



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: March 19, 2019

HSS 19 018

**HEALTHY WOMEN HEALTHY BABY ZONES
FOR
DIVISION OF PUBLIC HEALTH**

Date Due: April 9, 2019
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions received by the deadline of February 26, 2019
and asked at the Pre-bid meeting on March 5, 2019.

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RFP HSS 19 018

HEALTHY WOMEN HEALTHY BABY ZONES

Questions due by 2/26/19 and asked at the Pre-bid Meeting on 3/5/19

1. How many funding rounds do you anticipate over the 5 years?

Answer - While we anticipate funding to be committed to this work for 5 years, this is subject to available state funds and the State budget process, which is approved on an annual basis by the General Assembly. An annual budget should be submitted, which would include the administration of this process. Vendor should propose what it would take to stand this process up administratively operating as a fiduciary agent, management and oversight, tracking of the data and technical assistance. We will be working very collaboratively and closely with selected vendor(s) to outline criteria for the mini grant process together in collaboration with selected vendor(s) and put together a package of funds to support the mini grant(s).

2. Should the proposed budget include the funding for the mini-grants as well, or will they be funded separately?

Answer - DPH is setting aside funding separately to flow through the selected vendor's contract, for the mini grant process, which will be finalized at a later date. The Vendor will not need to include the mini grants budgets within their RFP proposal.

3. Is there a budget cap per year?

Answer - DPH has budgeted and set aside what we think that this will take to operate, manage, and implement, but we are looking for you all to submit a strong proposal that outlines what that might look like, and then when selection is made we can further negotiate.

4. With a collective impact model expected, is there any flexibility in the September deadline to fund initial mini-grantees?

Answer - DPH included this timeframe as an estimated Milestone. We are flexible. We want to be thoughtful and strategic in rolling this out, and setting up criteria for the mini grant process that may take longer than initially anticipated.

5. The budget we are submitting is this for setup, oversight, data tracking, and administration of the mini grant, but not actually to provide services.

Answer - Correct, DPH is looking for a proposal for the selected vendor to serve as the backbone agency.

6. If the Mini Grants are over \$50,000.00, do you have to go through a whole process for procurement?

Answer - No, because it has been included in this RFP Scope of Service, we should be tied to the RFP. In the scope of the RFP, it does say that we are permitting Sub-Contracting/Sub-Awards.

7. The contract would be between DPH and the Mini Grantees and not the Vendor?

Answer - Actually, we envisioned that DPH would have a contract with the fiduciary backbone agency, and we would then flow funds through that contract. The Vendor would sub-award with those multiple projects.

8. Do you anticipate a funding cycle every year?

Answer - This is dependent upon available funding. This is funded with our Infant Mortality Reduction Funding and is in collaboration with the Delaware Healthy Mother and Infant Consortium's infant mortality reduction strategic priorities. It is all predicated on available funding, but in our minds, we are anticipating to have this funding available annually for the period that we put into the RFP.

9. Can we bid Statewide or Set of Zones?

Answer - The way we laid out this RFP is, we really want to have maximum impact. Therefore, we setup the maps, posted with this addendum, to label the High Risk Zones, to focus our efforts and interventions. You can bid Statewide but focus should be predominately based via the high-risk zones.

10. In terms of scope, target number of mini grants you would like to see or number of organizations you would like to see worked with that would be tied to your community mental health workers? How many Community Health Workers are you looking to contract out?

Answer - At this point we have not identified how many total Community Health Workers we will be utilizing at this point right now. We have set aside funding, and we have additional funding sources to build capacity through a centralized process. But, we want to be mindful and we want be sure we are deploying and building capacity focused in our identified High Risk Zones.

11. Is there an order of magnitude 1 per high risk zone or 10 per high risk zone, or a stepped approach

Answer - At this point, it would be a phased approach to deploy Community Health Workers. As we mentioned, we have the potential of using multiple funding sources. Through a centralized Community Health Worker contract, it allows DPH to monitor capacity and deploy Community Health Workers that address our Maternal and Child Health priorities.

12. Is there opportunity to tie in these mini grants with some of the outreach that is in HWHB 2.0 or do they have to be totally separate? Because some of those we are outreaching into the community, is the design of Healthy Women Healthy Babies 2.0, is there Opportunity for some of those outreach efforts to get women in to be in the mini grant under this grant?

Answer - This work is meant to all fit together to address our infant mortality and maternal and child health strategic priorities. This is not meant to be a siloed approach. We really thought broadly about how we can make the most impact. Proposals should address how they will develop a referral mechanism and allow for service linkages. This is all to make sure we're focused on our target population: high risk women, pregnant women and ultimately driving down our infant mortality rate, reduce premature births, and low birth weight babies, as well as all of the indicators (attached to RFP) that can help Delaware collectively drive down our infant mortality rate.

13. Page 9 of the RFP under number 1 midway through the paragraph: "The funds must only be awarded to communities/organizations/coalitions that address one or more of the 'FIVE' priority areas in their proposals...." Can you clarify what the Five priority areas are?

Answer - Listed starting in the RFP on bottom of Page 7. ** Clarification there are only FOUR (4) priority areas**

- a. Social Networking for Empowerment
- b. Father/partner involvement and engagement
- c. Toxic Stress/Adverse Childhood Experiences
- d. Financial Empowerment/Self Sufficiency

14. So in essence, the Backbone is like the service center?

Answer - The proposed model is not a Service Delivery Center. DPH is looking for a centralized organization that develops infrastructure and a process to manage a mini grant process, acts as a fiduciary agent, tracks data and progress and provides technical assistance and support to multiple placed based interventions. This entity will NOT be providing direct service.

15. Are they allowed to deliver direct services as well?

Answer - We did not envision the backbone agency selected actually providing direct service. If you think that you have the capacity to do both, please lay that out. DPH feels that this would potentially be a conflict of interest.

16. Is there an expectation on the part of the Department or the Division that we outline whom we plan to be working with, or is that ok that we figure that out later? Is it more about the process vs. the partners?

Answer - Yes, Process vs. the partners, but if you want to provide suggestions for prospective partners that you are aware of as examples, this could be helpful to describing the proposal. But we are not going to use that as a criteria for rating the proposal. DPH is looking for experience and ability, capacity and bandwidth to develop the infrastructure and manage this collective impact approach and process.

17. I don't see a lot of reference to the outreach for us to develop those partnerships

Answer - DPH envisions that there will be an advisory committee with Subject Matter Experts (SME) and by design would use the SME to leverage and make those connections. But please layout how you would carry that out. What does that look like? How would you engage partners around the table? How would you work with an advisory committee? How would you put outreach out there, to solicit interest in the mini grant process?

18. Mini grant vendors can be profit or non-profit?

Answer - This will be decided in collaboration with the selected vendor, as we develop the criteria for the mini-grant process.

19. Is there any way that you can list the zip codes or census tracks of the zones?

Answer - DPH will follow up with tools to determine census track that is web-based. Throughout this process we expect to refine these high-risk zones, this was a starting point for the RFP. These are noted on maps in the appendix of the RFP. The tool can be found at the following link. <https://www.census.gov/geo/maps-data/data/geocoder.html>

20. Do sub-contractors have to meet the same qualifications as the general RFP contractors?

Answer - No, the initial contract from the vendor with DPH must meet the state qualifications as listed in the RFP. However, a sub-contractor with the awarded vendor is not contracted through the state and would need to meet only that vendor's qualifications (as the vendor would be held accountable via the state).

21. Our proposals are only be the budget that is necessary for the backbone organization, even though there will be money flowing from DPH to the backbone organization, to fund the mini grant awardees. But we are not budgeting that in our proposals?

Answer - No, not at this time.

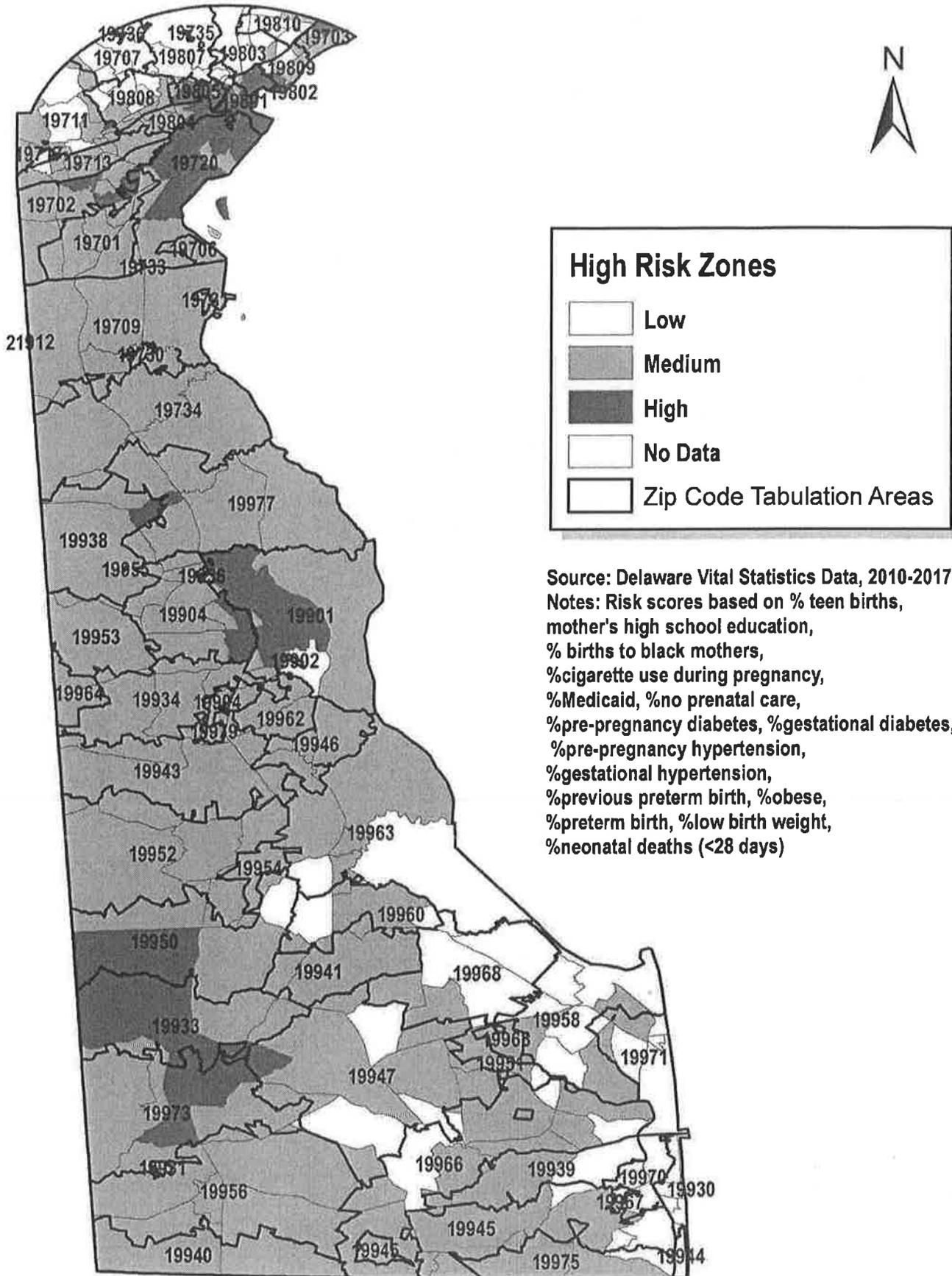
22. If there is proprietary information in the proposal, we can protect that (if there are pieces that are proprietary) through the confidentiality?

Answer - You will submit that in a separate envelope (both paper and CD) with your proposal marked confidential.

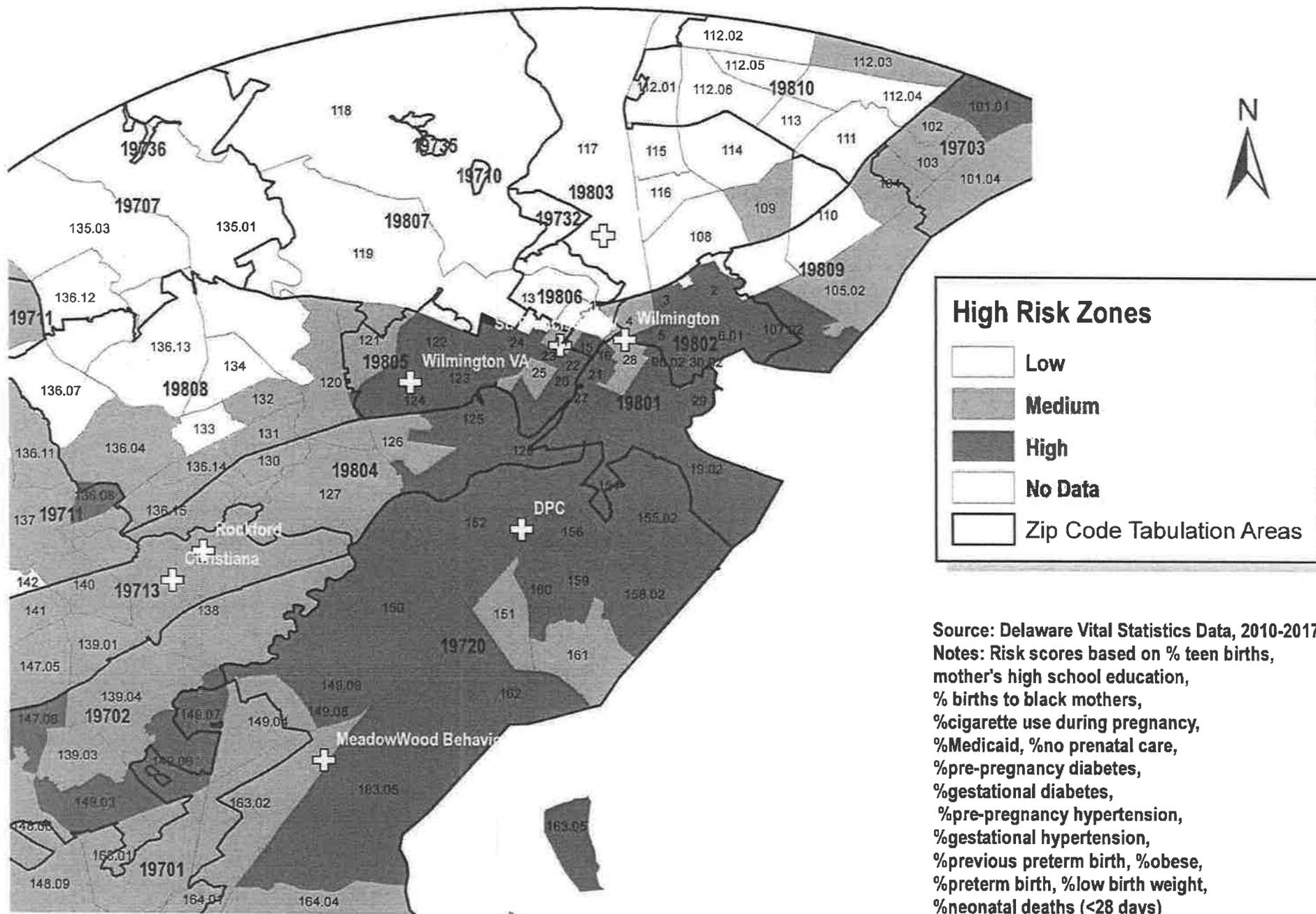
23. Is the confidentiality still determined by the State, although we might say it has confidential it might not be determined that?

Answer - Correct, it will be submitted to the State's Attorney's for determination. Therefore, information you submit as confidential may or may not be determined as such.

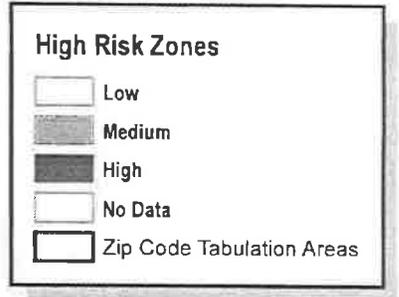
High Risk Healthy Women Healthy Babies Zone, Delaware, 2010-2017



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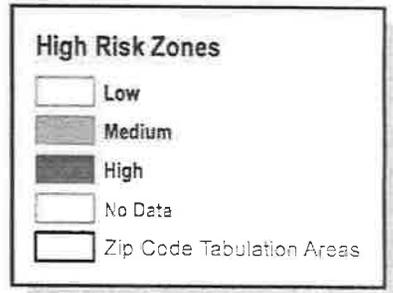
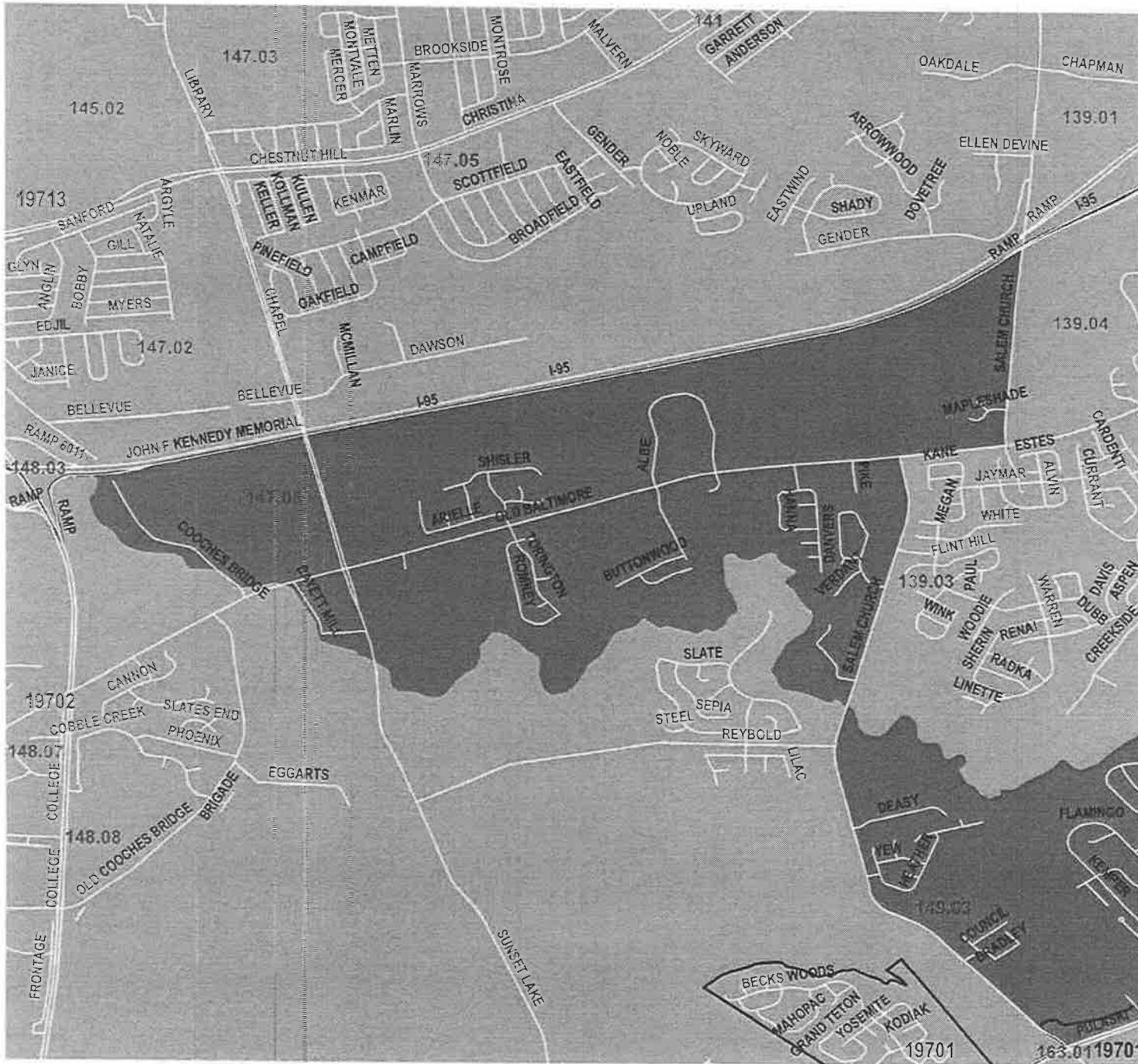


High Risk Healthy Women Healthy Babies Zone, Delaware, 2010-2017



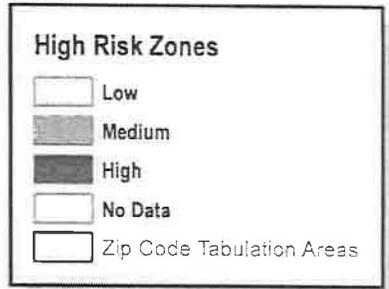
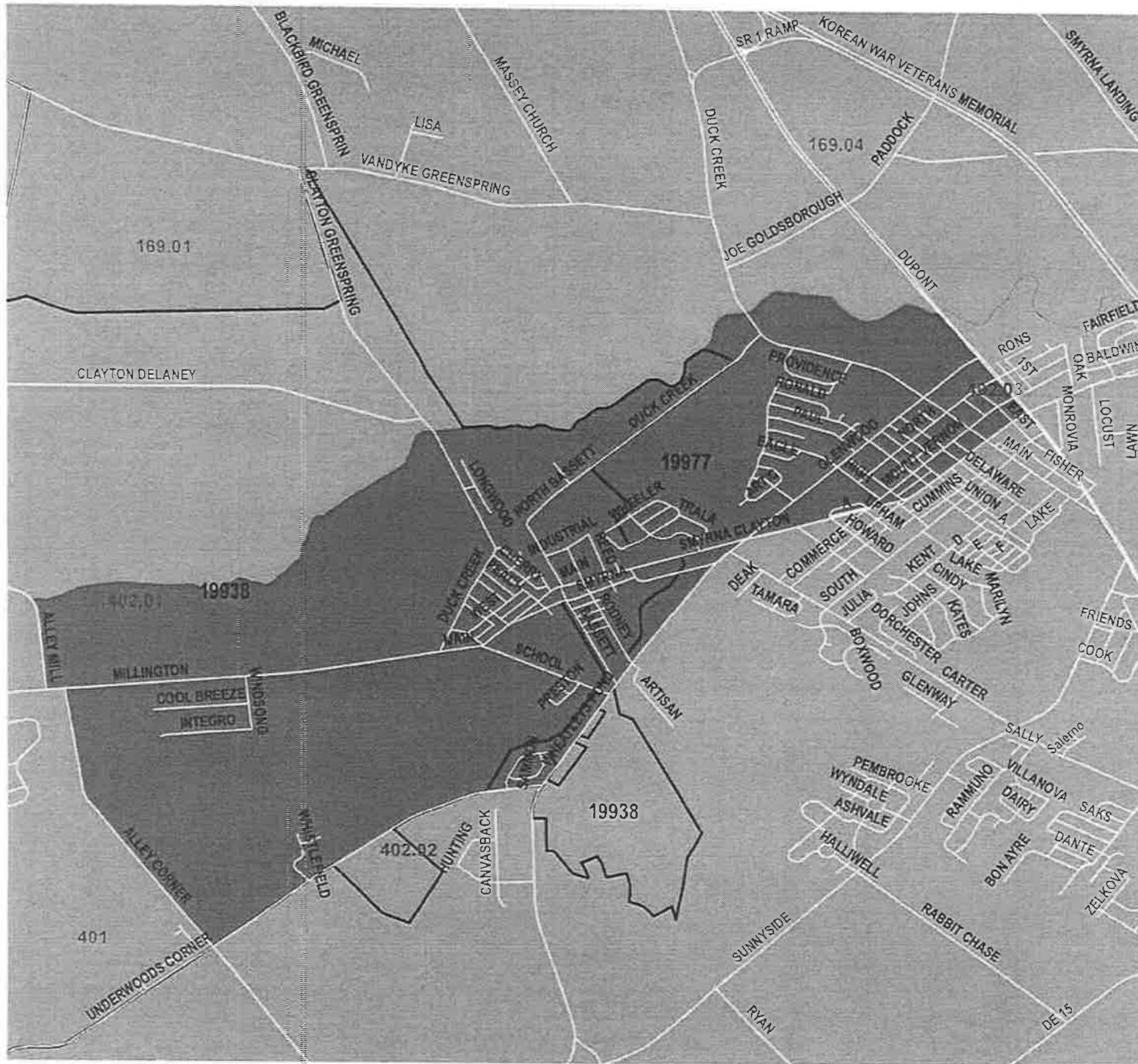
Source: Delaware Vital Statistics Data, 2010-2017
 Notes: Risk scores based on % teen births, mother's high school education, % births to black mothers, %cigarette use during pregnancy, %Medicaid, %no prenatal care, %pre-pregnancy diabetes, %gestational diabetes, %pre-pregnancy hypertension, %gestational hypertension, %previous preterm birth, %obese, %preterm birth, %low birth weight, %neonatal deaths (<28 days)

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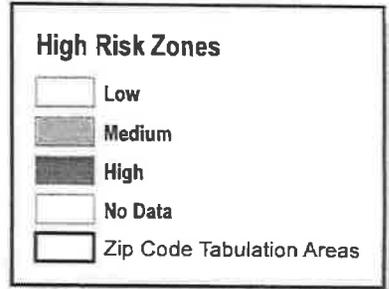
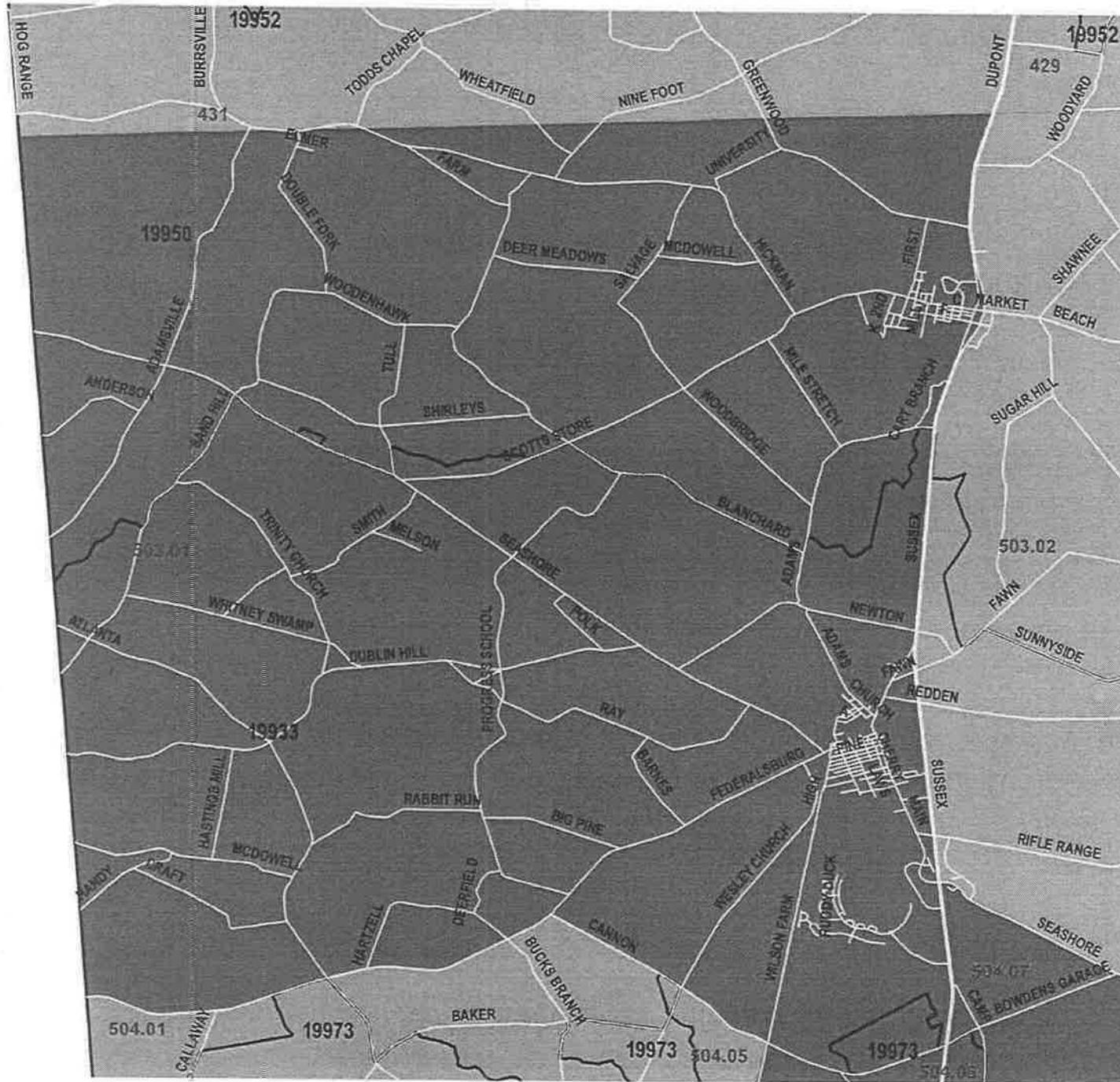


High Risk Zones

- Low
- Medium
- High
- No Data
- Zip Code Tabulation Areas

Source: Delaware Vital Statistics Data, 2010-2017
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Census Tract 149.08, New Castle County, Delaware								X
Census Tract 149.09, New Castle County, Delaware								X
Census Tract 150, New Castle County, Delaware								X
Census Tract 152, New Castle County, Delaware								X
Census Tract 154, New Castle County, Delaware								X
Census Tract 155.02, New Castle County, Delaware								X
Census Tract 156, New Castle County, Delaware								X
Census Tract 158.02, New Castle County, Delaware								X
Census Tract 159, New Castle County, Delaware								X
Census Tract 160, New Castle County, Delaware								X
Census Tract 162, New Castle County, Delaware								X
Census Tract 163.05, New Castle County, Delaware								X

Kent County Priority Areas by ZIP Code

Tracts/ZIP Code	19901	19904
Post Office names, general area	Dover, east	Dover, west
Census Tract 402.01, Kent County, Delaware	NA	NA
Census Tract 405.01, Kent County, Delaware	X	
Census Tract 405.02, Kent County, Delaware	X	
Census Tract 410, Kent County, Delaware	X	
Census Tract 412, Kent County, Delaware	X	
Census Tract 413, Kent County, Delaware	X	
Census Tract 414, Kent County, Delaware	X	X
Census Tract 415, Kent County, Delaware	X	X
Census Tract 433, Kent County, Delaware	X	X

Sussex County Priority Areas by ZIP Code

Tracts/ZIP Code	19973	19933	19950
Post Office names, general area	Seaford	Bridgeville	Greenwood
Census Tract 503.01, Sussex County, Delaware		X	X
Census Tract 504.03, Sussex County, Delaware	X		
Census Tract 504.06, Sussex County, Delaware	X	X	
Census Tract 504.07, Sussex County, Delaware	X	X	

Non-ZIP Code Priority Areas

Census tracts not in ZIP Code list			
Census Tract 136.08, New Castle County, Delaware	Section of Newark		
Census Tract 402.01, Kent County, Delaware	Section of Smyrna		
Census Tract 504.07, Sussex County, Delaware	Section Northeast of Seaford		