

Section 2

Service Specifications

2.1 Introduction

A. Overview and purpose

The Department of Human Services (DHS), Child Welfare Services (CWS) is seeking proposals for Providers to provide statewide services to strengthen families through the Neighborhood Place (NP) services in support of the Department's mandate to protect children who have been harmed or threatened with harm by their families.

Problems within families such as substance abuse, unemployment, poverty, an absent parent, and lack of parenting skills negatively impact family members, especially children, and may result in family violence in the form of child abuse and neglect and the consequent breakup of the family unit. Services to be accomplished under this contract include the following:

- a. Providing assistance to needy families so that children may be cared for in their own homes (or in the homes of relatives); and
- b. Promoting the formation and maintenance of stable families through family strengthening initiatives.

These services provided in accordance with Public Law 104-93 as amended contribute to stronger family units both now and in the next generation. This in turn provides for a safe and healthy environment for Hawaii's children and their families.

Concerning initiative (a) above, these services will be provided to current TANF recipients and/or TANF eligible families. PROVIDER will furnish the STATE with the names of families currently known to be TANF recipients and/or the names of members of the family unit and the income of the primary wage earner so that the STATE can ascertain TANF eligibility

Concerning initiative (b) above, these services will be provided without regard to income or TANF eligibility.

Family strengthening activities provided through community-based neighborhood places may include but not be limited to direct services such as crisis intervention, informal counseling, early childhood education, assistance in obtaining needed resources, promotion of socialization skills, parenting groups, and parent-child interaction activities.

In addition to direct services it is critical to engage local communities and develop resources for families by assisting communities in assessing their capacities and needs for supporting families, providing workshops on the neighborhood place model, forming networks of resources for families in need, and supporting and expanding the neighborhood places throughout the STATE. In this regard it is

expected that the PROVIDER will subcontract for community-based neighborhood place services in designated locations and that the local neighborhood places will work with local communities to develop resources for families.

B. Planning activities conducted in preparation for this RFP

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

A Request for Information (RFI) was posted on the State Procurement Office (SPO)/Procurement Notices System website on June 28, 2016.

Planning information may be obtained from Christine Gamboa, POS Specialist and RFP contact person, by email at cgamboa@dhs.hawaii.gov.

C. Service goals

The goals are comprised of three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being. In administering and conducting the service activities, the safety of children to be served shall be of paramount concern. Service activities shall be based on the principles of family-centered, strengths/needs-based practice.

The guiding principles of family-centered based practice in the Child Welfare Services Branch are:

1. The safety of children is the paramount concern that must guide all child welfare services. Child safety must be the paramount concern when making service provision, placement, and permanency planning decisions.
2. Reasonable efforts to maintain and reunify families are important except when it is determined that the child's safety in the family cannot be assured due to

certain aggravated circumstances, or after a period of 12 months of service activities, the Department shall move towards a permanent placement for the child. Thus, risk and safety assessment skills are important in maintaining the quality of child welfare services and decision-making.

3. Children should be helped to stay with their families, when safety can be assured, through the provision of timely, appropriate, quality, individualized service activities and supports that build on the strengths of children and families and are responsive to their needs.
4. Family crises provide opportunities to the families to address problems. When timely, high quality, and appropriate services are provided to families in crisis, Child Welfare Services Branch staff, Family Courts and concerned family members are able to make informed decisions about biological, resource, or adoptive parents' ability to protect and care for their children.
5. Service activities must be relevant and useful for the family, coordinated, and collaborative and provided in all designated geographic areas under the contract.
6. Service activities must be culturally appropriate and responsive to the strengths, needs, values and preferences of the child and family, and delivered in a manner that is respectful of and builds on the strengths of the family, the community, and cultural ties. Service activities must address the physical, social, emotional, and educational needs of the child and the family's ability to protect the child. Service activities must provide clear and attainable goals and objectives for each participant.
7. Service activities must be individualized, addressing the unique capacities and needs of each child and family.
8. Service activities must empower families to help themselves and to gain and maintain mastery and control over their ability to protect their children.

D. Target population to be served

The STATE is committed to a safe, healthy, and nurturing community that a) values all youth and their families as productive and contributing members and b) provides opportunities for actualization of their highest potential including the formation and maintenance of stable families as a cornerstone for safe, healthy, and nurturing communities. In this context the target group for neighborhood place services includes:

1. Families with children at risk of child abuse and neglect who request services to support and strengthen their families and decrease the risk of child abuse and/or neglect.
2. Families with children who are identified by NP to be at risk of child abuse and neglect but are not known to CWS and are in need of services to support and strengthen the family.

3. Families assessed by CWS with unconfirmed findings of child abuse/neglect but who are in need of supportive services to prevent child abuse/neglect.
4. Families that were referred to CWS that have been assessed to be in need of supportive services but were not accepted for CWS investigation.
5. Families assessed and confirmed for child abuse/neglect by CWS but needing no more than 6 months of supportive services after the CWS case is closed.

It is anticipated that approximately 370 families per year statewide will be serviced by the Neighborhood Places.

E. Geographic coverage of service

The Provider shall be responsible for the provision of the full range of contracted services statewide, including service capacity and staffing.

Services may be expanded if additional resources become available. Assurance must be given that the following areas will be provided the full range of contracted service.

Oahu

- Central Oahu-Kalihi
- Waianae Coast - Waianae

Maui

- Wailuku

Island of Hawaii

- East Hawaii-Puna
- West Hawaii-Kailua

F. Estimated annual funding amounts

Total contract funding is anticipated to be \$900,000 per fiscal year.

Funding under this RFP provides for: 1) allocation for the Provider's administrative expenses (not to exceed 15%); and 2) the balance of the contract amount to be expended for the provision of services in accordance with this RFP.

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).

Oahu

- Central Oahu-Kalihi - \$180,000
- Waianae Coast – Waianae - \$180,000

Maui

- Wailuku - \$180,000

Island of Hawaii

- East Hawaii-Puna - \$180,000
- West Hawaii-Kailua - \$180,000

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/Management 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 all Hawaii Revised Statutes (HRS), with particular attention to Chapters 346, 350, and 587; Hawaii Administrative Rules (HAR); Code of Federal Regulations, Title 45 – Public Welfare, Part 1340 – Child Abuse and Neglect Prevention and Treatment (45 CFR 1340); and the DHS policies and procedures.
2. The Provider shall be qualified, as well as certified, licensed, and/or

accredited, as applicable, to perform the services solicited in this RFP.

3. The Provider shall not impose any income eligibility standard on clients or families as a basis for receiving services provided through this contract.
4. 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 may be deemed cause for corrective action and/or potential contractual remedies, including contract termination.
5. 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 that 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.
6. 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.

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)

Alternate proposals shall not be allowed.

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

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 and six (6) months, from January 1, 2017 through June 30, 2018.

The initial term shall commence on the contract start date: January 1, 2017

Number of possible extensions: Two (2) extensions

Length of extensions: Two (2) year

Maximum contract term:

Five (5) years and six (6) months, from January 1, 2017 through June 30, 2022, 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 Neighborhood Place-services in compliance with and including all of the tasks and responsibilities detailed below:

A. Service delivery

Services to clients and their families shall utilize evidence-based or evidence informed approaches and best practice principles. Services shall be provided using a trauma-informed approach, meaning attending to a client's emotional as well as physical safety, including understanding how trauma affects the client's life. All Provider staff who have direct client contact shall be trained in trauma-informed service provision. Ensuring the provision of this training is the responsibility of the Provider.

Services shall be linguistically appropriate, fully serving clients with Limited English Proficiency (LEP). Services shall also be fully accessible and accommodate clients with any disability. Costs associated with interpreter or translation services, as well as costs incurred in order to fully accommodate clients with disabilities are the responsibility of the Provider, but may be charged to the contract. All Provider staff who have direct client contact shall be trained in sensitively working with interpreters, people who are non-native English speakers, and people with disabilities. Ensuring the provision of this training is the responsibility of the Provider.

Services shall be provided to all clients regardless of gender identity or sexual orientation. The Provider shall use gender neutral language in its program and prohibit harassment and discrimination based on gender, gender identity, gender expression, and sexual orientation. . All Provider staff who have direct client contact shall be trained in sensitivity working with the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) population. Ensuring the provision of this training is the responsibility of the Provider.

The Provider shall make every reasonable effort to assure that services are provided in a flexible manner to clients and their 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 to accommodate the clients' 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 might otherwise result in reduced program services.

1. Client services shall:
 - a. Be age and developmentally appropriate.
 - b. Be client-centered, designed to meet the unique needs of each client and build on their strengths to promote and enhance safety, health, and well-being. Service and discharge planning shall be designed in conjunction with the client to the extent possible. The client's desires, needs, and perspective shall guide the development of all plans.
 - c. Facilitate the client's increased access to physical safety and resources and support them in facing any barriers to receiving services.

- d. Assist the client in strengthening their resilience by reducing risk factors and increasing protective factors, such as building competence/self-esteem, strengthening the relationship between them and their family, as appropriate, and promoting pro-social activities in the school and in the community.
- e. Enhance the family's ability to provide safety, nurturance, and support for the child, as appropriate.
- f. Be provided in an environment that is welcoming, inclusive, de-stigmatizing, and not re-traumatizing.

B. Service activities (Minimum and/or mandatory tasks and responsibilities)

The Provider shall establish and implement written procedures for intake, assessment, provision of service activities, and completion/termination of services (discharge), including the applicable criteria, timeframe for completion.

In a comprehensive manner using the Neighborhood Place model, the provider shall conduct family strengthening activities for at-risk children, youth and families in each geographic area served. These activities are intended to promote the formation, maintenance, strengthening and/or re-unification of the family unit, and specifically address the areas of family and social communication, interpersonal relationships, anger management, problem identification and solving, parenting skills, and social and community responsibility. Services shall be designed to promote protective factors: Nurturing and attachment;

- a. Knowledge of child and youth development;
- b. Knowledge of parenting techniques;
- c. Parental resilience;
- d. Social connections;
- e. Concrete supports for parents; and
- f. Social and emotional competence of children.

The PROVIDER shall ensure the allocation of resources for the following core service activities:

1. Intake and assessment of risk, needs, strengths, and competencies on all families referred or self-referred to the neighborhood place. Assessments will be completed within 3 working days of contact after receipt of the referral.
2. Information and referral to connect children and families to existing resources and services. (It is not sufficient to provide the information to the families, the provider must also know the resources, both public and private that are available to the families and be willing and able to facilitate the families' access and participation with those services. Assistance may be accomplished by assisting families in filling out applications, going with them to appointments, advocating for the families with other providers and other "hands on" activities that will assist the families to access and participate in

services and obtain other benefits.)

3. Development of an individualized program plan (IPP) for families being referred from the Department's Child Welfare Services (CWS) system that will meet the families' needs and ameliorate the risk of child abuse and neglect. The IPP will be developed within 7 days of contact with the family. The IPP will identify goals, measurable objectives, milestones or timelines, and specific services to be provided. The IPP shall be mutually agreed to and signed by the client and the PROVIDER'S neighborhood place staff, and, as applicable, it shall be updated semi-annually. Engaging the client in the development of the IPP is essential to its success. The client shall lead the development of the IPP, as much as possible. Provider staff who develop IPPs with clients shall be trained in client engagement and service plan development. Ensuring the provision of this training is the responsibility of the Provider.
4. Case management for families in accordance with their IPPs, including the arrangement of necessary services and monitoring progress.
5. An array of services to prevent child abuse and neglect and divert families from the CWS system that shall include:
 - a. Crisis intervention;
 - b. Informal counseling, including but not limited to relationship counseling and anger management;
 - c. Advocacy;
 - d. Education about early childhood development;
 - e. Socialization activities;
 - f. Parenting groups; and
 - g. Parent-child interaction activities.
6. Follow-up contact with families six (6) months after case closure to determine whether these families have remained safe and healthy and whether they are in need of additional neighborhood place services or the more formal CWS services.
7. Referral to CWS of any family a) that is deemed too high risk for abuse or neglect to receive neighborhood place services or b) that has an incident of abuse or neglect during program involvement.
8. Dissemination of information regarding the Neighborhood Place program and other resources available to strengthen families by means of workshops, trainings, and participation in community activities.
9. Maintain and expand the availability of Neighborhood Place services to communities currently served and to meet service needs identified in the future, to the extent funding and resources become available.
10. In addition to direct services, the provider will develop enhanced resources for families by engaging with the Department and local communities to enhance collaboration and coordination among the Department and community agencies and resources. The activities may include those listed above as well

as other opportunities. These activities will assist communities in assessing their capacities and developing their own resources to support families, and develop networks of supports for families in need.

C. Administrative/Management Requirements

1. Experience

The Provider shall have verifiable experience within the most recent three (3) years.

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 Provider shall assure that:

- a. All staff, volunteers, and contracted personnel are at least 18 years old.
- b. All staff, volunteers, and contracted personnel providing direct services shall have, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution. Staff shall also have a minimum of six (6) months of experience in providing direct services to clients. Staff who do not meet the experience requirement may provide direct services only under the close supervision of personnel with, at minimum, a Bachelor's degree in social work, psychology, or a related field from an accredited institution and a minimum of six (6) months of experience in providing direct services to clients. Close supervision includes recommended actions and the review and approval of reports.
- c. All staff, volunteers, and contracted personnel shall demonstrate a willingness and ability to work with diverse populations of clients coping with multiple issues.
- d. Program supervision, including supervision of staff, volunteers, and contracted personnel, shall be provided by staff with, at a minimum, a Master's degree in social work, psychology, or a related field from an accredited institution and at least one (1) year of experience in providing direct services to clients. A Bachelor's degree and four (4) years of relevant experience may replace the requirement for a Master's degree. Supervision shall include, but not be limited to, individual staff, volunteer, and contract personnel supervision, case reviews, periodic observation of service delivery, and ongoing evaluation of program effectiveness and outcome measures.

- e. Volunteers shall be under the control and direction of the Provider even though they are not paid staff or contracted personnel.
- f. 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 shall be submitted to the DHS in writing via email. The request shall include:
 - 1) The name of the applicant and his/her qualifications.
 - 2) The reason for the Provider's request and the 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 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.

- g. A job applicant who does not meet the minimum qualifications for a job position shall not be hired for work under the contract without written approval from the DHS.
- h. Verifications of education, work experience, certification/license, and waiver as well as job performance information are the responsibility of the Provider and shall be maintained and updated in the staff, volunteers, and contracted personnel files.
- i. The Provider shall 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.

The Provider shall search www.ecrim.hawaii.gov/ahewa/ (Adult Criminal Conviction Information System, Hawaii Criminal Justice Data Center) and search www.nsopr.gov (National Sex Offender Registry) prior to hiring staff, volunteers, or contracted personnel.

- 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 he/she 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 pose a risk to the health, safety, or well-being of children, the Licensing Unit shall 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 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.

4. Training

- a. The Provider shall have in place both an initial and an ongoing 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 without direct supervision.
- b. All staff, volunteers, and contracted personnel providing direct services to clients shall have, at minimum, training in the following areas before they provide direct services without direct supervision:
 - 1) An agency orientation including, but not limited to, policies and procedures addressing:
 - a) Intakes, assessments, service planning, and discharge planning;
 - b) Documentation requirements;

- c) Non-discrimination;
 - d) Confidentiality and ethics;
 - e) Security and safety provision;
 - f) Emergency response and disaster preparedness procedures;
 - g) Language Access;
 - h) Culturally-embracing service provision;
 - 2) Working sensitively with the LGBTQ population; and
 - 3) Trauma-informed care.
 - c. A training record shall include each training topic completed, the number of training hours for each training, each training's completion date, and each training's facilitator, and will be maintained and updated in the staff, volunteers, and contracted personnel files.
 - d. All training shall be provided by appropriately qualified and experienced trainers.
5. The Provider shall have a formal, written process for hearing and resolving grievances of clients, staff, volunteers, and contracted personnel.
6. Client files
- a. Client files shall contain basic client information such as name, gender, birthdate, race/ethnicity, address, phone number, marital status (if applicable), language spoken, any LEP concerns, and any health/physical/mental conditions or special needs. Files shall also contain copies of all assessments, service plans, discharge plans, reports, and any other documentation, such as case notes and service referrals.
 - b. Files shall be maintained and updated during the service period.
 - 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 the Quarterly Activity Report (QAR) in the formats provided by the DHS. The Provider shall report individual information about the clients served as well as the numbers of clients 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. For the # of families provided information and referral services only, use a checklist to indicate the type of service and the # for each type of service and attach it to the QAR.
 - 2) The Provider shall complete the quarterly Limited English Proficiency (LEP) Report in the format provided by the DHS. The

Provider shall report the number of parents and children who were offered and who received language access services, the type of language access service provided, the type of service provider used, and the expenditures spent on language access services during the reporting period.

- 3) 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 via email by the last day of the month following the reporting period.
The LEP Report shall be submitted to the DHS via email by the last day of the month following the reporting period.
- b. The Provider shall be responsible for the following 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 in the Budget and report the actual expenditures of contract funds, during the reporting period for which an invoice will be submitted, in the Expenditure Report. The Report shall also list other sources of funding used for the contract and their amounts as well as document all staff and contracted personnel that work under the contract. Expenditures reported in the Report shall be subject to review by the DHS, such as a review of all applicable receipts, to verify the amounts and the appropriateness of the reported expenditures.
 - 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 Provider may revise the Performance Measurement Forms A, B, and C to specify the measurement of the services utilizing the proposed selected tools and instruments according to this RFP.
- c. 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.
- d. 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.
- e. 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, including identifying indicators of change, which are relevant to outcomes. For the # of families provided information and referral services only, use a checklist to indicate the type of service and the # for each type of service and attach it to the QAR.
 - 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.
 - f. The Provider shall provide quarterly updates on performance measurements and any outcomes that can be measured for that quarter on clients' IPPs via the QAR.
 - g. An Annual Quality Assurance and Evaluation Report shall be submitted by the Provider 90 days after the 4th Quarter summarizing in detail the evaluation of its interventions and outcomes on clients' IPPs, information and referral services and all other services provided. .

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 contracted services. The Provider's facilities shall meet American Disabilities Act (ADA) requirements, as applicable, and provide any special equipment necessary for service provision. The facilities can be shared but must be available statewide for every island. The facilities shall be operational by the contract start date.

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.

- 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 for operations plus a fixed rate cost for delivered units.
- 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

1. 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 Attachments, Section 5 of this RFP for a sample of the invoice.

Payment 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.

2. The Provider shall not require any additional fees from clients for services provided through this contract without the prior approval of the State.
3. 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.

FORM A - PEOPLE TO BE SERVED

ORGANIZATION: _____

PROGRAM/SERVICE: Neighborhood Place Services

GEOGRAPHIC AREA: _____

	PEOPLE TO BE SERVED	ANNUAL GOAL	FY 17
1.	Total # of families provided neighborhood place (NP) services		
2.	# of families provided NP services, upon CWS case closure		
3.	# of families without CWS involvement that were provided NP services to prevent child abuse and neglect		
4.	# of families provided information and referral services only.		

For #4 above, use a checklist to indicate the type of service and the # of families for each type of service and attach it to the QAR.

FORM B – SERVICE ACTIVITIES

ORGANIZATION: _____

PROGRAM/SERVICE: Neighborhood Place Services

GEOGRAPHIC AREA: _____

	SERVICE ACTIVITIES	Estimated ANNUAL GOAL (%)	FY 17
1.	# of <u>assessments</u> completed within 3 working days		
1.a	# of <u>assessments</u> that were not completed within 3 working days		
2.	# of <u>individualized program plans</u> developed with families within 7 days of contact		
2.a	# of <u>individualized program plans</u> that were not developed with families within 7 days of contact		
3.	# of workshops/trainings for families		
4.	# of community activities in which the NP participates to disseminate information to families		
5.	# of community activities in which the NP participates to disseminate information to professionals about NP services and other community resources.		
6.	For those families that received an IPP, # and % of families where efforts were made but no contact resulted to the family for a follow-up inquiry 6 months after closure of the NP case.		
7.	For those families that received an IPP, # and % of families where contact was made to the family for a follow-up inquiry 6 months after closure of the NP case.		

FORM C - OUTCOMES

ORGANIZATION: _____

PROGRAM/SERVICE: Neighborhood Place Services

GEOGRAPHIC AREA: _____

	OUTCOMES	ANNUAL GOAL (%)	FY 17
1.	% of families that complete the measurable objectives in their IPPs.	90%	
2.	% of families not confirmed for child abuse or neglect within 6 months of NP case closure.	95%	
3.	% of prevention families not confirmed for child abuse or neglect within 6 months of NP case closure.	95%	
4.			
5.			

For each measureable objective stated in the IPP, submit a quarterly QA report stating in detail the measureable objective, # of clients served, how the objective is measured, the goal of the objective, any timelines for the measurement, and the quarterly outcome if available for the quarter.

Submit an annual QA report summarizing the quarterly QA reports with an analysis of the outcomes and recommendations for improvement, corrective action and timelines for accomplishing these recommendations. The annual QA report shall be submitted 90 days after the end of the 4th Quarter.

Record the quarterly #s for each information and referral activity. Quarterly checklist of information and referral activities are to be submitted with the QAR...

Within 30 days after the 4th quarter, submit the total #s for the annual checklist of information and referral activities.