

Evaluation for Early Childhood Comprehensive Systems Health Integration Prenatal to Three Program (ECCS HIPP)
Scope of Services

I. Introduction

A. Overview and Purpose

The Hawaii Department of Health (DOH), Family Health Services Division (FHSD) seeks to enter into a contract with a qualified community-focused evaluation team. The evaluation team must maintain a strong skill set and familiarity with systems level change that focuses on the Prenatal to Three (P-3) population.

As we direct our P-3 System to properly address maternal infant health and early childhood health integration, evaluation of our strategy and action impact are essential. With the use of Hawaii's Performance Measurement Plan (PMP) and Evaluation Plan created in Year 1 of the grant cycle, we require an evaluation contract to implement the plans and data analysis to properly capture the project efforts. In addition, an evaluation team will be needed to connect data sources, Advisory Council input, work group efforts, and State Plans crosswalk insights to create the Strengths, Asset and Gaps Analysis that looks to inform the Strategic Plan. Scope of services include:

1. Participation in ECCS HIPP workgroups and/or Advisory Council to inform evaluation efforts and Continuous Quality Improvement (CQI).
2. Review and revise Performance Measurement Plan (PMP).
3. Review and revise Evaluation Plan.
4. Support evaluation of process and implementation of Strategic Plan.
5. Assistance in identifying opportunities to properly inform PMP and Evaluation Plan.
6. Implementation of PMP and Evaluation Plan in Year 3 grant activities.
7. Annual Evaluation Report at end of Year 3.

B. Description of the Service Goals

The long-term goal of this program is to enact a developmental evaluation of a systems-change initiative focused on the P-3 population in Hawaii. With an understanding that the work is complex and fluid, and evaluation team's primary roles are to provide subject matter expertise on maternal infant health and early childhood health integration system building. Evaluation provided will be to build in a culture of monitoring, evaluation, reflection, and intention in the ECCS HIPP project team.

C. Description of the Target Population to be Served

The ECCS HIPP Advisory Council partners and project workgroup members that include

community leaders, non-profit organizations, state departments, medical office providers and staff, health centers (Federally Qualified and Native Hawaiian Health), doula and midwife perspectives, infant and early childhood mental health consultation, community health workers, policy advocacy and family leadership development. All key contributors aligned and invested in P-3 System improvement that focused on family and community centered voice.

D. Geographic Coverage of Service

Hawaii Statewide.

II. Scope of Services

A. Specifications and Requirements

The Bidder shall describe in detail how, from 10/01/23, or upon DOH FHSD approval, through 7-29-24, it will provide the following:

1. Participate in Year 3 kick off meeting to review the scope of work, project expectations, and timelines;
2. Review background materials and other relevant information;
3. Engage and inform contract partnership so that both the Awarded Contractor and DOH FHSD can make modifications as needed throughout this contract period;
4. Participate in regular state and federal ECCS HIPP team meetings, quarterly advisory meetings, and workgroup meetings as appropriate;
5. Participate in regular state and federal ECCS HIPP ECS TACC TA meetings and annual gatherings to best inform Hawaii project work;
6. Support workgroup with the development of strategic planning and implementation; aid with analysis and sensemaking of the data collected; assist workgroup in summarizing the results;
7. Compile useful information in data sources including project documents, meeting minutes, project participation logs and insightful efforts made towards project goals to capture analysis comprehensively in Hawaii ECCS HIPP Performance Measurement and Evaluation Plan;
8. Conduct a formative, mixed methods evaluation using the evaluation plan research questions as a guide. Quantitative data may include surveys, document review and program participation data. Qualitative data such as key informant interviews will be used to better understand attitudes, beliefs, successes, and challenges of workgroup members and parent leaders and raise up bright spots while identifying barriers to

progress;

9. Provide and adhere to an agreed upon timeline for the implementation of the Hawaii ECCS HIPP Performance Measurement and Evaluation Plans;
10. Provide evaluation analysis for ECCS HIPP federal reporting needs.
11. Present evaluation findings to DOH FHSD Lead and the ECCS HIPP All Team to keep all informed and activate improvement strategies to achieve project goals.
12. Summarization of evaluation findings to be captured in an annual evaluation report and reflection session that highlights key progress on performance measures, research questions and identifies opportunities for the project team for each coming year. In the final year, the report will be summative.

B. Reports, Data, and Evaluation Requirements

The Awarded Contractor shall follow report due dates, in the format provided by the DOH FHSD:

1. Submit quarterly reports to the DOH FHSD documenting deliverables of this contract.
2. A final report is required no later than 2 months from the end of the contract period, 7/29/24, which shall include, at a minimum a summary of the work done, a summary of evaluations collected, a summary of challenges and successes, a summary of lessons learned, timeline goals met or unmet, and next steps.

C. Period of Performance

The period of performance is from 10/01/23 to 7/29/24.

I. Experience of Capability

The awarded vendor:

- A. Must demonstrate a thorough understanding of the purpose and scope of this service and demonstrate necessary knowledge, skills, abilities, and experience relating to the delivery of the proposed services. The applicant shall have verifiable relevant experience for the last three (3) years in providing service activities;
- B. Shall demonstrate necessary skills, abilities relating to the delivery of the proposed services by providing a description of projects and/or contracts pertinent to the proposed services. Describe experience in conducting the following related activities:
 1. At least five (5) years of experience in working with rural communities;

2. At least five (5) years of experience in evaluation of systems efforts that include maternal infant and early childhood coalition-building, and communications, including and with a particular focus on populations with at-risk outcomes;
3. Experience in obtaining and evaluating data in projects that include community scan data collection, Strengths, Asset and Gap Assessment (SAGA), and strategic planning that illustrate both quantitative and qualitative data practices to drive data disaggregation and equity in analysis;
4. Knowledge and experience of researching and synthesizing statewide data into reports;
5. Competency and ability to use different tools to communicate and share information with multiple key invested partners and project contributors;
6. Shall demonstrate adequate staffing capacity to provide contracted services and deliverables, including contract administration.
7. Must describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The applicant shall reflect the position of each staff and line of responsibility/supervision (include the position title, name, and full-time equivalency);
8. Must provide evidence of being an organization registered in the State of Hawaii.

II. Compensation and Payment

A. Submitting a Proposal

1. Submit a proposal for following the requirements of the scope of work to provide the requested services for the period of October 1, 2023 to July 29, 2024;
2. The attached Cost and Timeline Proposal must be completed and submitted as part of the Bidder's response to this solicitation;
3. For technical assistance with HIEPRO, please call the Hawaii Information Consortium at 808-695-4620 or send an email to hiepro@hawaii.gov.

B. Procedure for Invoicing

The awarded vendor shall submit two invoices: (1) 50 percent of the awarded amount shall be invoiced at the execution; (2) the final 50 percent of the awarded amount shall be invoiced after completing all deliverables. See Cost and Timeline Proposal.

C. Form of Payment

The awarded vendor shall be equipped to accept state purchase orders as forms of payment.

D. The fee to Hawaii Information Consortium (HIC)

Please be advised that the awarded vendor will be responsible for paying HIC a fee of 0.75 percent of the award, capped at \$5,000. HIC will bill the awarded vendor directly via email, and the vendor can make payment online or by sending a check via regular mail.

E. Hawaii Compliance Express

The awarded vendor must demonstrate proof of compliance for all awards of \$2,500 or greater. This includes a Certificate of Vendor Compliance from Hawaii Compliance Express, which includes a Certificate of Good Standing from the Department of Commerce and Consumer Affairs, a Tax Clearance from the Department of Taxation, and Compliance with HRS Chapters 383, Hawaii Employment Security Law (Unemployment Insurance) 386, (Worker's Compensation law) 392 Temporary Disability Insurance and 393 Prepaid Healthcare Act, from the Department of Labor and Industrial Relations.

Cost and Timeline Proposal

Fiscal Year	Tasks and Responsibilities (October 1, 2023 to July 29, 2024)	Amount (\$)
10/01/23 to 7/29/24	The Hawaii State Department of Health (DOH), Family Health Services Division (FHSD) seeks a qualified community-based, non-profit organization in Hawaii to:	
	Subtotal	
	Hawaii GET	
	Subtotal	
	HIC Fee (0.75%)	
	Total	

NOTE: The attached Cost and Timeline Proposal form shall be completed and submitted as part of the Bidder's response to this solicitation.

BUDGET

(Period _____ to _____)

Applicant/Provider: _____
 RFP No.: _____
 Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request		Name (Please type or print)		Phone
(b)		Signature of Authorized Official		Date
(c)		Name and Title (Please type or print)		
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer		Date