



City and County of San Francisco Adult Probation Department



REQUEST FOR PROPOSALS Community Assessment Services Center RFP#APD2017-03

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Overview

The City and County of San Francisco (City) Adult Probation Department (SFAPD) invites proposals from qualified firms* to provide behavioral health and reentry services through its Community Assessment and Services Center (CASC). The CASC is a one-stop services center that provides on-site adult probation department supervision and a wide range of community services to clients of SFAPD and other justice involved San Francisco residents. The CASC will be a joint operation of SFAPD and the Contractor selected through this RFP.

The SFAPD's mission is "Protecting the Community, Serving Justice and Changing Lives." The SFAPD achieves excellence in community corrections, public safety and public service through the integration of Evidence Based Practices (EBP). The SFAPD has incorporated a victim centered approach and Gender Responsive Guiding Principles into its supervision strategies. The goals of SFAPD are to reduce victimization, improve outcomes and break the inter-generational cycle of incarceration.

*Each Proposer must demonstrate that it meets the Minimum Qualifications described herein to be considered for evaluation. Please review the Minimum Qualifications as a first step in the RFP response process.

Estimated Cost: \$2,900,000 plus 2.5% cola increases annually for an initial period of two years. Contingent on performance, APD may extend the contract for a total term not to exceed five years and increase the contract amount in accordance with City rules and regulations, including the City's Civil Service Commission. The actual contract term and amount are subject to City rules and regulations, availability of funding, proposals, and contract negotiations.

Desired Start Date: October 1, 2017

Estimated Contract Terms: Two-year initial term with an additional three-year term extension option subject to City approval. Actual contract periods may vary, depending upon service needs and contractor performance. APD shall have the sole discretion to extend the Agreement term for up to a total of five years.

Schedule**

RFP issued	06/01/2017
Registration to Mandatory Pre-Proposal Conference (5:00 pm PT)	06/08/2017
Mandatory Pre-Proposal Conference (1:00 – 3:00pm PT).....	06/12/2017
RFP Questions Deadline (3:00 pm PT)	06/12/2017
RFP Answers and Clarifications Available	06/16/2017
Proposals Deadline (12:00 pm PT)	07/06/2017
Interviews with short-list of Proposers	07/27-28/2017
Intent to Award Contract Notification	08/04/2017
Contract commences	10/01/2017

**Each date subject to change. Check [Office of Contract Administration website](#) for latest schedule.

Local Business Enterprise

Subcontracting: There is 4% local business enterprise (LBE) subcontracting goal for this RFP or the contract awarded from this RFP. LBEs are strongly encouraged to submit proposals and will receive scoring bonuses in accordance with RFP Section 6.

RFP Questions and Communications

Interested parties are directed NOT to contact any employees, agents or officials of the City other than those specifically designated in this RFP and its Attachments. No questions will be accepted after the RFP Questions Deadline with the exception of City vendor compliance and Contract Monitoring Division (CMD) form questions.

Pre-Proposal Conference in-person attendance is **mandatory**. See RFP Section 3 for more information.

All questions must be submitted by E-mail to veronica.martinez@sfgov.org by the RFP Questions Deadline.

Adult Probation Department • 880 Bryant Street, Room 200 • San Francisco, CA 94103
<http://www.sfgov.org/adultprobation>

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RFP Attachments

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<i>RFP Attachment III</i>	City Vendor Administrative Requirements
<i>RFP Attachment IV</i>	City's Agreement Terms and Conditions
<i>RFP Attachment V</i>	Minimum Qualifications Template
<i>RFP Attachment VI</i>	Proposal Narrative Template
<i>RFP Attachment VII</i>	Budget Template

RFP Exhibits

<i>RFP Exhibit A</i>	SFAPD CASC Program Assessment Summary, author San Francisco Controller's Office
<i>RFP Exhibit B</i>	San Francisco Criminal Justice Developing Efforts
<i>RFP Exhibit C</i>	CASC Sample Reporting Template
<i>RFP Exhibit D</i>	Sample Sub-Lease Agreement

1 Background

1.1 Terms and Acronyms Used in this RFP.

TERM	DEFINITION
<u>ACT</u>	Assertive Community Treatment
<u>Assessment</u>	A service that is based on a method of interview, observation, and analysis. This service may include a clinical analysis of the history and current status of a client or patient's mental, emotional, or behavior disorder, substance dependency history, relevant cultural issues and history, trauma history, diagnosis, and the use of assessment tools.
<u>Attachment(s) or RFP Attachment(s)</u>	Each document/template that must be used by the Proposer to respond to this RFP. In addition to this main RFP document, there are seven Attachments that are considered part of the RFP package.
<u>Agreement</u>	The binding legal document resulting from this RFP process. Also known as Contract.
<u>APD or Department</u>	City and County of San Francisco Adult Probation Department, also known as SFAPD.
<u>APD Partners or Partners</u>	Service providers, court systems, law enforcement agencies, and community based organizations providing auxiliary services to APD Clients.
<u>Behavioral Health</u>	Behavioral health includes ways of promoting well-being by preventing or intervening in mental illness as well as preventing or intervening in substance abuse or other addictions
<u>Best Practice</u>	A body of knowledge that may include scientific, practical or anecdotal elements and that is perceived as an effective method of treatment.
<u>CDCR</u>	California Department of Corrections and Rehabilitation
<u>Case Management</u>	The total provision of services to a client/consumer that addresses the needs of the client to function at his or her best level in the community, often arranging for appropriate services and support.
<u>Case Manager</u>	A case manager coordinates mental health, social work, educational, health care, vocational, housing, transportation, advocacy, respite care, and recreational services, as needed. The case manager makes sure that the changing needs of the client/consumer and family are met.
<u>CASC</u>	Community Assessment and Services Center (CASC) is a one-stop services center that provides on-site adult probation department supervision and a wide range of community services to clients of APD and other justice involved San Francisco residents. CASC will be a joint operation of SFAPD and the Contractor selected under this RFP.
<u>CBT</u>	Cognitive Behavioral Therapy
<u>City or CCSF</u>	City and County of San Francisco.
<u>Client(s)</u>	Any client or consumer of the SFAPD who does or could receive care services and resources to improve the quality of his or her life.
<u>Clinical Supervisor</u>	The individual, preferably a licensed clinician, who will oversee the Program, ensure compliance, and demonstrate progress towards agreed upon client and program outcomes.
<u>COMPAS</u>	Correctional Offender Management Profiling for Alternative Sanctions is a validated risk and needs assessment instrument which calculates a client's criminogenic risks and needs and informs the development of a client's individualized treatment and rehabilitation plan (ITRP).

TERM	DEFINITION
<u>Consumer-Driven</u>	A client-centered system of behavioral health care tailored to an individual's needs, preferences, and timetables that views providers and family as partners, not controlling partners.
<u>Contract</u>	The binding legal document resulting from this RFP process. Also known as Agreement.
<u>Contractor</u>	Any Proposer awarded contract(s) for services under this RFP.
<u>Cultural Competence/Multi-Culturalism</u>	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
<u>DOJ</u>	Department of Justice.
<u>DPO</u>	Deputy Probation Officer. Also known as Officer.
<u>EBP</u>	Evidence Based Practices (EBP) refers to an approach to managing behavioral health services that uses data, which shows consistent evidence of improved outcomes to support decision- making.
<u>FACT</u>	Forensic Assertive Community Treatment
<u>Family-Driven</u>	A system of care that involves the family of a consumer in the process of assessment, identifying treatment options and developing a treatment plan that is based on and adapted to the consumer's individual needs.
<u>ITRP</u>	Individualized Treatment and Rehabilitation Plan is a plan based on a client's criminogenic risk and need, as determined by COMPAS.
<u>Justice Involved</u>	San Francisco residents who are currently under state parole, federal probation, participating in San Francisco collaborative courts, released from jail or prison (San Francisco and otherwise), or released from other county, state or federal facilities, who have active cases in SF or other counties, or any other San Francisco residents who have a criminal history.
<u>LBE</u>	City and County of San Francisco-certified Local Business Enterprise.
<u>Medication Support</u>	Services which include the brokering, prescribing, administering, dispensing and monitoring of psychiatric medications which are necessary to alleviate the symptoms of mental illness and substance dependency. Medication support may include evaluation of the need for medication, evaluation of its clinical effectiveness and side effects, obtaining informed consent, medication education, and plan development related to the delivery of the service and/or assessment of the client/patient.
<u>MHSA</u>	2004 Mental Health Services Act.
<u>NIC</u>	National Institute of Correction.
<u>OEWD</u>	San Francisco Office of Economic and Workforce Development.
<u>Officer</u>	A Deputy Probation Officer of SFAPD. Also known as DPO.
<u>Peer Counselor</u>	Partners in the multidisciplinary team who have experience as consumers in the public behavioral health system and whose duties include a peer support role, contributing significantly to the recovery culture and client orientation of the team.
<u>Proposal</u>	The submission packet, including all its attachments, presented by a Proposer in response to this RFP.
<u>Proposer</u>	Any entity submitting a proposal to this RFP.
<u>Recovery</u>	A process where behavioral health clients learn how to self-direct their lives, regain hope and optimism and reclaim positive social experiences.
<u>Request for Proposals (RFP)</u>	This document, which is the City and County of San Francisco's request for proposals to provide the goods and/or services being solicited herein. Also known as RFP.

TERM	DEFINITION
<u>Resilience</u>	The enduring ability of someone to recover from assaults to his/her person, whether physical, mental or emotional and, in the midst of that, maintain a sense of spirit and hope used in reference to children and youth.
<u>Service Provider</u>	Individuals, groups, and organizations, including City-operated programs, that delivers services to clients.
<u>SFAPD, APD or Department</u>	City and County of San Francisco Adult Probation Department, also known as APD.
<u>SFAPD Partners or Partners</u>	Service providers, court systems, jail psychiatric services, law enforcement agencies, and community based organizations providing auxiliary services to APD Clients.
<u>Supervision</u>	A person's term of court ordered probation, parole or other justice-involved supervision like that of the Collaborative Courts.

1.2 Overview of SFAPD's Business and Organization

1.2.1 SFAPD Mission and Goals

The San Francisco Adult Probation Department achieves excellence in community corrections, public safety and public service; and realizes its mission of "*Protecting the Community, Serving Justice and Changing Lives*" through the integration of Evidence Based Practices (EBP). SFAPD has incorporated a victim-centered approach and Gender Responsive Guiding Principles into our supervision strategies, to aid our goals to reduce victimization, improve outcomes, and break the inter-generational cycle of incarceration. SFAPD balances probation supervision accountability with access to essential resources and services which combined, reduce barriers to life stability, and empower clients to build self-sufficiency skills, and permanently exit the criminal justice system.

SFAPD collaborates with law enforcement agencies, courts, the Department of Public Health, victim organizations and community based organizations to provide a unique blend of enforcement, justice, and treatment services.

SFAPD is a leader in its profession, exemplifying the highest standards, and is the recipient of the *American Probation and Parole Association's prestigious President's Award* in recognition of our exemplary community corrections programs, which serve to advance the knowledge, effectiveness and integrity of the criminal justice system. SFAPD extends a continuum of integrated services to address our clients' criminogenic needs and we empower them to become productive law-abiding citizens.

1.2.2 Current Locations of SFAPD and Related Services

SFAPD Offices	Building Site
880 Bryant Street, Room 200 San Francisco, CA 94103	Hall of Justice
564 6th St. San Francisco, CA 94103	Community Assessment Service Center (CASC)
555 Polk Street, 2nd Floor San Francisco, CA 94102	Community Justice Center
1315 Evans Avenue San Francisco, CA 94124	Bayview Office

Consistent with EBP, SFAPD's Deputy Probation Officers (DPOs) provide clients with referrals to match their criminogenic needs and community function factors with programs designed to assist in their rehabilitation and subsistence needs. Our Community Assessment Services Center (CASC) currently located at 564 6th Street is a contracted program that operates a one-stop multi-service center (education

through Five Keys, a certified Charter School, workforce development, job placements, case management, parenting, daily meals, etc.), and it is co-located with one of our probation offices. In addition to CASC’s program staff and DPOs, Department of Public Health’s staff is stationed there to provide mental health treatment to clients with mental health challenges along with the Human Services agency that enrolls clients in benefits and healthcare, and the Department of Child Support Services which assists people with child support orders.

At our main probation office (Hall of Justice), education services are also provided by our second Five Key Charter School. SFAPD also collaborates with other public service agencies and community based programs, to provide services to our clients. SFAPD’s Reentry Division, along with the Reentry Council, annually publishes a comprehensive community resources guide, called “*Getting Out and Staying Out,*” which is a valuable referral tool.

For additional information about programs and services available to APD clients, visit our website at: [San Francisco Adult Probation Department - SFGOV](http://SanFranciscoAdultProbationDepartment-SFGOV).

1.3 Project Background

In 2011, the California Legislature passed the Public Safety Realignment Act (AB 109), which transferred responsibility for supervising specific low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties. This Act tasked local government at the county level with developing a new approach to reducing recidivism among certain low-level felony criminal offenders. AB 109 took effect October 1, 2011 and realigned three major areas of the criminal justice system.

On a prospective basis, the legislation:

- Transferred the location of incarceration for lower-level offenders (specified non-violent, non-serious, non-sex offenders) from state prison to local county jail pursuant to Penal Code 1170 (h) and provides for an expanded role for post-release Mandatory Supervision for these offenders;
- Transferred responsibility for post-release supervision of lower-level offenders (those released from prison after having served a sentence for a non-violent, non-serious, and non-sex offense) from the state to the county level by creating a new category of supervision called Post-Release Community Supervision (PRCS);
- Transferred custody responsibility for parole and PRCS revocations to local county jail..

In 2012, as part of the innovative energy of California Criminal Justice Realignment, the San Francisco Adult Probation Department (SFAPD) launched the Community Assessment and Services Center (CASC), a one-stop reentry center.

1.4 Overall SFAPD Client Demographics (as of 12/31/2016)

SFAPD POPULATION	
Total Client Population	4189
Felony	70%
Misdemeanor	30%

SFAPD ACTIVE CLIENT DEMOGRAPHIC SUMMARY		
Gender		
	Male	84%
	Female	16%
Age		
	18-25 Years Old	16%
	26-35 Years Old	37%
	36-45 Years Old	23%
	46-55 Years Old	16%
	56-65 Years Old	7%
	66+ Years Old	1%
Race/Ethnicity		
	Asian	7%
	African American	39%
	Hispanic	15%
	American Indian/Alaskan Native	1%
	Pacific Islander	1%
	White/Caucasian	32%
	Other	5%
	Unknown	2%
Risk Level		
	Low	27%
	Medium	16%
	High	57%
Caseload Type/Unit		
	Mandatory Supervision (1170(h)) Unit	4%
	Domestic Violence Unit	11%
	General 18-25 Years Old Supervision Unit	11%
	High/Medium Unit	42%
	Homeless Unit	1%
	Intensive Supervision Unit	20%
	Post Release Community Supervision (PRCS) Unit	6%
	Sex Offender Unit	4%
	Substance Abuse Prevention and Community Justice Center Unit	1%

1.5 The Community Assessment and Services Center (CASC)

The CASC is SFAPD's one-stop community corrections reentry center that bridges SFAPD probation supervision services with clinical case management, cognitive behavioral interventions, substance abuse education/treatment services, barrier removal, and supports dynamic partnerships with the San Francisco Department of Public Health, the Human Services Agency, the Office of Economic and Workforce Development, the Department of Child Support Services and a range of community based providers. As well, the CASC has expanded partnerships with State Parole, and Federal Probation. Since inception, the CASC has provided services to people under the SFAPD's community supervision, and has expanded the service reach to any San Francisco resident, 18 years of age or older, and who has a criminal history.

The CASC receives approximately 1,000 referrals from APD each year, and since expanding eligibility to include others with criminal histories, the CASC also receives referrals from Superior Court/Collaborative

Courts, State parole, Federal probation, and other public safety partners. The doors are also open for drop in connection to services. As the CASC services portfolio expands to respond to other citywide efforts, referrals will come in from different sources.

On average, approximately 340 unduplicated people per week access the CASC’s myriad of services and resources inclusive of employment, education, public benefits enrollment, process groups, cognitive behavioral classes, case management, community functions, and to access basic necessities like food, clothes and travel vouchers.

1.6 Demographic Snapshot of the CASC Clients (as of 12/31/2016)

CASC Client Demographics: All Services Types	
Gender	
Male	88%
Female	12%
Age	
18-25 Yrs Old	21%
26-35 Yrs Old	28%
36-50 Yrs Old	29%
51+ Yrs Old	22%
Ethnicity	
Asian	5%
African American	51%
Hispanic	10%
American Indian/Alaskan Native	2%
Pacific Islander	2%
White/Caucasian	19%
Other	9%

1.7 San Francisco Controller’s Office Assessment of CASC

During the period of July 2017 – February 2017, in preparation for this RFP, the SFAPD partnered with the City & County of San Francisco’s Office of the Controller’s City Performance Unit, to conduct a program assessment of services provided at the CASC. The City Performance Unit developed an analytical approach to assess reentry services at the CASC, which focused on four elements:

- Research on evidence-based practices in the field of reentry services and other related fields.
- Benchmarking and best practice interviews with peer probation systems that share a commitment to implementing evidence-based practices.
- Interviews and focus groups with key stakeholders from SFAPD, public sector and community partners.
- Interviews with CASC clients.

Based on this assessment, the City Performance Unit found several areas where CASC service provision could be enhanced to strengthen adherence to evidence-based practices and improve client

outcomes. Exhibit A is a summary of the City Performance Unit's recommendations. These CASC improvement strategies have been integrated throughout this solicitation.

2 Scope of Work

2.1 General Information

This Scope of Work is a general guide to the work the City expects to be performed, and is not a complete listing of all services that may be required or desired.

2.2 Program Goals

The CASC behavioral health and reentry programming resulting from this RFP shall strive to achieve the following goals:

1. Demonstrate how tailored case management approaches are effective at mitigating behavioral health and more circumstantial reentry challenges.
2. Demonstrate how the creation of a therapeutic environment can develop intrinsic motivation.
3. Demonstrate how cognitive behavioral interventions, and life skills programs build prosocial attitudes and behaviors.
4. Demonstrate how pre-release planning of participants who start from or return to custody can effectively engage participants in post release case management and other services.
5. Demonstrate how CASC services can reduce reliance on incarceration, recidivism, and victimization, break the intergenerational cycle of incarceration, and improve outcomes for SFAPD and adult, justice-involved participants.

2.3 Program Objectives

The CASC behavioral and reentry programming resulting from this RFP shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Partner with SFAPD to upgrade CASC's Reception services as described herein.
3. Implement FACT as the standard model of case management for people with clinical behavioral health issues.
4. Implement a corollary Reentry Case Management program, modeled on FACT and which effectively address criminogenic needs and community functioning factors.
5. Ensure that CASC case management programs proactively, rigorously, and respectfully address mental health, substance dependency, criminogenic needs, and housing needs of participants.
6. Ensure clear pre-release and discharge planning protocols for all CASC case management services.
7. Ensure clear field based case management protocols for all CASC case management services; protocols that meet participants where they are at in the community, incentivize engagement/reengagement at the CASC, and which prioritize accompanying participants to appointments and services to which they are resistant.
8. Implement a robust array of cognitive behavioral and dialectical behavioral interventions, launch a new Life Skills initiative at the CASC, and support other "life experience" process groups.
9. Demonstrate charismatic leadership needed to build a team of CASC service providers, which, while they may provide unique services, are unified around a singular CASC vision of client success and permanent exit from the criminal justice system.
10. Advance a vibrant therapeutic community that embraces peer leaders, a calendar of prosocial activities, and inspires dignity, hope, respect, and fun.
11. Commit to partnering with SFAPD on a community engagement strategy to ensure that justice-involved adults in San Francisco are aware of CASC services.
12. Be motivated to identify developing reasonable ways of improving the CASC and collaborate

meaningfully with SFAPD and CASC partners to implement new strategies.

2.4 Expanded Behavioral Health Services

According to [Substance Abuse and Mental Health Services Administration \(SAMHSA\) and a Legal Action Report from 2011](#), an estimated 65% of people in U.S. prisons or jails have a substance use disorder, and many of these individuals are addicted to opioids.

Drug and alcohol use are major drivers for criminal activity. In San Francisco, the nexus between criminal activity, and substance use is further complicated through complex mental health behaviors and symptoms. The San Francisco Department of Public Health data from 2014 approximated that 30,000 San Francisco residents accessed mental health services through the City's System of Care, 22,000 people accessed substance use dependency services, and thirty-percent of those consumers had a dual diagnosis. According to Justice that Heals: Promoting Behavioral Health, Safeguarding the Public, and Ending Our Overreliance on Jails", at any given time, between 35 and 40 percent of San Francisco jail inmates are under the care of Jail Behavioral Health Services and approximately 15% are treated for mental illness.

The incidence of serious mental illnesses, such as schizophrenia, major depression, bipolar disorder, and post-traumatic stress disorder is significantly higher among previously incarcerated people than it is among those in the general population. The myriad of behavioral health challenges of people with criminal justice involvement has far-reaching consequences, including higher recidivism rates, harm to families and children of these individuals, and negative public health effects, including the transmission of infectious diseases and overdose deaths. Justice involved individuals with mental illness and substance dependency face extremely complex barriers to safe and independent transitions back into their communities and sustained stability post release.

Over the past five-years of operating the CASC, the SFAPD identified that the need for behavioral health services exceeded capacity. To address the breadth and depth of behavioral health needs, the SFAPD will expand the CASC's on-site clinical/behavioral health expertise and set benchmarks that underscore commitment to effectively working with people who struggle with behavioral health challenges.

2.5 General Service Delivery/Guiding Principles

Effective interventions and responsive strategies integrated into CASC program design/services are guided by, and incorporate the National Institute of Correction's (NIC) eight evidence-based principles for effective intervention within community corrections into every facet of its community corrections work and it requires Contractors to adhere to these principles in the delivery of the services.

Proposers must be able to articulate how the following interventions and strategies are interwoven into organization design, policies, and procedures.

The NICs eight evidence-based principles for effective interventions are:

1. **Assess Criminogenic Risk/Needs:** Assessing offenders' risk and needs (focusing on dynamic and static risk factors and criminogenic needs) at the individual and aggregate levels is essential for implementing the principles of best practice.
2. **Enhance Intrinsic Motivation:** Research strongly suggests that "motivational interviewing" techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.
3. **Target Interventions:**
 - a. **Risk Principle:** Prioritize supervision and treatment resources for higher risk offenders.
 - b. **Need Principle:** Target interventions to criminogenic needs.
 - c. **Responsivity Principle:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.

- d. **Dosage:** Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.
- e. **Treatment Principle:** Integrate treatment into full sentence/sanctions requirements.
- 4. **Skill Train with Directed Practice:** Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.
- 5. **Increase Positive Reinforcement:** Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
- 6. **Engage Ongoing Support in Natural Communities:** Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
- 7. **Measure Relevant Processes/Practices:** An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.
- 8. **Provide Measurement Feedback:** Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

The Six Gender Responsive Strategies for Women Offenders are:

- 1. **Gender:** Acknowledge that gender makes a difference.
- 2. **Environment:** Create an environment based on safety, respect, and dignity.
- 3. **Relationships:** Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
- 4. **Services and Supervision:** Address substance abuse, trauma, and mental health issues through comprehensive, integrated, culturally relevant services and appropriate supervision.
- 5. **Socioeconomic Status:** Provide women with opportunities to improve their socioeconomic conditions.
- 6. **Community:** Establish a system of community supervision and re-entry with comprehensive, collaborative services.

2.6 Criminogenic Needs and Community Functioning Factors

The SFAPD and other criminal justice experts around the country have learned through research and practice that recidivism reduction requires focusing on criminogenic needs and community functioning factors; and responding with appropriate service(s) intervention, intensity and duration.

Criminogenic needs are dynamic risk factors, which are empirically linked with antisocial behavior. These needs are attributes of an offender that are directly linked to criminal behavior. There are eight criminogenic needs and they are listed below.

The four **BOLDED** criminogenic needs in the table below are the four most critical risk factors:

Anti-social attitudes/beliefs	Anti-social personality patterns	Substance abuse	Poor employment history
Anti-Social Friends/Peer	Family and /or Marital factors	Lack of education	Lack of pro-social Leisure activities

Criminogenic Factors	Factors Affecting Recidivism Risk	Need or Desired Outcome
Anti-social Attitudes	Attitudes, beliefs, values, and rationalizations supportive of crime; emotional states of anger, resentment, and defiance	Less risky thinking and feelings and adopting a pro-social identity
Antisocial peers and friends	Close association with criminals and relative isolation from pro-social individuals	Reduced association with criminals, enhanced associations with pro-social individuals

Criminogenic Factors	Factors Affecting Recidivism Risk	Need or Desired Outcome
Antisocial Personality	Adventurous, pleasure seeking, low self-control, restlessly aggressive	Learning problem solving, self-management, coping, and anger management skills
Family and/or marital factors	Lack of nurturance, caring, or close monitoring and supervision	Reduced conflict, build positive relationships and communication; enhanced monitoring and supervision
Substance Abuse	Abuse of alcohol and/or drugs	Reduced use, personal and interpersonal supports for substance abuse behavior; enhanced alternatives to use
Lack of Education	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
Poor Employment History	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
Leisure/Recreation	Low levels of involvement and satisfaction in antisocial activities	Enhanced involvement and satisfaction in pro-social activities

Community Functioning Factors

Community Functioning Factors are not Criminogenic, but may create barriers to the offender's success.

Community Functioning Factors	
1. Housing 2. Transportation 3. Food 4. Anxiety and Stress	5. Health and Physical 6. Mental Health 7. Low Self Esteem

Proposers must demonstrate in their Proposal an understanding of the relevance of criminogenic and community functioning factors, and an ability to integrate the information into reentry plans.

Cross training between SFAPD and the selected Contractor will advance collaborative thinking on best practices, and how to effectively integrate criminogenic needs, community functioning factors, the COMPAS risk/needs assessment (the tool used by SFAPD), and the ITRP (Individualized Treatment and Rehabilitation Plan – SFAPD’s reentry plan that details criminogenic needs) into the care/reentry plan created by the selected Contractor and client.

Tracking service dosage, also a noted best practice in effective criminal justice interventions is challenging. SFAPD is interested in Proposers’ best thinking on ways to track service hours, i.e. dosage so that the CASC can move towards being responsive to dosage levels (contingent on needs) that are widely recommended in the criminal justice community.

2.7 SFAPD’s philosophy of “Second Chances”

SFAPD believes mistakes and setbacks are a natural part of recovery and rehabilitation. The selected Contractor will commit to providing contiguous case management services at the CASC, in the community and in-custody at the Reentry Pod or other San Francisco County Jail facility; and it will follow a client through different stages towards recovery and rehabilitation. SFAPD understands that within a comprehensive accountability approach, the selected Contractor may temporarily suspend CASC services for a client whose attitude or behavior is unfitting or unsafe for the environment, however, SFAPD also expects that the selected Contractor will use a timely restorative process to safely and

efficiently re-engage the clients in CASC services. The goal is to hold clients accountable and to reconnect them to CASC services opportunities.

2.8 Required Service Elements

The SFAPD is looking to partner with a Contractor that has a successful track record of providing forensic behavioral health and substance abuse services to high needs populations, as well as experience brokering, coordinating or administering a wide range of criminal justice/reentry/social services in a high-volume, multi-service reentry center.

The identified Contractor will be expected to take leadership in three overarching program areas:

- **Program Area 1: Implement Forensic Assertive Community Treatment (FACT)**
- **Program Area 2: Reentry/Cognitive Behavioral Interventions/Therapeutic Community**
- **Program Area 3: Site/Services Coordination**

The CASC site will serve as a true one-stop reentry center, receiving and triaging multi-disciplinary referrals, nimbly responding to SFAPD and other law enforcement partners, mobilizing the Forensic Assertive Community Treatment (FACT) model, tightly coordinating human services amongst on-site and off-site service providers, and advancing a therapeutic environment.

The target population includes San Francisco residents, 18 years and older who have a criminal history. Case management and housing services are reserved for SFAPD clients due to limited capacity.

In this next phase of CASC implementation, there will be a couple of important design adjustments:

- A. The SFAPD Reentry Division will play an enhanced oversight and coordination role with the selected Contractor.
- B. In FY 17/18, the CASC will play a central role in a couple of developing citywide efforts inclusive of LEAD (Law Enforcement Assisted Diversion), Prop 47, and potentially citywide planning efforts to improve service connections for late night releases from County Jail (See Exhibit B for additional information).
- C. Additionally, the SFAPD will deploy four FTE 8529 Probation Assistant positions to operate the Reception and Services Engagement Area. These positions will be cross-trained to ensure knowledge of SFAPD probation supervision services, CASC-specific services, the Department of Public Health's expanded, on-site Behavioral Health Access Center (BHAC) services, OEWD's Specialized Access Point (reentry-employment services), LEAD, and potentially discharge/late night releases efforts. These positions will efficiently triage the range of referrals, services brokers, and ensure that clients are efficiently connected to responsive services. These positions will work hand in hand with SFAPD and the selected Contractor.

2.9 Description of Required CASC Services

2.9.1 Program Area 1: Forensic Assertive Community Treatment (FACT)

The SFAPD requires that the service Contractor implement a FACT model at the CASC.

FACT is a full-service partnership providing a comprehensive range of services and supports to adults who have repeated contacts with the criminal justice system or who have been arrested as a result of behaviors related to mental illness, homelessness, substance dependency, lack of resources, stability, or access to entitlement programs. The service model of FACT provides a multidisciplinary community treatment team, which will operate at the CASC and throughout the community.

A FACT Program helps to engage clients who:

1. Have severe mental illness, which may include the following diagnoses: co-occurring disorders, personality disorders, general anxiety/mood disorders, and PTSD.
2. Have substance dependency that has negatively impacted the individual's life.
3. Have come into contact with the criminal justice system and have repeated returns to custody.
4. May be homeless or experience multiple barriers to housing.
5. May be unserved or underserved by the current mental health and/or community support systems.

In addition to a history with the criminal justice system, clients working with the FACT Team are likely to have the following situational characteristics:

1. A significant criminal history.
2. A co-occurring substance abuse disorder and/or other health conditions.
3. Trauma from violence and abuse.
4. No insurance and little or no income.
5. Health and/or mental health care received solely from hospitals and emergency rooms.
6. Experience with life on the street.
7. Distrust of traditional services.

Selected Contractor shall work collaboratively with SFAPD to offer the following service:

1. The SFAPD seeks a service provider that has a proven track record of implementing and delivering a Forensic Assertive Community Treatment (FACT) team/clinical case management services to justice-involved population that has complex behavioral health needs.
2. The SFAPD seeks to increase its capacity to serve individuals with serious behavioral health issues that include mental health and/or substance dependency, create capacity to meet medication management needs, and mobilize more dynamic psychosocial interventions.
3. The selected Contractor shall ensure clinical caseloads will remain between 90%-100% capacity, with a minimum capacity expectation never to drop below 90%.
4. The SFAPD seeks a Forensic Assertive Community Treatment (FACT) designed to transition adults with severe behavioral health issues from correctional facilities into the community, and provides ongoing support in the community to further stabilization, recovery, and rehabilitation.
5. The SFAPD seeks a FACT design that includes medication management services and psychosocial interventions.
6. The SFAPD seeks adherence to the classic FACT model, in which clinical case managers meet the Minimum Qualifications of a Masters-level professional in a Social Work, Counseling, or Psychology discipline, i.e. MFT, MSW, LCSW.
 - o The SFAPD seeks FACT capacity to maintain 8 clinical caseloads of 15 clients (15:1 ratio) with the understanding that approximately 120 clients will be served at any given time.

Key components of FACT are:

1. Outreach & Engagement:

- o Outreach in the San Francisco County Jail and courtrooms, and community
- o Close collaboration with SFAPD/Deputy Probation Officers (DPO).
- o The outreach and engagement strategy must be relevant to the situational and cultural needs of the client. This means that clients are to be engaged "where they are" with respect to their community location, their need for clinical and non-clinical services/supports and their phase in the recovery process.

2. Intake & Secondary Assessments.

3. Medication Support.

4. Integrated Services and Managed Care.

5. Life Skills.

6. Family Involvement.

7. Recovery and Resiliency.

8. Cultural, Linguistic & Gender Responsiveness.

In addition to meeting the clinical needs of CASC clients through a FACT model, the CASC remains committed to continuing Reentry Case Management services to clients who do not present with serious behavioral health issues, but who are in need of support to address various criminogenic needs and community functioning factors, to advancing peer mentorship, and pro-social activities, to strengthening the CASC's therapeutic environment, and to sustaining a range of cognitive behavioral/rehabilitative services.

A. Reentry Case Management

Under the guidance of one CASC clinical supervisor who oversees clinical and non-clinical case managers, and using the framework of the FACT model of case management, the CASC's Reentry Case management services will serve clients who require less clinical and/or intensive services. This integrated clinical and non-clinical case management model allows for expedited information sharing, and cross-training between staff with different educational and life experience qualifications.

SFAPD expects that Reentry Case Managers will meet the Minimum Qualifications of a Bachelors level professional, and will possess at least three years of working experience with an adult criminal justice system involved population in a residential, recovery or community setting. Individuals who have earned a Community Health Outreach Worker certificate, a CADE certificate (CA Alcohol and Drug Education certificate) or other related human services certification may also be considered with a minimum qualification of having five years of working with an adult criminal justice system involved population in a residential, recovery or community setting. The selected Contractor and SFAPD will collaborate to review candidates who don't meet the Bachelors level minimum qualification.

1. Through CASC funds, the SFAPD expects to fund four (4) Reentry Case Managers who will have a caseload of 25 clients (25:1 ratio) with the understanding that approximately 100 clients will be served at any given time.
2. The selected Contractor caseloads of Reentry Case Managers shall proactively work to maintain Reentry Case Management caseloads at between 90%-100% capacity.

Reentry Case Management components will include:

1. Needs Identification

- a. Orientation.
- b. Intake and Assessment.
- c. Identify criminogenic needs and community functioning factors.
- d. Secondary Assessments.
- e. Review COMPAS Results and ITRP (as applicable, provided by SFAPD).

2. Develop CASC planning and treatment plan (coordinated with SFAPD and/or other providers)

- a. Based on needs identification.
- b. Life Skills development.
- c. Services brokering and enrollment with a special focus on substance dependency and recovery.
- d. Collaborative and coordinated case conferencing.

3. Aligned with the FACT model, Reentry Case Management services will support a robust Outreach & Engagement strategy:

- a. Outreach in the San Francisco County Jail and courtrooms, and community.
- b. Close collaboration with SFAPD/Deputy Probation Officers (DPO).
- c. The outreach and engagement strategy must be relevant to the situational and cultural needs of the client. This means that clients are to be engaged "where they are" with respect to their community location, their need for clinical and non-clinical services/supports, and their phase in the recovery process.

B. Therapeutic Community

An underlying purpose of the CASC is to change the negative patterns of behavior, thinking, and feeling that landed a client in the criminal justice system. Services conducted in a dynamic therapeutic environment can help spark intrinsic motivation needed for long term behavior change. The SFAPD is committed to ensuring that the CASC promotes an energetic “therapeutic environment” – an environment in which facility aesthetics, constructive and interactive staff, client encounters and engagement, and dynamic service strategies promote feelings of safety, dignity, respect and intrinsic motivation amongst clients.

Therapeutic Communities (TCs) are oriented towards recovery, with a holistic focus on overall lifestyle changes and not just abstinence from drug use. Recovery from drug and alcohol abuse is an ongoing process of cognitive change, encompassing both clinical stages of treatment and personal objectives along the way. TCs respectfully challenge participants to critically examine their personal behavior in order to foster more pro-social attitudes and habits. The cornerstone of pro-social behavior is based on accountability, responsibility, hard work, and a readiness to learn. As program participants progress through each stage of recovery, they assume greater personal and social responsibilities within the community. The goal is for a TC participant to complete the program not only drug-free but also gainfully employed or enrolled in school or vocational training.

The CASC Contractor will be required to implement a Therapeutic Community model.

1. Clients are provided peer leadership opportunities to enhance the Therapeutic Community model.
2. Clients will be trained to become ambassadors of the program in the community serving as part of a network that welcomes people to the CASC.
3. CASC environment will provide opportunities for clients to build relationships with case managers.
4. CASC will be a site for hosting events and activities for clients.

C. Cognitive Behavioral Services

Cognitive behavioral interventions are proven to be effective at helping to restructure distorted thinking and perception, characteristics of which may include:

1. Developmentally arrested thoughts.
2. Poor problem solving and decision making.
3. Low impulse control.
4. Lack of empathy.
5. An inability to manage feelings of anger.
6. A hampered ability to reason and accept blame for wrongdoing.
7. A mistaken belief of entitlement, including an inability to delay gratification, confusing wants and needs, and ignoring the rights of other people.
8. An egocentric viewpoint with a negative view or lack of trust in other people.
9. The use of force and violence as a means to achieve goals.

The National Institute of Justice (NIJ) references six (6) cognitive behavioral therapies (CBTs) that are widely used to mitigate the above distorted thinking characteristics:

1. Aggression Replacement Training (ART),
2. Criminal Conduct and Substance Abuse Treatment-Strategies for Self-Improvement and Change (SSC),
3. Moral Reconciliation Therapy (MRT),
4. Reasoning and Rehabilitation (R&R and R&R2),
5. Relapse Prevention Therapy (RPT), and
6. Thinking for a Change (T4C).

Another approach, Dialectical Behavior Therapy (DBT) originally shown to be effective with bi-polar personalities is now also well regarded as an intervention with other mental health challenges including substance dependence, depression, post-traumatic stress disorder (PTSD) and eating disorders. DBT

endeavors to develop four major skills, mindfulness, distress tolerance, interpersonal effectiveness and emotion regulation, and through four key components: group skills training, individual therapy, phone coaching, and consultation with the therapist and other key services providers.

The SFAPD expects that the CASC Contractor will offer a range of CBT and DBT interventions in groups and on a one-on-one basis both in cohort and drop-in formats to address a range of mental health and substance dependency challenges and goals, and expects that staff delivering the curricula will be commensurately trained.

In addition to the evidence based services, SFAPD recognizes the value of services and process groups that may be loosely based on CBT or DBT research, and which are largely based on the life experience of previously incarcerated individuals who are able to create effective professional alliances with clients, develop necessary trust, quickly illuminate criminal minded attitudes and behaviors, build confidence and comfortability amongst clients to mitigate behavioral obstacles, and help clients troubleshoot new attitudes and behaviors that result in personal and public safety, wellness, stability and recidivism reduction.

Recognizing this “life experience” model of services, the SFAPD expects that the CASC Contractor will offer drop-in process groups led by approved previously incarcerated community members.

In this next phase of the CASC, the SFAPD is looking for the service Contractor to implement a comprehensive **Life Skills** program that operates hand in hand with case management services. Simply put, Life Skills are skills that are necessary for full participation in everyday life. They are associated with living a more stable and higher quality of life. Through focusing clients on prosocial attitudes and behaviors, and basic needs, clients can develop a framework for achieving higher personal, family, employment, and academic goals.

There is no exact definition of Life Skills – contingent on the discipline in which they are taught they can mean many things: In an employment program for example, they could mean interview assistance. In a case management program, they could mean daily regulation (setting an alarm clock, keeping a calendar, doing laundry on a weekly basis, ensuring a clean living environment.)

For the purpose of this RFP, SFAPD expects that the Contractor will offer Life Skills that help to achieve improved self-regulation of behavioral health, daily living, and financial management.

Historically, the CASC has offered or brokered a range of other rehabilitative and cognitive behavioral services including substance dependency education, peer recovery support groups, restorative justice/community services, and coordination with on-site public sector partners to ensure benefits and healthcare enrollment, and opportunities to address child support cases.

The CASC also provides daily lunch, and snacks, a robust incentives program, access to a clothing closet, scheduled van transportation, and transportation vouchers.

In addition to offering formal CBT, and/or DBT, Life Skills building services, and Life Experience and other process drop in groups, the SFAPD expects the CASC Contractor’s service design will include access to basic necessities like those described above.

2.9.3 Program Area 3: Services Coordination

The CASC will function most efficiently when all on-site providers work together as “one team” with “one vision” of success for CASC clients even if the provider staff work for different organizations.

The selected Contractor will work seamlessly with SFAPD's Reentry Division to coordinate services for the benefit of our clients.

In this next phase of the CASC, SFAPD will lead an effort along with the selected Contractor to re-structure **CASC Reception and Services Engagement**. The vision is for a Reception design in which Reception staff (SFAPD 8529s) is cross-trained in administrative and programmatic duties. Reception staff will be well-versed on key CASC services and initiatives, able to receive, log and organize referrals from multiple parties, distribute referrals across CASC services Contractors, oversee meals distribution, provide backup intake and assessment to case management teams, and be encouraged to develop strong professional alliances with all on-site partners. The Reception team will also be well trained in culturally competent, and strength based approaches to engaging clients, and equally as well trained in de-escalation techniques (the Reception Team will not have primary responsibility for addressing problematic client behaviors but will be expected to de-escalate as appropriate). The CASC Reception services will be viewed as a central hub to CASC services engagement, activities and coordination.

The selected Contractor will play a key role in strengthening a CASC on-site services team. The Contractor will build community amongst services providers, coach providers on how to leverage each other's services for the benefit of clients, welcome all providers to meetings, open up trainings, workshops and social events to all providers, cross train providers on existing and developing services, and ensure operational and administrative protocols are understood and embraced by service providers.

When responding to this RFP, Proposers should be aware that the CASC currently includes the following services:

1. Sub contracted CASC case management services provided by the Center on Juvenile and Criminal Justice and Senior Ex Offender Program.
2. A Charter High School operated by Five Keys Schools and Programs.
3. Employment Readiness/Vocational Training, inclusive of OEWD's Reentry Specialized Access Point, operated by America Works.
4. Employment/Vocational Services for TAY youth operated by Outpatient Therapy and Training Program.
5. Employment/Vocational Services for justice involved, homeless clients operated by the Center on Juvenile and Criminal Justice.
6. Lunch services provided by Senior Ex Offender Program.
7. Family Focused Services operated by Community Works.
8. Batterer's Intervention services operated by Community Works.
9. Restorative Justice/Community Services operated by Five Keys Schools and Programs.
10. LEAD administered by the Department of Public Health and in partnership with SFAPD.
11. Behavioral Health Access Center (BHAC) operated by the Department of Public Health.
12. Benefits and Healthcare Enrollments administered by the Human Services Administration.
13. Child Support Services administered by the Department of Child Support Services

Proposers should also be aware of additional SFAPD funded services, which, while not on site, overlap regularly with CASC operations:

1. Reentry Pod services operated by Five Keys Schools and Programs.
2. Housing Services operated by Tenderloin Housing Clinic, Recovery Survival Network, Phatt Chance Community Services, and UCSF Citywide Forensic/General Hospital Foundation.
3. Alternative Sentencing Program for pregnant and parenting women operated by the Center on Juvenile and Criminal Justice.

Many of the above listed services are in direct contract with SFAPD, and only require the selected Contractor to create a tight community of providers at the CASC, and work with SFAPD to ensure seamless coordination across CASC partners. The role of the selected Contractor is to inspire all CASC partners to work together as one team all focused on assisting CASC clients to reach personal goals and permanently exiting the criminal justice system.

SFAPD does not expect Proposers to get letters of support from all of the above listed providers, rather, SFAPD expects that the range of available services will be acknowledged in the Proposer's proposal, and will become integrated services within a Proposer's comprehensive program design.

2.10 Staffing Requirements

2.10.1 Licensed Clinical Program Director Qualifications

The Licensed Clinical Program Director must be a Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or someone who has earned an equivalent or higher degree in psychology, or counseling and is also licensed, and who has a minimum of three years of experience working with an adult forensic population. Selected Contractors, at a minimum, should include the following responsibilities in this position's job duties: oversee a system for properly vetting all case management referrals sent to the CASC, primary coordination of the clinical and non-clinical case management services at the CASC, routine professional development and coaching of all case management staff, coordinate directly with SFAPD on overall CASC operations, ensure that the case management approach is strength based, goal-driven, culturally informed, trauma informed, gender responsive, trans responsive, and family focused. Other responsibilities include conducting and/or overseeing risk and needs and secondary assessments, review, sign off and monitoring of reentry plans, provision of family focused services, and overseeing linkages to mental health, and trauma treatment.

2.10.2 Clinical/Intensive Case Managers

Clinical/Intensive Case Managers should also be a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT), and have experience working with an adult forensic population.

2.10.3 Reentry Case Managers

Reentry Case Managers should possess a Bachelor's degree in social services, psychology or related field. Staff in this category who possess related CAADE, Community Health Outreach Worker certificates or other relevant human services certifications are still eligible provided they can show a minimum of five (5) years working with an adult forensic population.

2.11 Daily, Weekly, Monthly and Quarterly Client Tracking and Data Reporting

To demonstrate the efficacy and impact of CASC services, it is of critical importance that the CASC maintain a logical and dynamic data reporting system.

Proposers should consider the goals and objectives outlined in sections 2.2 and 2.3 of this RFP, and succinctly propose a database system for logging daily visits, referrals, service engagement episodes, completions, exits, and re-returns. If possible, the database should log secondary assessments, reentry plans, be able to aggregate dosage, the number of hours a client spends in programming, and at any point in time indicate if a participant is compliant, and progressing in CASC services, or is facing challenges and in need of support or accountability measures.

In addition to day to day visitor tracking, and tracking of client and program level data, the system will need to be responsive to quarterly and annual report requests. SFAPD and the selected Contractor will work together during contract negotiations to finalize reporting requirements. In advance, see Exhibit C, sample reporting template to get an idea of the breadth of requested information.

SFAPD recognizes that data collection and database systems are part art and part science. The CASC currently has a point in time, Access database system that has excelled to the extent that it can. SFAPD

is interested in Proposer ideas and vision for a database system that can collect, organize and report on people and services at a high-volume, multi-service center.

The selected contractor will be required to collect and report data related to SFAPD clients receiving services via its own electronic database system. Contractor shall collect data for the fields of information requested by SFAPD including but not limited to the data elements specified below. Upon availability of SFAPD's Service and Program Provider Web Portal, Contractor shall be required to use this Web Portal to track SFAPD's clients referrals, enrollment, attendance, completion, progress reports, etc. and related information. The selected contractor and staff shall be required to complete the Web Portal training provided by SFAPD.

2.11.1 Data Collection

Participant and program data elements, performance measures and goals shall be further developed between the SF APD and the selected Contractor during the contract/agreement negotiations period. The below represents the *minimum* data collection, performance measures and goals expectations:

A. General Intake/Enrollment Information

1. Unique identifier for each client.
2. CASC Intake, Enrollment, Orientation, ITRP and Referral dates.
3. Participant SF APD Number.
4. COMPAS completed (Y/N)
5. ITRP completed (Y/N)
6. Personal Service Plan reflective of goals and activities created (Y/N)
7. Participant Full Name.
8. Participant Date of Birth.
9. Gender.
10. Sexual Orientation.
11. Race and Ethnicity.
12. Preferred Language.
13. Current living situation.
14. History of Mental/Behavioral Health Challenges (Y/N)
15. Medication (Y/N - Detail any current medications)
16. Homeless (Y/N)
17. Highest level of education completed.
18. Ever expelled from school (Y/N)
19. Employment status prior to admission to CASC.
20. Ever work full-time for one employer for six months or more (Y/N)
21. If employed, full-time/part-time, start date, end date, wages, and occupation.
22. Ever fired from a job (Y/N).
23. Marital or Domestic Partnership Status.
24. Disability (Y/N -Describe).
25. Number of prior substance abuse treatment episodes.
26. Victim of domestic violence or physical abuse (Y/N).
27. Victim of sexual abuse (Y/N).
28. Number of children and living arrangement of each child.
29. Name and date of birth of each child.
30. Primary caretaker of children (Y/N).
31. Age at first drug/alcohol use.
32. Number of years of problem: use.
33. Primary/secondary drug of choice.
34. Age at first arrest.
35. Involvement in Dependency or Delinquency systems (Y/N).
36. Prior Service in the Military (Y/N).
37. Number of prior arrests.
38. Ever in jail for a probation violation (Y/N).
39. Family structure (close relatives and living arrangements of each).

B. Data Points/Process Measures, Outcome Measures and Goals

Client Goals

1. Reduce recidivism amongst target population.
2. Reduce returns to custody for new arrests.
3. Reduce arrests amongst target population.
4. Reduce probation violation amongst target population.

C. Client Outcomes Measures

1. 50% of clients will complete ITRP goals at CASC.
2. Of the 50 percent who met their ITRP treatment goals, 60 percent will be in stable housing, gainfully employed or enrolled in an education program, trade school, community college, or an adult school to become more employment ready.
3. A minimum of 10% of clients will participate in Alumni Group programming for a minimum of 6 months.

D. Data Points/Process measures

1. # of transportation requests made.
2. # of transports completed.
3. # of people that completed a CASC general intake.
4. # of people that complete CASC orientation and enrollment.
5. # of people that complete a plan for prioritizing ITRP goals.
6. % of people that complete their ITRP.
7. % of people that demonstrate steady progress towards ITRP goals.
8. # of unsuccessful discharges from CASC services.
9. # of successful discharges from CASC.
10. # of people referred into Remedial Sanctions program.
11. # of people that complete Remedial Sanctions.
12. % of all people that demonstrate increased income (as a result of employment, benefits acquisition, etc.).
13. # of people enrolled in 5 Keys Charter school.
14. % of people demonstrating progress on individualized academic plan.
15. # of people that graduated from GED/HSD during the reporting period.
16. # of people enrolled in Employment Program at CASC.
17. % of people (who needed readiness training) that completed employment readiness training
18. % of people (who signed up for) vocational program, that completed the vocational program.
19. % of people that enrolled in transitional employment.
20. % of people that received unsubsidized employment.
21. % of people in transitional and unsubsidized employment that stayed on the job for 3 months, 6 months.
22. % of people that terminated transitional or unsubsidized employment early.
23. # of people that enrolled in cognitive behavioral groups (Thinking for Change, Anger Management, Substance Use, Grief etc.).
24. # of people that attended cognitive behavioral groups.
25. % of people that report improved decision making, impulse control, sobriety, etc. as per pre and post group surveys administered upon entry and then at 6 months.
26. # of people that are enrolled in benefits counseling.
27. % of people that gained increased access to benefits via CASC services (as per actual enrollment in benefits services).
28. # of people that are enrolled in Department of Public Health (DPH) counseling program
29. % of people that demonstrate improved mental/behavioral functioning as per DPH definition of improved functioning.
30. # of people that received housing counseling.
31. % of people that increased access to suitable housing via CASC services, facilitation of referral to services.
32. # of people referred to physical health or dental services.
33. % of people that completed physical health or dental appointment.

2.12 CASC Facility Management

The City and County of San Francisco acting through the San Francisco Adult Probation Department is the named lessee on the CASC's 564 6th Street lease. Selected Contractors will be accordingly identified as "Sub Lessees" on the property's lease (See Exhibit D Sample Sub-Lease Agreement).

During contract negotiations, the SFAPD and the selected Contractor will partner to ensure proper mechanisms are in place to address all facility's needs. Facilities management responsibilities will vary contingent on the selected vendor.

2.13 As-Needed Services

Subject to the City's approval, the contract awarded under this RFP may be amended in accordance with City requirements to include additional services by the Contractor as-needed by the City and are related to the services described in this RFP. The scope and cost of as-needed services will be negotiated.

3 Mandatory Pre-Proposal Conference Information

3.1 Pre-Proposal Conference Attendance and Pre-Registration

In-person attendance is mandatory. To pre-register, email veronica.martinez@sfgov.org with the name of your agency(s) and number of attendees by 5:00 pm PT on June 8, 2017. Pre-registration is also mandatory.

3.2 Pre-proposal conference objectives

At the Pre-Proposal Conference, the SFAPD will provide an overview of the RFP package, submission requirements, collect and answer questions about the RFP, and provide a networking opportunity for Proposers interested in prime contractor and subcontractor partnerships.

3.3 Pre-Proposal Conference Time and Location

1:00 – 3:00 pm PT on Monday, ~~May~~ June 12, 2017
CASC - SFAPD
564 6th Street, Room 226/227
San Francisco, CA 94103

3.4 RFP Questions Deadline

Questions or requests for interpretation will only be accepted by e-mail to veronica.martinez@sfgov.org until the RFP Questions Deadline.

Agency-specific questions about compliance with the City's vendor requirements, are not subject to the above deadline and may still be asked and answered by the contacts designated in this RFP and its Attachments.

3.5 RFP Answers and Clarifications

A summary of the clarifications, questions and answers pertaining to this RFP will be posted on the [Adult Probation Department](#) and [Office of Contract Administration](#) website.

4 Proposal Submission Requirements

4.1 Time and Place for Submission of Proposals

Proposals and all related materials must be received by **Proposals Deadline indicated in the cover page of this RFP**. Proposals may be mailed to:

Tonya Jones
Adult Probation Department
880 Bryant Street, Rm. 200
San Francisco, CA 94103

Postmarks will not be considered in judging the timeliness of submissions. Responses submitted by e-mail or fax will not be accepted. Late submissions will not be considered, including those submitted late due to mail or delivery service failure. Note that Proposers hand-delivering Proposals may be required to open and make packages accessible for examination by security staff. SFAPD physical address to hand-deliver Proposals is:

Adult Probation Department
850 Bryant Street, Rm. 200
San Francisco, CA 94103
c/o Tonya Jones

4.2 Proposal Package

The following items must be included in your Proposal and packaged in an envelope clearly marked **RFP#APD2017-03 CASC**.

Complete and concise Proposals are recommended for ease of review. Proposals should provide a straightforward, concise description of the Proposer's capabilities to satisfy the requirements of the RFP. Marketing and sales type information should be excluded. All parts, pages, figures, and tables should be numbered and clearly labeled. All documents must be submitted on recycled paper (30% or higher) and must be printed on double-sided pages (San Francisco Environment Code Sec. 506 (h)). Proposers must adhere to the page limit indicated for each Template.

A. Original printed Proposal Package (with original signatures) labeled as "Original"

- | | |
|-----------------------|---|
| a. RFP Attachment I | Acknowledgement of RFP Terms and Conditions |
| b. RFP Attachment II | Reserved |
| c. RFP Attachment III | City Vendor Administrative Requirements |
| d. RFP Attachment IV | City's Agreement Terms and Conditions |
| e. RFP Attachment V | Minimum Qualifications Template |
| f. RFP Attachment VI | Proposal Narrative Template |
| g. RFP Attachment VII | Budget Template |

B. One flash drive or CD-ROM containing ENTIRE CONTENTS of Proposal Package, including all Attachments. The flash drive and each of the electronic files on the flash drive must be labeled with the Proposer's name and **RFP#APD2017-03 CASC**. All files should be submitted in unprotected PDF (must be writeable, not just read-only) or Microsoft Word format to enable editing during agreement negotiations.

C. Two (2) copies of required Local Business Enterprise Forms, bound separately, both with original signatures.

- | | |
|------------|---|
| a. Form 2A | CMD Contract Participation form |
| b. Form 2B | CMD "Good Faith" Outreach Requirements form |
| c. Form 3 | CMD Non-discrimination Affidavit |
| d. Form 5 | CMD Employment form |

See RFP Section 6 for more information.

- D. **Five complete printed copies of RFP Attachments V, VI, and VII including any sample reports or other attachments.** Proposers are advised to review RFP Attachments I through V before beginning work on RFP Attachments VI and VII to ensure they can meet the City's requirements.

5 Contractor Selection

This section describes the guidelines used for analyzing and evaluating the proposals. It is the City's intent to select Proposers for contract negotiations that will provide the best overall service package to the City. Proposers selected for contract negotiations are not guaranteed a contract. This RFP does not in any way limit the City's right to solicit contracts for similar or identical services.

The City may verify information provided by Proposers. See Section 14, of RFP Attachment I, Release of Liability.

Failure by any Proposer to provide accurate information will result in immediate disqualification from the RFP process.

5.1 Minimum Qualifications

SFAPD staff will review Minimum Qualifications (RFP Attachment V) responses to determine the Proposals that will move on to evaluation. Any Proposal that does not demonstrate that the Proposer meets the Minimum Qualifications by the Proposal's Deadline will be issued a notice of non-responsiveness and will not be evaluated or eligible for contract award under this RFP.

To be deemed eligible for evaluation, each Proposer is required to clearly demonstrate that it meets the Minimum Qualifications as outlined in Attachment V.

Collaborations or joint submissions are permitted. For agencies submitting joint applications, the lead agency must be the agency with the expertise in behavioral health services and be able to demonstrate prior experience as prescribed in Attachment V: Minimum Qualifications Template.

Proposals that fail to meet the Minimum Qualifications per Attachment V Minimum Qualifications Template will not be evaluated.

5.2 Proposal Evaluation and Contractor Selection Process

The City will evaluate Proposals considered responsive to the RFP Minimum Qualifications.

There are two phases in the overall evaluation and selection processes:

- Phase I: Independent Evaluation Panel – The panel will score the following – Proposal Narrative (Attachment VI) and Budget (Attachment VII),
- Phase II: Interview with short-list of Proposers – A subset of Proposers will be invited to Oral Interviews. The Independent Evaluation Panel will score interviews, and
- Phase III: Proposer Selection.

5.2.1 Phase I Independent Evaluation Panel – Proposal Narrative (Attachment VI) and Budget (Attachment VII)

Proposals that meet the Minimum Qualifications will be evaluated on a 100 point scale by an Independent Evaluation Panel.

The Proposal Narrative Template (Attachment VI) prompts proposers to describe their experience and expertise delivering CASC-like services, as well as their proposed approach to implementing the services described on this RFP.

Proposers will describe the following elements in the Proposal Narrative:

1. Organizational Overview
 - a. Agency’s History
 - b. Agency Cultural, Gender, and Sexual Diversity Capacity
 - c. Agency Management Capacity
 - d. Agency Certifications
2. Work Plan
 - a. Experience implementing Forensic Assertive Community Treatment (FACT) Team
 - b. Approach to implementing a FACT Team and other services described in this RFP
3. Staffing Structure
 - a. Licensed Clinical Program Director
 - b. Clinical/Intensive Case Managers
 - c. Reentry Case Managers

In Phase I, Budget (Attachment VII) will also be evaluated by the Independent Evaluation Panel.

RFP Attachment VII (Budget) responses will be evaluated for responsiveness to instructions and the not-to-exceed \$2.9 million annual program budget, as well as inclusion of all costs supporting the Proposer’s responses to RFP requirements.

The following table describes the point allotment for each proposal component:

Proposal Component	100 points
<i>Organizational Overview (Attachment VI)</i>	10 points
<i>Work Plan (Attachment VI)</i>	60 points
<i>Staffing Structure (Attachment VI)</i>	20 points
<i>Budget (Attachment VII)</i>	10 points
Total	100 points

The evaluation process for Phase I will be as follows:

1. Subsequent to independently scoring proposals, the Independent Evaluation Panel will meet to review the merits of the proposals against the RFP requirements and will submit an Average Proposal Score to SFAPD.
2. The Average Proposal Score will be calculated as follows: The sum of all points of each proposal divided by the number of people on the Independent Evaluation Panel.

Only the top three highest scored Proposals with an average Independent Evaluation Panel score of 80 points or above will move on to Phase II: Interview with Short-List of Proposers.

5.2.2 Phase II – Interview with Short-List of Proposers, Oral Interviews

The top three highest scored proposals with a score of 80 points or above in Phase I will be invited to Oral Interviews with the Independent Evaluation Panel comprising City appointed panelists.

Each Proposer can earn up to 20 additional points for the interview portion of the evaluation process. Each Proposer should ensure that staff who can best speak to the merits of the proposal and the experience of the Agency attends the interview.

The following table describes how the interview will be scored:

Interview	20 points
<i>Demonstrated expertise delivering a FACT service model</i>	<i>10 points</i>
<i>Demonstrated expertise coaching, and motivating a team of clinical and non-clinical CMs</i>	<i>5 points</i>
<i>Demonstrated ability to operate a drop-in, multi-purpose, reentry services center</i>	<i>3 points</i>
<i>Demonstration of ability to build and sustain CASC Therapeutic Environment</i>	<i>2 points</i>
Total	20 points

The Panel will establish an Average Oral Interview score for each Proposer calculated as follows: The total oral interview points for each Proposer divided by the number of people on the Independent Evaluation Panel.

5.2.3 Phase III – Proposer Selection

Proposals that meet the Minimum Qualifications will be evaluated on a 100 point scale by an independent evaluation panel in the written evaluation (Phase I). The top three Proposers scoring 80 or above points will be invited to oral interviews (Phase II).

The two phase scores will be added as well as any applicable LBE points assigned by the City and County of San Francisco’s Contract Monitoring Division. SFAPD will enter into a contract negotiation with the highest scoring proposal.

Any information provided by the Proposer in its Proposal package (including responses to RFP Attachments) that is found to be false or inaccurate may be the basis for immediate disqualification from the RFP process or may result in contract termination.

5.2.4 Reference Checks

Additionally, the SFAPD will conduct reference checks for the top three scoring Proposals using the Reference Check information provided in Attachment V Minimum Qualifications.

Reference checks will be used to confirm Proposers' experience, including the accuracy of information provided by the Proposer, the quality of services and staffing provided to prior customers such as adherence to schedules/budgets, problem-solving, project management, and communication abilities, and quality of deliverables and outcomes. Please see Attachment I, Section 14, Release of Liability.

5.2.5 Other Terms and Conditions

The Proposer identified as most qualified by the evaluation panel will be issued an “Intent to Award Contract” notification.

The selection of any Proposer for contract negotiations shall not imply acceptance by the City of all terms of any proposal or response to this RFP, which may be subject to further negotiation and approvals by the City.

If a satisfactory contract cannot be negotiated in a reasonable time with the selected Proposer, then the City, in its sole discretion, may terminate negotiations and begin contract negotiations with the next highest scoring Proposer or may continue competition among remaining Proposers without reinitiating the RFP process.

The City reserves the right at any time to approve, disapprove, or modify proposed staffing, plans, timelines and deliverables, provided that all modifications are within the scope of services sought by this RFP.

This RFP does not in any way limit the City's right to solicit contracts for similar or identical services if, in the City's sole and absolute discretion, it determines the proposals submitted in response to this RFP are inadequate to satisfy its needs.

6 Chapter 14B Contract Monitoring Division (CMD) Local Business Enterprise Requirements

CMD Contact Information: Ryan Young, 415-581-2301 or ryan.b.young@sfgov.org

CMD Attachment 2: Chapter 14B requirements and forms are included in CMD Attachment 2. Please read CMD Attachment 2 carefully which can be found at the following link:

<http://sfgov.org/cmd/sites/default/files/Documents/CMD%20Attachment%20%20-%2008.01.16.pdf>

Please be sure to use Version 8/1/16 of Attachment 2 as this contract was advertised on or after 8/1/2016.

6.1 LBE Ratings Bonus

- San Francisco Micro- and Small-LBE Primes will receive a **10% ratings bonus** for this project. LBE primes that apply for a ratings bonus must be certified by the proposal due date: **July 6, 2017**.
- SBA-LBEs will receive a **5%** ratings bonus, but, the SBA-LBE ratings bonus cannot be used to trump the bid of a competing Micro- or Small-LBE.
- If you are interested in becoming certified please contact our certification unit as soon as possible. Please be aware that CMD may not be able to complete the certification of new firms by the bid due date. The certification unit can be reached at stephanie.tang@sfgov.org
- **Joint Ventures** – The rating bonus for a Joint Venture (“JV”) with LBE participation that meets the requirements of Section 2.02 of Attachment 2 is as follows:
 - 10% for each JV among Small and/or Micro LBE prime proposers.
 - 5% for each JV which includes at least 35% (but less than 40%) participation by Small and/or Micro-LBE prime proposers..
 - 7.5% for each JV that includes 40% or more in participation by Small and/or Micro-LBE prime proposers.
 - SBA-LBE Proposal rating bonus provisions will apply to this project. However, the 5% Proposal rating bonus for SBA-LBEs shall not be applied if it would adversely affect a Micro-LBE or Small-LBE, or a JV with an LBE partner.
 - The rating bonus will be applied by adding 5%, 7.5%, or 10% (as applicable) to the score of each firm eligible for a bonus for purposes of determining the highest ranked firm. Pursuant to Chapter 14B.7(F), SBA-LBEs are not eligible for the rating bonus when joint venturing with a non LBE firm. However, if the SBA-LBE joint ventures with a Micro-LBE or a Small-LBE, the joint venture will be entitled to the joint venture rating bonus only to the extent of the Micro-LBE or Small-LBE participation described above.

6.2 LBE Subconsulting Requirement

- The LBE subconsulting requirement for this RFP is 4%.
- Respondents **MUST** show how they will **MEET** the 4% LBE subconsulting requirement and identify all subcontractors at the time of submittal or the proposal may be deemed nonresponsive. Teams should be created and LBE subcontracting requirement met based on types of work identified in the corresponding Proposal documents.
- LBEs submitting a proposal as primes or as part of a joint venture **may not** count their own LBE participation towards fulfilling the 4% subcontracting requirement.
- A directory of certified LBEs can be found at this link: <http://sfgov.org/cmd/directory-certified-lbes>

6.3 Good Faith Outreach

Please be advised that under the 14B Ordinance it is not sufficient to just meet the subcontracting requirement. The Prime Contractor must meet the subcontracting requirement and must also meet the Good Faith Outreach Requirements by one of the following options:

- **The Prime Contractor must meet the subcontracting requirement and must also submit CMD Form 2B, the Good Faith Outreach Requirements Form, along with all supporting documentation by Deadline for RFQ Responses.** Proposers can request LBE subcontractors by using the link on the OCA page for this project. It is free and it will count towards your advertising requirement for your firm's CMD Good Faith Outreach Effort. **CMD Form 2B supporting documentation must include proof that Good Faith Outreach was completed 10 days prior to Deadline for RFQ Responses.** For Good Faith Outreach requirements, please refer to CMD Attachment 2 located at this link:

<http://sfgov.org/cmd/sites/default/files/Documents/CMD%20Attachment%202%20-%208.01.16.pdf>

OCA link to request LBE subcontractors for RFP#ADP2017-03 is located here:

http://mission.sfgov.org/OCABidPublication/EMAIL_REQUEST.aspx?K=12068&T=LBE
http://mission.sfgov.org/OCABidPublication/EMAIL_REQUEST.aspx?K=11622&T=LBE

OR

- The Prime Contractor must exceed the project's stated LBE participation requirement by 35%. For this contract, the prime contractor must exceed an LBE requirement of **5.40%** to waive the good faith outreach provisions. **LBEs submitting a proposal as primes or a joint venture can count their own LBE participation towards fulfilling the Good Faith Outreach Effort.**

6.4 Other Requirements

If you are interested in becoming a certified CMD LBE for this project, you must get in touch with CMD LBE certification unit as soon as possible at 415-581-2310. Let the certification unit know you are proposing on a project (including the proposal due date) and they will try to get you certified quickly. However, please be aware that CMD may not be able to complete the certification of new firms by the proposal due date.

6.5 Forms to be Submitted with the Proposal

CMD Attachment 2:

- **Form 2A– LBE Participation Form**
- **Form 2B– “Good Faith Outreach” Requirements Form & Documentation**
- **Form 3 – CMD Non-Discrimination Affidavit**
- **Form 4 – Joint Venture Form (If Applicable)**
- **Form 5 – CMD Employment Form**

6.6 LBE Utilization Tracking System LBEUTS

In the past, we had the Diversity Tracking System that monitored compliance with the LBE ordinance. We now have a replacement system – The LBE UTS. It is, among other things, a web-based payment notification system. Prime contractors and all subcontractors who are awarded contracts are now required to use the LBEUTS to submit payment information including invoices and other related information. Additional information and training schedules can be found at www.sfgov.org/LBEUTS. This information is also in CMD Attachment 2.

It is strongly encouraged that each Prime or Joint Venture proposing on this contract to contact Ryan B. Young if they have any questions regarding any of the CMD requirements or forms.

7 Protest Procedures

The City reserves the right to proceed with its Contractor selection and/or negotiation process during any protest period. The City will cease its Contractor selection process only if and when it receives a notification of decision that is in favor of the protester.

7.1 Protest of Non-Responsiveness Determination

Within five (5) business days of the City's issuance of a notice of non-responsiveness, any Proposer 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 by e-mail (fax is not acceptable). Such notice of protest must be received by the City on or before the fifth (5th) business 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.

7.2 Protest of Contract Award

Within five (5) business days of the City's issuance of a notice of intent to award contract(s) under this RFP, any Proposer 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 by e-mail (fax is not acceptable). Such notice of protest must be received by the City on or before the fifth (5th) business day after the City's issuance of the notice of intent to award a contract(s).

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.

7.3 Delivery of Protests

All protests must be received by the due date. Protests MUST be submitted by e-mail addressed to veronica.martinez@sfgov.org. Protests or notice of protests made by mail, orally (e.g., by telephone) or by FAX will not be considered.