RFP 1-2017 – AMENDED & RE-ISSUED 3/24/2017

Children, Youth and Family System of Care
Mental Health Outpatient Treatment Services & Optional Specialized Mental Health Treatment Services RFP

DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISO HEALTH NETWORK – BEHAVIORAL HEALTH SERVICES

Request for Proposals (RFP) 1 - 2017

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Proposals Due:	**12:00 p.m., April 25, 2017**

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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)
- Appendix A1-d – **Proposal Submission Template** (in word format)

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. RFP INTRODUCTION & SCHEDULE

A. Introduction

The San Francisco Department of Public Health (DPH), San Francisco Health Network – Behavioral Health Services (SFHN-BHS), is soliciting proposals from interested proposers to provide mental health outpatient treatment services, beginning in Fiscal Year (FY) 2017-2018, for the Children, Youth and Family System of Care (CYFSOC). This request for proposals (RFP) includes mental health outpatient treatment services and Educationally Related Mental Health Services (ERMHS). All outpatient mental health treatment service providers are required to serve ERMHS clients, including clients identified as needing ERMHS services after a mental health outpatient treatment client episode is opened.

In addition, proposers have the option to submit a proposal to provide one or more of the three following optional specialized mental health treatment services:

1. Success, Opportunity, Achievement, Resiliency (SOAR) Classroom Mental Health Services;
2. Classroom Educational Enrichment Program (CEEP); and
3. Therapeutic Behavioral Services (TBS).

Both qualified new providers and qualified existing SFHN-BHS providers are eligible to apply for funds.

A projected total of $33,000,000 million is available under this RFP for CYFSOC mental health outpatient treatment services and optional outpatient mental health treatment services. This estimated annual amount is subject to available funding and may increase or decrease depending on funding availability.

Specific mental health outpatient treatment and optional specialized mental health treatment service funding amounts will not be provided in the interest of receiving the highest qualified and most cost-effective proposals. Proposers are required to: 1) develop proposals that reflect their organizational treatment capacity and experience in providing the mental health outpatient treatment services for which a proposal is being submitted; and 2) justify costs within their budget narratives for providing all required services identified in this RFP.

B. RFP Duration and Contract Term

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

C. Proposal Submission

Proposers may submit proposals to provide only Mental Health Outpatient Treatment Services/ ERMHS, **OR** Mental Health Outpatient Treatment Services/ERMHS **AND** one or more of the following optional specialized mental health treatment services: 1) SOAR Classroom Mental Health Services; 2) CEEP; and/or 3) TBS.

D. Schedule

The anticipated schedule for selecting contractors is:

Proposal Phase	Time	Date
RFP is issued by the City		March 7, 2017
Email Questions Begins	12:00 Noon	March 7, 2017
Email Questions Ends	12:00 Noon	March 20, 2017
Pre-Proposal Conference	1:30pm – 3:30pm	March 29, 2017
Non-Binding Letter of Intent due	**12:00 Noon**	**April 7, 2017**
Proposals Due	**12:00 Noon**	**April 25, 2017**

Estimated Dates:	
Technical Review Panel	*May 2017*
Selection and Negotiations	*June/ July 2017*
Contract Development	*August – September 2017*
Contract Processing and Approvals	*October - November 2017*
Service Start Date	*January 1, 2018*

E. San Francisco Behavioral Health System Goals and Foundational Principles

Working in collaboration with community partners, the San Francisco Department of Public Health (DPH) is the lead public agency that safeguards and maintains the City's commitment to protect and promote the health of San Franciscans by providing a full array of services, supports, and resources to residents from prevention and early intervention to treatment and transition services.

As San Francisco's largest public agency, DPH has two major divisions: 1) Population Health; and 2) the San Francisco Health Network (SFHN). The SFHN encompasses Ambulatory Care (Primary Care, Behavioral Health Services/BHS, Maternal, Child and Adolescent Health, and Jail Health Services), San Francisco General Hospital, Transitions, Managed Care, and Laguna Honda Hospital (long-term care). The SFHN is the City's only complete care system that includes primary care for all ages, dentistry, emergency & trauma treatment, medical & surgical specialties, diagnostic testing, skilled nursing & rehabilitation, and behavioral health services.

The SFHN-BHS is responsible for the administration of behavioral health treatment services in partnership with consumers, public agency partners, and the SFHN-BHS network of community-based primary care and behavioral health providers. The SFHN actively engages consumers with health and behavioral health disorders in pursuing optimal health, happiness, recovery, and a full and satisfying life in the community. The SFHN strives to apply its work in part by applying "Quadruple Aim" to behavioral health services through the lenses of cultural humility, wellness and recovery by: 1) improving the client experience of care (including quality and satisfaction); 2) improving the health of populations; 3) reducing the per capita cost of care; and 4) improving the behavioral health workforce.

The SFHN-BHS values the following aspects of behavioral health care:

1. A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our clients to the staff who serve them;
2. The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
3. Whole Person Care that integrates both behavioral and physical care of a client including assessing the needs of a client's identified family and other significant relationships;
4. Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
5. Valuing all clients that seek our services; and
6. Shared decision making in providing the best possible coordinated care, where clients, families and their providers collaborate as part of a team to make care decisions together.

In partnership with providers and partners, the SFHN-BHS funds a comprehensive continuum of treatment services for eligible children, youth and their families that is guided by a set of foundational principles and best practices:

1. The SFHN-BHS supports a **comprehensive assessment of client needs** across multiple domains using The Child and Adolescent Needs and Strengths (CANS) with the goal of identifying client and family strengths and focusing on high priority needs of clients.
2. The SFHN-BHS supports **clinically-driven treatment**. Treatment is **individualized, client-focused, family-centered** and responsive to both specific client/family needs and to client/family treatment progress and outcomes.
3. The SFHN-BHS supports the formation of **therapeutic alliances with clients and their families** that respects the role of and engages parents, caregivers, relatives and other significant support persons in a child's or youth's lives.
4. The SFHN-BHS supports an **interdisciplinary team approach** to client care. Collaboration is expected with substance use disorder treatment providers, health care

providers, and other service providers important to a client's recovery.

5. The SFHN-BHS supports the integration of **peer support** within treatment programs. Peer support offers clients and their families with significant interpersonal relationships and a shared sense of community that offers a foundation for facilitating and enhancing client wellness.
6. The SFHN-BHS supports **outcomes-based treatment** that closely monitors client responses to chosen interventions, regularly reassesses client needs, and supports a treatment planning process that adapts to client progress or lack of progress toward treatment goals.

All mental health outpatient treatment service and optional specialized mental health treatment service proposers are expected to integrate within their proposals these foundational behavioral health system principles and practices.

II. MINIMUM AGENCY REQUIREMENTS

Proposers must submit up to **five (5)** pages summarizing how they meet the requirements detailed on pages 9-13 of this RFP. Requested documents such as financial documents and monitoring reports are not counted toward the five-page limit.
Please note: All agencies submitting proposals for funding must meet the following Minimum Agency Requirements. Any proposals failing to demonstrate how the proposing agency meets these minimum requirements will be considered non-responsive and will not be eligible for project proposal review or award of a contract.

A. Medi-Cal Certification

All proposers are required to be Medi-Cal certified by July 1, 2017 or proof of submission for certification. Proposers must include written documentation of one of following:

1. Medi-Cal certification approval from the City and County of San Francisco;
2. Medi-Cal certification approval from another California county (DPH will accept Medi-Cal certification from other counties as written documentation for meeting this minimum RFP requirement); or
3. Proof of submission for Medi-Cal certification to DPH.

This documentation does not count against the *Minimum Requirements Narrative* five-page limit.

B. Harm Reduction

All behavioral health treatment services are required to be offered consistent with the Harm Reduction Resolution of the Health Commission (September 2000) and recent DPH Harm Reduction Policy requirements that enhance the Health Commission's Policy with new requirements that demonstrate compliance with the intent of the policy. These new requirements include:

1. Post in common areas where they can be viewed by clients up-to-date referral information about Syringe Access & Disposal services and schedule;
2. Have an onsite overdose response policy;

3. Post in common areas where they can be viewed by clients up-to-date referral information about naloxone access and DOPE Project schedule; and
4. Program staff participate in at least one training with the Harm Reduction Training Institute either at the program site or at a Training Institute site.

Proposers must describe in the *Minimum Requirements Narrative* how provider policies, practices, procedures, and staff training fully have complied with the Health Commission Harm Reduction Policy and the new, recent DPH policy requirements.

C. Cultural & Linguistic Competency Requirements

All mental health outpatient treatment services and optional specialized mental health treatment services must be offered consistent with the Culturally and Linguistically Appropriate Services (CLAS) National Standards and related DPH Cultural and Linguistic Competency Policy. Cultural and linguistic competence impacts access to treatment, program adherence, and successful recovery for mental health treatment patients. Positively engaging each patient through culturally and linguistically relevant services and effective communication is essential to recovery. Effective communication requires, at a minimum, the provision of services and information in appropriate languages, at appropriate educational and literacy levels, and in the context of the individual's cultural identity. Cultural competency also requires a demonstrated respect, awareness and acceptance of and an openness to learn from the beliefs, practices, traditions, religions, history, languages, and current needs of each individual and communities.

Cultural competency and capacity must be reflected throughout all levels of the proposer's organization including organizational vision and mission statements, board and staff recruitment, planning and policy making, staff skills development and training, administrative and policy implementation, and service delivery and evaluation.

Proposers must address in the *Minimum Requirements Narrative* how their organization and mental health outpatient treatment services meet National CLAS Standards and related DPH policies and practices. For more information, please see: http://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf and https://www.thinkculturalhealth.hhs.gov/.

D. Financial Documents

Proposers must provide one copy of the organization's two (2) most recent financial audits (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* five-page limit.

E. Electronic Health Record & Data Reporting Capacity and Assurances

Proposers must demonstrate organizational and staff capacity to enter client data within Avatar, the DPH BHS Electronic Health Record (EHR) except as noted below. This includes, but is not limited to:

1. A system for quality assurance for claim submission; and
2. Timely submission of all required documentation into Avatar (e.g. Assessment, Client Plan).

For existing DPH behavioral health treatment providers grandfather exempted for full use of Avatar, a written assurance must be provided that the proposer will submit a plan for review and approval by DPH no later than July 1, 2017, to either transition within 12 months (by July 1, 2018) to use of Avatar or a method to share client information including progress notes. In addition, written proof of HIPAA certification of grandfather exempted provider EHRs must be included in the proposal appendix.

All proposers, including DPH behavioral health treatment grandfather exempted providers, must provide a written assurance that all DPH requests for data will be submitted in a timely manner in a format prescribed by DPH no later than five (5) business days following a request for data.

F. Prior Performance

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, and any optional specialized mental health treatment services for which a proposal is submitted, to the populations proposed to be served. This description should include a summary of public and private sector contracts for similar services and supports and DPH monitoring reports or non-DPH evaluation reports of the most recent two years of issued reports. Summaries must include a brief description of service populations, service location, specific services and supports provided, and program and client outcomes. This also should include a summary of prior performance of the proposer's subcontractors that have records of consistent quality service delivery for five (5) prior fiscal years in serving the target population(s).

Proposers must provide one copy of 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.

These requested documents will not count toward the *Minimum Requirements Narrative* five-page limit

G. Non-Traditional Services

For DPH to effectively address health care disparities and improve client outcomes, the traditional four-wall, clinic-based service approach to behavioral health treatment has evolved with the needs of our clients and their families, especially those with the highest needs, who often:

- Cannot come to a clinic site to receive the treatment they need;
- Require non-traditional hours for service to accommodate work and school schedules;
- Require innovative methods of care to integrate and appropriately manage care; and
- Require interventions that include school and community involvement.

Proposers must demonstrate organizational and staffing capacity to meeting clients and their families where they are and to provide services outside the clinic site in schools and other locations in the community chosen by clients and their families. In addition, proposers must demonstrate capacity to provide treatment services during after-hours/evenings and on weekends.

H. Priority Service Populations

The Department of Public Health has identified twelve (12) priority service populations for Outpatient Mental Health Treatment. Proposers must serve at least three (3) of the priority service populations (see page 15).

I. Educationally Related Mental Health Service Client Service Certification

Proposers must certify that clients eligible for ERMHS will be served within the proposed mental health outpatient treatment services program without exception.

J. Out-of-County Treatment Capacity for Adoptive Children and Youth

Proposers serving adoptive children and youth must demonstrate organizational and staffing capacity to provide treatment services to children and youth placed out-of-county including engagement of their families and proactively linking clients to out-of-county support services indicated in the treatment plan of care, as needed. If this service population is not included in a proposer's proposal, please indicate this under the *Minimum Requirements Narrative* in the proposal.

K. Americans with Disabilities Act and Access Requirements

Americans with Disabilities Act (ADA) compliance and implementation of access to persons with the broadest possible range of abilities is required. Proposers must demonstrate compliance with ADA requirements by describing in detail the proposer's access program, including specific physical, substance use and mental health disability accommodation strategies, policies and procedures.

L. City Vendor & DUNS/SAM Documentation

Proposers are strongly encouraged to submit documents as required to become entered into the City's Vendor Database, by the time of proposal submission, and no later than the date of final selection. Failure may result in contract delays and/or selection of another vendor.
Proposers who have a vendor number must provide it or proposers may provide proof that they have started the process. Existing vendors must show proof of good standing to do business with the City including a current business tax license, and required insurance must be attached. Please refer to **Appendix A-2** for Vendor Application process or visit http://sfgsa.org/index.aspx?page=4762 to become eligible to do business with the City and County of San Francisco and refer to **Appendix A-3** for Insurance Requirements.

As a prime grantee of federal awards, the City and County of San Francisco is required to comply with Federal Funding Accountability and Transparency Act (FFATA) reporting requirements and report federal sub-awards made to sub-recipients. The City must verify that prospective contractors of federal awards are not suspended or debarred or otherwise excluded from participating in obtaining contracts with the City. It is the Federal and San Francisco's Office of Contracts Administration (OCA)'s policy that Departments verify contractors using the

System of Award Management (SAM). SAM is the place where all businesses must register in order to be awarded a government contract.

Proposers are required to obtain a DUNS number at the time proposals are submitted. Proposers must provide a copy of their DUNS # or proof that they have started the process.
DUNS is Dun & Bradstreet's (D&B) "Data Universal Numbering System". It is a copyrighted, proprietary means of identifying business entities on a location-specific basis.
https://fedgov.dnb.com/webform

M. Compliance with City and County Policies, Laws, Rules and Regulations
Proposers must demonstrate capacity and ability to comply with all contracting policies, laws, rules, and regulations of the City and County of San Francisco and DPH, including all specialty mental health service policies and procedures and related policies and procedures.

III. SERVICE DESCRIPTIONS & REQUIREMENTS

The Department of Public Health seeks proposals from qualified proposers to provide mental health outpatient treatment services and three optional specialized mental health outpatient treatment services. The table below lists the annual estimate of unduplicated clients to be served. The information is intended to assist proposers in developing their treatment program proposals and budget justification and narrative documents. The City has the sole, absolute discretion in determining how many clients to serve and system capacity requirements.

Treatment Service	Annual Estimated Number of Unduplicated Clients (UDCs)
Mental Health Outpatient Treatment Services	**2,700 UDCs**
ERMHS	**300 UDCs**
Optional Specialized Mental Health Treatment Services	
Success, Opportunity, Achievement, Resiliency (SOAR) Classroom Mental Health Services	**140 UDCs**
Classroom Educational Enrichment Program (CEEP)	**80 UDCs**
Therapeutic Behavioral Services (TBS)	**120 UDCs**

Service descriptions and requirements follow.

Treatment Service	Treatment Service Summary & Requirements
Mental Health Outpatient Treatment Services	Individual or group therapies and interventions that support children and youth in progressing developmentally as individually appropriate and client wellness and recovery through interventions designed to improve client functioning. Service activities may include, but are not limited to: • Intake/Assessment • Medication Support Services • Plan Development • Individual & Group Counseling • Collateral Services • Case Management • Family Therapy • Crisis Intervention Services • Discharge/Transition Services
ERMHS	All mental health outpatient treatment service providers are required to serve ERMHS clients, including clients identified as needing ERMHS services after a mental health outpatient treatment client episode is opened. ERMHS are available to students in special education (with an active Individualized Education Program, or IEP) who have emotional/behavior symptoms that impact their academic progress. Services must be made available on school sites and in community settings, which may include, but are not limited to, those service activities listed above for Mental Health Outpatient Treatment Services.
Optional Specialized Mental Health Treatment Service Summary & Requirements	
Success, Opportunity, Achievement, Resiliency (SOAR) Classroom Mental Health Services	The SOAR model provides school-based mental health services to special education students diagnoses with severe emotional disturbances at San Francisco Unified School District (SFUSD) sites. Services include assessments, individual and group psychotherapy, crisis intervention, consultation with classroom teachers and professionals, and participation in IEP and Student Success Team meetings.
Classroom Educational Enrichment Program (CEEP)	The CEEP model offers more intensive therapy and group activities than outpatient clinics to youth with severe emotional needs. Youth enrolled in CEEP generally receive comprehensive education and behavioral health programming throughout the school day.
Therapeutic Behavioral Services (TBS)	TBS is a short-term, intensive, individualized, one-to-one behavioral mental health service that is not a stand-alone service and always is used in conjunction with a primary specialty mental health service. TBS is designed to help children, youth and their parents/caregivers (when available) who meet eligibility requirements to manage targeted behaviors that impact a child's/youth's placement or transition to a lower level of care. This service utilizes short-term, measurable goals based on the child, youth, and family needs. Services activities include, but are not limited to: a) assessment; b) plan development; c) direct services; and d) collateral.

A. Priority Service Populations

The Department of Public Health is the largest public provider of behavioral health services to eligible children, youth and families across San Francisco. Within the general mental health outpatient treatment service population, DPH has identified twelve Priority Service Populations for outpatient treatment services based on citywide and DPH population health service priorities, current data trends, and system service needs. Proposers must demonstrate in their proposals at least five (5) years of experience successfully engaging, treating, and transitioning clients and their families in an urban environment for at least three (3) or more of the Priority Service Populations listed below:

- Young Children, Birth to Age 5
- Latina/o Children, Youth and Their Families
- New Immigrant Children, Youth and Their Families
- Children, Youth and Their Families Living in Public Housing
- Children and Youth Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit (LGBTQQIA2S)
- Southeast Asian Children, Youth and Their Families, in particular Vietnamese Families
- Black and African American Children, Youth and Their Families
- Youth Involved with the Juvenile Justice System
- Adoptive Foster Children and Youth
- Youth Diagnosed with Co-Occurring Disorders
- Children and Youth Not Attending School Due to Mental Health Disorders or Emotional Disturbances
- Youth Diagnosed with Eating Disorders

B. Evidence-Based Practices and/or Culturally Responsive Practice-Based Evidence

The Department of Public Health is requiring all mental health outpatient treatment service providers, and those proposers submitting proposals to provide optional specialized mental health treatment services, to be able to demonstrate capacity to measure the effectiveness of the treatment in order to improve client and family outcomes. Proposers must demonstrate organizational capacity and staff knowledge in providing at least two (2) evidence-based practices (EBPs) at a minimum in their proposals or to outline at least two culturally responsive practices that have been validated or provide evidence of the ability to measure effectiveness and are geared to our priority populations. Examples of EBPs include:

1. Child-Parent Psychotherapy
   Integrates a focus on the way the trauma has affected the parent-child relationship and the family's connection to their culture and cultural beliefs, spirituality, intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values – www.childtrauma.ucsf.edu/.

2. Cognitive Behavioral Therapy
   Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

3. Dialectical Behavior Therapy
   A cognitive behavioral treatment that focuses on mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation. Has proven promising for persons with eating disorders - www.behavioraltech.org.

4. Seeking Safety/Trauma-Informed Treatment
   Services take into account an understanding of trauma and place priority on trauma survivors' safety, choice and control - www.seekingsafety.org.

5. Family Systems Treatments including:

   a. Brief Strategic Family Therapy - www.bsft.org.
      Brief Strategic Family Therapy (BSFT) is a brief intervention used to treat co-occurring problem behaviors including drug use, conduct problems at home and at school, oppositional behavior, delinquency, associating with antisocial peers, aggressive and violent behavior, and risky sexual behavior. BSFT is based on three basic principles: 1) BSFT is a family systems approach that means family members are interdependent - what affects one family member affects other family members; 2) the patterns of interaction in the family influence the behavior of each family member; and 3) interventions are carefully targeted and provide practical ways to change patterns of interaction that are directly linked to an adolescent's problem behaviors and drug use.

   b. Family Based Treatment (FBT) for Eating Disorders - www.train2treat4ed.com.
      Also known as the Maudsley Approach, FBT is an evidence-based model of outpatient therapy for families of children and adolescents with anorexia or bulimia. During FBT, parents play a very active role in helping their child restore a normal weight and regain stability in eating. When appropriate, FBT is recommended as a first line of treatment for children/adolescents who are safe to be treated outside of a hospital setting and can comply with the treatment protocol.

In addition, DPH is interested in supporting services that have been proven successful in supporting school-based treatment service outcomes to reduce student truancy, suicidality, co-occurring substance abuse issues as well as externalizing problems such as aggression and bullying. Proposers must describe how any practices proposed have proven effective in improving school performance and reducing stressors and symptoms that inhibit school performance with the proposed service populations to be served.

C. Case Management Services

The Department of Public Health requires all proposers to offer case management services to ensure that the "whole person" needs of outpatient mental health treatment clients are met. Case management services are considered effective and proactive when they directly link clients to needed services and supports through "warm handoffs" that ensure clients and their families are connected and stay connected to primary care, substance use disorder treatment, and other needed services through closely coordinated referrals by behavioral health clinicians. This may include regular check-ins after treatment discharge with primary care homes and substance use disorder treatment providers to support continued client progress and interaction with the juvenile justice system, schools, and child welfare.

Proposers must demonstrate organizational and staffing capacity to provide effective and proactive case management services within the proposed treatment program that support the following goals:

1. Addressing the comprehensive needs of clients including medical, psychosocial, behavioral, and spiritual needs;
2. Partnering with clients and their families to problem-solve and explore treatment options;
3. Improving coordination of care and communication among members of the care planning team;
4. Promoting client and family self-advocacy, self-care, and self-determination;
5. Integrating peer support specialists within treatment planning to share their knowledge, advocate for and support clients and their families;
6. Proactively ensuring that transitions to other levels of care are effective, safe, timely and complete ("warm hand-offs");
7. Improving client safety and satisfaction;
8. Helping clients reach their optimal level of health and emotional well-being.

Case management must include all of the following service components:

1. Comprehensive assessment and periodic reassessment of client needs for continuation of case management;
2. Transition to a higher level of care if needed, or discharge into the community;
3. Development and periodic revision of a client plan that includes service activities;
4. Communication, coordination, referral and related activities;
5. Monitoring service delivery to ensure client access to service and service delivery system;
6. Monitoring client progress; and
7. Client advocacy and linkages to physical health, substance use disorder treatment and other needed services.

D. Trauma Informed Care

The Department of Public Health has adopted Trauma Informed Systems principles and practices within the behavioral health system that "support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures." Trauma Informed Principles include:

1. Resilience and recovery;
2. Compassion and dependability;
3. Trauma understanding;
4. Safety and stability;
5. Collaboration and empowerment; and

6. Cultural humility and responsiveness.

Proposers must demonstrate how their organization has integrated within the proposed mental health outpatient treatment services, and optional specialized mental health treatment services if a proposal is submitted to provide these services, Trauma Informed Systems principles and practices within organizational leadership, clinical supervision practices, workforce training and support, treatment practices, and other aspects of care.

E. Cultural and Linguistic Competency

Proposers must demonstrate organizational and staffing capacity to offer proposed mental health treatment services consistent with the Culturally and Linguistically Appropriate Services (CLAS) National Standards and the related DPH Cultural and Linguistic Competency Policy. In addition, organizations must include a statement outlining their ongoing process to support cultural humility and practices in their workforce and service delivery.

Scoring Preference

The Department of Public Health will award a scoring preference to proposals where professionally certified/licensed clinicians are designated to meet client and family primary language needs other than English.

F. Non-Traditional Services

For DPH to effectively address health care disparities and improve client outcomes, the traditional four-wall, clinic-based service approach to behavioral health treatment has evolved with the needs of our clients and their families, especially those with the highest needs, who often:

- Cannot come to a clinic site to receive the treatment they need;
- Require non-traditional hours for service to accommodate work and school schedules;
- Require novel methods of care to integrate and appropriately manage care; and
- Require interventions that include school and community involvement.

Proposers must demonstrate organizational and staffing capacity to meeting clients and their families where they are and to provide services outside the clinic site in schools and other locations in the community chosen by clients and their families. In addition, proposers must demonstrate capacity to provide treatment services during after-hours/evenings and on weekends.

G. Collaborative Partnerships/Integrated Services

The Department of Public Health strongly supports integrated and collaborative services. Proposers must describe in their proposal their ability to partner with, including any existing formal partnerships (written MOUs): the juvenile justice system, the child welfare system, families, schools/SFUSD, the Department of Children, Youth and Their Families (afterschool programming), Family Resource Centers, primary care clinics, and substance use disorder treatment and prevention providers.

H. Evaluation, Quality Management, and Documentation Compliance

The Department of Public Health evaluates outcomes in four key areas: 1) increased access to services; 2) higher service quality; 3) more appropriate costs; and 4) improved integration and coordination of care with primary care, substance use disorder treatment, and community/natural

support services. At a minimum, proposers must describe their organizational and staffing capacity and processes to collect the following program performance objectives, client outcomes, and quality improvement activities:

1. Annual DPH Contractor Performance Objectives;
2. Client and family engagement and participation;
3. Timeliness of first initial client contact to face-to-face appointment;
4. Client assessment for urgent conditions;
5. Improved access to medication support services;
6. Client treatment progress (CANS actionable items);
7. Appropriate client utilization of services and level of care;
8. Successful level of care transitions and discharges (case management/navigation support for clients and their families);
9. Access to after hours and weekend care;
10. Collaborative treatment planning and coordination with primary care and substance use disorder treatment providers;
11. Client and family satisfaction with convenience and cultural appropriateness of services;
12. Improved reliability, timeliness, and compliance of client data entered into Avatar and fulfillment of DPH data requests;
13. Reduction in avoidable client hospitalizations; and
14. Services available in client primary languages.

In addition, proposers must describe their processes, procedures, and activities to ensure compliance with State and DPH Office of Compliance and Privacy Affairs Specialty Mental Health Services client medical record documentation standards requirements. This description must include how documentation compliance is integrated within the proposer's staff supervision model and program monitoring activities, specific training available for new and existing staff entering data into the client medical record (Avatar), and any technical assistance needs the proposer may have to fully comply with documentation standards. If a Specialty Mental Health Services chart documentation audit has been performed during the past two fiscal years (FY 2015-16 or FY 2016-17) for Outpatient Mental Health Treatment Services or Optional Specialized Mental Health Treatment Services, please provide a copy of major findings and the proposer's plan of correction for full compliance in the proposal Appendix. This will assist DPH in providing focused technical assistance to proposers selected for funding as part of DPH's monitoring activities under the County Mental Health Plan contract with the State.

Proposers submitting proposals to serve clients with co-occurring substance use disorders must demonstrate organizational and staffing capacity to submit required patient substance use disorder treatment data in CalOMS Treatment and Drug and Alcohol Treatment Access Report (DATAR), as well as meet applicable requirements under the Drug Medi-Cal Organized Delivery System Pilot evaluation (see http://www.uclaisap.org/ca-policy/assets/documents/DMC-ODS-evaluation-plan-Approved.pdf.).

I. Peer Support

While DPH recognizes that the role of a peer support will vary among funded programs based on client needs and organizational resources, proposers must describe in their proposals their organizational capacity and strategies to support the following peer support activities for adolescent clients and parents and caregivers of clients they serve:

1. Client Support and Advocacy
   Peer support that helps clients connect to resources in the community, including how to independently identify needs and access resources; peer support advocates for their peers in treatment settings and within the community.

2. Role Modeling
   Peer support that shares a wealth of experience navigating treatment recovery journeys and stories and models healthy, effective decision-making in peer relationships.

3. Positive Change Facilitation
   The spirit of resilience is grounded in hope and optimism - peer support that motivates clients through positive means, highlighting strengths and resources goal setting, education, and skills building.

J. Therapeutic Alliances with Clients and Their Families

All mental health outpatient treatment service, and optional specialized mental health treatment service providers if a proposal to provide optional services is submitted, are expected to proactively engage clients, as developmentally appropriate, and their families in all aspects of their care, from assessment and treatment planning to treatment plan review and transitions to higher levels of care or into the community. Proposers must describe in their proposals client and family engagement strategies they will use to support strong therapeutic alliances with clients for improve client outcomes, wellness and recovery.

K. Electronic Health Records and Data Collection Capacity

All mental health outpatient treatment service providers are required to enter timely and accurate client and program data to support DPH evaluation and quality assurance activities. This includes timely entry of client record data in Avatar, and in the future, EPIC, the DPH electronic health record (EHR) under current development (for more information, please visit www.sfdph.org).

Proposers must demonstrate they have the organizational capacity and commitment to collect and report data to DPH within five (5) business days of a request and in compliance with State and DPH data documentation and system reporting requirements. This includes employing trained staff who are able and knowledgeable about collecting, analyzing and reporting data for the following systems:

1. DPH Avatar data system or for those current DPH behavioral health providers grandfather exempted from full use of Avatar, a DPH-approved HIPAA compliant method of sharing client information; and
2. DPH EPIC and/or future DPH EHR.

For existing DPH behavioral health treatment providers grandfather exempted for full use of Avatar, a written plan must be submitted with the proposal that will be reviewed and must be approved by DPH no later than July 1, 2017, to either transition within 12 months (by July 1, 2018) to use of Avatar or a method to share client information including progress notes. In addition, written proof of HIPAA certification of grandfather exempted provider EHRs must be included in the proposal appendix. All DPH behavioral health treatment providers grandfather exempted for full use of Avatar will be required to transition to the new/future DPH EPIC EHR system.

Additionally, proposers submitting proposals to serve clients with co-occurring substance use disorders must have organizational and staffing capacity to enter timely and accurate program and client data in CalOMS Treatment and DATAR, as well as meet requirements under the Drug Medi-Cal Organized Delivery System Pilot including the pilot evaluation.

Proposers must demonstrate that they have program capacity to support data collection and evaluation activities, including the necessary hardware, software, and information technology (IT) resources to support these activities. This includes, at a minimum, demonstrated organizational and staff capacity to:

1. Provide data for DPH evaluation and quality improvement activities;
2. Use Avatar or the DPH approved alternative method of client information sharing (see above);
3. Use EHRs to review client information and enter screening, prevention, admission and treatment and progress information directly into an electronic record, as well as complete required surveys and assessments to meet all billing documentation, outcomes, quality improvement, and performance measurement and reporting requirements;
4. Use federal, state, and DPH ePrescribing functions and systems;
5. Identify and train staff required to provide registration and eligibility verification functions within the electronic recordkeeping system in order to meet all scheduling, registration and eligibility related billing, reporting, quality management, and program evaluation and monitoring requirements; and
6. Provide for other required data collection including client satisfaction surveys, CANS assessments, as well as other data collection requirements not yet identified.

All proposers must demonstrate that they have sufficient capacity and resources including:

1. Hardware including a computer on each workstation or desk with sufficient processing power to support real time use of highly complex scheduling, electronic healthcare record and eligibility verification applications;
2. Software including current internet browser software, Microsoft Office applications to support practice management functions, and VPN or Token share of cost;
3. Connectivity including high speed internet and local area networking within facilities; and

4. Information Technology (IT) support services sufficient to the level of IT resources within programs and facilities including desk top support, computer break fix, networking support, and basic computer training.

L. Out-of-County Treatment Capacity

Proposers proposing to serve adoptive children and youth must demonstrate organizational capacity and staffing to provide outpatient mental health treatment and support services to children and youth placed out-of-county and engage their families in their county of residence. This should include a description of available resources, including case management, to provide treatment out-of-county including linking clients to needed primary care and substance use disorder treatment services, as well as and other needed services as indicated in client treatment plans of care.

M. Client Confidentiality Requirements

All federal, state and local client confidentiality requirements must be adhered to by outpatient mental health treatment providers. Proposers must describe their policies, practices, and workforce training that are consistent with and in full compliance with confidentiality requirements. This includes full compliance with DPH HIPAA compliant and privacy policies. Providers also must describe in their proposals how compliance with client confidentiality requirements is monitored.

N. Workforce Development and Staffing

Workforce development is a major priority of DPH. Proposers must demonstrate capacity in their proposals for having qualified professional staff to meet identified Priority Service Population needs and mental health outpatient treatment service requirements listed in this RFP. This workforce development requirement extends to proposals to provide optional specialized mental health treatment services.

All proposers must demonstrate capacity to support a robust workforce training, technical assistance and support program as follows:

1. An organizational chart that shows proposed mental health outpatient treatment service, and optional specialized mental health treatment service if a proposal to submit optional services is submitted, full-time equivalents (FTEs) by profession and where those FTEs report within the provider's organization;
2. Staff experience, knowledge and qualifications in engaging and successfully treating children, youth and their families;
3. A staffing plan for proposed mental health outpatient treatment services, and for optional specialized mental health treatment services if a proposal includes optional services is submitted, including proposed staff to client ratios (staff client caseloads), clinical supervisor to staff ratios, and peer workers (consumers with lived experience) to provide peer support to families;
4. The provider's staff supervision model including the role of supervisors in staff coaching, client care, and QI and service utilization activities;
5. A training and technical assistance plan in delivering mental health outpatient treatment services, and for optional specialized mental health treatment services if a proposal

includes optional services, for Fiscal Year 2016-17 and beyond that supports employees in meeting DPH requirements;

6. Provider policies, procedures, and processes for ensuring that professional staff[1]: a) are licensed, registered, certified, or recognized under California State scope of practice statutes[2]; b) will provide services within their individual scope of practice; and c) receive supervision required under their scope of practice laws; and
7. Appropriate on-site orientation, support, and training for para-professional staff, such as peer support specialists, prior to and during performance of assigned duties, and strategies for supervision by professional staff.

IV. PROPOSAL SUBMISSION REQUIREMENTS

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

A. 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 **April 7, 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.

B. Time and Place for Submission of Proposals

Proposals must be received by **12:00 p.m.** on **April 25, 2017.** Postmarks will not be considered in judging the timeliness of submissions. Proposals may be delivered in person and left with SFDPH Office of Contracts Management and Compliance ("Contracts Office"), or mailed to:

Mahlet Girma
San Francisco Department of Public Health
Office of Contracts Management and Compliance
1380 Howard St., 4th Floor, # 421
San Francisco, CA 94103

Proposers shall submit **one (1)** original and **six (6)** copies of the proposal, and **one (1)** copy separately bound, of required CMD Form and Minimum Agency Requirement including attachments in a sealed envelope clearly marked **"RFP 1-2017 – CYF Mental Health**

1 Professional staff includes Licensed Practitioners of the Healing Arts such as Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), licensed-eligible practitioners working under the supervision of licensed clinicians, and para-professionally licensed and certified staff such as peer support specialists.

2 Copies of proposed staff's professional licenses should be included in the proposal appendix.

Outpatient Treatment Services" 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.

C. Late Submissions

Submissions are due at noon on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the noon deadline, but before 12:01 P.M. the following day will be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms that submit proposals within this grace period must provide a letter explaining the extenuating circumstances by 12:00 noon 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.

D. 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 (1 original + 6 copies):

1. Agency Cover page (Appendix A-1a)
2. Table of Contents;
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. Letter of Introduction;
6. Proposal Content (Appendix A1-d Proposal Submission Template and Priority System Needs Template in word format);
7. Budget Forms and Budget Narrative Appendix A-1b and;
8. Appendices

One copy - Separately bound submitted with the original proposal:

1. Cover page (Appendix A-1a)
2. Minimum Agency Requirement – See Section II, pages 9-13 (including financial

documents, monitoring reports and Medi-Cal certification as attachments)

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.

E. Minimum Agency Requirement

The Minimum Agency Requirement may be no more than five (5) pages total, excluding forms and other required attachments. It should be clearly labeled and bound separately from program proposals. See Section II, pages 9-13.

Using a half page or less for each item, please describe how your agency meets the following requirements as detailed in Section II, Minimum Agency Requirements:

1. Medi-Cal Certification Requirements;
2. Harm Reduction Requirements;
3. Cultural & Linguistic Competency Requirements;
4. Financial Documents (attachment only, no narrative needed);
5. Electronic Health Record & Data Reporting Capacity and Assurances Requirements;
6. Prior Performance Requirements;
7. Non-Traditional Services Requirements;
8. Priority Service Populations Requirements;
9. Educationally Related Mental Health Services Client Service Certification Requirements;
10. Out-of-County Treatment Capacity for Adoptive Children and Youth Requirements;
11. Americans with Disabilities Act and Access Requirements;
12. City Vendor Requirement and DUNS Number; and
13. Compliance with City and County Policies, Laws, Rules and Regulations.

Only one copy of the above is required for each agency regardless of the number of proposals submitted. 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.

F. Letter of Introduction (no more than one (1) page)

A one-page letter signed by the person authorized to obligate the proposing agency stating that the proposing agency is willing and able to perform the commitments contained in the proposal.

G. Proposal Content

Proposers must use the "Proposal Submission Template" in preparing and submitting their proposals (page 26). Information submitted for template sections that exceed the maximum page limits noted for each section of the template will not be considered by the review panels. Any proposal that does not include all of the information requested in the "Proposal Submission Template" will be considered non-responsive and will not be eligible for proposal project review or for award of a contract.

Please note that for each Optional Specialized Mental Health Treatment Service for which a proposal is being submitted, additional information has been requested under the last section of the "Proposal Submission Template" Any proposal for Optional Specialized Outpatient Mental

Health Treatment Services that does not include all of the information requested in the "Proposal Submission Template" will be considered non-responsive and will not be eligible for project proposal review or for award of a contract.

The "Proposal Submission Template" follows on the next page.

Please follow the page limit and include the questions in the template.

Proposal Submission Template

1. Priority Service Populations Description (Up to 20 Points) – **2 Pages Maximum**

A. Please check at least three (3) Priority Service Populations that are proposed to be served from the list to the right (15 points).

- ☐ Young Children, Birth to Age 5
- ☐ Black/African American Children, Youth and Their Families
- ☐ Latina/o Children, Youth and Their Families
- ☐ Southeast Asian Children, Youth and Their Families/Indicate Subgroup(s):_____
- ☐ Youth Involved with the Juvenile Justice System
- ☐ Adoptive Foster Children and Youth
- ☐ Children, Youth and Their Families Living in Public Housing
- ☐ Youth Diagnosed with Co-Occurring Disorders
- ☐ Children and Youth Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit
- ☐ Youth Diagnosed with Eating Disorders
- ☐ Children and Youth Not Attending School Due to Mental Health Disorders or Emotional Disturbances
- ☐ New Immigrant Children, Youth and Their Families

B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning clients from Outpatient Mental Health Treatment Services for each of the Priority Service Populations proposed to be served (5 points).

2. Treatment Program Narrative (Up to 65 Base Score Points Total) – ~~**10**~~ **13 Pages Maximum**

A. Treatment Program (35 points)

Describe the proposed treatment program approach, strategies and resources. Be sure to discuss each of the following specific program components:

(1) Required services/available therapies (5 points);
(2) Available treatment supports (5 points);
(3) Clinical supervision model (5 points);
(4) CANS progress/treatment plan review process (5 points);
(5) Case management services (5 points);
(6) Discharge/level of care transition process (5 points); and
(7) Utilization review and quality improvement process (5 points).

B. Client and Family Engagement & Peer Support (Up to 10 points)

- Describe client/family engagement strategies and rationale why the strategies will be successful with the proposed service populations. (5 points)
- Describe how peer support will be integrated into client and family engagement, treatment planning, treatment, and transitions. (5 points)

C. Non-Traditional Services (Up to 20 points)

(1) Describe how treatment services will be provide outside the four walls of the clinic at school and community sites convenient to the clients and their families (10 points);

(2) Describe available treatment service hours after regular business hours (5 points) and on weekends (5 points).

3. Evidence-Based Practices/Culturally Responsive, Practice-Based Evidence (up to 15 points) – **~~3~~ 5 Pages Maximum**

A. Please identify at least two (2) practices that will be offered in the proposed treatment program. (5 points)

- ☐ Child-Parent Psychotherapy
- ☐ Cognitive Behavioral Therapy
- ☐ Dialectical Behavior Therapy
- ☐ Brief Strategic Family Therapy
- ☐ Family Systems Treatment for Eating Disorders
- ☐ Seeking Safety/Trauma Informed Treatment
- ☐ Culturally Responsive, Practice-Based Evidence: _____
- ☐ EBP to Address School Truancy, Suicidality and School Absence Due to Mental Health or Emotional Disturbance: _____

B. Describe how EBPs/Culturally Responsive, Practice-Based Evidence will be integrated within the proposed treatment program including all of the following:

(1) Describe the rationale for how the selected practices will support client recovery for the proposed service populations (2 points);

(2) Identify staff that have been certified and trained to provide each of the practices (2 points);

(3) Identify the process that the provider will use to ensure that each practice is being offered to fidelity including available staff booster training, coaching, support during staff supervision, and developer support including any cultural adaptations made to practices (2 points);

(4) Describe how the use of practices will be documented (e.g. progress notes) in a manner that is compliant for the purpose of external program reviews and audits (2 points); and

(5) Describe provider evaluation capacity to collect and report outcome data for clients receiving practices including, but not limited to, client satisfaction with proposed practices (2 points).

If EBPs will be offered that are not listed under 3 A, please list those here:

_____

4. Trauma Informed Care (10 points) – **3 Pages Maximum**

All outpatient mental health treatment providers must describe how Trauma Informed principles and practices have been integrated within:

A. The organization (2 points);

B. Organizational leadership (2 points);

C. Clinical supervision (2 points);

D. Workforce development and training (2 points);

E. Treatment services/other aspects of care (2 points).

5. Electronic Health Records & Data Systems (Up to 10 points) – **3 Pages Maximum**

A. Describe all of the following:

(1) The organization's policies, protocols, processes and strategies to: a) support timely, accurate, and compliant client and program data entry including reporting: a) in the DPH Avatar data system/approved method of client reporting; b) for DPH quality improvement activities; and c) DPH Contractor Performance Objectives; (3 points);

(2) Available trained staff, information technology resources, and training available to support timely, accurate and compliant client and program data entry and reporting (3 points);

(3) The organizational process for monitoring and managing data entry and reporting (2 points);

(4) The organization's protocols, processes, and strategies to ensure that accurate and compliant data is submitted to DPH within five (5) business days of the receipt of a request from DPH and in the format specified by DPH (2 points); **AND**

B. Provide an assurance that the organization will comply with future DPH electronic health record (e.g. EPIC), DPH Contractor Performance Objectives, and annual QI activities data collection requirements (no points awarded but required to be submitted).

C. For proposers that are transitioning to Avatar, provide a proposed Avatar transition plan that includes a proposed timeframe for migrating client data to Avatar, strategies for meeting the Avatar EHR requirements, staff resources to manage the proposed transition plan and technical support and resources needed to support the proposed Avatar transition plan (no points awarded by required to be submitted where applicable).

6. Evaluation & Quality Improvement (Up to 10 points) – **3 Pages Maximum + 1 flow chart + 1 logic model**

Describe the following information:

A. Evaluation & Quality Improvement Program

(1) Describe and provide a flow chart (the flow chart does not count toward the maximum page limit) that shows the organization's process for collecting, analyzing and integrating outcomes/evaluation and quality improvement data into treatment program planning, development, and implementation activities with the goal of improving client experience and outcomes (5 points);

(2) Describe how the organization's evaluation and quality improvement policies, protocols and processes are consistent with DPH evaluation and quality improvement requirements and include a copy of the organization's evaluation and quality improvement policy in the proposal appendix (3 points); and

(3) Provide a Logic Model (the Logic Model does not count toward the maximum page limit) showing provider capacity, resources and key strategies to meet at a minimum the following program and client outcomes (2 point):

a) High client and family engagement and participation;
b) Client and family satisfaction with convenience and cultural appropriateness of services;
c) Timeliness of first initial client contact to face-to-face appointment;
d) Client treatment progress (CANS actionable items);
e) Appropriate client utilization of services and level of care;
f) Improved client access to medication support services;
g) Reduction in avoidable client hospitalizations;
h) Successful level of care transitions and discharges (case management/navigation support for clients and their families);
i) Improved collaborative treatment planning with primary care and substance use disorder treatment providers;
j) Improved client assessment for urgent conditions within 24 hours;
k) Access to after hour/evening and weekend treatment services;
l) Timely, accurate, and compliant client and program data entry and reporting;
m) Improved availability of treatment services in client and family primary languages.

B. Staffing and Resources

(1) Identify an evaluation and QI point of staff contact (required proposal information but no points awarded) OR identify a *dedicated* evaluation and QI staff person/subcontractor that will be responsible for meeting all client, program, quality improvement, contractor performance and evaluation requirements (5-point scoring preference); and

(2) Provide certification that all clinical and supervisory treatment and administrative staff will be trained on DPH data entry and reporting requirements, including Avatar, and that the organization will submit all required and requested data to DPH within five (5) business days of a request from DPH (required certification but no points awarded).

7. Workforce Development & Staffing (Up to 20 points) – **4 Pages Maximum + 1 org chart**

A. In addition to providing a one (1) page organizational chart that shows proposed mental health outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider's organization (the organizational chart does not count toward maximum page limit), address the following in the proposal:

(1) Adequate number of qualified and experienced staff to serve proposed service populations included a staffing plan that includes proposed staff to client ratios (staff client caseloads), proposed clinical supervisor to staff ratios, and proposed availability of peer support (10 points);
(2) An adequate level of clinical supervision to support staff coaching and service utilization and quality improvement activities (4 points);
(3) A workforce training plan for Fiscal Year 2016-17 that supports staff in meeting DPH requirements (2 points); and
(4) A description of the provider's policies, processes, and procedures for meeting all of the following professional licensure and workforce requirements (4 points):

a) Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians;
b) Para-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Para-professional staff will be supervised by professional and/or administrative staff;
c) Professional and para-professional staff are required to have appropriate experience and any necessary training at the time of hiring; and
d) All staff must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 11 and any other federal, state and local statutes and regulations governing special mental health services and public agency partners including the juvenile justice system, the child welfare system, and public schools including the Individual with Disabilities in Education Act.

B. An assurance that any vacant positions will be filled within 90 days of receiving a contract award to provide mental health outpatient treatment services (required information but no points awarded); and

C. List of professional licensed and credentialed staff and include in the proposal appendix copies of all professional licenses for staff (required information but no points awarded).

Optional Specialized Mental Health Treatment Services – Up to 25 Points per Optional Specialized Mental Health Treatment Service (**5 Pages Maximum** per Optional Specialized Mental Health Service)		
A. Optional Specialized Mental Health Treatment Service Proposal Please select Optional Specialized Mental Health Treatment Service to the right and provide the information requested under the "Proposed Treatment Narrative" below for each Optional Specialized Mental Health Treatment Service proposed to be provided.	☐ SOAR ☐ CEEP	☐ TBS

B. Proposed Treatment Narrative (up to 25 points)

(1) Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning clients from the Optional Specialized Mental Health Treatment Services for each of the Priority Service Populations proposed to be served (5 points);

(2) Describe the proposed treatment approach and available services to be used in providing the Optional Specialized Mental Health Treatment Service(s) including, at a minimum, evidence-based practices and assessments, case management services, strategies for engaging clients and their families, clinical supervision models, and prior collaborative work with DPH partners, including SFUSD/schools (10 points);

(3) Describe organizational and staffing capacity and commitment to meeting clients and their families where they are by providing treatment services outside the clinic walls in schools and in the community (5 points); and

(4) Describe organizational and staffing capacity to collect and report client and program data within 5 days of a request by DPH and/or one of its behavioral health system partners (e.g. SFUSD and to utilize data to inform and improve clinical practice (5 points).

8. Budget (30 points) – Budget Forms Appendix A-1b + **2 Pages Maximum** Budget Justification

Please complete the attached DPH Budget Forms to detail costs associated with this RFP. Please submit a 12 months budget using these forms. (See appendix A-1b). Proposers must demonstrate the detail costs associated with this RFP (if using your own forms, use DPH form as example and make sure your budget includes unit of service and unit rates, salaries and benefits, operating expense details, direct and indirect costs).

Budget Narrative (no more than two (2) pages)

(1) Demonstrate 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;

(2) Justify the proposed budget using actual proposer cost data of providing similar or the same services for which a proposal is submitted under this RFP within the past 12 months; and

(3) Demonstrate that the proposed budget leverages Drug Medi-Cal, Medi-Cal, Medi-Cal/EPSDT and/or other funding and/or services.

The City and County intends to award contracts to agencies that it considers will provide the highest quality, accessible and cost effective 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.

Scoring Preference Points

Proposers must complete the following "Priority System Needs Template" to be considered for up to **forty (40)** preference points. In completing the "Past Performance Data" section of the "Priority System Needs Template", proposers must include the following with their completed template:

1) DPH contracted providers should include in the proposal Minimum Agency Requirement copies of the two most recent contract monitoring reports (FY 2014-15 and FY 2015-16) from the DPH Business Office of Compliance and Contracts; note: if FY 2015-16 reports are not available as of the submission deadline, submit the FY 2013-14 report with the FY 2014-15 report and indicate that the FY 2015-16 is not yet available;

2) Providers that did not contract with DPH in FY 2014-15 and/or FY 2015-16 to provide an outpatient mental health treatment service for which a proposal is being submitted, please include in the proposal appendix a copy of contractor/vendor monitoring reports from a California county in which the treatment service was provided in FY 2014-15 and FY 2015-16, including contact information for contract monitor(s) including name, title, email address and phone number to allow DPH to verify performance. note: if FY 2015-16 reports are not available as of the submission deadline, submit the FY 2013-14 report with the FY 2014-15 report and indicate that the FY 2015-16 is not yet available.

Priority System Needs

Priority System Needs (Up to **20** Preference Points)	**Provider Assurances and Response** (complete only for Treatment Components for which a scoring preference is being requested)
Cultural and Linguistic Competency (10 points) For each primary language other than English, please identify the number of clients expected to be served annually by their primary language and the number of full-time equivalent (FTE) and names of clinicians who are fluent in the primary language and that will serve clients.	___ (#) clients in _____ (e.g. Spanish, Cantonese) ___ FTEs fluent in primary language noted: ____ FTEs as follows: _____ (clinician name) _____ (clinician name)
Evaluation & QI Support (10 points) Please indicate the number of FTEs and staff names *dedicated* to evaluation and quality improvement activities and/or the name of and # of committed hours by the subcontractor that will manage these activities. Please include a copy of executed contracts in the proposal appendix for the subcontractor.	___ FTEs (must be 0.5 FTE or greater annually to receive preference) Evaluation & QI Staff Name: _____ Support to be provided by: _____ (subcontractor name) ___ hours committed (must be 960 hours/annually or greater to receive preference) Contract included in proposal appendix?: ___Yes ___ No

Past Performance Chart

Past Performance Data (Up to **20** Preference Points – 5 points per data point met or exceeded)	**FY 2014-15**	**FY 2015-16**
1) Percentage of all outpatient mental health treatment clients who improved on at least 50% of their actionable items on their Child and Adolescent Needs and Strengths Assessment (CANS) or similar client assessment measure (for proposers that do not currently provide services in San Francisco). Benchmark: 40% or more clients improved.	___%	___%
2) Percentage of outpatient mental health treatment clients in treatment who expressed satisfaction with their client experience. Benchmark: 80% or more clients expressed satisfaction.	___%	___%

V. 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.

PROPOSAL SCORING CRITERIA

1. Submission Guidelines 10 Points

Did the applicant follow the submission requirement guidelines and format listed in section IV page 24 & 25? 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? ……10 points

2. Outpatient Mental Health Treatment Program Up to 150 Points

Priority Service Populations…….20 points
Treatment Program/Services Narrative…….Up to 65 points
Evidence-Based Practices/Culturally Responsive, Practice-Based Evidence……...15 points
Trauma Informed Care……..…10 points
Electronic Health Records & Data System Capacity…….10 points
Evaluation & Quality Improvement Capacity……..10 points
Workforce & Staffing…….20 points

3. For applicants applying for Optional Specialized MH OT Services Up to 75 Points

Optional Specialized Mental Health Outpatient Services:
Success, Opportunity, Achievement, Resiliency (SOAR) Classroom MH Services…….25 points
Classroom Educational Enrichment Program (CEEP)……...25 points
Therapeutic Behavioral Services (TBS) ……25 points

4. Budget 30 Points

Proposer's budget is reasonable, cost effective and justified using actual costs of providing services…….20 points
Proposer's budget leverages Drug Medi-Cal, Medi-Cal EPSDT or other services and funding……...10 points

5. 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,)

6. 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: 250 to 325 points

Additional Points Available for Priority System Needs: 40 points

Up to forty (40) additional points may be awarded as follows for:

Priority System Needs	Maximum Number of Points Available
1) Cultural & Linguistic Competency: Dedicated Multi-Lingual Staff for Service Populations	10 Points
2) Evaluation & Quality Improvement: Dedicated Evaluation and Quality Improvement Staff	10 Points
3) Past Performance	Up to 20 Points

The Contract Analyst will calculate any Priority System Needs points.

TOTAL POINTS POSSIBLE: 290 to 365 POINTS

VI. 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 within five (5) days after the closing 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 will be the first 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-questions may only be submitted from March 7, 2017 until 12:00 noon March 20, 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 **March 20, 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: **Wednesday March 29, 2017**
Time: **1:30 p.m. to 3:30 p.m.**
Location: ~~**1380 Howard St., 4th Floor, Room # 424,**~~
101 Grove, 3rd Floor, Room 300, San Francisco, CA.

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 **March 29, 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.

VII. 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.

VIII. 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; [1]
2. A Business Associate subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";[2]
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

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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.

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 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.

IX. 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

ATTACHMENT A-1

The following forms must be completed in order for proposals to be considered:

a) **Appendix A-1a: Agency Cover Sheet**

Appendix A1-a: DPH Forms:

- RFP Form 1 Solicitation & Offer
- RFP Form 2 Contractual Record Form
- CMD Attachment 2 Contract Monitoring Division Forms – Form 3 added in zipped file

b) **Appendix A1-b: DPH Budget Forms and Instructions**

c) **Appendix A1-c: Letter of Intent Form** (Due April 7, 2017, at or before 12:00 p.m.)
d) **Appendix A1-d** – Proposal Submission Template (in word format)

ATTACHMENT 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

ATTACHMENT A-3

- **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