable

6. Coordination of services

The provider shall be required to coordinate services with provider(s) of drug treatment services as well as with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Notification programs, and the SAPB Hepatitis C Coordinator. In addition, the provider shall:

- i. collaborate with SAPB in the planning and implementation of activities to increase syringe access through pharmacy, health facility and health provider sales or provision;
- ii. Maintain a practical working relationship with other service providers in the community by maintaining staff membership on at least one (1) HIV planning group or (1) HCV community planning or service group.
- iii. Organize an IDU Work Group which shall convene at least twice a year to build capacity for the staff of other community agencies that are in contact or works with the IDU population and which shall include a minimum of one in-service training on HIV and HCV prevention for those who work with the IDU population.

7. 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.

6. **Submit a written evaluation report** to SAPB by January 1, of each fiscal year, which shall include information regarding syringe exchange activities as described in Act 152, 1992 Session Laws of Hawai'i 272. This evaluation report shall contain conclusions and recommendations based on the evaluation data and developed in collaboration with SAPB to improve the delivery of HIV/HCV prevention services for IDUs.

7. **Collect supplemental behavioral and prevention related information** on crystal methamphetamine ("ICE") injectors and young injectors (under 30 years of age). This will require the addition of questions and modification of the standard data collection mechanisms used to prepare the annual evaluation. This information shall be reported to SAPB and the CPG upon request;

8. Provide the State with written **quarterly program and budget reports** within sixty (60) 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 as approved by SAPB;
 - 3) a **narrative report**. The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. The narrative should also indicate any changes in program staff or their duties. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
 - 4) **any additional information or program indicators requested** by SAPB to satisfy program monitoring requirements.
9. Provide the SAPB with a **final written report** within forty five (45) calendar days after the end of each contract period which reflects results of the provider's program, including accomplishments of service requirements, target populations served, development of program methodology, and adherence to the projected budget costs.

10. 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.

7. 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

8. Pricing structure or pricing methodology to be used

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.

9. Unit Rate

Units of service and unit rates for substance abuse counseling and medical evaluation are outline above in *A. Service Activities, 7. Drug Treatment Services*.

10. Method of compensation and payment

Payment will be made quarterly, based on submission of invoice covering services delivered for that previous quarter. Condition for payment is based on submission of invoice and submission of the quarterly report which contains a narrative and data table. The invoice and quarterly report is due 60 days after the end of quarter.

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 offered.

II. Experience and Capability

A. Necessary Skills

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

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, email/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. In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community. The applicant shall specifically describe plans to coordinate services for the provision of drug treatment services to syringe exchange clients, and shall provide documentation of coordination to provide drug treatment services to syringe exchange clients.

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.

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.

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 the following:

A. PROPOSED INTERVENTIONS

1. OUTREACH AND SYRINGE EXCHANGE SERVICES

A detailed description of the proposed outreach and syringe exchange services. Include:

- a. a description of each activity and how it will be implemented;
- b. FTE to be devoted to the intervention;
- c. geographic coverage of services;
- d. The following are minimum set of specific, time-phased, measurable objectives:
 - 1) make a minimum of three thousand five hundred (3,500) one-on-one outreach contacts with high risk individuals;
 - 2) conduct a minimum of seven thousand (7,000) syringe exchange visits;
 - 3) exchange a minimum of four hundred thousand (400,000) syringes, on a one-for-one basis;
 - 4) distribute forty thousand (40,000) condoms to outreach contacts;
 - 5) refer a minimum of one hundred fifty (150) syringe exchange clients to drug abuse treatment programs licensed in the State of Hawai'i; and
 - 6) ensure that a minimum of seventy five (75) syringe exchange clients are admitted and/or retained in drug abuse treatment programs.
 - 7) The number of venues where condoms will be distributed?
 - 8) The number of condoms distributed?

2. DRUG TREATMENT SERVICES

A detailed description of the drug treatment services to be provided. Include:

- a. a description of the treatment provider(s);
- b. geographic coverage; and
- c. specific, time-phased, measurable objectives. Note that a minimum set of objectives is specified in *Section 2, Service Specifications*.

3. 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 IDU and their partners, MSM/IDU, and 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 IDU and their partners, 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 HIV testing?
- e. How will the program successfully link newly diagnosed HIV positive 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*) IDU (including MSM/IDU) and partners of IDU.
- b. Of the total number of persons tested for HIV, at least 90% will be from targeted highest risk populations (*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 antibody CTR to at least (*number*) MSM/IDU.
- e. By the end of each fiscal year, the contractor will provide HIV CTR to at least (*number*) IDU.

- f. By the end of the fiscal year, the contractor will provide HIV testing to at least (*number*) IDU sex and needle sharing partners.
- g. 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.*)
- h. 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.*)
- i. 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. (*This objective is non-negotiable.*)
- j. 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.*)
- k. 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.
- l. 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.
- m. By the end of each fiscal year, 100% of client data will be entered into the Evaluation Web data collection system.
- n. By end of each fiscal year, the contractor will provide HCV CTR to at least (*number*) persons at risk.
- o. By the end of each fiscal year, 100% of newly identified HCV antibody positive clients will receive their test results. (*This objective is non-negotiable.*)
- p. 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.
- q. 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.

4. SPECIALIZED SERVICES FOR MSM/IDU

A detailed description of the proposed specialized services for MSM/IDU.

Include:

- a. a description of each activity and how it will be implemented;
- b. FTE to be devoted to the intervention; and
- c. specific, time-phased, measurable objectives.

5. 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 and referral to 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)

- 1) By the end of each fiscal year, the applicant will conduct (number) support groups with positives and their partners.

6. 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**. Include:

- a. A description of the service including how services will be tailored to meet the unique needs of HIV positive MSM/IDU and HIV positive /IDU; how services will be different for these individuals as compared to the services provided to IDU who are HIV negative or whose HIV status is unknown; and how the agency will recruit individuals into the intervention.
- b. Specific, time-phased, measurable objectives

Prevention with Positives intervention is a required and critical activity.

7. INTEGRATION OF SERVICES THROUGH REFERRALS

1. Descriptive Information

Provide a detailed description of the integration activities that will be implemented. Include:

- a. a description of HIV, STD, viral hepatitis integration activities and how they will be implemented;
- b. specific, time-phased, measurable objectives.

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 Section 1, paragraph II Websites referred to in this RFP). The following budget form(s) 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
SPO-H-206J	Budget Justification - Motor Vehicle Purchases

Out of state travel (*SPO-H-206D*) is not an allowable expense 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 C: "Sample: Form SPO-H-205"*):

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

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

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment D: "Sample Narrative Budget Justification"*). Special instructions are located in Section 5 regarding Form 205A.

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

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.

I. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

Proposal Application

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

100 Points

TOTAL POSSIBLE POINTS

100 Points

II. 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.

The State will evaluate the applicant's approach to the service activities and management requirements outlined in the Proposal Application, including:

- Logic of the work plan for the major service activities and tasks to be completed.
- Clarity in work assignments and responsibilities.
- Clarity and detail of planned activities.
- Extent to which activities are based on models with evidence of effectiveness.
- 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.
- Realism of the timelines and schedules, as applicable.

5. *Financial (10 Points)*

Pricing structure based on cost reimbursement

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.	STDs Screening Guideline by Population
Attachment E.	Viral Hepatitis Recommendation
Attachment F.	Rapid Testing Checklist
Attachment G.	Sample Form SPO-H-205
Attachment H.	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)				
SPO-H-205	Section 3, RFP	SPO Website*		
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*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
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:				

Authorized Signature

Date

Sample

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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
Transgenders	<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
- Evaluation Web (Luther) Form
- 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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