

DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
CHILD WELFARE SERVICES BRANCH

NOTICE OF REQUEST FOR INFORMATION

The State of Hawaii, Department of Human Services (DHS), is planning to procure the following service:

RFI SSD-21-POS-1030
Home Visiting Services – Statewide

The new Contract is expected to begin on July 1, 2021.

As of **Friday, October 30, 2020**, interested parties may review the attached draft service specifications for the upcoming re-procurement for statewide services for the Home Visiting Services- Statewide on the State Procurement Office website at www.spo.hawaii.gov. Please see the information below from the SPO website as SPO's procurement notice process has changed. It is best to use Mozilla Firefox as the browser:

Procurement notices of solicitations...are automatically placed on the Hawaii Awards and Notices Data System (HANDS). [This will be a link, click on the link; once you are connected then continue]. Click 'Bidding Opportunities'. Then enter keywords (e.g., refuse, Oahu, DAGS) to narrow down the search parameters. Solicitations will automatically populate with matching keywords.

In preparation for the subsequent Request for Proposals (RFP) regarding this service, the DHS is seeking community feedback/comments/questions regarding the attached documents. **A teleconference meeting will be held on Friday, November 13, 2020 from 10:00am – 12:00pm.**

To participate in the meeting, please contact Ms. Jenny Matsunaga at (808) 586-5737 or jmatsunaga@dhs.hawaii.gov by November 12, 2020, 12:00pm, and provide your name, title, agency, email address, and phone number to RSVP.

Written comments, suggestions, and questions will be accepted by email until 4:30 p.m. on Friday, November 20, 2020 for full consideration for the Scope of Services and RFP. Please direct written submissions to Ms. Matsunaga by email at jmatsunaga@dhs.hawaii.gov, by fax to (808) 586-5700, or by mail to Department of Human Services, 1010 Richards Street, Room 216, Honolulu, Hawaii 96813. It is strongly recommended that all comments, suggestions, and questions be submitted in writing if they are discussed with the DHS.

PLEASE NOTE: Participation in the RFI process is optional and not required in order to respond to the subsequent RFP. Neither the DHS nor any interested party responding to the RFI has any obligation under this process.

RFI SSD-21-POS-1030
Home Visiting Services (HVS)-Statewide

The Department of Human Services (DHS), Social Services Division (SSD), Child Welfare Services Branch (CWSB), is welcoming community input in developing and procuring a statewide system of evidence-based home visiting services.

CWS specifically seeks comments on:

1. Program curriculum change to specific implementation of the **Healthy Families America (HFA) Child Welfare Adaptation** home visiting model and the **Parents As Teachers (PAT)** home visiting model. Statewide. Implementation time issues, caseload requirements, data validation, continuous quality improvement, accreditation, model fidelity, annual site visits, expanding community relationships, and training requirements and supports will be considered during these information seeking meetings.
2. Expansion of the current CWS home visiting services to include the Family First Prevention Services Act (FPPSA) population of children who are candidates for foster care, a youth in foster care who is expecting a child or is a parent, parents or kin caregivers of a candidate for foster care.

CWS is requesting a response to the following questions from interested applicants:

1. What challenges/difficulties are anticipated with expansion to the FPPSA candidates for foster care?
2. What challenges/difficulties would be expected in the transition of families to the HFA or PAT model from the current curriculum?
3. What challenges/difficulties are anticipated regarding staffing for the expansion of the programs to include the FPPSA population?
4. What challenges/difficulties are anticipated regarding training of staff on either the HFA or PAT model?
5. What challenges/difficulties are anticipated regarding becoming an affiliate?
6. Is your agency considering sub-contracting any services?
7. After the award of the contracts, what timeframe is anticipated to complete the necessary infrastructure to begin implementation of the HFA or PAT model?
8. What challenges/difficulties are anticipated regarding startup costs for the implementation of the models for both the FPPSA population and the non-FPPSA population (current CWS contract population)?

Other comments on:

1. Geographic service area
2. Scope of Service
 - a. Family eligibility
 - b. Local Implementing Agency data collection plan

- c. Data collection and reporting requirements
 - d. Transportation barriers
- 3. Program models
- 4. Budget
- 5. Training
 - a. Model
 - b. Program expectations

Please see draft section 2 for feedback, comments, and questions.

CWS is requesting comments and feedback for any issues and concerns – please provide information regarding any potential issues or concerns that you feel should be considered.

Providers can access the Parents As Teachers model website @ <https://parentsasteachers.org/> and the Healthy Families America website @ <https://www.healthyfamiliesamerica.org>

Written comments, suggestions, and questions will be accepted by email until 4:30 p.m. on Friday, November 20, 2020.

Section 2

Service Specifications

2.1 Introduction

A. Overview and purpose

The Department of Human Services (DHS), Child Welfare Services (CWS) is seeking proposals statewide to provide CWS Home Visiting Services, a program promoting positive parent-child relationships and supporting families with children ages zero to five. CWS Home Visiting Services shall provide screenings and assessments to identify children at-risk for sub-optimal health, for developmental delays, and for child abuse, neglect, or threatened harm. CWS Home Visiting Services shall provide family-centered, strengths-based, and culturally appropriate support services within the family's natural environment and focus on the reduction of parental/environmental stressors which is directly related to child maltreatment. CWS Home Visiting Services will use the evidence-based home visiting models of Healthy Families America – Child Welfare Adaptation and Parents As Teachers.

B. Planning activities conducted in preparation for this RFP

- ☒ Information from fundors (legislature, federal agencies, private foundations, etc.) on funding terms and conditions.
- ☒ Information from other state agencies on services to the same target group.
- ☐ Views of service recipients and community advocacy groups on conditions affecting achievement of desired goals.
- ☒ Views of Provider organizations on how to improve service specifications; a request for information (RFI) process may have been used for this purpose
- ☒ Information from POS monitoring and other reports for current contracts.
- ☒ Other data (socio-economic and health trends, waiting lists for services, client satisfaction surveys, etc.).

Planning information may be obtained from Jenny Matsunaga, POS Specialist and RFP contact person, by email at jmatsunaga@dhs.hawaii.gov.

C. Service goals

The goals of the DHS' CWS Branch reflect three, broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. These goals are:

1. The safety of children is the paramount concern throughout service provision, placement, and permanency decisions.
2. When safety can be assured, children should stay with their families. CWS works to support family placement through the provision of timely, appropriate, individualized, and quality service activities. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.
3. Family crises provide opportunities for families to address problems. When timely, appropriate, and high quality services are provided to families in crisis, family members, CWS staff, and Family Court are able to make informed decisions about the biological parents', resource caregivers', and/or adoptive parents' ability to protect and care for the children.
4. Efforts to maintain and reunify families are paramount except when it is determined that children's safety in the family cannot be assured. Risk and safety assessment skills are important in decision-making and in maintaining the quality of child welfare services.
5. Service activities must address the physical, emotional, social, and educational needs of children. Services and supports shall be responsive to children's and family's strengths, needs, values, and preferences, and address their unique capacities.
6. Service activities for families must be relevant, useful, competent, coordinated, and collaborative. Service activities must provide clear and attainable goals and objectives for children and families.
7. Service activities must be culturally appropriate and delivered in a manner that is respectful of the children's and families' cultural and community ties.

The primary goals of CWS Home Visiting Services, in alignment with the CWS Branch goals, are:

1. Reduced child abuse and neglect.
2. Reduced caregiver stress and subsequent risk to children.

3. Improved child adjustment and achievement.
4. Increased family self-sufficiency.

D. Target population to be served

The DHS is committed to building a safe, healthy, and nurturing community that values all families as productive and contributing members. CWS Home Visiting Services is part of the DHS' effort to provide opportunities for families to achieve their highest potential.

In this context, one of the target populations to be served includes families with children ages zero to five years old who have been confirmed for child abuse, neglect, or threatened harm by CWS, or have been determined to be at risk for child abuse or neglect, and would benefit from a home visiting program because of parenting issues or potential child developmental delays, as determined by the Provider's staff. CWS, Voluntary Case Management (VCM) Services, or Family Strengthening Services (FSS) shall make referrals for these services. This population will be known as the non-FFPSA clients.

The CWS' initial goal is usually reunification with the parent/s from whom the child was removed at the time of the CWS intake. To support this, the Provider shall prioritize and provide services per the goals received from the referral source. Services to resource caregivers may be given in support of a child placed in a resource home to achieve the goals of the referral source.

Another target population will be those eligible individuals who have been determined by CWS as children ages zero to five who are "candidates for foster care", youth in foster care who is expecting a child or is parent of a child up to age five, and parents or kin caregivers of a candidate for foster care age zero to five. This population is CWS' commitment to preserving families and preventing children from entering foster care through the use of Title IVE prevention funds authorized by the Family First Prevention Services Act (FFPSA) and the implementation of Hawaii's IVE Prevention Plan named *Family First Hawaii, Keeping Families Together*. This population will be known as the FPPSA clients.

E. Geographic coverage of service

Services shall be provided statewide to the geographic areas listed below.

1. Hawaii:
 - a. East Hawaii
 - b. West Hawaii
2. Kauai
3. Lanai and Maui
4. Molokai

5. Oahu:
 - a. Greater Honolulu
 - b. Greater Leeward
 - c. Greater Windward and North Shore

Geographic Area	Zip Codes
East Hawaii	
West Hawaii	
Kauai	
Lanai and Maui	
Molokai	
Oahu: Greater Honolulu Pearl City, Aiea, Kapalama, Sand Island, Downtown Honolulu, Makiki, Waikiki, Waialae, Kahala	96701, 96782, 96813, 96814, 96815, 96816, 96817, 96818, 96819, 96822, 96826
Oahu: Greater Leeward Kunia, Wahiawa, Mililani, Waipahu, Ewa, Kapolei, Waianae	96706, 96707, 96759, 96786, 96789, 96792, 96797
Oahu: Greater Windward and North Shore Hawaii Kai, Waimanalo, Kailua, Kaneohe, Kaaawa, Hauula, Laie, Kahuku, Haleiwa, Waialua	96712, 96717, 96730, 96731, 96734, 96744, 96762, 96791, 96795, 96821, 96825

The Provider shall be responsible for the provision of the full range of services within its contracted geographic area/s; service capacity and staffing will be provided accordingly.

Estimated number of families to be served annually (for non-FPPSA clients):

1. East Hawaii: 98
2. West Hawaii: 56
3. Kauai: 45
4. Lanai and Maui: 118
5. Molokai: 10
6. Oahu:
 - Greater Honolulu: 155
 - Greater Leeward: 155
 - Greater Windward and North Shore: 155

Estimated number of annual children/families for FFPSA clients statewide: SFY
2021 – 492

<u>SFY 2022 – 502</u>
<u>SFY 2023 – 512</u>
<u>SFY 2024 – 522</u>
<u>SFY 2025 – 533</u>

F. Period of availability, probable funding amounts, and sources

The contracts shall be awarded for an initial term of one (1) year with the possibility of five (5) extensions for one (1) year for each extension, subject to the availability of State and federal funds and the satisfactory performance of services by the Provider as determined by the DHS. The maximum contract term shall not exceed six (6) years from July 1, 2021 through June 30, 2026.

Total funding is anticipated to be \$2,978,500 per year (for non-FPPSA), allocated as follows (to be adjusted):

Geographic Areas	Maximum Annual Contract Amount
East Hawaii	366,457.00
West Hawaii	210,779.00
Kauai	170,509.00
Lanai and Maui	444,263.00
Molokai	60,244.00
Oahu: Greater Honolulu	575,416.00
Oahu: Greater Leeward	575,416.00
Oahu: Greater Windward and North Shore	575,416.00

Funding for FPPSA clients is estimated to be \$1,449,500 annually statewide. Distribution per geographic area will be forthcoming.

Funding increases and decreases shall also be subject to the availability of State and federal funds, changes in the service specifications (e.g. the target population to be served, the geographic location's needs, utilization increases/decreases, service activities, and service delivery), and satisfactory performance by the Provider as determined by the DHS.

Funding for any given year or for the contract as a whole may increase up to 300% of the original amount without being considered a fundamental change per Hawaii Administrative Rules (HAR) §3-149-303(d).

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract shall be monitored and evaluated are:

- A. Quality of Care/Quality of Services**
- B. Output Measures**
- C. Performance/Outcome Measures**
- D. Financial Management**

E. Administrative Requirements

2.3 General Requirements

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

The Provider shall comply with the following requirements as well as the General and Special Conditions, which include further requirements of this contract (see Section 5 of this RFP).

1. The Provider shall provide services in concurrence with Hawaii Revised Statutes (HRS) Chapters 346, 350, and 587; HAR; Code of Federal Regulations, Title 45 – Public Welfare, Part 1340 – Child Abuse and Neglect Prevention and Treatment (45 CFR 1340); and DHS policies and procedures.
2. The Provider shall be a private non-profit organization.
3. The Provider shall be qualified as well as certified, licensed, and/or accredited, as applicable, to perform the services solicited in this RFP.
4. The Provider shall not impose any income eligibility standard on survivors and families as a basis for receiving services provided through this contract.
5. Disagreements may occur between the Provider and the DHS regarding various issues (e.g. the performance of service activities within contracted specifications). The DHS shall make every effort to resolve these disagreements in a manner acceptable to both parties. However, if a disagreement is unable to be resolved acceptably to both parties after significant communication between them has occurred, the DHS shall prevail. If the Provider fails to comply with the DHS' directive, it could be deemed cause for corrective action and/or potential contractual remedies, including contract termination.
6. The contract shall be modified, as necessary, to include changes in the service specifications (e.g. the target population to be served, the geographic location's needs, utilization increases/decreases, service activities, and service delivery), State or federal statutes or rules, and/or the requirements of applicable funding sources. In this event, the DHS shall notify the Provider in writing about the necessity of the change/s and what the proposed change/s will be. The Provider shall have the opportunity to discuss the change/s prior to its/their implementation.
7. The Provider shall participate in quality assurance/improvement projects

for research and evaluation purposes as requested by the DHS. Such activities shall include one Child and Family Service Review (CFSR) per year/per qualified staff as arranged by the DHS. Qualifications of the Provider's staff to participate in the CFSR shall be determined by the DHS.

Other quality assurance/improvement activities that the Provider may participate in shall include data collection and requests related to current DHS initiatives, programs, and activities. The DHS may request that the Provider provide records for review for these purposes.

8. The DHS is developing a new information system called the Comprehensive Child Welfare Information System (CCWIS). This system shall comply with the U. S. Code of Federal Regulations, Title 45, Chapter 13, Part 1355, §1355.52(e) as the DHS is a recipient of Title IV-B and Title IV-E federal funding. When it is completed, CCWIS shall allow for two-way, non-duplicative, electronic exchange/sharing of data between the Provider and the DHS. This may include protected health information (PHI). This exchange/sharing of data shall allow more expedited and comprehensive communication between the DHS and the Provider to support enhanced service coordination and improved outcomes for children and families as applicable to this service.

As CCWIS is developed and becomes fully operational, the Provider shall continue to work collaboratively with the DHS to accurately and efficiently exchange/share data regarding the contracted service, including information about clients and the Provider's staff. As applicable to this service, the Provider shall work to ensure that all data requested by the DHS is submitted as instructed in the format and/or by the process, and according to the timeline, provided and approved by the DHS. The formats, processes, and timelines may be revised as applicable and/or needed during the time of performance of each Contract at the DHS' discretion. The Provider shall be informed about any revisions in a timely manner. The DHS shall make efforts to allow the Provider's input regarding these revisions, however, the DHS' decisions shall prevail. Additionally, any costs in this effort shall be at the Provider's expense, however, the Provider may utilize contract funding if approved by the DHS.

9. Designated Providers shall assist the DHS in determining, documenting, and reporting children and families who meet the requirements for Temporary Assistance for Needy Families (TANF) Funding (CFDA #93.558) or TANF Transfer Funding (CFDA #93.667) eligibility, as required per the U. S. Code, Title 42, Chapter 7, Subchapter IV, Part A, §604(d), to maximize the use of federal funds. Designated Providers shall follow either the TANF Funding Procedures or the TANF Transfer

Funding Procedures, as applicable, provided by the DHS to determine the TANF eligibility of children and families. Children and families who are otherwise eligible for services but who do not meet either the TANF Funding or TANF Transfer Funding eligibility requirements, as applicable, shall receive services through the use of other funding sources provided by the DHS to the designated Providers.

As a part of this requirement either the TANF Funding Procedures or the TANF Transfer Funding Procedures shall be made a part of the Contract for designated Providers. The Procedures may be revised, as applicable, throughout the contract period.

If the Procedures are not fully approved at the time of the Contract's execution, the Procedures shall be communicated to designated Providers via email from the DHS. The designated Providers shall comply with the email as part of their contractual requirements.

If a Provider is not currently designated, the DHS reserves the future right to designate the Provider to comply with either the TANF Funding Procedures or the TANF Transfer Funding Procedures, as applicable. The applicable Procedures shall be made a part of the Contract in a subsequent Supplemental Agreement or via email from the DHS, as appropriate.

10. The Provider's staff, which shall include contracted direct service workers and subcontracted direct service workers, may be required to become involved in Family Court activities. If the Provider receives a subpoena, the Provider shall follow its own agency's protocols and, as needed, consult with its own legal counsel. All information shall be confidential and only be disclosed in accordance with a specific court order or proper authority. However, if the Provider receives a subpoena from the Department of the Attorney General (DAG) with respect to a DHS/CWS Family Court proceeding, the Provider's staff shall be required to cooperate with the DHS and the DAG per the subpoena including, but not limited to, the activities listed below.

If the Provider receives a court order from Family Court with respect to a DHS/CWS proceeding, the Provider's staff shall be required to cooperate with the Court including, but not limited to, the activities listed below. If the Provider receives a request from Family Court to attend a hearing, the

Provider's staff shall attend the hearing and provide any requested information. However, the Provider's staff shall not be authorized to make a disposition on any DHS/CWS case.

- 1) Cooperation with Family Court may include, but is not limited to,

providing testimony in Court, attending Court hearings, and submitting reports to the Court. Court hearings may pertain, but are not limited, to those involving Temporary Restraining Orders (TROs), Juvenile Court, paternity, child custody, and divorce matters.

2) The Provider's subpoenaed and court-ordered staff shall be considered "qualified child abuse and neglect experts" regarding their respective area of service provision about which they may be required to testify.

3) Testimony shall be based on the observations and assessments made during the Provider's staff's service provision.

4) The DHS may require the use of a specified format on which to provide requested information to the Court and/or identify specific information that shall be included in reports to the Court. When the DHS has specific forms to be used, they shall be shared with the Provider. Provision of requested information to the Court may include providing staff resumes, if requested.

5) Non-subpoenaed or court-ordered staff may accompany a family to Family Court to provide support if requested by the family. Non-subpoenaed or court-ordered staff may be allowed to be present in the courtroom if deemed appropriate by the Court.

B. Secondary purchaser participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases shall be allowed.

Planned secondary purchases shall not be allowed.

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Multiple proposals shall be allowed.

Alternate proposals shall not be allowed.

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

☐ Single

☐ Multiple

☒ Single & Multiple

Single contracts shall be awarded for East Hawaii, West Hawaii, Kauai, Lanai and Maui, and Molokai. Multiple (3) contracts shall be awarded for Oahu.

Multiple contracts may be awarded to one Applicant for different geographic areas.

E. Single or multi-term contracts to be awarded
(Refer to HAR §3-149-302)

☐ Single term (2 years or less) ☒ Multi-term (more than 2 years)

Initial contract term:

One (1) year from July 1, 2021 through June 30, 2022.

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

Number of possible extensions: Five (5) extensions

Length of each extension: One (1) year

Maximum contract term:

Five (5) years from July 1, 2021 through June 30, 2026, subject to the Option to Extend provision of the contract (see #17, Special Conditions, Section 5 of this RFP).

Conditions for extension:

1. Ongoing need for the service as determined by the State.
2. Availability of funding.
3. Acceptable utilization as determined by the State.
4. Satisfactory performance as determined by the State.
5. Satisfactory compliance with the terms and conditions of the contract as determined by the State.
6. Must be in writing, shall allow 30 calendar days for consideration and approval, and shall be executed prior to the contract expiration date.

F. Subcontracting

(Refer to #3.2 General Conditions, Section 5 of this RFP)

Subcontracting shall be allowed with the prior written approval of the DHS.

Subcontracting is encouraged to provide an array of services to families in all areas of the state, including culturally specific programming.

Prior to the start of the contract, the Provider shall submit any subcontracts to the DHS for review. The Provider shall ensure that its subcontractors comply with **all** of the contract requirements of this RFP. The Provider shall submit documentation of its subcontractor's compliance with the contract requirements as requested by the DHS.

2.4 Scope of Work

The Provider shall provide Home Visiting Services according to the evidence-based Healthy Families America (HFA) Child Welfare Adaptation model or the Parents As Teachers (PAT) model.

A. Service Delivery

The Provider shall provide services to all eligible families. These services are intended to promote the strengthening of the family unit and specifically address the areas of child development, parenting skills, non-physical discipline, family planning, inter-personal relationships, family and social communication, problem identification, problem solving, mental health concerns, anger management, substance abuse, and social and community responsibility.

CWS Home Visiting Services will be provided using the evidence-based Healthy Families America (HFA) Child Welfare Adaptation or Parents As Teachers (PAT) model.

The HFA – Child Welfare Adaptation can be initiated prenatally or at birth and also allows target children up to age of 24 months at time of intake as long as the site maintains documentation to show the initial referral was received from the child welfare system.

CWS Home Visiting Services providers will adhere to the requirements of the HFA or PAT model regarding staff requirements to implement the model to fidelity.

The Provider shall provide services to parent/s that identify as Lesbian, Gay, Bisexual, Transsexual, and Questioning (LGBTQ), have Limited English Proficiency (LEP), and/or have physical limitations.

The Provider shall make every reasonable effort to make certain that the available services are provided in a flexible manner to children and families so as to best meet their specific needs, including the times service activities are scheduled, such as in the evenings or on the weekends, so as to accommodate parents' work schedules.

The Provider shall assure and be responsible for the continuity of services in the event of staff illness, medical emergencies, vacancies, or other situations that result in reduced program resources that are less than contracted.

The Provider shall assure that the necessary and appropriate referrals are made to community resources available to families.

For services through the HFA model, services can be provided up to 3 years. For services through the PAT model, the duration of services can last up to the time the child enters kindergarten.

The Provider will administer and adhere to the services as required for the HFA or PAT models.

B. Service Activities

As applicable and in conjunction with the HFA or PAT model, the Provider shall provide the following core service activities:

1. Initial contact

The CWS, VCM Services, or FSS social worker shall make the initial service referral of the family to the Provider. The Provider shall work collaboratively with the social worker. A face-to-face case conference or telephone consultation shall be held within five working days of the Provider's receipt of the referral. The conference or consultation shall include the input of the parent/s, the social worker, and the Provider. The input of the parent/s, the social worker, and the Provider shall be used to determine the service objectives and goals.

If the Provider is unable to contact the parent/s within five working days, the Provider shall document its efforts and continue concerted contact efforts for approximately 45 days. During that time, the Provider shall contact the social worker periodically to apprise them of the status of their progress.

2. Assessment, linkage, and coordination

The Provider shall complete a comprehensive assessment to evaluate the children's and parents' strengths, needs, and ability to protect children (if a parent) and to determine the service activities needed. Assessments shall be completed by qualified staff, as determined by the Provider, and by staff certified and/or trained in administering the assessment tool/s, as applicable. All assessment tools shall be selected by the Provider and approved by the DHS.

Assessment tools shall be administered by the Provider as often as required to evaluate the effectiveness of the services provided and measure the client's progress, minimally at intake and discharge or according to the guidelines of the assessment tool.

The Provider shall also provide linkage and coordination with appropriate community resources to facilitate service delivery of the necessary service activities.

3. Parental life skills

Components may include, but are not limited to, parent and/or family activities focusing on:

- a. Educating parents about how to interact with other people more productively, including providing assertiveness training.
- b. Increasing parental understanding about other relevant issues such as the dynamics of abuse and underlying causes of child abuse.
- c. Building parental child protective abilities.
- d. Assisting parents in developing concrete, everyday problem-solving abilities.
- e. Assisting and supporting parents with substance abuse problems. This shall include facilitating parents' understanding about what effect their substance abuse has on their child/ren and encouraging their participation in treatment services.
- f. Providing information about normal child development stages in order to enhance child management skills. This may be taught in a group format using simple, concrete techniques, educational materials, and skill building exercises.

4. Counseling services

The Clinical Specialist (CS) shall provide parent and/or family counseling based on the goals agreed upon in the Family Support Plan (FSP) (see 2.4 A. 5. b., Section 2 of this RFP). Services may be provided for one to two hours weekly or more, depending on the needs of the family, inside or outside of the home, whichever is preferable to the family. Services shall be intensive and focused on issues that present risk to children. Services provided by the Provider to families with a goal of family reunification may include the following:

- a. Building communication skills.
- b. Building problem-solving skills.
- c. Building coping skills.
- d. Child development education.
- e. Behavior management training.

5. Home visiting

The Provider shall utilize a team approach in supporting the family by setting meaningful goals, sharing child development information, and enhancing family functioning.

Services shall minimally include:

- a. Development of a Family Support Plan (FSP) within 45 days of the referral. During the initial case planning phase, the Provider shall specify in the FSP how services will be provided to the family and how

additional services will be identified, planned, and implemented as agreed upon by the parent/s, the social worker, and the Provider.

Development of a FSP shall include collaboration with the parent/s and the social worker to ensure that appropriate services and the roles and responsibilities of all parties are clear.

All of the assessment tools shall be used in conjunction with the Provider's own observations and interactions with the family to create a comprehensive assessment of the family's needs.

When the development of the FSP is close to completion, the Provider shall schedule and facilitate a live meeting with the parent/s and the social worker. The meeting shall result in a FSP signed by the parent/s, the social worker, and the Provider.

If the social worker is not able to be present at the meeting, the social worker may sign the FSP later. The Provider shall document its efforts to include the social worker in the FSP meeting.

- b. Home visiting to the family by the Clinical Specialist (CS), and Family Support Worker (FSW) in accordance with the FSP and in a seamless, cohesive manner. All disciplines involved shall communicate with each other regarding their interactions with and information about the family. The FSW shall follow up on information and referral activities and child development and family issues.
- c. Completing referrals and providing care coordination for the family by the CS, and/or FSW, including:
 - 1) Facilitating and participating in the FSP development process.
 - 2) Assisting parent/s in identifying concerns/needs they have about their child/ren and themselves.
 - 3) Assisting parent/s in identifying strengths and resources they have within their family.
 - 4) Assisting parent/s in accessing necessary community resources.
 - 5) Coordinating and monitoring service delivery.
 - 6) Coordinating the Multi-disciplinary Developmental Evaluation (MDE) with Early Intervention Services (EIS) and the transition process to EIS, as appropriate and requested.
- d. Short-term interventions for the family for up to six months provided by the CS or another provider, as appropriate, to prepare the family for further and more intensive treatment services.
- e. Identifying, assessing, and monitoring the developmental status and health care needs of the family through direct intervention and consultation.
- f. For children with developmental concerns, referrals for appropriate services shall be completed as well as participation in the MDE, as requested, and providing on-going monitoring, as needed.
- g. Promoting positive parent-child interaction and a positive environment for child development.

- h. Education and training for the family by the CS about child development, father involvement, parenting skills, family planning, domestic violence, and therapeutic interventions to strengthen the family; modeling and support of the family in these areas by the FSW.
- i. Promoting positive child health development, including establishing a primary medical care provider and regular check-ups, completing immunizations, establishing a primary dental provider and regular check-ups, supporting consistent physical hygiene, including oral health, providing nutrition information, and creating a safe child environment.
- j. Promoting early and on-going prenatal care, as appropriate, for mothers already participating in services with the Provider.
- k. Implementing creative interventions to connect with families who are difficult to engage in services.
- l. Participating in and documenting collaborative meetings with the social worker to ensure coordinated service delivery. The frequency and mode of the meetings shall be determined by need.
- m. Providing budgeting education, as needed.
- n. Providing transportation assistance, as needed (e.g. directly transporting clients, providing bus passes and bus route information, or providing taxi vouchers).
- o. Assuring that children's services are age and developmentally appropriate.

6. Discharge planning and case closure

The Provider shall have a process of discharge planning for families which will be completed prior to the family's service completion. The discharge plan shall include a process by which any necessary services for the family will be fully transitioned to community providers in order to continue the delivery of services to the family.

The Provider shall also have in place a process for case closure.

7. Satisfaction surveys

The Provider shall send satisfaction surveys to the parent/s (or primary recipient of services) and the social worker within one (1) month after the family's service completion in order to evaluate its program and staff effectiveness.

8. Follow-up contact

The Provider shall attempt follow-up contact with the parent/s six (6) months after case closure to determine whether the family has remained safe and healthy or whether they are in need of additional services.

Contact with parent/s (or the primary recipient of services) shall include the following questions:

- a. Are you currently involved with CWS/VCM/FSS?
- b. Do you feel confident about meeting your child/ren's developmental needs?
- c. Do you feel confident about making health care decisions for your child/ren?
- d. Do you need any services to help your family?
- e. What services do you need?

C. Administrative/Management Requirements

The Provider will adhere to requirements of the HFA or PAT model as applicable.

Adjustments to the CWS requirements below can be made to incorporate the HFA or PAT model requirements in addition to the CWS contract requirements:

1. Experience

The Provider shall have a verifiable history of a minimum of two (2) years within the most recent five (5) years of experience with contracts or projects providing supportive services to children and families, particularly those who are at-risk for sub-optimal health, for developmental delays, and/or have experienced child abuse, neglect, or threatened harm.

2. Ability

The Provider shall have the necessary abilities, skills, and knowledge relating to the delivery of the contracted services.

3. Personnel

The Provider shall ensure that all staff, volunteers, and contracted personnel have the educational qualifications, work experience, necessary training, and appropriate certification/license, as applicable, to fulfill their job position requirements and provide the contracted service activities.

The recruitment of staff from the specifically contracted geographic area/s is preferred.

The Provider shall assure that:

- a. All staff, volunteers, and contracted personnel are at least 18 years old.

- b. All staff, volunteers, and contracted personnel have experience in working with issues such as child abuse and neglect, domestic violence, and substance abuse and also must be willing to work with parents that may present safety issues. In lieu of experience, they may have training in these areas.
 - 1) A Supervisor shall have a Master's degree and at least two (2) years of work experience in Social Work, Clinical Psychology, Counseling, or Nursing or a Bachelors degree and at least three (3) years of work experience in Social Work, Clinical Psychology, Counseling, or Nursing.
 - 2) A Clinical Specialist (CS) shall have a Master's degree and at least one (1) year of work experience in Social Work, Clinical Psychology, or Counseling and is preferably a Certified Substance Abuse Counselor (CSAC).
 - 3) A Family Support Worker (FSW) shall have a high school diploma or General Equivalency Diploma (GED) with at least two (2) years of work experience with children and families.
- c. If a job applicant does not meet the education, work experience, and/or training qualifications for a specific job position but the Provider still recommends hiring the applicant, a request for a waiver of the qualifications will be submitted to the DHS in writing via email. The request shall include:
 - 1) The name of the applicant and their qualifications.
 - 2) The reason for the Provider's request and their justification for hiring the applicant (e.g. the applicant may not have the required education but may have adequate years of experience and/or training that demonstrates their ability to adequately perform the job position's duties).
 - 3) The Provider's plan for the supervision and training to be provided to the applicant if they were hired.

The DHS shall respond in writing via email asking for more information or approving/disapproving the waiver, including noting any conditions, such as a probationary plan, that need to be implemented in order to hire the applicant.
- d. No job applicant who does not meet the minimum qualifications for a job position shall be hired for work under the contract without written approval from the DHS.
- e. Verification of education, work experience, and certification/license as well as job performance information will be maintained and updated in the staff, volunteers, and contracted personnel files.
- f. The Provider will comply with the following criminal history requirements:
 - 1) The Provider shall conduct an initial criminal history record check and sex offender check as well as submit a consent form to the DHS Licensing Unit for a CWS Central Registry Check for all

staff, volunteers, and contracted personnel job applicants who apply to work under the contract, especially those who will be providing direct services as this necessitates close proximity to children.

The Provider shall search www.ecrim.hawaii.gov/ahewa/ (Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center), submit an application for a CWS Central Registry Check, search www.nsopr.gov (National Sex Offender Registry) prior to hiring staff, volunteers, or contracted personnel or at the outset of the contract period (if not previously conducted), and search the Hawaii Sex Offender Registry at <https://sexoffenders.hawaii.gov/sexoffender/search.html>.

All four checks shall be completed again one year after hire and again every two (2) years thereafter.

- 2) Conditional employment in a non-direct service position may be offered to an applicant for a period not to exceed 30 days pending the receipt of the results of the checks.
- 3) The Provider shall have an established procedure to address any criminal conviction results with an applicant. If after such results have been received and the Provider has discussed the results with the applicant and still recommends hiring the applicant, a request for a waiver shall be submitted to the DHS in writing. The request shall include:
 - a) The name of the applicant and their qualifications.
 - b) The reason for the Provider's request and their justification for hiring the applicant (e.g. the conviction was a misdemeanor which occurred several years before and the applicant's record has been clean since then), including the basis for the determination that such a criminal conviction does not pose a risk to the health, safety, or well-being of children.
 - c) The Provider's plan for the supervision to be provided to the applicant if they were hired.

The DHS shall respond in writing via email asking for more information or approving/disapproving the waiver, including noting any conditions, such as a probationary plan, that need to be implemented in order to hire the applicant.

- 4) The DHS Licensing Unit receives the complete results of the CWS Central Registry Check and sends the Provider a copy of the results which includes only limited information.

If an applicant has a CWS Central Registry history which may/may not pose a risk to the health, safety, or well-being of children, the Licensing Unit will contact the applicant and may work with the

applicant and the Provider in gathering more details and reviewing the information. The Licensing Unit shall contact the applicant and the Provider with the results of the review.

- 5) No job applicant with a criminal and/or CWS Central Registry history which may/may not pose a risk to the health, safety, or well-being of children shall be hired for work under the contract without written approval from the DHS.
- 6) All three checks shall be completed again one (1) year after hire and again every two (2) years thereafter.
- 7) The results of all checks and copies of all consent forms shall be maintained and updated in the staff, volunteers, and contracted personnel files.

See “CRIMINAL HISTORY RECORD CHECK STANDARDS and PROTECTIVE SERVICES CENTRAL REGISTRY CHECK STANDARDS (Revised 4/18/13)”, Section 5 of this RFP.

- g. Staff demonstrates willingness to work with others, including clients coping with multiple issues.

4. Training

- a. The Provider shall have in place both an initial and an annual training plan for staff, volunteers, and contracted personnel which shall identify the specific trainings to be provided and the time frames in which they will be provided. The initial trainings shall be completed before staff, volunteers, and contracted personnel may provide direct services to the children without direct supervision.
- b.
- c. A training record shall include the training topics completed, the length of the trainings, the trainings completion dates, and the trainings facilitators and will be maintained and updated in the staff, volunteers, and contracted personnel files.

5. The Provider shall have a process for hearing and resolving grievances of staff, volunteers, and contracted personnel.

6. Client files

- a. Client files shall be kept per family with child/ren and parent/s information kept together. Files shall contain basic client information such as name, gender, birthdate, race/ethnicity, address, phone number, marital status, as applicable, language spoken and any LEP concerns, and any physical/mental conditions or special needs. Files shall also contain a copy of the Family Support Plan, all applicable assessments and reports, and any other documentation, such as case notes and service referrals, regarding child/ren and parent/s.

- b. Files shall be maintained for all clients served by the program during the period they are receiving services.
- c. Files shall be kept strictly confidential.
- d. The Provider shall retain client files for six (6) years after the last service date.

7. Reporting requirements for program and fiscal data

- a. The Provider shall be responsible for the following required program reports:
 - 1) The Provider shall complete the monthly Client Eligibility List (CEL) and Quarterly Activity Report (QAR) in the formats provided by the DHS. The Provider shall report individual information about the children served as well as the number of children served, service units completed, program activities completed, accomplishments of the program objectives and outcomes, problems encountered, any program recommendations, and proposed future activities. The QAR shall also document any staffing changes.
 - 2) The CEL shall be submitted to the DHS via email by the 15th of the month following the reporting period.
The QAR shall be submitted to the DHS by the last day of the month following the reporting period.
- b. Required fiscal reports:
 - 1) The Provider shall complete the annual Budget and monthly Expenditure Report in the formats provided by the DHS. The Provider shall summarize its annual projected program and personnel expenditures as well as report the expenditures of contract funds received during the reporting period. The reports shall also list other sources of funding used for the contract, the amounts, and how they were expended, and document all staff and contracted personnel that work under the contract.
 - 2) The annual Budget shall be due by April 30 of the current fiscal year for the following fiscal year.
The Expenditure Report shall be submitted by the 15th of the month following the reporting period.
- c. See Attachments, Section 5 of this RFP for samples of the program and fiscal reports.

8. Output and performance and outcome measurements

- a. The Provider shall maintain the capacity to deliver services throughout the contract term as specified in the Performance Measurement Forms A, B, and C, Section 2 of this RFP.

- b. The effectiveness of the contract shall be evaluated according to the utilization of the services, the numbers of the various service activities provided, and the outcomes achieved.
- c. Unless otherwise agreed to in writing, the number of clients to be served and the numbers of the various service activities to be provided shall change in proportion to any funding changes.
- d. See the Performance Measurement Forms A, B, and C at the end of this Section 2 of this RFP.

9. Quality assurance and evaluation specifications

- a. The Provider shall maintain throughout the contract term a system of self-appraisal for on-going evaluation of the performance effectiveness and quality of its program services.
- b. The evaluation process shall use credible and tested measurement tools or instruments.
- c. The Provider shall collect data on the impact of services on the child/ren and parent/s including identifying indicators of change, which are relevant to outcomes.
- d. The Provider shall include a process for implementing improvements and taking corrective action based upon the evaluation's findings.
- e. The Provider shall provide a copy of its evaluation documentation to the DHS upon request.

10. Insurance requirements (see 1.4, General Conditions, Section 1 and #2. Special Conditions, Section 5 of this RFP)

- a. The Provider shall maintain throughout the contract term the following insurance coverage:
 - 1) General Liability Insurance of no less than \$1 million per occurrence and \$2 million annual aggregate for bodily injury and property damage.
 - 2) Automobile Liability Insurance of no less than \$1 million per accident for any auto, non-owned autos, and hired autos.
 - 3) Professional Liability Insurance (Errors and Omissions) of no less than \$1 million per claim and \$2 million annual aggregate.
- b. The State of Hawaii shall be named as an additional insured on the Certificate of Insurance.
- c. The Provider shall include any subcontractor as additional insured under its policies or provide to the DHS separate Certificates of Insurance and endorsements for each subcontractor. Any subcontractor shall comply with the same insurance requirements as the Provider.

- d. The DHS reserves the right to amend insurance requirements in order to maintain all contracts in compliance with the most current State requirements.

11. Hawaii Compliance Express (HCE)

The Provider shall be compliant with all statutes and administrative rules. Per HRS §103D-310(c), HRS Chapter 103F, and HAR §3-120-112, the Certificate of Vendor Compliance provided by the HCE is acceptable verification of the Provider's good standing as a vendor doing business in the State of Hawaii. The Provider shall be an HCE member with compliant status.

12. All contracts shall be monitored by the DHS in accordance with requirements set forth by HRS Chapter 103F. Ongoing contract monitoring shall include review of program and fiscal reports and periodic assessment of service delivery and program effectiveness. In addition, annual contract monitoring may include site visits with a comprehensive evaluation of several areas, including review of the Provider's compliance with contractual requirements, agency personnel files, client files, and accounting practices.

D. Facilities

The Provider shall obtain and maintain adequate facilities for the satisfactory delivery of the contracted services. The facilities shall meet American Disabilities Act (ADA) requirements, as applicable, and provide any special equipment necessary for service provision. The facilities shall be operational by the contract start date.

The facilities shall be in compliance with all applicable, State and County building, fire, safety, and health codes relating to construction, building maintenance, and sanitation.

2.5 Compensation and Method of Payment

The Provider shall comply with HRS Chapter 103F, Purchases of Health and Human Services Cost Principles (see the SPO website) in the development of its budget and its expending of contract funding.

Unless otherwise proposed and agreed between the Provider and the DHS, the pricing structure for these services is as checked below. The pricing structure may be revised by mutual agreement throughout the contract term.

- X Cost reimbursement where the State pays the Provider up to a maximum annual contract amount for budgeted costs actually expended in the delivery of contracted services.
- Fixed rate cost where the State pays the Provider up to a maximum annual contract amount a service unit rate for the delivery of a set number of service units.
- Base cost/Fixed rate cost combination where the State pays the Provider a base cost (a % of the maximum annual contract amount) for operations plus a fixed rate cost for delivered units (up to a % of the maximum annual contract amount).
- Negotiated rate where the State determines a set number of service units needed and negotiates with the Provider a delivery cost for the service units. The cost divided by the number of units needed determines a service unit rate.

A. Units of service

The units specified in Performance Measurement Forms A, B, and C are relevant to service delivery and capacity.

B. Method of compensation and payment

A monthly invoice shall be submitted in a format specified by the DHS. The invoice shall be submitted by the 15th of the month following the reporting period. See Section 5 of this RFP for a sample of the invoice.

Payments shall be made after receipt and preliminary approval of an invoice, reports, and any other documents required by the DHS. All client costs shall be supported by documentation indicating who services were provided to, when services were provided, and what services were provided.

C. The Provider shall not require any additional fees for services provided through this contract without the prior approval of the State.

D. The Provider shall not use funds received through this contract for services and costs for which it received compensation from other State, federal, or other sources.

<u>FORM A: PEOPLE TO BE SERVED</u>	ANNUAL GOALS Proposed # to be Served (Unduplicated)	
	DHS' PROJECTED GOAL	APPLICANT'S PROJECTED GOAL
1. CWS referral for a child less than one year of age	25% of total # of families to be served	
2. CWS referral for a child one to three years of age	25% of total # of families to be served	
3. VCM referral for a child less than one year of age	22.5% of total # of families to be served	
4. VCM referral for a child one to three years of age	22.5% of total # of families to be served	
5. FSS referral for a child less than one year of age	2.5% of total # of families to be served	
6. FSS referral for a child one to three years of age	2.5% of total # of families to be served	
7. Total families/children served (Total from estimated # to be served for the Applicant's proposed geographic area from Section 2.4, B., 7., b. of this RFP)		

<u>FORM B: SERVICE ACTIVITIES</u>	ANNUAL GOAL FOR CONTRACT YEAR	
	DHS' PROJECTED GOAL	APPLICANT'S PROJECTED GOAL
1. # of families seen by a Registered Nurse (if applicable)		
2. # of families seen by a Clinical Specialist		
3. # of families seen by a CSAC (if no Clinical Specialist)		
4. # of children identified with a delay and referred to Early Intervention Services		
a. Medical		
b. Dental		
c. Vision		
d. Hearing		
e. Mental health		
f. Educational		
5. # of children referred for Fetal Alcohol Spectrum Disorder treatment		
a. Child zero to one years of age		
b. Child one to two years of age		
c. Child two to three years of age		

<u>FORM B: SERVICE ACTIVITIES</u>	Parents/ Families new in the quarter (1)	Parents/ Families new YTD (2)	Parents/ Families continuing to the next quarter (3)	Total families served YTD (4)
6. a. # of mothers referred to OB/GYN for prenatal care				
b. # of mothers referred to OB/GYN for postnatal Care				
7. # of parents referred for substance abuse treatment				
a. # of mothers referred for drug abuse				
b. # of mothers referred for alcohol abuse				
c. # of fathers referred for drug abuse				
d. # of fathers referred for alcohol abuse				
8. # of parents referred for anger management				
a. # of mothers				
b. # of fathers				
9. # of parents referred for domestic violence				
a. # of mothers				
b. # of fathers				
10. # of parents referred for mental health treatment				
a. # of mothers				
b. # of fathers				
11. # of families referred to BESSD				
12. # of families referred to agencies (not BESSD) for assistance with food, shelter, income, child care, etc.				
13. # of families referred to Hawaii Public Housing Authority				

Note:

The assessment tools listed below, or a comparable DHS-approved tool shall be used. If a comparable tool is proposed, full justification for the tool's use as well as a comparison to the listed tool shall also be provided.

<u>FORM B: SERVICE ACTIVITIES</u>				
ASSESSMENTS AND OTHER TOOLS THAT MEASURE CLIENT PROGRESS AND EVALUATE THE EFFECTIVENESS OF THE SERVICES PROVIDED	Families new in the quarter (1)	Families new YTD (2)	Families continuing to the next quarter (3)	Total families served YTD (4)
14. # of families given the AAPI-2				
15. # of families given the AAPI-2 with improved scores				
16. # of families given the ASQ				
17. # of families given the ASQ - SE				

FORM C: OUTCOMES (For biological families and children served by the Provider)	ANNUAL ACHIEVEMENT OF PROPOSED OUTCOMES						
	Proposed annual % achieved	% of new families	# of new families	% of carryover families	# of carryover families	% of total families	# of total families
		(1)	(2)	(3)	(4)	(5)	(6)
1. Families with no new report of abuse/neglect during the time of Home Visiting Services, (as much as is known to the provider)	90%						
2. Families with no new confirmed report of abuse/neglect during the time of Home Visiting Services (as much as is known to the provider)	100%						
3. Children in foster care with no new report of abuse/neglect during the time of Home Visiting Services (as much as is known to the provider)	90%						
4. Children in foster care with no new confirmed report of abuse/neglect during the time of Home Visiting Services (as much as is known to the provider)	100%						
5. Children in foster care reunited with their biological family	80%						
6. Families meeting the healthcare needs of their children through:							
a. Medical doctor (PCP)	95%						
b. Current immunizations per American Academy of Pediatrics guidelines	95%						
c. Compliance with doctor recommendations	95%						