AMENDED & RE-ISSUED
RFP 8 - 2017

Mental Health Outpatient Programs for Adult/ Older Adult System of Care

DEPARTMENT OF PUBLIC HEALTH
Behavioral Health Services (BHS) or
San Francisco Health Network (SFHN)

Request for Proposals (RFP) - 8 – 2017 AMENDED & RE-ISSUED

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
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Date Amended & Re-issued:	August 23, 2017
Email Questions Begin:	August 17, 2017
Email Questions End:	August 28, 2017
Pre-Proposal Conference	1:00 p.m. – 2:30 p.m., August 31, 2017

Laguna Honda Hospital
375 Laguna Honda Boulevard, Moran Hall (in the Old Building) 3rd Floor

Letter of Intent Due:	12:00 p.m., September 15, 2017
Propsals Due:	**12:00 p.m., September 21, 2017**

RFP 8 - 2017 Mental Health Outpatient Programs for Adult/ Older Adult System of Care

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The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp. Click on **RFP 8-2017** and follow the instructions.

A-1. ***THESE FORMS MUST BE COMPLETED IN ORDER FOR PROPOSALS TO BE CONSIDERED.***

- Appendix A1-a – **Agency Cover Sheet** (please use this form only as your cover)
- Appendix A1-a – **RFP Form 1 Solicitation and Offer** and **RFP Form 2 Contractual Record Form** and **CMD Attachment** 2 this contains the required CMD forms (Form 3)
- Appendix A1-b – **Budget Forms** & **Instructions** (please use this form)
- Appendix A1-c – **Letter of Intent** (please use this form to submit your Letter of Intent)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award. If the qualified firm is a current vendor with the City you may not need to submit these forms.

- **MCO Dec.pdf -** Declaration for the Minimum Compensation Ordinance
- **HCAO Dec.pdf-** Declaration for the Health Care Accountability Ordinance
- **Vendor Profile.pdf** - Vendor Profile Application
- **Biztax.pdf** - Business Tax Application Form (P-25)
- **Fw9.pdf** - Federal W-9
- **Employer Projection of Entry Level Positions rev7-11.doc -** First Source Hiring Program
- **12b101.pdf**
  How to do business with the City http://sfgov.org/oca/qualify-do-business

A-3. For Information Only

- **Standard Professional Services.pdf** – The City Standard Professional Services Agreement (P-600)
- **Insurance Requirements.pdf** - Department of Public Health Insurance Requirements
- **Insurance Sample.pdf -**Sample Insurance certificate and Endorsement
- **HIPAA for Business Associates Exhibit.pdf -** Standard DPH HIPAA Business Associates Exhibit
- **Quickref.pdf Also visit:** http://sfgsa.org/index.aspx?page=6125
  Quick Reference Guide to Chapter 12B

I. INTRODUCTION, CONTRACT TERM, FUNDING AND SCHEDULE

A. General

BHS funding is available to be contracted out for the provision of **Mental Health Outpatient Modality Services** described below, starting Fiscal Year 2017-18.

These monies to be contracted out are not new monies, but continuation of funding for services that need to be re-RFPd. Several programs will be funded from this RFP.

This is a Request for Proposals to provide Mental Health Outpatient Modality services described in the next Scope of Work –Section II below, under the mental health Adult/Older Adult (A/OA) Systems of Care of Behavioral Health Services, Department of Public Health, City and County of San Francisco. This RFP is seeking qualified providers of *regular* mental health outpatient services. *Regular* outpatient mental health services are differentiated from non-regular outpatient *Mental Health Intensive Case Management Services* which are being solicited in a separate RFP.

The Mental Health A/OA funds mental health outpatient, intensive case management, crisis stabilization, residential treatment services, supportive housing and other adjunct services (such as representative payee and income assistance advocacy) to residents of the city and county of San Francisco who have serious mental illness and resulting significant functional impairments. About 21,000 unduplicated individuals are served annually by the BHS Adult/Older Adult, Systems of Care ages 18 and over, for serious mood, schizophrenic/psychotic, anxiety, adjustment and other mental disorders, including with co-occurring substance use disorders, and significant primary care, functional impairment and quality-of-life issues. Separate RFPs are being issued to solicit providers for the other service modalities (intensive case management, residential treatment, supportive housing and other adjunct services) within the BHS Adult/Older Adult, Systems of Care.

(*Note:* BHS funding for behavioral health programs that are *dedicated t*o *specifically serving only transitional youth aged clients* are being solicited in a *separate RFP* solicitation. *However,* all BHS services being solicited *in this RFP* are *also* meant to be able to serve transition age youth clients ages 18-24, as part of serving all adult clients over 18.)

Services provided under the BHS A/OA are funded via a combination of Medi-Cal, county general fund, state realignment, Mental Health Services Act, Medicare, grants and other revenues dedicated to mental health. Clients eligible to be served are those who meet Medi-Cal medical necessity criteria for specialty mental health services, which requires the client to have an *included* mental health disorder diagnosis and significant functional impairment resulting from that diagnosis. BHS has a single standard of care, providing equivalent care to individuals without private health insurance coverage, including indigent or undocumented individuals.

Services funded and provided by BHS A/OA SOC are guided by the following overarching principles:

- **Wellness & Recovery**

BHS subscribes to a Wellness & Recovery approach to providing mental health services, and to working in partnership with clients to attain treatment plan objectives. Services assist clients in overcoming impairments resulting from their mental health diagnosis, and in order for them to achieve life goals. Belief is cultivated in clients' ability to recover from their mental illness and succeed in their endeavors. Providers become involved in a partnership with clients to identify and harness clients' strengths toward desired outcomes.

Clients are not identified by their diagnosis and resulting impairments, but by their individual strengths and aspirations. Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives. BHS encourages confidence in clients' success.

Clients are also valued by BHS in their ability to help fellow clients. Roles for peers to provide assistance to other peers are incorporated into program design and service delivery, including employing clients in the paraprofessional role of peer counselor.

- **Client Satisfaction**

BHS A/OA SOC is committed to improving clients' experience-of-care, including quality and satisfaction. Services are client-centered, proceed from client choice and informed consent, and involve a partnership between the BHS provider and the client in the provision and receipt of mental health services to help the client achieve personal goals.

In compliance with federal managed care regulations that protect clients' rights – given the Medicaid Section 1915(b) Waiver which carved-out Medi-Cal specialty mental health benefits (and given BHS's single standard of care for all clients) – all BHS clients have the right to timely access to care, grievance and appeals process, choice of provider within the BHS provider network, second medical opinion, privacy of health information and access to their medical records, among other rights, as detailed by regulations. All BHS programs have to comply with these managed care regulations.

Services should engage clients, significant others and families in the provision of their care, as well as in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.

- **Staff and Satisfaction**

BHS values its relationships with its network of providers, both contracted and civil-service-operated programs. Providers are considered important partners in delivering quality services to clients. BHS promotes effective communication, problem-solving, involvement in decision-making, and thoroughgoing support of staff and providers.

- **Client-Outcomes Oriented**

BHS is committed to measurably improving clients' well-being, functioning and quality of life. BHS A/OA SOC utilizes the Adult Needs & Strengths Assessment, and other data sets derived

from the Avatar electronic health record, to assess, plan and track for favorable client outcomes. Effectiveness is supported, not only at the client-level, but also at the clinician, program and system-of-care levels, through supervision, continuous quality improvement initiatives and employment of effective clinical practices.

- **Cultural and Linguistic Competence**

Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.

- **Trauma-Informed System of Care**

BHS subscribes to the principles of a trauma-informed system of care that starts with an understanding of trauma and stress and leads to compassionate interactions, dependable and trustworthy relationships, informed steps toward wellness, safety and stability, collaboration and empowerment, cultural humility and responsiveness, and resilience and recovery – for both clients and staff.

- **Integrated Care**

BHS recognizes the necessity of attending to clients' overall health, to include not just mental health, but physical health and co-occurring substance use disorder. Chronic mental health conditions have resulted in poorer health and shorter life expectancy for individuals with serious mental illness. Substance use disorder compounds mental health problems. Overall health functioning is impaired by mental disorders and is an important focus of mental health treatment and rehabilitation services. This includes connecting clients to primary care and substance abuse treatment services as necessary, and assisting clients toward overall wellness.

- **Access to Services**

In line with BHS' designation as the provider of specialty mental health services in San Francisco county to individuals and families on Medi-Cal, BHS promotes unhindered access to care to clients whose mental health condition and impairment meet medical necessity criteria for services. Clients' right to receive care, and in a timely fashion, are protected by beneficiary grievance and appeals processes, and promoted by BHS policies, such as the advanced access policy that requires clients requesting appointments to be seen within 24-28 hours. The right to access care extends to poor, uninsured and undocumented individuals covered by the county's safety net of health services.

- **Priority to Individuals with Serious Mental Illness**

BHS' Medi-Cal specialty mental health services are designated for moderate to serious mental health conditions that meet medical necessity for services that cannot be provided by primary care providers. To the extent that resources are available, BHS prioritizes serving individuals and families with the most serious and chronic mental illnesses, who have experienced the most adverse impairments in functioning and reduction in quality of life, such as homelessness, incarceration and institutionalization, due to their mental illness.

- **Clinical Case Management**

BHS A/OA mental health services involve not just treating mental health symptoms but improving clients' quality of life and achievement of personal aspirations through overcoming barriers from serious mental illness. BHS services employ a whole person approach that address clients individual in their psychosocial environment – taking into account not only their psychiatric condition, but also the effects of this condition on their: ability to function in the community; housing situation; family life; social relations and environment; physical health; employment and/or education; income; socio-economic status; legal and criminal justice involvement; and their safety and potential for exploitation. Clinical case management includes not only assessment, therapy, rehabilitation, collateral contacts, and medication support services, but also intensive outreach and follow-up in the community, and case management brokerage services to link client to resources.

- **Collaborations and Transitions across Levels-of- Care**

BHS clients are often high users of multiple health and human services, including of behavioral health services across different levels of care (crisis, inpatient, jail, residential treatment, long-term care) within the BHS mental health and substance abuse systems-of-care. BHS requires that providers collaborate effectively in the transitions of clients across different modalities of healthcare (such as from psychiatric inpatient to outpatient care) to facilitate an effective, seamless and coordinated continuity of care.

- **Harm Reduction**

BHS abides by the harm reduction philosophy adopted by the San Francisco Health Commission, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals.

- **Continuous Quality Improvement**

BHS supports continuous quality improvement in patient experience, client outcomes, clinical quality and provider satisfaction. Initiatives that improve the quality of practices at the service delivery team, program, agency and system-of-care levels are encouraged. These include the use of evidence-based practices and practice-based knowledge.

- **Cost Containment**

BHS supports clients' wellness and recovery in the community, and in the most independent and least restrictive settings. Toward this end, BHS providers work with clients to stabilize periods of acute crisis and disability, and to reduce expensive incidences of psychiatric emergency, inpatient, locked and institutional care.

- **Utilization Management**

As required by Medi-Cal regulations, BHS has a set of policies and procedures for utilization management that evaluates the appropriateness and medical need for different modalities and levels-of-care of mental health services (such as outpatient, intensive case management, inpatient, day and residential treatment), and that authorizes service utilization.

- **Medi-Cal Compliance**

BHS providers must adhere to Med-Cal regulations governing site and staff certifications, program and staff practices, including billing compliance, and clinical chart documentation standards.

- **Privacy**

BHS providers must comply with the Privacy-related policies of the San Francisco Department of Public Health (DPH) developed to comply with the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, and with other federal, state, and DPH-specific rules and regulations pertaining to patient confidentiality.

- **Meaningful Use of Electronic Health Record**

BHS requires its mental health providers to use the certified NetSmart Avatar electronic health record (EHR), and to have an in-house informaticist to oversee the accurate, effective and meaningful use of EHR to improve quality, safety and efficiency; ensure regulatory compliance; engage with clients and families; improve care coordination; maintain privacy and security of patient health information; improve client population health; and liaison and work in partnership with BHS IT to ensure consistent and reliable data outcome reporting.

- **Accessibility of Services (Americans with Disability Act)**

BHS providers must comply with Title II of the Americans with Disabilities Act, as well as with all other laws and regulations that require all programs offered through state and local governments to be accessible and usable to people with disabilities.

The specific Mental Health Outpatient modality services for which this RFP is seeking providers are described in Section II, Scope of Work, of this RFP.

B. Contract Term and Funding

Contracts awarded under this RFP/Q shall have an initial term of one and a half (1.5) years. At the end of the initial term, it is anticipated that the contract term will be extended by another three and a half years (3.5) years, for a maximum term of five (5) years.
Subsequent extensions to the contract terms may extend the contract for an additional five (5) years, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the SFHN-BHS system. The City has the sole, absolute discretion to exercise these options
The maximum term for the contracts awarded under this RFP/Q may not exceed ten (10) years.

RFP/Q Authority	Contract Term	# Years	Term Begin	Term End
	Initial term	1.5 years	January 1, 2018	June 30, 2019
	Option 1	3.5 years	July 1, 2019	December 31, 2022
	Option 2	5.0 years	January 1, 2023	December 31, 2027
No more than 10 years	Total Contract Term	10.0 years	January 1, 2018	December 31, 2027

An estimated annual amount of **$24,600,000** is available under this RFP for Regular Mental Health Outpatient programs. From within this above total annual amount, specific amounts have been set-aside to fund the following sets below of *specialized* mental health outpatient programming that bidders can specifically submit proposals to provide. These specialized programs, as well as the overarching regular programming for mental health outpatient programs, are described in the later Scope of Work section of this RFP.

1. **Broderick St. Mental Health Outpatient Program** – A final budget to be determined. An estimated budget is $1,680,000.
2. **Deaf and Hard-of-Hearing Mental Health Outpatient Programming** – A final budget to be determined. An estimated budget is $450,000.
3. **Supportive Housing Mental Health Outpatient Services** – A final budget to be determined. An estimated budget is $10,000,000.
4. **COVER Mental Health Outpatient Program for Homeless Veterans** – A final budget to be determined. An estimated budget is $195,000.
5. **Older Adult Mental Health Outpatient Programs** – A final budget to be determined. An estimated budget is $2,300,000.
6. **NOVA Criminal Offenders Mental Health Outpatient Program** $226,000.
7. **Mental Health Crisis & Urgent Care Clinic** $1,500,000.

The estimated budget may increase or decrease depending on funding availability. Projected funding is dependent on available funds and DPH/BHS reserves its sole right to award all or a portion of funds available. DPH/BHS will award a contract to the top scoring qualified applicant of each service category. Upon the sole discretion of DPH/BHS, DPH/BHS may award multiple top scoring qualified applicants of a specific service category, depending upon the needs of the community and the needs of the project.

C. Schedule

The anticipated schedule for selecting a contractor is:

Application Phase	Time	Date
RFP notice emailed		August 16, 2017
RFP is issued by the City		August 17, 2017
Email Questions begin	12:00 Noon	August 17, 2017
RFP Amended & Re-Issued		August 23, 2017
Email Questions end	12:00 Noon	August 28, 2017
Pre-Proposal Conference	1:00pm – 2:30pm	August 31, 2017
Laguna Honda Hospital- 375 Laguna Honda Boulevard, Moran Hall (in the Old Building) 3rd Floor		
Non-Binding Letter of Intent due	**12:00 Noon**	**September 15, 2017**
Proposals Due	**12:00 Noon**	**September 21, 2017**
Estimated Dates		
Technical Review Panel	*October 2017*	
Selection and Negotiations	*November 2017*	
Contract Development & Processing	*November – December 2017*	
Service Start Date	*January 1, 2018*	

II. SCOPE OF WORK

This section describes in detail the Mental Health Outpatient Modality Services that are going to be contracted for.

This Scope of Work is to be used as a general guide, and is not intended to be a complete list of all work necessary to complete the project.

The following are work tasks assumed necessary to provide Mental Health Outpatient Modality Services. Proposing teams may suggest specific scope of work in their proposal.

1. Outpatient Mental Health Modality Overview
2. Modes of Service Definitions
3. Guiding Service Delivery Principles for Outpatient Modality
4. Funding Specifications
5. Outpatient Set Asides

1. Outpatient Mental Health Modality Description

The Mental Health Outpatient modality is the mainstay of the BHS Mental Health System of Care, the level-of-care where majority of clients are served. It is where ongoing treatment and ultimate recovery in the community takes place over time.

All BHS mental health outpatient programs function in collaboration with the other BHS providers in other service modalities and other levels-of-care within a larger BHS system of behavioral health care – accepting referrals from other parts of the system (i.e. emergency, inpatient, institutional, residential, etc.) and exiting clients when clinically appropriate.

Mental Health Outpatient services include services designed to treat and provide intervention for clients experiencing serious psychiatric distress and resulting functional impairments. Services must be designed to address the needs of individuals with serious mental illness, the acuity, severity and chronicity of which varies by client and over time. The priority population is composed of those individuals with serious mental illness who have multiple and severe functional impairments and psychiatric symptoms that require ongoing mental health, rehabilitative and clinical case management services. Services are intended to reach the most disenfranchised, poor and indigent populations who would not otherwise have access to mental health care. Their behavioral health problems may come with co-occurring disorders, repeated use of emergency services, homelessness, institutional care, involvement with the criminal justice system, grave disability or severe risk to self or others. Providers are expected to implement a treatment process by which client acuity and risk, treatment plan progress, and therapeutic interventions are continually assessed. Service plans must clearly address impairments and risks resulting from the client's psychiatric condition, and outline goals, objectives and interventions toward positive outcomes and recovery.

Outpatient services are to be delivered in a clinical case management service delivery model, which looks at the client as a whole-person in their psychosocial environment, taking into account not only their psychiatric condition, but also the effects of this condition on their: ability to function in the community; housing situation; family life; social relations and environment; physical health; employment; education; finances; socio-economic situation; legal and criminal justice involvement; and their safety and potential for exploitation. Therefore, this clinical case management service delivery model provides not only assessment, therapy, rehabilitation services and collateral contacts, but also outreach and case management/brokerage services to link the client with necessary community resources and services such as housing and/or healthcare which are necessary to address the client's psychiatric condition, improvement in functioning and their overall recovery. Given that BHS serves individuals with the most serious mental illness, there will be times when outpatient services are expected to provide intensive outreach and follow-up in the community.

Outpatient Mental Health programs are to be located in the various neighborhoods and diverse communities throughout San Francisco, and must be sensitive and responsive to the needs of the diverse populations served: all age groups from Transitional Youth (ages 18-24) to Adults and Older Adults, all races and ethnicities (including populations with languages other than English), sexual preferences and gender identities.

Outpatient programs are expected to accomplish this by utilizing the following service functions.

2. Outpatient Modes of Service Definitions

Definitions of mental health billable service unit(s) from the California Code of Regulations, Title IX are as follows:

Assessment
"Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Plan Development
"Plan Development" means a service activity which consists of development of client plans, approval of client plans, and / or monitoring of a beneficiary's progress.

Mental Health Services
"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Therapy
"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Rehabilitation
"Rehabilitation" means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and / or medication education.

Collateral
"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Case Management
"Targeted Case Management" (Case Management / Brokerage) means services that assist a beneficiary to access need medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are or limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention
"Crisis Intervention" means a service, lasting less that 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.

Medication Support Services
"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications of biologicals which are necessary to alleviate the symptoms of mental illness. The series may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and / or assessment of the beneficiary.

Mode 45
Services to unregistered clients.

Mode 60/78
Wrap around services, including, for example, supportive housing, housing-related services in client-bed-day units of services.

3. Guiding Service Delivery Principles for Mental Health Outpatient Modality

Along with the general principles described in the above Introduction General Section I of this RFP, that govern all mental health services provided by under the BHS Adult/Older-Adult Systems-of-Care, the specific principles described below additionally govern BHS Mental Health Outpatient Modality services.

In addition to the following Section I-described BHS A/OA SOC general principles of:

- *Wellness & Recovery*
- *Client Satisfaction*
- *Staff and Provider Satisfaction*
- *Client-Outcomes Oriented*
- *Cultural and Linguistic Competence*
- *Trauma-Informed System of Care*
- *Integrated Care*
- *Access to Services*
- *Priority to Individuals with Serious Mental Illness*
- *Clinical Case Management*
- *Collaborations and Transitions across Levels-of- Care*
- *Harm Reduction*
- *Continuous Quality Improvement*
- *Cost Containment*
- *Utilization Management*
- *Medi-Cal Compliance*
- *Privacy*
- *Meaningful Use of Electronic Health Record*
- *Accessibility of Services (Americans with Disability Act)*

BHS mental health outpatient services must additionally subscribe to the following outpatient-modality specific principles:

- **Availability of Medication Support Services**

Qualified providers of mental health outpatient services under contract with BHS must show adequate capacity to provide, and/or ability to link clients, to psychiatric medication support services, which are essential component services needed for the treatment of individuals with serious mental illnesses.

- **Program Utilization Review and Quality Committee**

Providers will be delegated by BHS the function of authorizing outpatient mental health services to beneficiaries by assessing if potential clients meet medical necessity criteria for Medi-Cal specialty mental health services, defined as having an included DSM5 mental health diagnosis, significant functional impairment resulting from the mental health condition, and need for treatment and rehabilitation services unable to be provided in primary care. Providers must establish a Program Utilization Review and Quality Committee to regularly perform this delegated utilization authorization function, following BHS policy and procedures..

- **Advanced Access**

BHS mental health outpatient programs are required to implement Advanced Access by providing same-day, walk-in initial appointments for clients, during office hours from Monday through Friday. Outpatient programs shall match daily appointment availability with client demand at the front door. At the initial appointments, clients' needs are assessed, urgent or crisis care is provided when indicated, and follow-up treatment arranged if needed.

- **Ability to Conduct Outreach to Clients**

Outpatient mental health programs must have the capacity to conduct outreach outside of the program site to assess and re-engage into treatment clients who are in acute or psychiatric crisis, needing and benefitting from such outreach, as appropriate.

- **Gold Card Access for Clients Referred from Psychiatric Hospitalization**

Mental health outpatient programs must be able to immediately assign a case manager for clients being discharged from a psychiatric inpatient hospital, and provide the client an appointment with the assigned case manager within five calendar days of discharge.

4. Funding Specifications:

Submission to this RFP must indicate cost efficiency in service delivery by clearly delineating the number, type and rates of services to be provided, as well as the number of unduplicated clients.

All programs funded through this program will be expected to bill Medi-Cal specialty mental health federal participation for provision of covered services to the extent that the target population includes Medi-Cal eligible clients. Programs certified or able-to-be-certified for Mental Health Short-Doyle Medi-Cal or EPSDT will receive funding priority.

5. Set Aside Outpatient Funding:

In addition, included in this modality section are solicitations for distinct proposals to provide specialized outpatient programming for the following services below.

Applicants to this RFP must indicate in their application if they are bidding to provide any of these specialized outpatient programming services below.

a. Broderick St. Mental Health Outpatient Program
b. Deaf and Hard of Hearing Mental Health Outpatient Programming

c. Supportive Housing Mental Health Outpatient Services
d. COVER Mental Health Outpatient Program for Homeless Veterans
e. Older Adult Mental Health Outpatient Programs
f. NOVA Criminal Offenders Mental Health Outpatient Program
g. Mental Health Crisis & Urgent Care Clinic

And aside from the above bulleted list of specialized mental health outpatient programming (each described in detail below) for which RFP responders can indicate in their applications that they are specifically bidding to provide, all general bidders to this mental health outpatient RFP must demonstrate in their applications their ability to serve diverse client populations, across all ages (18 and older), ethnicities, languages, genders, and sexual preferences, and including target populations impacted severely by mental illness, such as individuals with mental illness who are psychiatrically hospitalized, institutionalized, rendered homeless or involved with the criminal justice system as a result of their mental illness. Mental health outpatient programs will also be funded in various neighborhoods in the city.

Funding Set-Asides:

Broderick Street Mental Health Outpatient Program
Behavioral Health Services has set aside funding to provide an outpatient mental health service to 33 residents who are being served at the Broderick Street Adult Residential Facility, a board and care facility funded through the San Francisco Department of Public Health. This facility provided permanent housing 24-hours a day, 7 days a week to 33 residents with psychiatrically and medically complex conditions.

To help ensure the safety, care, and stability of Broderick Street residents in the community, BHS has set aside funds to support a residential-based mental health services component for Broderick Street. This component includes outpatient mental health services provided on-site at Broderick Street, including, but not limited to, assessment, medication evaluation, psychiatry visits, counseling and therapy, case management, group therapy, crisis intervention, and adjunct medical support services such as nursing and medication support.

The residential mental health and medical service component provided on-site is not similar in structure and frequency to those that would typically be provided at other BHS outpatient clinics. Broderick Street services are more intensive; the counselor's caseload is lower; there are several nurses working on-site; and services are provided Monday through Sunday, mornings to evenings. Providing the mental health and medical support services empowers consumers to transition from inpatient, locked and/or long-term facilities to Broderick Street and live safely in the community.

Behavioral Health Services will fund one provider to serve Broderick Street residents. **Therefore, the costs of providing the medical, as well as the board-and-care and housing-operations related staffing and expenses, are to be included in program proposals put forward under this Broderick Street Mental Health Outpatient Program. The board-and-care housing and the medical services provided, separate from the mental health outpatient**

services provided, can be claimed via client-bed-day units of services. The proposed budgets submitted under this Broderick Street set-aside will include any board-and-care housing-related and medical service costs claimable via client-bed-day units, or other via other non-mental-health outpatient units of services
Proposers must meet all proposal requirements for mental health outpatient services outlined in this section.

Deaf and Hard of Hearing Mental Health Outpatient Programming
Behavioral Health Services is setting aside funding toward culturally-sensitive and language-accessible, integrated mental health and substance abuse outpatient treatment services for deaf, hard of hearing, and late deafened individuals and their family members/significant others residing in San Francisco County.

Supportive Housing Mental Health Outpatient Services

BHS is setting aside funding to provide mental health services on site at the supportive housing programs to assist clients to maintain their housing. These mental health services can be provided at SROs, master leased buildings, buildings owned by providers or leased independent cooperative living apartments. **The costs of providing rental/housing subsidies, housing-milieu case management services (including to Avatar-unregistered clients of the supportive housing programs), and housing-operations related staffing and expenses, are to be included in program proposals put forward under this Supportive Housing Mental Health Outpatient Services funding set-aside, in recognition of providers proposing to provide a comprehensive supportive housing service, that includes actual provision of housing, within which the supportive housing mental health outpatient services are based. Housing services provided, separate from mental health outpatient programs, can be claimed via client-bed-day units of services. The proposed budgets submitted under this set-aside will include any housing-related service costs claimable via client-bed-day units.**

COVER Mental Health Outpatient Program for Homeless Veterans
BHS is setting aside funding from the Sheriff's Department to provide outreach and short–term mental health services to homeless veterans while they are housed at the San Francisco County Jail #5 and upon discharge. The COVER Program delivers case management services to assist incarcerated veterans with access to housing transition, treatment, medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Individual and group therapies and interventions provided while clients are in custody are designed to reduce recidivism and mental disability. Services should focus on improving the functioning of clients consistent with the program goals of independent living and enhanced self-sufficiency.

Older Adult Mental Health Outpatient Programs
Via set-aside funding, BHS seeks proposals to provide mental health outpatient services for BHS *older-adult clients* living in the older-adult BHS *service catchment areas* 2, 4 and 5. These service-catchments cover the following respective areas:

Catchment 2: Western Addition/area bounded by Geary-Gough-Market-Stanyan-Marina-Presidio
Catchment 4: North of Market/Tenderloin/South of Market
Catchment 5: Richmond and Sunset Districts

NOVA Criminal Offenders Mental Health Outpatient Program
Funding in this RFP has been set-aside to provide mental health outpatient services to individuals involved in the criminal justice system as a result of their mental health conditions. The target population is the mentally ill offender population which makes up approximately 18% of the average daily jail population. This special mental health outpatient programming will collaborate with NOVA case management programs, the Sheriff's Department, Behavioral Health Court, Jail Psychiatric Services, and other collateral agencies. Proposers must include supported employment programming that addresses that help clients with the discrimination they face for their mental health issues and criminal justice histories, by promoting recovery through employment, in collaboration with the state Department of Rehabilitation. This program must be able to serve both males and females, including addressing the needs of an ever-increasing female mentally ill offender population

Mental Health Crisis & Urgent Care Clinic
Set-aside funding is available for the provision of psychiatric crisis and urgent care services to San Francisco residents, via a mental health crisis clinic. This program will serve clients needing urgent interim or stabilization medications prior to beginning services at regular outpatient mental health clinics. The program is to accept community referrals and walk-ins. Services are also designed to prevent unnecessary hospitalization. Crisis contacts are 90-day services, allowing for symptom stabilization, appropriate transitional care and linkage to outpatient and other community services.

III. PROPOSAL SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in a proposal being disqualified.

A. Minimum Agency Requirement

Any proposal that does not demonstrate that the proposer meets these minimum requirements by the deadline for submittal of proposals will be considered non-responsive and will not be eligible for project proposal review or for award of a contract.

Proposers must submit up to **three (3)** pages summarizing how they meet the requirements detailed on pages 13-14 of this RFP. Requested documents such as financial documents and monitoring reports are not counted toward the five-page limit.

For All Medi-Cal and or Medicare Services

a. Current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider

(including availability of required licensed staff, knowledge of billing and documentation requirements). Proof of submission for Medi-Cal certification
This documentation does not count against the *Minimum Requirements Narrative* three-page limit.

b. At least three years of experience providing behavioral health services (i.e., mental health and/or substance abuse services) including treatment services to dually diagnosed clients (substance abuse/mental or emotional disorder) to target population, including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care to engage with needed services and where applicable, providing wrap-around services.

c. Verifiable experience in documentation of mental health services meeting State and local documentation requirements.

d. Working site control or ability to obtain certifiable site in timely manner.

e. Possession of appropriate facility license or evidence of ability to obtain in a timely manner such licenses as required to operate program. No contracts for programs requiring licensure can be awarded without the required licensure.

Specifically for Mental Health Outpatient Services

1. At least three years of verifiable experience providing a range of outpatient mental health services, including in caseload management, development of exit strategies, and utilization management systems.

2. Staff qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc, medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery.

3. Demonstrated knowledge in providing requested service to target population with specialty focus.

Financial Documents (Attachment only)
Proposers must provide <u>one copy of the organization's two (2) most recent financial audits</u> (FY 13-14 and FY 14-15 or FY 14-15 and FY 15-16). If there are any adverse or qualified opinions, a proposer may be subject to further reviews of past audits to determine status of recommendations or any corrective actions taken at the sole, absolute discretion of the City. The Department will refer to and consider current Corrective Action Plans for existing Department Contractors.
These requested fiscal documents will not count toward the Minimum Requirements Narrative three-page limit.

To insure overall fairness, the Department will send all submitted proposals for proposal review. This does not waive minimum requirements for winning proposers. Rather, all proposers tentatively selected for an award will be required to demonstrate compliance with the minimum requirements prior to related contracts negotiations.

B. Non-Binding Letter of Intent

Prospective proposers are required to submit a Letter of Intent (LOI) on their agency's letterhead stationery to the DPH Office of Contracts Management and Compliance by 12:00 p.m., on **September 15, 2017, 2017**, to indicate their interest in submitting a proposal under this RFP. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits and agency to submitting a proposal. See *Appendix A1-c*.

Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org or mailed at the address below.

C. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m**., on **September 21, 2017**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SF DPH Office of Contracts Management, or mailed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management
1380 Howard St. Rm. 421
San Francisco, CA 94103

Applicants shall submit **one (1) original** and **six (6**) copies of the application, and one (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked **"RFP 8-2017 – Mental Health Outpatient Programs (Regular Programs)"** to the above location. The original copy of the proposal must be clearly marked as **"ORIGINAL"** and emailed to the contracts office at sfdphcontractsoffice@sfdph.org. Applications that are submitted by facsimile, telephone or electronic mail (besides the original proposal) will not be accepted. Late submissions will not be considered.

D. Late Submissions

Submissions are due at 12:00 P.M. on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the 12:00 P.M. deadline but before 12:01 P.M. the following day may be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 P.M. of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal. All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

E. Format

All submission must be typewritten on standard recycled paper with an easy to read 12-point font such as *Arial* or *Times New Roman* and one-inch margins. Please print on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two proposal pages when meeting program proposal page limits). Please bind your proposal with a binder clip or single staple. Please do not submit your proposal in a three-ring binder or bind your proposal with a spiral binding, glued binding, or anything similar that prevents easy duplication. You may use tabs or other separators within the proposal. Please number pages and include a Table of Contents. Only requested attachments are accepted. Do not add additional attachments/documents that the RFP did not request.

Note: Proposals over the page limit will be declared non-responsive and will not be forwarded to the review committee. Please make sure you adhere to the page limits.

Please organize your proposal content as follows:

<u>One copy – separately bound</u>:

1. Cover page (*Appendix A-1a*)
2. Minimum Agency Requirement – 3 pages. See Section A, pages 13-14 including Financial Documents
3. Contract Monitoring Division – *Appendix A-1a* CMD Form # 3 only (Non-Discrimination Affidavit). If this form is not returned with the proposal, the proposal maybe determined to be non-responsive and may be rejected. The forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

<u>1 original + 6 copies:</u>

1. Agency Cover page *(Appendix A-1a)*
2. Table of Contents (optional)
3. RFP Form # 1 – Solicitation and Offer Form (filled and signed) *Appendix A-1a*
4. RFP Form # 2 – Contractual Record Form (filled) *Appendix A-1a*
5. Introduction and Executive Summary – 1 page;
6. Program Qualification – up to 5 pages
7. Project Approach (Description of MH Outpatient Programming) – up to 10 pages
8. Performance Management – up to 2 pages
9. Budget Forms Appendix A-1b and Budget Narrative up to 2 pages and;
10. Prior Performance (monitoring reports, attachment only)

F. Proposal Content

Failure to provide any of this information or forms may result in a proposal being disqualified.

Agencies interested in responding to this RFP must complete the required forms and describe how it meets the Minimum Agency Requirement and provide the required information using the proposal content below:

1. Required Forms *Appendix A1-a*

i. RFP Form#1-Solicitation and Offer & RFP Form # 2 Contractual Record Form
ii. CMD Form 3: Contract Monitoring Division – *Appendix A-1a* CMD Form # 3 only (Non-Discrimination Affidavit). If this form is not returned with the proposal, the proposal maybe determined to be non-responsive and may be rejected. The forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

2. Introduction and Executive Summary (up to 1 page)

Submit a letter of introduction and executive summary of the proposal. The letter must be signed by a person authorized by your firm to obligate your firm to perform the commitments contained in the proposal. Submission of the letter will constitute a representation by your firm that your firm is willing and able to perform the commitments contained in the proposal.

3. Program Qualification (up to 5 pages)

Proposers must describe the following program qualification in their proposal using the outline below:

a. Describe your agency's experience providing a range of *outpatient* mental health services, including in caseload management, development of exit strategies, and utilization management systems. If applying for specialty focus, demonstrated knowledge in providing requested service to target population with specialty focus.

b. Describe your agency's experience providing behavioral health services in general (i.e., mental health and/or substance abuse services), including treatment services to individuals with serious mental illness, including to dually diagnosed clients (substance abuse/mental or emotional disorder), and including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care, who are homeless, involved in the criminal justice system due to their mental illness, and cycling through acute and emergency health services, to successfully engage such clients with needed services.

c. Describe your agency's experience of being a current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider.

d. Describe your agency's experience in documentation of mental health services meeting State and local documentation requirements.

e. Describe your agency's qualification. How your staff are qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc., medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery.

4. Project Approach -Description of Mental Health Outpatient Programming (up to 10 pages)

Describe the services and activities that your firm proposes to provide to the department using the outline below:

f. Describe your agency's treatment approach, continuum of services, and service strategies, including adherence to Wellness-Recovery and service delivery principles of BHS A/OA SOC.

g. Describe your agency's programming, how it meets the high level of treatment and service needs of the target population with severe and chronic mental illness adults/older adults with co-morbid conditions and resultant significant functional impairments.

h. Describe your agency's client outreach and engagement strategies, including excellence in customer service, agency capacity to stay open to see and effectively serve clients are part of county public safety net.

i. Describe your agency's program's client triaging, clinical decision making, flow through treatment, and discharge planning to assist clients in stepping-up or stepping-down throughout the service spectrum.

j. Describe your agency's program's ability, and strategies employed, to access the supportive services that consumers may need to achieve plan of care goals, as outlined in this RFP (e.g., substance abuse treatment, primary care, housing, income generation), including any collaborative partnerships with other health and human services agencies.

Please make sure that you include the following information in your description:

i. Description of services to be delivered;
ii. How the Wellness/Recovery approach will be implemented in the program;
iii. How the program will be client-outcomes oriented
iv. How the program will engage with clients successfully
v. How the program will deliver client-centered and welcoming services.
vi. How integrated healthcare will be provided (to include substance abuse and primary care issues)
vii. How the program will ensure that clients are able to receive psychiatric medication evaluation and services as needed
viii. How the program will ensure timely access to services
ix. How the program will collaborate with other behavioral health programs to facilitate level-of-care transitions, such as to and from the hospital or jail
x. How the program will implement continuous quality improvement
xi. How the program will conduct utilization management
xii. How the program will ensure client chart documentation and other regulatory compliance

5. Performance management (up to 2 pages)

Describe the following:

k. Program quality improvement practices

l. Use of Adult Needs & Strengths Assessment, and other outcomes measurement data, to monitor effectiveness of service delivery at the client and program-wide levels.

m. Identified performance outcome benchmarks and targets. Goal-setting toward improvement.

6. Budget Forms and Budget Narrative

Please complete the attached DPH Budget Forms to detail costs associated with this RFP. Please submit a 12 months budget using these forms. (See attachment *Appendix A-1b*).

Please include a separate Budget Narrative (no more than two (2) pages):

i. Demonstrating that the proposed budget is cost effective and reasonable for providing services proposed under this RFP and that indirect costs specified are within the 15% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 15% may be billed to DPH;

ii. Justifying the proposed budget and detailing out the costs, what the number in the budget forms represent and how you arrived at them, what it will accomplish. The detailed your budget narrative is, the easier is to understand the budget spreadsheet.

The City intends to award this contract to the firm that it considers will provide the best overall program services. The City reserves the right to accept other than the lowest priced offer and to reject any applications that are not responsive to this request.

7. Prior Performance (Attachment)

Proposers must demonstrate that they have a record of consistent quality service delivery for five (5) prior fiscal years in providing mental health outpatient treatment services or specialized mental health outpatient programming. Proposers must provide the organization's two (2) most recent monitoring reports or copies of actual contracts (for non DPH providers). If an agency has a Corrective Action Plan, copies of the most recent Corrective Action Plan must be submitted.

Note: The Department will refer to current Corrective Action Plans on file and will consider any related correspondence in regards to Corrective Action Plans for existing DPH contractors in making funding awards.

IV. EVALUATION AND SELECTION CRITERIA

For all proposals, the Minimum Agency Requirements will be reviewed first; applications that do not submit complete documentation meeting the minimum requirements may not have their application forwarded for review. The department may request for additional clarification or may determine the application as non-responsive.

Project proposals meeting minimum agency requirements will be evaluated and scored using the "Proposal Scoring Criteria" (see next page) by a selection committee made up of individuals with expertise in the mental health outpatient treatment services for which the proposal is submitted, as well as quality improvement and evaluation staff, consumers of service and family members, and financial management staff.

The City and County intends to evaluate the proposals generally in accordance with the criteria itemized below.

A. Selection Criteria

Total Points Available from Written Proposal: 220 Points

Written Proposal Evaluation Criteria Scoring:

1. **Submission Guidelines – 5 Points**
2. **Program Qualifications – 55 Points**
3. **Description of Mental Health Outpatient Programming – 50 Points**
4. **Performance Management – 30 Points**
5. **Budget – 20 Points**
6. **Financial Management Capacity and Fiscal Integrity – 30 Points**
7. **Prior Performance – 30 Points**

PROPOSAL SCORING CRITERIA

1. Submission Guidelines 5 Points

Did the applicant follow the submission requirement guidelines and format listed in section III page 14 - 17? Are all submissions complete using the submission templates, are they within the page limits, using 12 point Times New Roman font, one inch margins, double spaced and on double sided, recycled pages?

2. Mental Health Outpatient Program Qualifications 55 Points

Does the applicant demonstrate the following?

a. Experience providing a range of *outpatient* mental health services, including in caseload management, development of exit strategies, and utilization management systems. If applying for specialty focus, demonstrated knowledge in providing requested service to target population with specialty focus. **(15 points)**

b. Experience providing behavioral health services in general (i.e., mental health and/or substance abuse services), including treatment services to individuals with serious

mental illness, including to dually diagnosed clients (substance abuse/mental or emotional disorder), and including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care, who are homeless, involved in the criminal justice system due to their mental illness, and cycling through acute and emergency health services, to successfully engage such clients with needed services. **(5 points)**

c. Experience of being a current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider. **(10 points)**

d. Experience in documentation of mental health services meeting State and local documentation requirements. **(15 points)**

e. Staff qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc., medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery. **(10 points)**

3. Description of Mental Health Outpatient Programming 50 Points

a. Treatment approach, continuum of services, and service strategies, including adherence to Wellness-Recovery and service delivery principles of BHS A/OA SOC. **(10 points)**

b. Programming meets the high level of treatment and service needs of the target population with severe and chronic mental illness adults/older adults with co-morbid conditions and resultant significant functional impairments. **(10 points)**

c. Client outreach and engagement strategies, including excellence in customer service, agency capacity to stay open to see and effectively serve clients are part of county public safety net. **(10 points)**

d. Program's client triaging, clinical decision making, flow through treatment, and discharge planning to assist clients in stepping-up or stepping-down throughout the service spectrum. **(10 points)**

e. Program's ability, and strategies employed, to access the supportive services that consumers may need to achieve plan of care goals, as outlined in this RFP (e.g., substance abuse treatment, primary care, housing, income generation), including any collaborative partnerships with other health and human services agencies. **(10 points)**

4. Performance Management 30 Points

a. Program quality improvement practices **(10 points)**

b. Use of Adult Needs & Strengths Assessment, and other outcomes measurement data, to monitor effectiveness of service delivery at the client and program-wide levels. **(10 points)**

c. Identified performance outcome benchmarks and targets. Goal-setting toward improvement. **(10 points)**

5. Budget 20 Points

a. Is the proposed budget is cost effective and reasonable for providing services proposed under this RFP and that indirect costs specified are within the 15% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 15% may be billed to DPH**)** ?

b. Does the Budget Narrative include justification of proposed budget detailing out the costs, what the number in the budget forms represent and how you arrived at them, what it will accomplish?

6. Financial Management Capacity and Fiscal Integrity 30 Points

Proposer's Financial Management and Fiscal Integrity (as evidenced by citywide or DPH monitoring report, corrective action plans, unqualified audit opinions,)

7. Prior Performance 30 Points

Proposer's Prior Performance (as evidenced by DPH monitoring report, corrective action plans, and contractual record).

TOTAL EVALUATION/SCORING CRITERIA POINTS POSSIBLE: 220 points

V. EMAIL QUESTION PERIOD, PRE-PROPOSAL CONFERENCE AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFP. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned

in this RFP. All questions are to be directed to the following e-mail address: sfdphcontractsoffice@sfdph.org

E-mailed questions may only be submitted from August 17, 2017 until 12:00 P.M. August 28, 2017. Follow up questions or requests for interpretation will be only be accepted at the Pre-Proposal Conference in person. Additional questions will not be accepted via email after 12:00 PM on **August 31, 2017**. If you have further questions regarding the RFP, please attend the pre-proposal conference.

B. Pre-Proposal Conference

Proposers are encouraged to attend a Pre-Proposal conference on:

Date: **Thursday, August 31, 2017**
Time: **1:00 p.m. to 2:30 p.m.**
Location: **Laguna Honda Hospital and Rehabilitation Center**
375 Laguna Honda Boulevard, San Francisco, CA 94116
Moran Hall (in the Old Building) 3rd Floor
Please note: parking is very limited

Follow up questions will be addressed at this conference and any available new information will be provided at that time. If you have further questions regarding the RFP, please email the contracts office at sfdphcontractsoffice@sfdph.org.
The City will keep a record of all parties who request and receive copies of the RFP.
Any requests for information concerning the RFP whether submitted before or after the pre-proposal conference, must be in writing, and any substantive replies will be issued as written addenda to all parties who have requested and received a copy of the RFP from the Department of Public Health. Questions raised at the pre-proposal conference may be answered orally. If any substantive new information is provided in response to questions raised at the pre-proposal conference, it will also be memorialized in a written addendum to this RFP and will be distributed to all parties that received a copy of the RFP. No questions or requests for interpretation will be accepted after 3:30pm August 30, 2016.

C. Contract Award

The Department of Public Health, will issue Notices of Intent to Award to the selected Proposer with whom DPH staff shall commence contract negotiations. The selection of any proposal shall not imply acceptance by the City of all terms of the Proposal, which may be subject to further negotiation and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the Department in its sole discretion may terminate negotiations with the recommended Proposer and begin contract negotiations with the next recommended Proposer.
The City and County intends to award contracts to agencies that it considers will provide the most cost effective program services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

VI. TERMS AND CONDITIONS FOR RECEIPT OF PROPOSALS

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of this RFP. Proposers are to promptly notify the Department, in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFP

Inquiries regarding the RFP and all oral notifications of an intent to request written modification or clarification of the RFP must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St. 4th Floor, # 421
San Francisco, CA 94103
Phone (415) 255-3504
Email: sfdphcontractsoffice@sfdph.org

C. Objections to RFP Terms

Should a proposer object on any ground to any provision or legal requirement set forth in this RFP, the proposer must, not more than ten calendar days after the RFP is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices (Addenda)

The Department may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the proposer consult the website frequently, including shortly before the proposal due date, to determine if the proposer has downloaded all Change Notices.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A proposer may revise a proposal on the proposer's own initiative at any time before the deadline for submission of proposals. The proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal or commencement of a revision process extend the proposal due date for any proposer.

At any time during the proposal evaluation process, the Department may require a proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFP. Submissions of the RFP will become the property of the City and may be used by the City in any way deemed appropriate.

I. Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the proposer is prohibited from making contributions to:

- The officer's re-election campaign;
- A candidate for that officer's office;
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include:

- A vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and
- A city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

- Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to $5,000 and a jail term of not more than six months, or both.

- Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to $5,000.

- Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to $5,000 for each violation.

For further information, proposers should contact the San Francisco Ethics Commission at (415) 581- 2300.

J. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to RFPs and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

K. Public Access to Meetings and Records

If a proposer is a non-profit entity that receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the proposer must comply with Chapter 12L. The proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to proposer's meetings and records, and (2) a summary of all complaints concerning the proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

L. Reservations of Rights by the City

The issuance of this RFP does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFP, or the requirements for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this RFP by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFP shall be implied from any failure by the City to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

N. Local Business Enterprise (LBE) Goals and Outreach

The LBE Goal is deleted due to Federal Funds/State Funds being used in the funding mix for this RFP. Department note on certified LBE's. The City strongly encourages proposals from qualified and certified LBE's or the inclusion of certified LBE's in your project team. A list of certified LBE's can be found at: www.sfgsa.org. For information on becoming a certified LBE, visit www.sfgsa.org.

VII. CONTRACTS REQUIREMENTS

A. Standard Contract Provisions

The successful proposer will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§Article 10.5 "Nondiscrimination; Penalties" in the Agreement); the Minimum Compensation Ordinance (§Article 10.7 "Requiring Minimum Compensation for Covered Employee" in the Agreement); the Health Care Accountability Ordinance (§Article 10.8 "Requiring Health Benefits for Covered Employees" in the Agreement); the First Source Hiring Program (§Article 10.9 "First Source Hiring Program" in the Agreement); and applicable conflict of interest laws (§Article 10.2 "Conflict of Interest" in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at www.sfgsa.org.

C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco

D. Health Care Accountability Ordinance (HCAO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao

E. First Source Hiring Program (FSHP)

If the contract is for more than $50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.
Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at http://www.workforcedevelopmentsf.org/ and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct

Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful proposer that the City has selected the proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

1. A Covered Entity subject to HIPAA and the Privacy Rule contained therein; *
2. A Business Associate subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";†
3. Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997, the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item

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1"Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.

2"Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

B, or visit the Contract Monitoring Divisions website at www.sfgsa.org.

J. Vendor Credentialing at Zuckerberg San Francisco General Hospital.

It is the policy of Zuckerberg San Francisco General Hospital to provide quality client care and trauma services with compassion and respect, while maintaining client privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is client care and it is therefore necessary for all HCIRs to follow guidelines that protect client rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES".

Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." VendorMate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to https://sfdph.vendormate.com for details.

VIII. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision

on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non- delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Contract Management and Compliance
101 Grove Street, Room 307
San Francisco, CA 94102
Fax number: (415) 554-2555