

**RFQ 43-2019
MENTAL HEALTH SERVICES ACT
PEER-TO-PEER BEHAVIORAL HEALTH SERVICES
REQUEST FOR QUALIFICATIONS**

DEPARTMENT OF PUBLIC HEALTH
Behavioral Health Services (BHS)
Mental Health Services Act



Request for Qualifications (RFQ) 43-2019

**DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 421
SAN FRANCISCO, CA 94103**

**CONTACT
MAHLET GIRMA
CONTRACT ANALYST
(415) 255-3504**

Date Issued:	December 18, 2019
Email Questions Period:	December 18, 2019 – January 17, 2020
Letter of Intent Due:	12:00 p.m., January 31, 2020
Applications Due:	12:00 p.m., February 13, 2020

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APPENDICES

The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>.

Click on **RFQ 43-2019** and follow the instructions.

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

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

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

- **Signature Authorization** Record and Board of Directors (form attached)
- **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

- **12X Update Memo – Covered States**
- **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
- **Business Associate Agreement and All Attachments (06-07-2017).pdf**
- **Privacy and Security Agreement and All Attachments (06-07-2017).pdf**
- **Quickref.pdf** Also visit: <http://sfgsa.org/index.aspx?page=6125>
Quick Reference Guide to Chapter 12B

I. INTRODUCTION, CONTRACT TERM, FUNDING & SCHEDULE

A. General Overview

Behavioral Health Services (BHS) under the San Francisco Department of Public Health (DPH) is issuing this Request for Qualifications (RFQ) to identify applicants that will provide the services outlined in this RFQ. DPH/BHS invites single agency and multi-agency collaborations to provide Peer-to-Peer Behavioral Health Services to the San Francisco behavioral health communities. **The primary goals of these programs are to provide education on mental health issues and the behavioral health system, help reduce mental health stigma, implement support services for those experiencing mental health issues, and improve/coordinate the service delivery of behavioral health services.**

Contractors unable to do Business with the City:

1. Generally

Contractors that do not comply with laws set forth in San Francisco's Municipal Codes may be unable to enter into a contract with the City. Some of the laws are included in this RFP, or in the sample contract templates included in Attachment 3.

2. Companies Headquartered in Certain States

This Contract is subject to the requirements of Administrative Code Chapter 12X, which prohibits the City from entering into contracts with companies headquartered in states with laws that perpetuate discrimination against Lesbian/Gay/Bisexual/Transgender (LGBT) populations or where any or all of the work on the contract will be performed in any of those states. Applicants are hereby advised that applicants which have their United States headquarters in a state on the Covered State List, as that term is defined in Administrative Code Section 12X.3, or where any or all of the work on the contract will be performed in a state on the Covered State List may not enter into contracts with the City. A list of states on the Covered State List is available at the website of the City Administrator <https://sfgsa.org/chapter-12x-anti-lgbt-state-ban-list>.

The Peer-to-Peer Behavioral Health Services programs support underserved and disenfranchised residents of San Francisco, which include individuals and their families who have lived experience dealing with mental and other behavioral health challenges. This community includes subpopulations, such as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+) individuals; residents of subsidized or supportive housing; low-income individuals; socially isolated older adults; and those experiencing mental health challenges because of illness or circumstance.

The Peer-to-Peer Behavioral Health Services programs work to support consumers and their families by offering a wide array of services, such as peer education and support programs, community awareness presentations, and trainings for service providers and clients. These programs seek to improve health outcomes, reduce stigma associated with behavioral or mental health conditions, and advocate on behalf of these populations. Peer-to-Peer Behavioral Health Services programs also seek to improve and coordinate health and mental health services by partnering with service providers to offer culturally and linguistically appropriate services, and increase accessibility of services. Services are currently offered citywide all throughout Behavioral Health Services sites.

The Peer Model is an evidenced-based practice, consistent with and embedded in the Recovery Model.

- Peer support is offering and receiving help based on shared understanding, respect and mutual empowerment between people in similar situations.
- Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys.
- Peer specialists model recovery, teach skills and offer support to help people experiencing mental

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health challenges lead meaningful lives in the community.

A portion of the funding for these programs will come from Mental Health Services Act (MHSA). MHSA is guided by five core principles:

1. Cultural Competence – Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
2. Community Collaboration – Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
3. Client, Consumer, and Family Involvement – Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
4. Integrated Service Delivery – Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.
5. Wellness and Recovery – Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives.

It is the MHSA's philosophy that mental health needs are not defined by symptoms but rather by a focus on achieving, maintaining, and promoting the overall health and well-being of the individual and family. Proposed programs will need to reflect the wellness and recovery model and should be able to demonstrate that their consumers and their family members are empowered to: 1) establish, work toward and achieve their personal goals; 2) learn new skills and strategies to manage the challenges in their lives; and 3) draw strength and growth from their lived experiences. MHSA requires that the input of mental health consumers and their family members play a significant role in the development of MHSA-funded programs. Mental health consumers, former consumers and/or family members of consumers must be involved in the areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs. In addition, the agency/organizational applicants should develop programming that is a) based on cultural humility and wellness and recovery principles; b) strength-based; c) consumer-led; and d) family driven.

The degree to which a Candidate meets the minimum qualifications of the RFQ will be determined through a review process to evaluate the Candidate's application materials (see Section V. Evaluation and Selection Criteria). Potential Candidates can bid separately for one or all populations/programs (see Section II. Scope of Work for details).

B. Contract Term & Funding

Contracts awarded under this RFQ shall have an initial term of five (5) years. Subsequent extensions to the contract terms may extend the contract for an additional four (4) years, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the Department of Public Health system. The City has the sole, absolute discretion to exercise these options. The maximum term for the contracts awarded under this RFQ may not exceed **nine (9) years**.

RFP/Q Authority	Contract Term	# Years
	Initial term	5 years
	Option 1	4 years
No more than nine (9) years	Total Contract Term	9 years

A final budget will be determined during the contract negotiation and program planning phase. An estimated annual amount of **\$546,800** is available under this RFQ for all Peer-to-Peer Behavioral Health Services programs.

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Program/Project	Estimated Annual Budget (final budget to be determined)
1. Peer-to-Peer Linkage Program	\$428,400
2. Peer-to-Peer, Family-to-Family Program	\$118,400

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

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Application Phase</u>	<u>Time</u>	<u>Date</u>
RFQ issued by the City		December 18, 2019
Email Questions begin		December 18, 2019
Email Questions end	12:00 Noon	January 17, 2020
Letter of Intent due	12:00 Noon	January 31, 2020
Applications due	12:00 Noon	February 13, 2020

Estimated Dates

<i>Technical Review</i>	<i>February 2020</i>
<i>Selection / Notification</i>	<i>March 2020</i>
<i>Contract Negotiation & Development</i>	<i>April – June 2020</i>
<i>Service Start Date</i>	<i>July 1, 2020</i>

II. SCOPE OF WORK

A. Program Overview

This RFQ outlines the Peer-to-Peer Behavioral Health Services programs and requests the utilization several service providers to support, sustain and advance the services outlined below. The selected service providers, in collaboration with DPH/BHS and behavioral/mental health service consumers, will be responsible for the continued development and promotion of the MHSA programs utilizing evidence based practices and wellness recovery principles. This RFQ calls for a competitive process and DPH/BHS encourages multiple agencies to apply. DPH/BHS will award contracts based on the services outlined in this RFQ.

Peer-to-Peer Behavioral Health Services programs support consumers of physical, behavioral, and mental health services and their families by providing a wide variety of services. Services addressing mental health challenges and illnesses include an array of individual and group interventions, such as one-on-one peer services, peer support groups, and psycho-social and experimental groups. Other services geared towards improving access to, and delivery of, mental health services include fielding questions about available behavioral and mental health services, providing continued services outside of traditional business hours, and providing service linkages by referring clients to additional service providers. Efforts to reduce stigma associated with mental illness include advocacy work, trainings, presentations and

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community events for consumers, families, service providers and community organizations. In addition, Peer-to-Peer Behavioral Health Services programs should work to address the stigma faced by peers both in the workplace and the community at large. All providers should aim to offer culturally humble, linguistically relevant services to the diverse and underserved populations of San Francisco.

Two (2) existing programs are included in this RFQ. These programs include:

1. Peer-to-Peer Linkage Program
2. Peer-to-Peer, Family-to-Family Program

B. Specialized Populations

Population for Peers: Peers are defined as an individual with personal lived experience who are consumers of behavioral health services, former consumers, or family members or significant others of consumers. Peers utilize their lived experience in peer-to-peer settings, when appropriate, to benefit the wellness and recovery of the clients and community being served. Peers may be an employee, intern or volunteer with the selected contractor(s).

Population Served by Peers: Peers will conduct culturally and linguistically congruent outreach, education and peer support to users of residential, community, mental health care and primary care settings within the Department of Public Health.

C. Community Defined Needs

MHSA requires that consumer input play a significant role in the development of MHSA-funded programs. Behavioral health consumers, former consumers, or family members of consumers must be involved in areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations regarding these programs.

DPH/BHS has collected extensive information from mental health consumers, the broader community, and other MHSA stakeholders to determine the current needs of the community, with respect to Peer-to-Peer Behavioral Health Services. The scope of work listed in this RFQ reflects the voices of the consumers and program participants.



Community Engagement Meeting

In 2019, SFDPH MHSA hosted 19 community engagement meetings across the City to collect community member feedback on existing MHSA programming and better understand the needs of the community. Attendees included mental health and other service providers, consumers of mental health services and their families, representatives from local public agencies, community- and faith-based organizations, residents of San Francisco, and other community stakeholders.

In addition to the community engagement meetings described above, SFDPH MHSA attended a Client Council Meeting in November of 2019 that was primarily focused on the services included in this RFQ in order to gather consumer and community input.

Summary of Stakeholder Feedback

SFDPH MHSA received comprehensive stakeholder and community input regarding the programs listed in this RFQ. Here is a brief summary of that feedback.

- Housing support is very much needed in San Francisco. Peer specialists can be trained in housing services and provide housing linkage and peer support.
- Peer specialists should have the capacity to work with clients with varying language needs.
- Peer programs are necessary for consumers to be a part of the system and Behavioral Health Services.
- Peers should be properly trained in trauma-informed care, working with the transgender community, de-escalating issues, harm reduction, practicing self-care, translation services and mindfulness activities.

“Family and Peer Support is Needed in San Francisco”
- **San Francisco Stakeholder**

In addition, stakeholders noted the importance of taking care of our peer specialists and creating a work environment that fosters wellness. “Proper compensation is needed for peers who are fulfilling a role of a case manager but not getting paid for it”. It is very important to ensure that all peer specialists are being paid in a commensurate manner to the work being performed.

One of the leading barriers to peer wellness and recovery in the Bay Area is the lack of available career opportunities for peers in our peer educator and support programs, including the attitudes and expectations of the medical and mental health professions towards peer employment. Peer-to-Peer Behavioral Health Programs should work to demonstrate the benefit that peers’ unique abilities and lived experiences can add to the mental health field.



Community Engagement Meeting 2019

D. Peer Support Services

One goal of the Peer-to-Peer Behavioral Health Programs will be to provide coordinated, collaborative employment-related support for the peer employees/interns. This support can be provided by the selected service provider, BHS and by leveraging resources through the Department of Rehabilitation. The peer support services should include, but not limited to; training, supervision, consultation, on-the-job coaching and retention services, and peer-based support groups. The Peer-to-Peer Behavioral Health Programs should partner with the BHS Leadership Academy for access to no-cost monthly peer training seminars.

E. Wellness and Recovery

The fundamental objectives and principles of the programs must be based on concepts of Wellness and Recovery for consumers of behavioral health services. The goal of Wellness and Recovery is for

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consumers to feel empowered to take charge of their own care and wellness while learning new skills and strategies for managing difficulties and challenges in their lives. The model encourages consumers to draw upon personal strengths, better utilize natural supports, explore new strategies to cope and better navigate the behavioral health system of care.

As stated above, the content of the curriculum should be based on Wellness and Recovery principles. Some of the specific wellness and recovery concepts may include: Wellness Recovery Action Plan (WRAP), Bio-psycho-social approach to case management, stages of change model, harm reduction treatment principles, holistic interventions options, self-care, and mental health, meaningful activities, and employment.



Please refer to this link for more details on the MHSA vision and guiding principles:

http://www.dhcs.ca.gov/services/MH/Documents/Vision_and_Guiding_Principles_2-16-05.pdf

F. Advancement and Leadership Opportunities for Peers

The selected provider(s) will be responsible for creating advancement opportunities, a career ladder and leadership opportunities for peers. BHS currently has a wealth of very experienced and knowledgeable peer providers who have a demonstrated ability to successfully manage complex programs, coordinate large consumer conference events, provide education and presentations to large high-profile stakeholder audiences, participate in program development and evaluation planning efforts, facilitate multiple peer counseling groups, etc.

The selected provider(s) should collaborate with BHS and continue to develop peer leadership skills and provide increased opportunities for skill-building across all peer-to-peer programs and activities.

G. Service Collaboration

Health Care Reform requires that DPH work to maintain low program costs. This may be achieved by leveraging funding and/or collaborating with existing services to maximize support. A vital component to these programs will be collaboration among other DPH/BHS and MHSA community peer-to-peer programs in order to share best practices and learn about other programs in order to provide optimal care and support to consumers.

The selected provider(s) should create partnerships with programs including, but not limited to;

- Peer-to-Peer Employment Program
- Peer Outreach and Engagement Services
- Peer Specialist Mental Health Certificate Program
- Peer Wellness Center

H. Service Provider Responsibilities

This RFQ describes a proposed model, however, the selected service provider(s), in collaboration with DPH/BHS and consumers, will be responsible for the design and implementation of these community programs. The provider(s) will evaluate the service delivery of these programs, frequently assess the needs of the community and implement changes, in collaboration with the input of behavioral health consumers.

A strong partnership between the service provider(s) and DPH/BHS is a vital component of this project. The ideal service provider(s) should be open to a collaborative process with DPH/BHS and DPH/BHS consumers in regards to program development, implementation, evaluation and long-term strategic planning. The final project is negotiable and will be developed during the program planning phase once the contracts are awarded.

The selected service provider(s) and all staff members funded by MHSA dollars must receive training and seek knowledge of all components of the Mental Health Services Act, including the MHSA guiding principles and MHSA regulations. In addition, staff must be knowledgeable of the vision of the BHS' Office of Equity, Social Justice and Multicultural Education (OESM). The link below provides more details.

<https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/OESM.asp>

I. Program Descriptions

Each agency responding to this RFQ should indicate which program they are applying for. **Applicants should provide separate applications for each program in which they want to apply.** Please see more details below in the section titled, "Application Content".

1. Peer-to-Peer Linkage Program

The Peer to Peer Linkage Program enhances treatment services by providing supportive case management and resource linkage to clients at contracted DPH behavioral health clinics. Services, delivered by Peer Service Coordinators, aim to improve the level of engagement with clients, foster feelings of hope, and promote the possibility of wellness and recovery. The Peer Service Coordinators primarily provide services to the Adult and Older Adult populations, working with clients who are part of the behavioral health system. Each Peer Service Coordinator is assigned to a specific DPH BHS clinic. Clients are referred by direct service providers at various BHS programs/clinics, who indicate the service or assistance needed.



MHSA Outreach Event

The Peer Service Coordinators should provide support to clinicians and their clients on identifying community resources, and providing assistance on successfully accessing, utilizing and maximizing these resources. The Peer Service Coordinator should then meet with the referred client to introduce Peer to Peer Linkage, discuss the details of the providers' referral, assess any additional service needs, and provide assistance to address these needs.

The Peer Service Coordinator should work with the client to support them in the access and utilization of

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available resources, including advocating for clients' needs in the provision of services and resources. Assistance and services may include but are not limited to:

- *Transportation and Mobility*
- *Affordable Housing*
- *Assistive Technology*
- *Language Interpretation*
- *Substance Use Services*
- *Cultural Adjustment*
- *Immigration Services*
- *Food Assistance*
- *Women's Services*
- *Medical Assistance*
- *Mental Health Services*
- *Training and Education Programs*
- *Independent Living Skills*
- *Vocational Services*
- *Re-entry Services for those with criminal justice involvement*

In accordance with MHSA goals, the Peer Service Coordinators should focus on providing the clients with assistance in: acknowledging the available services; understanding the implications of the services; making an informed decision on selecting services; successfully navigating eligibility and accessing systems; maximizing utilization of resources; following up on service progress, remaining on track with recovery goals, and achieving individual and vocational goals.

Peer Service Coordinators may work with the same client several times regarding different needs and issues. The frequency of service may also vary depending on the service needed and the resources available. Clients may be discharged from this program when their initial referral and/or other identified needs for service coordination have been met or if clients make the decision that their needs have changed and services are no longer desired or necessary.

Lastly, the selected provider(s) for the Peer-to-Peer Linkage Program will be responsible for the following:

- ✓ Increase consumer linkage to resources they identify as a need
- ✓ Increase consumers' hope for the future
- ✓ Increase consumers' ability to manage their wellness

2. Peer-to-Peer, Family-to-Family Program

The Peer-to-Peer, Family-to-Family program offers an array of peer education and support programs to help individuals experiencing mental health issues, and their families. This program should aim to offer help and a sense of community for parents, caregivers, and persons living with mental illness. Using peer education, the selected provider(s) should provide individuals a safe place to find a strong network of support and the tools to work towards personal wellness.

In accordance with MHSA goals, the Peer-to-Peer and Family-to-Family program should aim to:

- ✓ Increase identification of emerging mental health issues
- ✓ Increase interdependence and social connectedness with families and communities
- ✓ Increase problem solving capacity, responsibility and accountability for one's individual wellness

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Peer-to-Peer Classes

The selected provider(s) should be prepared to facilitate at least **four** sessions of 20-hour Peer-to-Peer classes (i.e. 2 hrs./week over 10 weeks for one session) all throughout San Francisco's Behavioral Health Services sites including outpatient clinics and community-based programs.

Classes will be taught by trained Peer Specialists. Educational topics may include, but not limited to; psycho-education, reducing stigma, suicide prevention, mindfulness, self-care, care management, skill development, and various wellness practices. All classes should work towards an outcome of reducing risk-factors and increasing one's quality of life.

Peer Specialists can teach healthy behaviors to better track challenges, treatment and coping strategies and practice relapse-prevention activities. The environment of peer-led and peer-supported classes should foster hope and belonging, while supporting peer-to peer networks.

Peer Specialists should provide additional support to each participant graduate. These services may include providing assistance to establish connections to community supports, linking to a support group and/or implementing strategies for self-care.

Family-to-Family Classes

The selected provider(s) should be prepared to facilitate at least **four** sessions of 30-hour Family-to-Family classes (i.e. 2.5 hrs./week over 12 weeks for one session) all throughout San Francisco's Behavioral Health Services sites including outpatient clinics and community-based programs.

Classes will be taught by trained Family Specialists (those with lived experience being a family member of a person with mental illness). Family Specialists will provide education on understanding mental health, reducing stigma, suicide prevention, coping with crises, accountability for self-care and support practices for their family member(s) living with mental health challenges, including problem-solving and advocacy.

Other Program Components

In addition to the activities described above, the selected provider(s) should be prepared to implement the following other program components:

- This program should provide a resource table in class with information on San Francisco's Behavioral Health Services and community resources.
- Participants should develop a service plan (if applicable), address barriers and develop strategies for communicating with supporters/resources.
- The program should offer weekly peer mentorship, weekly meetings with peers, weekly supervision and weekly peer-led support groups.
- A three-day Leadership Training should be held annually to train Peer-to-Peer class alumni to become mentors and teachers for the program.
- A three-day Leadership Training should be held annually to train Family-to-Family class alumni to become mentors and teachers for the program.
- A one-day training should be held to train speakers on how to conduct outreach in the community.
- Program staff should conduct outreach throughout Behavioral Health Services and at other community-based programs.
- The program should best match Peer Specialists from the populations being served, seeking

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- linguistic and cultural understanding.
- Cultural competency training should be provided to Peer Specialists and Family Specialists.
- A graduation ceremony should be provided to all participants graduating from each training session.

J. Program Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives. Examples of program performance objectives may include, but are not limited to the following:

- Increase consumer and family awareness about mental health education, resources, substance abuse services, primary care programs and vocational services in the community.
- Increase identification of emerging mental health issues.
- Increase access and linkage to resources and services for consumers.
- Increase the social connectedness of consumers with others in their community.
- Increase consumer's problem solving and communication techniques.
- Increase the quality of life of consumers.
- Increase awareness and skills for practicing self-care.
- Increase peer wellness, resiliency and recovery.
- Increase consumer knowledge of suicide warning signs and resources.
- Increase peer staff professional development (skills)
- Increase peer staff capacity to manage their own wellness and recovery

K. Evaluation Efforts

The selected provider(s) will be responsible for developing a comprehensive evaluation plan – which should be carried out in collaboration with peers, community members, current and/or former mental health consumers and other service providers of the Department's Behavioral Health Services system.

DPH/BHS is seeking agency/organization applicants that can:

- 1) Set clear program S.M.A.R.T. objectives, (i.e. those that are **S**pecific **M**easurable, **A**chievable, **R**elevant and **T**ime-Bound);
- 2) Have strong methods of achieving those objectives; and
- 3) Design plan that includes a program logic model, goals, objectives, timelines, indicators of success, defined benchmarks and expected outcomes and deliverables.

Evaluation outcomes should demonstrate that this program has yielded the stated outcomes listed above, and any additional objectives that may be developed during the contract negotiation and program planning phases after the contract has been awarded.

Data Collection

DPH/BHS recommends that the selected provider(s) collaborate with DPH/BHS and its Quality Management (QM) unit to finalize evaluation tools that will assess mental health consumers' progress and solicit their feedback. With these findings, the selected provider(s) can regularly make immediate adjustments to the program as needed.



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The selected provider(s) are expected to plan programming, measure program implementation and design evaluation methods – including data collection. Each of the referenced phases should be done inclusively with peer providers, behavioral health consumers and DPH/BHS providers.

Data collection tools may include, but are not limited to:

Administrative Data:

- Wellness activity attendance log
- Case Management Plans (including wellness goals)
- Service Plans
- Referral log for behavioral health services

Participant Measures:

- Measure of community participant's knowledge of mental health
- Measure of community participant's level of stigma toward mental health
- Measure of social connectedness and connection with community
- Measure of mental wellness, such as the PHQ-2, GAD-2, or other assessment
- Community participants' feedback (e.g. satisfaction surveys and recommendations for program improvements)

Staff Measures:

- Measure of peer staff confidence/skills
- Measure of peer staff perception of support for their wellness

Evaluation and Reporting Resources

Evaluation

It is strongly recommended that at least 5-10% of the budget be allocated to evaluation data collection, analysis of performance objectives and Mid-year and Year End reporting to MHSA, as required by the State.

The selected provider(s) will be responsible for developing a clearly defined logic model that guides the proposed program's design, implementation and evaluation. This evaluation phase will need to include measurement tools (allowed by DPH/BHS) to monitor and assess the program's efficacy in meeting the goals defined in this RFQ.

Individual provider and/or provider collaborations will be encouraged to make use of the available technical assistance and support from the Department's Quality Management (QM) team to:

- clarify and operationalize indicators of success (outcome measures)
- design evaluation instruments to measure program effectiveness
- determine which data collection approach is most feasible given a program's capacity

In lieu of technical assistance from QM, the selected provider(s) may seek assistance from an external evaluation consulting firm. If the selected provider(s) elects to use an external evaluation consulting firm, that service provider(s) should indicate if the cost of that external evaluation consulting firm will be a part of their proposed contract budget to DPH/BHS or if this expense will be paid by another funding source(s).

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The provider(s) will be responsible for compiling evaluation reports summarizing the proposed program's design, results, outcomes, lessons learned and ways to continuously improve program services based on feedback from mental health consumers, their family members and all other applicable stakeholders.

Reporting

The chosen provider(s) will also be responsible for disseminating reports to broad audiences as requested by DPH/BHS. **MHSA Mid-Year and Year-End Reports are due throughout the year to the MHSA leadership team. Meeting posted reporting deadlines is pertinent for the continuation of funding for these programs.** The provider(s) may be asked to share successful practices and lessons learned with the San Francisco Mental Health Board, BHS Executive Team, MHSA Advisory Committee, BHS Client Council, peer-based organizations and community-based agencies. Reports and presentations may be requested for dissemination on a State-level to the Mental Health Services Oversight and Accountability Commission (MHSOAC), SAMHSA or other State Oversight entities, and these findings may provide insight to other counties working on similar projects.

L. Minimum Qualifications

In order to meet the requirements of the Peer Health and Advocacy Programs RFQ, the agency(ies) must meet the following minimum qualifications:

- a. Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community.
- b. Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs.
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
- d. Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, and outreach and/or stigma reduction.
- e. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience.

Applications that do not demonstrate that the agency(ies) meet these minimum requirements by the deadline for submittal of applications, will be considered non-responsive and will not be eligible for project application review or for award of a contract.

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

III. APPLICATION SUBMISSION REQUIREMENTS

A. Letter of Intent (LOI)

Prospective applicants are requested to submit a Letter of Intent (LOI) using the form located [Appendix A1-b](#) to the DPH Office of Contracts Management and Compliance by **12:00 P.M.**, on **January 31, 2020** to indicate their interest in submitting an application under this RFQ. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits an agency to submit a proposal.

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

B. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m.**, on **February 13, 2020**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SFDPH Office of Contracts Management, or mailed to:

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

Applicants shall submit **one (1) original** and **six (6) copies** of the application, and one (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked "**RFQ 43-2019 – Peer to Peer Behavioral Health Services**" to the above location. The original copy of the application 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 application) will not be accepted. Late submissions will not be considered.

C. Late Submissions

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

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

D. Format

All submission must be typewritten and on recycled paper with an easy to read 12 point font such as Arial or Times New Roman, one inch margins, double spaced printed on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two application pages when meeting program application page limits). Please bind your application with a binder clip, rubber band or single staple. Please do not use binders, do not bind your application with a spiral binding, glued binding or anything similar. You may use tabs or other separators within the document. If your response is lengthy, please include a Table of Contents.

IV. APPLICATION CONTENT

Failure to provide any of this information or forms may result in an application being disqualified.

Firms interested in responding to this RFQ must complete the required forms and describe how it meets the Minimum Qualifications and provide the required information using the application content below:

1. Required Forms *Appendix A1-a*

- RFQ Form #1-Solicitation and Offer
- RFQ Form #2 Contractual Record Form
- CMD Forms: Contract Monitoring Division.

All proposals submitted must include the following: *Form 3- CMD Compliance Affidavit – Non-Discrimination Affidavit*

If this form is not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected. The form should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may contact Alysabeth Alexander-Tut, Contract Monitoring Division (415) 274-0511, Email at alysabeth.alexander-tut@sfgov.org or visit CMD website at <https://sfgov.org/cmd/>

2. Agency Cover Sheet *Appendix A1-a*

Interested applicants must complete Appendix A-1a “Agency Cover Sheet” responding to this RFQ and indicate which program your agency is applying for. **Applicants should provide separate applications for each program they wish to apply.**

3. Introduction (up to 1 page)

Submit a letter of introduction for your agency's application. Include a brief overview of your agency and your agency's experience providing the proposed services. The letter must be signed by a person authorized by your agency to obligate your agency to perform the commitments contained in the application. Please state the location of your firm's headquarter and include the name and contact information (address, email and telephone number) for this person or another contact person at your firm. Submission of the letter will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the application.

4. Minimum Qualifications (up to 4 pages)

Please provide a narrative concisely describing how you meet the minimum qualifications listed below.

- a. Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community.
- b. Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs.
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
- d. Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, outreach and/or stigma reduction.
- e. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience.

5. Memorandum of Understanding or Letter of Commitment (up to 1 page, if applicable)

If your agency is planning to utilize community partnerships or subcontractors to meet the obligations of this RFQ, please provide a Memorandum of Understanding (MOU) or Letter of Commitment for each partner and briefly describe the collaborative relationship.

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

V. EVALUATION AND SELECTION CRITERIA

A. Selection Criteria

The applications will be evaluated by a selection committee comprised of parties with expertise in Peer-to-Peer Behavioral Health Services. The criteria outlined below will be used in this process to establish a ranked order of Qualified Candidates for each service category. At any time during the review process, the Department may require a Candidate to provide oral or written clarification of its Qualifications Application. The Department of Public Health Behavioral Health Services (DPH/BHS) reserves the right to review and evaluate qualifications received without further clarification.

Your application must meet a minimum score of **70 points or higher** in order to be eligible to list as a “Qualified Candidate”. Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate’s being identified on the list as a Qualified Candidate.

Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

The City intends to evaluate the applications generally in accordance with the criteria itemized below.

APPLICATION NARRATIVE EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points
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1. Minimum Qualifications for Application Narrative

In order to be scored, applicants must demonstrate the following experience:

- a. Three years of proven history providing peer-to-peer services, including proven capacity of conducting culturally congruent peer activities and engaging peers and family members in the broader community. **(20 points)**
- b. Three years of proven history initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery programs. **(20 points)**
- c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services. **(20 points)**
- d. Proven history coordinating events and activities for participants regarding mental health education, behavioral health service linkage, outreach and/or stigma reduction. **(20 points)**
- e. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and comprehensive reports to a broad audience. **(20 points)**

ORAL INTERVIEW EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points
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1. Oral Interview

Following the evaluation of the written applications, the top applicants receiving the highest scores and also meeting the minimum score of 70 points, may be invited to participate in an oral interview. DPH also

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has the sole discretion to choose the highest scoring written applications and forego the interview process if a suitable eligible list is developed from the first round of scores. If there is an interview, both the written application and oral interview scores will be combined in the final ranking and provider selection. The interview will consist of standard questions asked of each of the selected applicants.

TOTAL POINTS POSSIBLE FROM APPLICATION/INTERVIEW: 200 Points

Applicants must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No applicant shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such applicant's being identified on the list as a Qualified Applicant.

VI. EMAIL QUESTION PERIOD AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFQ. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFQ. All questions are to be directed to the following e-mail address: Mahlet.Girma@sfdph.org, OR by electronic mail, fax and or US Mail 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**

E-questions may only be submitted from December 18, 2019 until 12:00 P.M. January 17, 2020.

All questions will be compiled and the answers will be published within 5 to 7 working days after the closing date. Please note that questions will not be answered before the email question closing date.

No questions or requests for interpretation will be accepted after 12:00 PM on **January 17, 2020**. If you have further questions regarding the RFQ, please contact the contracts office at sfdphcontractsoffice@sfdph.org.

B. Contract Award

The Department of Public Health (DPH) will select a firm with whom the Department of Public Health staff shall commence contract negotiations. The selection of any qualification from a qualified firm shall not imply acceptance by the City of all terms of the qualification, which may be subject to further negotiations and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the DPH, in its sole discretion, may terminate negotiations with the selected applicant and begin contract negotiations with any other firm on the qualified list.

Potential Candidates must agree to abide by all DPH policy requirements. The eligible list will be utilized for a period of up to two years to negotiate contracting opportunities as funding availability and service needs are determined. No Candidate shall have any legal or equitable right or obligation to enter into a contract or to perform services as a result of such Candidate's being identified on the list as a Qualified Candidate.

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Upon the sole discretion of DPH, DPH may award single or multiple top scoring qualified applicants of a specific service category, depending upon the needs of the program.

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALIFICATIONS

A. Errors and Omissions in RFQ

Applicants are responsible for reviewing all portions of this RFQ. Applicants are to promptly notify the Department, in writing, if the applicant discovers any ambiguity, discrepancy, omission, or other error in the RFQ. 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 applications. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFQ

Inquiries regarding the RFQ and all oral notifications of an intent to request written modification or clarification of the RFQ, 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
E-mail: sfdphcontractsoffice@sfdph.org

C. Objections to RFQ Terms

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

D. Change Notices

The Department may modify the RFQ, prior to the application due date, by issuing written Change Notices, which will be posted on the website. The applicant shall be responsible for ensuring that its application reflects any and all Change Notices issued by the Department prior to the application due date regardless of when the application is submitted. Therefore, the City recommends that the Applicant call the Department before submitting its application to determine if the Applicant has received all Change Notices.

E. Term of Application

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

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F. Revision of Application

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

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

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

G. Errors and Omissions in Application

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

H. Financial Responsibility

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

I. Applicant's Obligations under the Campaign Reform Ordinance

Applicants 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 applicant 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 applicant 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: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) 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 Application, 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:

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1. 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.
2. 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.
3. 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, applicants 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 RFQs 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 an applicant 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 applicant must comply with Chapter 12L. The applicant must include in its application (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to applicant's meetings and records, and (2) a summary of all complaints concerning the applicant'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 applicant shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in applicant's Chapter 12L submissions shall be grounds for rejection of the application and/or termination of any subsequent Agreement reached on the basis of the application.

L. Reservations of Rights by the City

The issuance of this RFQ 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, application, or application procedure;
2. Reject any or all applications;
3. Reissue a Request for Applications;
4. Prior to submission deadline for applications, 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 RFQ, or the requirements for contents or format of the applications;
5. Procure any materials, equipment or services specified in this RFQ by any other means; or
6. Determine that no project will be pursued.

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M. No Waiver

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

N. Local Business Enterprise Goals and Outreach

The LBE Goal is deleted due to the fact that Federal and State Funds will be used in the funding mix for this RFQ.

CMD Forms to be submitted with Application

- a) All applications submitted must include the following CMD Forms contained in the CMD Attachment 2: i) Form 2A, CMD Contract Participation Form, ii) Form 3, CMD Non-Discrimination Affidavit, iii) Form 4, CMD Joint Venture Form (if applicable), and iv) Form 5, CMD Employment Form. If these forms are not returned with the application, the application may be determined to be non-responsive and may be rejected.

b) Please submit only one (1) copy of the above forms with your application. 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 or visit <http://sfgsa.org/index.aspx?page=6058>

VIII. CONTRACT REQUIREMENTS

A. Standard Contract Provisions

The successful applicant 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.

Applicants 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 Requirements”** in the Agreement); the Minimum Compensation Ordinance (§**Article 10.7“Requiring Minimum Compensation for Covered Employees”** 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 applicant 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 <http://www.sfgsa.org/index.aspx?page=6058>.

C. Minimum Compensation Ordinance (MCO)

The successful applicant 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.

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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 applicant 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 applicant 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 applicant 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 applicant 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 applicant that the City has selected the applicant.

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:

- A Covered Entity¹ subject to HIPAA and the Privacy Rule contained therein;

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

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- A Business Associate² subject to the terms set forth in Appendix A-3 “HIPAA for Business Associates Exhibit”;
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

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

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

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

Effective June 1, 1997 the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions Internet site at <http://www.sfgsa.org/index.aspx?page=6058>.

J. Vendor Credentialing at San Francisco General Hospital.

It is the policy of San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient 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 patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient 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 application and believes that the City has incorrectly determined that its application 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 applicant,

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.

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and must cite the law, rule, local ordinance, procedure or RFQ 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 application and believes that the City has incorrectly selected another applicant 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 applicant, and must cite the law, rule, local ordinance, procedure or RFQ 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 St, Rm. 307
San Francisco, CA 94102
Fax number (415) 554-2555
