RFQ 27-2020
Peer-to-Peer Programs -
Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Program

DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services (BHS)

Mental Health Services Act (MHSA)

Request for Qualifications (RFQ) 27-2020

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE

1380 HOWARD STREET, SUITE 419

SAN FRANCISCO, CA 94103

CONTACT
CONTRACT ANALYSTS
MAHLET GIRMA / (415) 255-3504
MAHLET.GIRMA@SFDPH.ORG

Date issued:	8/17/2020
Email Question Period:	8/18/2020 – 8/31/2020
Letters of Intent	**12:00 pm, 9/8/2020**
Applications due:	**12:00 pm, 9/22/2020**

Table of Contents

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 27-2020** and follow the instructions.

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

- Appendix A1-a – **RFQ Form 1 Solicitation and Offer** and **RFQ Form 2 Contractual Record Form** and **CMD Attachment** 2 this contains the required CMD forms (Form 3)
- Appendix A1-a – **Agency Cover Sheet** (please use this form)
- 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
- **Step by Step Guide to Become an approved Supplier** https://sfcitypartner.sfgov.org
- How to do business with the City http://sfgov.org/oca/qualify-do-business
- **Biztax.pdf** - Business Tax Application Form (P-25)
- **Employer Projection of Entry Level Positions rev7-11.doc -** First Source Hiring Program
- **12b101.pdf Equal Benefits Ordinance at a glance**

A-3. For Information Only

- **12X Update Memo – Covered States** (10/16/2019)
- **Standard Professional Services.pdf** – The City Standard Professional Services Agreement (P-600)
- **Insurance Requirements.pdf** - DPH Insurance Requirements effective 7/1/2019
- **Insurance Sample.pdf -**Sample Insurance certificate and Endorsement
- **HIPAA/Business Associate Agreement (BAA) -** Standard DPH HIPAA/Business Associates Exhibit
- **Quickref.pdf Also visit:** http://sfgsa.org/index.aspx?page=6125 Quick Reference Guide to 12B
- **Other Resources for LBE Application/ CMD Certification process**

I. INTRODUCTION, CONTRACT TERM, FUNDING & SCHEDULE

A. General

The San Francisco Department of Public Health (DPH), Behavioral Health Services (BHS) is issuing this Request for Qualifications (RFQ) in search for applicants that will meet the goals of the services requested in this RFQ. The department encourages competition and encourages collaboration of different agencies to meet the needs of the Peer-to-Peer Programs for

1. **Peer-to-Peer Employment Program** and
2. **Peer Specialist Mental Health Certificate Program.**

DPH/BHS invites single agency and multi-agency collaborations to propose program services to meet the community and programmatic needs of the Peer-to-Peer programs The selected service provider(s) will be expected to provide all activities described in this RFQ. 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).

A significant amount of funding for these programs will come from the 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.

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. In addition, the MHSA programs should be developed with cultural humility and wellness and recovery principles. The programs should be strengths-based, consumer-led and family-driven.

BHS programs must have peer specialists integrated into the service delivery model. The goal of this RFQ is to develop and support strengths-based and culturally congruent Peer-to-Peer Programs. These programs will help peer specialists be a part of a larger infrastructure to better utilize resources, increase access to advancement opportunities, increase education opportunities and find strength within a larger support system. The service provider(s) selected will create supportive programming that promotes program expansion and streamlines services.

A peer is defined as an individual with personal lived experience who is a consumer of behavioral health services, a former consumer or a family member of a consumer. Peer-to-Peer Programs encourage peers to utilize their lived experience, when appropriate and at the discretion of the peer, in peer-to-peer settings to benefit the wellness and recovery of the client(s) being served. Peers may conduct outreach, one-on-one peer counseling, group peer counseling, community advocacy, service linkage and/or system navigation to users of residential, community, outpatient or hospital settings within DPH. These

individuals may receive supportive training through a BHS peer certification training program, have demonstrated proficient skills in providing the above listed services, or have an interest in utilizing their lived experience in a position working with consumers of behavioral health.

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.

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 RFQ, 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. Proposers are hereby advised that Proposers 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**.

B. Contract Term & Funding

Most of the funding for these programs will come from the state's Mental Health Services Act (MHSA) as authorized by Proposition 63 that was approved by California voters to bring 'system transformation' to California's public mental health care system by supporting fundamental changes to the access and delivery of services. Proposition 63 was enacted into law in January 2005 and became known as the Mental Health Services Act (MHSA) that is funded through a 1% tax on any personal income in excess of $1 million. The 'system transformation' envisioned by the MHSA is founded on the belief that all individuals - including those living with the challenges caused by mental illness – are capable of living satisfying, hopeful, and contributing lives. MHSA provides the resources necessary for San Francisco to realize the vision of recovery for individuals and families served by the mental health system.

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 five (5) years**, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the San Francisco Health Network (SFHN) 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 ten (10) years.**

The following provides an estimated annual amount that may be available:

1. Peer-to-Peer Employment Program: **$3,270,000**
2. Peer Specialist Mental Health Certificate Program: **$348,750**

This estimated amount may increase or decrease depending on funding availability. Funding is dependent available funds and DPH/BHS reserves its sole right to award all or a portion of funds available.

The selected service provider(s) must be able to demonstrate the ability to sustain a $2.5 million behavioral health program. Funding will be comprised of a mixture of MHSA dollars, General Fund, Inter-City Work Orders, SAMHSA monies, and Mental Health Realignment funds. Funding will

primarily be MHSA dollars.

C. Schedule

The anticipated schedule for selecting a contractor is:

Application Phase	Time	Date
RFQ is issued by the City		August 17, 2020
Email Questions begin		August 18, 2020
Email Questions end	12:00 p.m.	August 31, 2020
Letters of Intent	**12:00 p.m.**	**September 8, 2020**
Applications due	**12:00 p.m.**	**September 22, 2020**

Estimated Dates	
Technical Review Panel	*October 2020*
Selection and Notification of Qualifications	*November 2020*
Contract Negotiation	*December – January 2021*
Contract Development & Certification	*February – March 2021*
Service Start Date	*July 1, 2021*

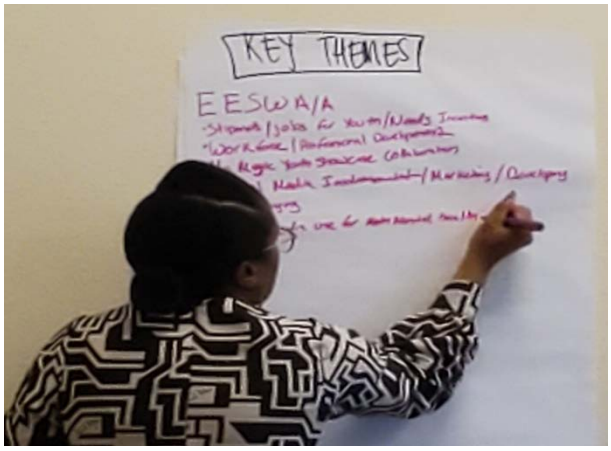
II. SCOPE OF WORK

Please Note: Due to COVID-19, certain activities in this RFQ may need to be adjusted to adhere to local and State laws, and the health and the safety of program participants and staff members. The selected provider(s) must be flexible with program implementation and be prepared work in collaboration with SFDPH/BHS to modify activities as directed. Examples of modified activities may include, but not limited to: providing telecare services through video conferencing platforms, increasing phone call activities, implementing social distancing measures, wearing personal protective equipment and/or masks, screening clients to assess risk levels, developing new internal policies and procedures, reporting on safety protocol and outcomes, etc.

For example, BHS peer programs recently adapted programming by offering peer counseling sessions through a video conferencing site, expanded services to support locations where unhoused individuals shelter in place (SIP) (i.e. new SIP hotels, SIP encampments, etc.) and other activities described above.

A. 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 the peer-based services. The scope of work listed in this RFQ reflects the voices of the consumers and program participants.

In the Fall of 2019, DPH 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, DPH MHSA facilitated several stakeholder meetings in the Spring and Summer of 2020 with peer specialists and peer providers that primarily focused on the services included in this RFQ, to further obtain consumer and community input.

Summary of Stakeholder Feedback

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

> **"Peers are often times the most valuable part of someone's recovery"**
>
> - ***San Francisco Stakeholder***

- 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; we need more peers that have bilingual capabilities.
- Peers should be recruited from diverse backgrounds, so peer programming can better serve the demographics of BHS.
- 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.
- Peer programs should offer incentives for engagement like prizes, support around transportation and snacks for clients.
- Try to build up the peer counseling community (i.e. offer a training camp).
- Provide more support to graduates of peer training programs.
- Create more opportunities for peers from diverse backgrounds (i.e. create more leadership opportunities for trans peers; more opportunities for Native American peers).
- There is a need for more evidenced-based trainings, like Motivational Interviewing, for peers offered through video-conferencing sessions.

- Help create more opportunities for careers in the private sector.
- Expand peer services to work with more individuals with justice-involvement.
- BHS peer programs should collaborate more with other Counties and Statewide initiatives.
- There is a need for peer programs to provide outreach and services to unhoused individuals.
- Peer programs should foster a sense of community by offering cultural events.

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.

The following two (2) programs will be included in this RFQ. Candidates can bid on one or both of these programs:

1. **Peer-to-Peer Employment Program:**
2. **Peer Specialist Mental Health Certificate Program**

1. Peer-to-Peer Employment Program

A. Program Overview

This RFQ requests the utilization of a service provider, rather than a fiscal intermediary, to support the Peer-to-Peer Employment Program. The selected service provider, in collaboration with BHS and consumers, will be responsible for the implementation of a cohesive and collaborative peer-to-peer system that includes both client service delivery and peer staff support. The current peer-to-peer programs have a strong foundation built on success and a team of peer staff with invaluable expertise. The selected service provider will continue to build upon this foundation and will be responsible for developing a peer-to-peer service delivery system that promotes best practices, shared resources, advancement opportunities for peers and quality-driven peer-to-peer services for behavioral health consumers.

B. Service Provider Responsibilities

The selected service provider, in collaboration with BHS and consumers, will be responsible for the design and implementation of a cohesive and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS and community settings. The provider will also implement and evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers.

A strong partnership between the service provider and BHS is a vital component of this project. The ideal service provider should be open to a collaborative process with BHS and BHS consumers in regards to program development, implementation, evaluation and long-term strategic planning.

The following pages describe a proposed model that was developed with the input of peers and consumers. The final design will be developed by the service provider with continued input from peers, consumers and BHS. The final project is negotiable, however, the service provider will be required to;

1. **Hire and provide employment of all active peer staff members,**
2. **Develop a leadership team comprised of managers and coordinators with personal lived behavioral health experience,**
3. **Onboard and hire new peers in a timely manner as the program grows and develops,**
4. **Develop and promote a commensurate pay structure for peer employees based on skill-level, experience and job responsibilities, and**
5. **Expand and modify the peer employment program depending on the needs and requirements of DPH.**

C. Specialized Populations

***Population for Peers*:**
Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members of consumers. Peers utilize their lived experience in peer counseling settings, when appropriate, to benefit the wellness and recovery of the clients being served.

Currently, this program has over 75 peers working within the DPH/BHS system.

***Population Served by Peers*:**
Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to participants and users of residential, hotel, community, mental health care, primary care, substance abuse, jail and hospital settings within the Department of Public Health services.

Currently, this program is serving over 2,500 unduplicated clients that receive services conducted by peers.

D. Peer-to-Peer Model

In this program, there are over **75 current peers** in peer positions and the awarded service provider will hire and provide employment/internship opportunities for these active peers, and be responsible for all areas of hiring, training, supervision, case management, consultation, support and progressive discipline, as needed. These peers are currently located in several sites throughout DPH in the fields of peer counseling and administration supporting consumers of behavioral health. Peers in this program currently conduct peer-to-peer supportive services within **30 or more sites** throughout San Francisco. The current sites include several community behavioral health programs, civil service programs, San Francisco General Hospital, residential and shelter facilities, primary care clinics and substance abuse programs. This model may include the development of hiring new peers, as DPH sometimes identifies a need to increase peer staffing capacities throughout the DPH system. Some sites may include other BHS contract providers, in which a MOU may be necessary to establish roles, supervision arrangements, etc. The selected service provider may also employ youth peers, ages 16-24, throughout BHS.

The service provider will be responsible for developing a leadership team comprised of peer managers and peer coordinators with personal lived experience with the behavioral health system as a consumer, former consumer or family member of a consumer. The provider will directly manage the day-to-day operations of the peer-to-peer programs and will coordinate efforts with on-site supervisors and liaisons.

The provider will conduct regular site visits to provide education regarding peer program code of ethics, peer program guidelines, peer counseling best practices and provide collaborative supervision with site supervisors. The provider should focus on implementing three primary overarching project components: **1. Service Delivery, 2. Capacity Building, and 3. Peer Training.**

1. Service Delivery:

This project component will work to support to the current peer-to-peer infrastructure and focus on the services and activities being provided to BHS clients. Proposed actions/operations for this component may include, but not limited to, the following:

- With peer input, create a solid work plan for program implementation by adhering to DPH policies, MHSA guidelines, SAMHSA requirements, wellness and recovery principles, etc.
- Develop peer programs based on evidenced-based peer models, state recommendations on peer certification, and adopted peer codes of ethics that are proven to be effective.
- Observe peer work and group facilitation providing positive reinforcement and constructive feedback.
- In collaboration with BHS, recruit and select qualified program coordinators/leaders who are peers.
- Ensure regular site visits with program coordinators, peers and supervisors to observe peer work and share best practices.
- Develop and maintain a comprehensive resource directory of relevant services/resources and share information appropriately. Serve as a resource to the peer community.
- Expand current program to provide youth-to-youth, parent-to-parent and/or family-to-family services.
- With peer input, create measurable objectives focusing on service delivery and the needs of the behavioral health community.
- Develop and implement evaluation tools to evaluate the quality of the services and program. Create a system to disseminate findings to a broad audience.
- Facilitate regular staff meetings to communicate effectively.

2. Capacity Building:

This project component will work to strengthen the skills, competencies and abilities of individual peers by focusing on one's individualized professional development. This will help peers to further overcome any challenges and grow upward in their individual wellness and recovery. Proposed actions/operations for this component may include, but not limited to, the following:

- Develop a streamlined peer program that supports the recruitment, placement, retention and supervision of peer professionals in DPH programs.
- Develop and help to improve the skills and marketability of every peer in the program.
- Develop career ladders for peers with upward mobility including leadership positions and develop peer supervision skills.
- Ensure wages are consistent and commensurate to role to minimize stress and work-related overload of peers.
- Leverage funding and collaborate with existing services to maximize peer support (i.e. California Department of Rehabilitation, etc.)
- Document and track productivity and set appropriate goals to help develop peers to work up to their full capacity and potential.
- Help peers to document their accomplishments in a portfolio working towards advancement opportunities.
- Streamline recruitment/interview tools and job descriptions.
- Link peers to supportive services, as needed, including linkage to an employment services program for education and resources on advancement opportunities.

- Hold annual peer employment fairs to promote the recruitment and placement of peers into the public health system or the competitive workforce.
- Identify peer leaders who are interested in providing input into all areas of mental health policy, program planning, implementation, monitoring, quality improvement, evaluation and budget allocations.

3. Peer Training:

This objective will further strengthen the peer system of care while helping to better standardize the overall professionalism of peer specialists. Proposed actions/operations to meet this objective may include, but not limited to, the following:

- Train interested peers to bill Medi-Cal related services in Avatar for billable work performed, and evaluate.
- Promote and teach a shared recovery-oriented language and common practices for peers and the community.
- Implement and teach applicable Statewide Peer Certification recommendations, as appropriate.
- Develop and teach a code of ethics for peers to integrate in the Peer-to-Peer Employment Program.
- Increase peer training and provide linkage to training programs to ensure that peers have access to receive a minimum of 55 hours of specialized peer training per year.
- Ensure that peers are provided adequate individualized training upon hire and throughout employment.
- Collaborate with peer training programs including the Entry-Level Peer Specialist Mental Health Certificate Program, the Advanced-Level Peer Specialist Mental Health Certificate Program, the Peer Leadership Academy and other peer training programs within San Francisco.

E. Evidenced-Based Practices

***Evidenced-Based Practices for Peers*:**

The Peer-to-Peer Employment Program will utilize two primary evidence-based practices for the peer employees: the Wellness and Recovery Model and the Supported Employment Model.

1. The **Wellness and Recovery Model** is for 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. This model encourages peer 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 well as other public health services.
2. The **Supported Employment Model** uses employment as a key element in recovery in mental health and/or co-occurring issues affecting one's ability to find meaningful activity in work or volunteerism. This model asserts that programs providing employment and internship services in concert with practical and social supports are a valuable resource for people with behavioral health and Recovery and Wellness needs.

Evidenced-Based Practices for Clients Served by Peers:

The Peer-to-Peer Employment Program will utilize several evidenced-based practices for the consumers receiving peer support services. This may include support groups and one-on-one peer counseling using evidenced-based peer interventions such as motivational interviewing, harm-reduction, self-help, chronic disease self-management, Wellness Recovery Action Planning (WRAP), Seeking Safety, Illness (Wellness) Management and Recovery (IMR), basic psycho-education, Emotional CPR, and more.

F. Service Collaboration

To be in compliance with Health Care Reform, the aim is to maintain low program costs. This may be achieved by leveraging funding and/or collaborating with existing services to maximize support. The selected service provider will work in collaboration with the Peer Specialist Mental Health Certification Program, the City College Community Mental Health Worker Certificate program, the California State Department of Rehabilitation (DOR), other BHS programs and other community programs within the broader Bay Area community. Other community partners may also include the DPH Transitions Division, Shelter Health staff, Street Medicine Teams and other DPH partners.

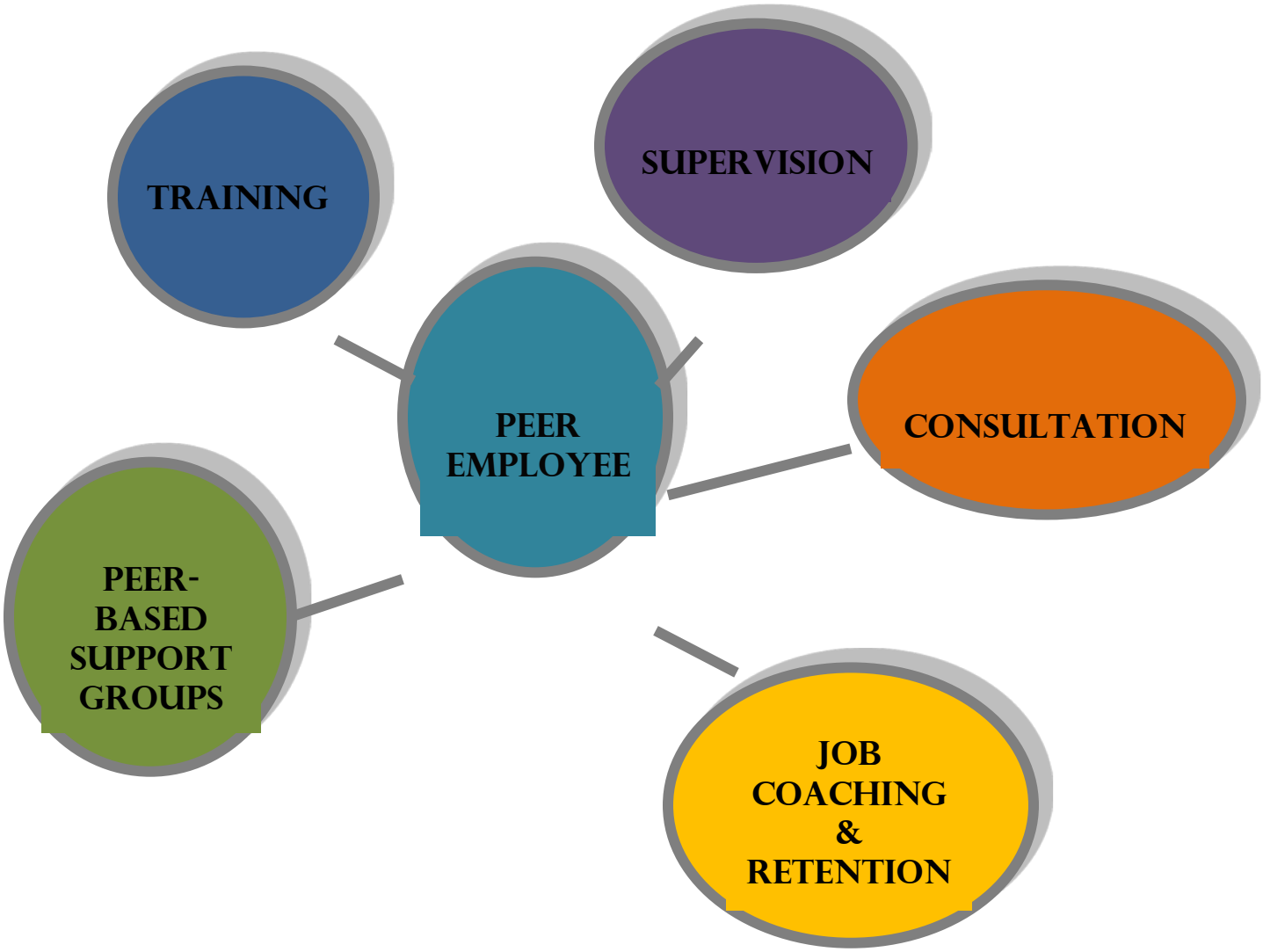
BHS currently funds vocational rehabilitative services through a collaborative contract with DOR. These services include comprehensive vocational assessment services, occupational skills training, and employment service programs that support clients with resume building, interview preparation, human resource navigation, job retention and short-term retention services. The service provider will be responsible for linking clients to DOR vocational services, when applicable, to best support the needs of peers wishing to advance in employment within the Peer-to-Peer Employment Program, seeking employment within the competitive workforce or seeking employment within the City and County of San Francisco.

The provider will be responsible for teaching eligible and interested peers about these collaborative partners and assisting peers with linkage.

G. Peer Employment Supportive Services

One goal of the Peer-to-Peer Employment Program will be to provide coordinated, collaborative employment-related support for the peers. This support will be provided by the selected service provider, BHS and by leveraging resources as noted above. The peer supportive services will include, but not limited to; training, supervision, consultation, job coaching & retention services, and peer-based support groups.

Please refer to the following model for reference:



- *Training*- Develop and coordinate an on-boarding orientation and manualized training program to teach protocol, policies and procedures. Provide on-the-job training throughout the employment period. Coordinate trainings and provide linkage to ensure that peers have access to receive a minimum of 55 hours of training per year, following principles of evidence-based practices (entry-level peers may need additional hours of training). The selected provider will collaborate with community partners and civil service peer staff. Trainings may include, but not limited to, the following topics:

-Boundaries & Ethics	-Peer Disclosure
-Peer Group Facilitation	-Peer Specialist One-on-One Counseling
-Promoting Wellness and Recovery	-Effective Communication
-Conflict Resolution	-Anti-Harassment Training
-Mental Health 101	-Motivational Interviewing
-Cultural Sensitivity	-Emotional CPR

-Active Listening -Illness (Wellness) Management Recovery

-Stigma Reduction and Advocacy -Intentional Peer Support

-Burnout & Stress Reduction -WRAP

- *Supervision*- Provide at least one hour of weekly individual supervision or two hours of weekly group supervision. Supervision should include: a review of tasks, duties and responsibilities while providing constructive and strengths-based feedback; exploration of employment barriers and ways to decrease; discussion on workplace conflict resolution strategies; education on appropriate workplace etiquette; exploration of career advancement and development; and other needs that may arise, etc.

- *Consultation*- Consultation may be individual or group facilitated and should include: support on utilizing personal lived experience; exploration of strategies to work with difficult consumers; discussion on ways in which to decrease vicarious trauma and decrease the chance of recovery relapse; exploration of best clinical practices and other needs that may arise. Consultation should be provided by a clinical behavioral health professional.

- *Job Coaching and Retention Services*- These services may be leveraged through the California Department of Rehabilitation or offered by the service provider, as needed. Job coaching and retention services typically include a third-party support person (other than the direct supervisor) to provide time-limited, strengths-based and targeted support. This service should target one or two specific work-related barriers that may be impacting performance. Examples may include providing support with time management, task prioritization, organization, punctuality, social skills, etc.

- *Peer-Based Support Groups*- These support groups should be peer-developed, peer-led, and peer-driven. The objective will be to provide a venue for obtaining support from one's peer colleagues. Examples in the past included peer support groups teaching wellness activities to other peers.

H. Advancement and Leadership Opportunities for Peers

The service provider will be responsible for creating advancement opportunities, a career ladder and leadership opportunities for peers. **Certain leadership and supervisory roles should be filled by behavioral health consumers, former consumers, or family members of consumers with personal lived experience.** 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, and facilitate multiple peer counseling groups. The service provider must continue to develop these leadership skills and provide increased opportunities for skill-building across all peer programs.

I. Service Description

The service provider will oversee the day-to-day operations and the direct supervision of all peer staff, peer coordinators, peer managers, volunteers and interns that provide peer-to-peer services to behavioral health consumers in the community. **The provider will be responsible for providing a facility and workspace for staff that do not work directly in a DPH facility.**

The selected service provider, in collaboration with BHS and consumers, will be responsible for the implementation of a cohesive and collaborative peer-to-peer system. **Peer counselors will conduct culturally and linguistically congruent outreach and peer counseling support to participants and users of residential, hotel, community, mental health care, primary care, substance abuse, jail and hospital settings within the Department of Public Health services.**

The Peer-to-Peer Employment Program may consist of entry-level, intermediate-level and advanced-level programs, with the highest program involving peer leadership and supervisory roles. Within each level, the peers will be offered extensive training, supervision and support. Peers will be placed in positions all throughout DPH and be provided career development and advancement opportunities within these levels. Peers interested in advancing within the system, interested in another peer position within the community, or interested in working towards other related employment fields in the competitive workforce should be provided information and/or linkage support. Candidates interested in employment within the Peer-to-Peer Employment Program, or advancement within a higher program level, will need to meet minimum qualifications for the position, participate in an interview and be accepted.

Each program level will have identified responsibilities growing in skill-level, experience and education. Each level should have a commensurate pay scale and a corresponding job description(s). The proposed model may include, but not limited to, the following:

- *Entry-Level Peer Programming* - The focus will be to link the peer with a placement that appropriately matches the skills and strengths of the peer. While the skills of the employee are being assessed, soft skills and work habits may be addressed. Proper boundaries with consumers and colleagues, workplace culture and etiquette should be topics addressed on the job. Peers may start off in an administrative/clerical role working on the front line with consumers of behavioral health. Peers may also start off shadowing other peers during peer group counseling sessions. This level will involve proper orientation to systems and extensive on-the-job training.

- *Intermediate Level Peer Programming* - Peers may work towards further development of their skills in the areas of administration and should begin professional peer specialist counseling. Peers should be introduced to a wide array of customer service and evidenced-based best practices. Peers may start off in a co-facilitation role and may possibly work towards facilitating peer counseling sessions or leading system navigation services.

- *Advanced-Level Peer Programming* - Peers will be developing/strengthening leadership roles and duties. Peers may be trained in a supervisory capacity taking on more advanced duties such as project oversight, supervision of peer staff, project management, facilitation of manager meetings, recruitment assistance, selection and hire of new staff, and other leadership duties. Peers may also be encouraged to explore their options for employment outside the program and employees may be mentored regarding navigation with Civil Service job applications and testing.

Levels for all peer-to-peer programs are non-linear and, just like other employment positions, advancement into another level will depend upon the peer's skill set, interests, strengths, experience, education, and training. Cross-training among programs and levels will be a vital component of these programs.

J. Project Components

As stated above, the selected provider will be responsible for designing and implementing a cohesive and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. The provider will also be responsible for designing all policies and procedures for program recruitment, selection, admission, performance reviews, discharge and follow-up.

This program should consist of the following three (3) components:

1. ***Peer Counseling & Outreach Services***
2. ***Peer Internship Program***
3. ***Peer Wellness Center***

1. Peer Counseling & Outreach Services

The Peer Counseling & Outreach Services component should provide long-term supported employment to peer counselors throughout the DPH system. This component enhances treatment services by providing peer counseling and supportive case management and resource linkage to clients at contracted DPH and community-based behavioral health clinics, primary care clinics, psychiatric wards, residential sites, homeless shelters, navigation centers and other related programs. Services delivered by peer providers aim to improve the level of engagement with clients, foster feelings of hope, and to promote the possibility of wellness and recovery.

Services include, but are not limited to: individual and group peer counseling; assistance in securing stable housing; coordination of health and behavioral health services; support in seeking SSI, SSDI, GA and other benefits; assistance in system of care navigation; linkage to community resources; and supporting clients with maintaining overall wellness.

Currently, the Peer-to-Peer Employment Program provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in support groups.

2. Peer Internship Program

The Peer Internship Program is an entry-level peer program working directly with behavioral health consumers. The internship program should provide at least two consecutive cohorts per fiscal year and should offer a collaborative learning and peer supported environment. Peer interns should work with other peer providers throughout the program. Each intern should be assigned at least two rotations to be placed in a variety of DPH programs and given the opportunity to provide direct and administrative support services to people in the community. Peer interns should receive weekly supervision and also attend at least two formal trainings per month for additional professional development. The Peer Internship Program should provide weekly group supervision from a peer supervisor/coordinator, as well as ongoing individual supervision from a site supervisor.

The internship should be, at minimum, a 9-month, 20-hour/week program ideally for peers seeking to gain experience working in the behavioral health field as peer providers while engaging with other individuals within the peer network. Interns should work in a variety of roles during the course of scheduled rotations between sites with other peer interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, assisting in direct one-on-one resource linkage and navigation within the system of care, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs and initiatives, and co-facilitators of a variety of peer support groups.

The program structure should include a one-week orientation at the beginning of each cohort which involves pre-rotation trainings on various topics including professional communication, privacy and HIPAA requirements, roles & responsibilities of a peer intern, graduation requirements, sexual

harassment prevention training, and an introduction into the Behavioral Health Services System of Care. After each rotation, the sites should provide a formal evaluation and feedback about the intern's performance.

3. Peer Wellness Center

This component is the drop-in Peer Wellness Center which is: 1) an engagement center for adults seeking peer-based counseling services and peer-led activity groups; 2) a community resource for clients to receive linkages to a variety of behavioral health and primary health resources and services; 3) a safe place for clients to learn self-help skills within an environment that uses empathy and empowerment to help support and inspire recovery; and 4) a milieu where individuals can foster social connections through attending a variety of events regularly conducted by the program which include cultural, educational and recreational activities.

This drop-in center is designed for consumers accessing behavioral health services that may face mental health and/or substance abuse issues. The Peer Wellness Center activities may include, but are not limited to: individual peer counseling; peer-to-peer support groups such as dual recovery groups (DRA); women's and men's groups; an LGBTQQ+ group; creative arts activities; mindfulness groups; music appreciation; cultural events; outdoor walking groups; field trips and resource/service linkage.

The selected service provider will be responsible for securing a centrally located center that is easily accessible to public transportation. The hours and days of operation for this drop-in program should include weekdays, some evenings and some weekends.

K. Peer Leadership in the Community

The Peer-to-Peer Employment Program and the selected provider should be prepared to be a leader in San Francisco providing exemplary and quality peer-to-peer services in the community. The selected provider will be responsible for staying abreast of current peer provider trends, state recommendations regarding peer certification, evidenced-based practices for peer services, current trends regarding peer code of ethics, and other related duties. The provider should participate in state planning efforts in areas related to peer services.

The Peer-to-Peer Employment Program will also support and coordinate certain peer-led events such as the Annual Consumer, Peer and Family Conference; the monthly Client Council advisory meeting; Stigma Busters; May Mental Health Awareness month events; and other peer-led activities. The program will work in collaboration with the Peer Specialist Mental Health Certificate Program and the MHSA Advisory Committee.

L. Operating Budget

Under the leadership of BHS, the selected service provider will be responsible for developing, administering and monitoring an operating budget that will support the peer-to-peer services and programs. This budget will support the programs with office supplies, travel reimbursement, incentives for employees and consumers, food and snacks for groups, staff retreats, training, consultation, and other related program expenses.

M. Human Resources Capacity

The selected service provider will be responsible for all aspects of Human Resources administration for supporting over 75 peers including, but not limited to, the following:

- Oversee all areas of hiring, training, supervision, progressive discipline, and professional development support of peer employees.
- Recruit and fill peer positions in a timely manner to meet the needs of the DPH programs.
- Employ peers for short-term employment contracts.
- Post job announcements adhering to state labor laws, while creating fair and consistent hiring practices.
- Administer annual performance reviews for all staff.
- Provide a comprehensive orientation to all new hires.
- Administer annual staff satisfaction surveys.

The selected service provider must create a supported employment environment that promotes staff wellness and provides staff accommodations as needed. The ideal provider may employ adolescents ages 16 and older, employ peers with time-limited projects, and provide stipends for interns/trainees.

N. Projected Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives for the Peer-to-Peer Employment Program. The provider will not be required to meet all objectives listed, however, 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.
- Increase peer job satisfaction.
- Increase the number of peers advancing to a leadership role or finding a higher-level employment opportunity.

O. Flexibility due to COVID-19

The selected service provider must be flexible with this peer employment program in order to help meet the various needs of the San Francisco community, as we all work to adapt services during COVID-19. We cannot anticipate all of the program changes or modifications that will be required, however, we ask that the selected service provider work in collaboration with DPH to assess and address the community needs.

For example, the selected service provider must be willing to support the new “BHS Shelter in Place Hotel Model of Care” project that serves previously unhoused individuals in hotel settings so they can properly shelter in place during COVID-19. This project is comprised of a multifaceted support system

that provides engagement through various levels of intensity and expertise. A Peer Support Team is already embedded into this project model as part of the multifaceted support system. Peer Support Teams provide proactive individual and group engagement via web-based platforms and in-person peer support (as clinically indicated while also following safety protocol). Within this model, hotel residents can call peer staff with concerns or participate in peer-based groups and one-on-one counseling services.

Please Note: Due to COVID-19, certain activities in this RFQ may need to be adjusted to adhere to local and State laws, and the health and the safety of program participants and staff members. The selected provider(s) must be flexible with program implementation and be prepared work in collaboration with SFDPH/BHS to modify activities as directed. Examples of modified activities may include, but not limited to: providing telecare services through HIPAA-compliant video conferencing platforms, increasing phone call activities, implementing social distancing measures, wearing personal protective equipment and/or masks, screening clients to assess risk levels, developing new internal policies and procedures, reporting on safety protocol and outcomes, etc.

For example, BHS peer programs recently adapted programming by offering peer counseling sessions through a video conferencing site, expanded services to support locations where unhoused individuals shelter in place (SIP) (i.e. new SIP hotels, SIP encampments, etc.) and other activities described above.

2. Peer Specialist Mental Health Certificate Program

A. Program Overview

The Peer Specialist Mental Health Certificate Program is designed to provide consumers who are in recovery with skills and knowledge to prepare for employment or employment advancement within a behavioral health setting. This program will consist of three program components:

1. **Entry-Level Peer Specialist Mental Health Certificate Program**
2. **Advanced-Level Peer Specialist Mental Health Certificate Program**
3. **Peer Leadership Academy**

The primary goal of the Peer Specialist Mental Health Certificate Program is to prepare consumers, family members, or former consumers of behavioral health services with (1.) basic skills & knowledge for employment in the behavioral health system, and (2.) academic/career planning that supports their success in institutions of higher learning.

The selected service provider will be responsible for implementing the Peer Specialist Mental Health Certificate Program as described below.

B. Supportive Services

Supportive services are critical to the program. Students should be provided or linked to culturally and linguistically congruent supportive services including, but not limited to; mentoring, tutoring, housing, child care, transportation, job placement, mental health, health, substance abuse, primary care, career counseling, employment and other needed services.

The Peer Specialist Mental Health Certificate Program will work collaboratively with the Peer-to-Peer Employment Program, DPH programs and other peer-to-peer community services. The program will be strongly encouraged, but not required, to partner with a community and/or private college regarding curriculum development, admission process coordination and other education related needs.

C. Target Population

The program's population will include underserved and underrepresented San Francisco mental health consumers and their family members who: (1.) may have experience in the community behavioral health systems, (2.) are interested in a health career path, (3.) may benefit from educational training, and (4.) may not yet be ready to enter the City College of San Francisco Community Mental Health Certificate Program and/or a degree program.

The target population will include those of diverse backgrounds, with a balance between men and women, and at least 50% of the participants should be from underserved & underrepresented communities, including individuals from the Black/African American; Asian & Pacific Islander; LatinX; Native American; and Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and more (LGBTQQ+) communities. This program may also serve sub-populations including the older adult, immigrant, veteran and other disenfranchised communities.

D. Program Description

This program will consist of three program components:

1. Entry-Level Peer Specialist Mental Health Certificate Program
2. Advanced-Level Peer Specialist Mental Health Certificate Program
3. Peer Leadership Academy

1. Entry-Level Peer Specialist Mental Health Certificate Program

The Entry-Level component should provide a 12-week course, with two cohorts per fiscal year. Classes should be held at least twice a week, for about 4-6 hours each session. This course is designed to prepare consumers and/or family members with the basic knowledge for entry-level employment in the behavioral health system.

Course activities may include, but are not limited to:

- *Interactive Lectures*: Course topics include, but are not limited to: wellness and recovery model, basic understanding of mental health diagnoses, introduction to basic helping skills, professional ethics, boundaries, confidentiality, harm reduction principles, crisis interventions, motivational interviewing, clinical documentation, etc.

- *Classroom Exercises & Activities, Role-Play, and Progress Notes*: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises.
- *Shadow Experience Project:* Students are asked to shadow a staff person in a community agency for 8 hours to observe first-hand the experience of working in the field. Students are then asked to present their learnings from this experience to the class in a presentation.
- *Written Report*: Students choose a human services agency to learn more about its organizational structure, programs & services, and client demographics. Through a process of reviewing written materials and an informational interview with staff, each student is to submit a paper/report.
- *Individual Support and Counseling*: The course instructor and a teaching assistant should serve as advisors to students, focusing on overall wellness. Appointments should be offered for students to work with these support people as needed.
- *Cohort Support and Counseling*: The course instructor should plan two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events should connect current students with graduates of the program to facilitate networking and the sharing of resources.
- *Job Placement and Support*: The course instructor should organize a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the course instructor should continue to offer support and connect participants to additional resources such as the California Department of Rehabilitation, BHS Peer-to-Peer Employment program, BHS Vocational Services, peer job opportunities in the community, etc.
- *Program Completion Incentive*: Financial incentives should be provided to all participants completing the program, which further supports students with financial assistance and serves as a motivating factor.
- *Educational Materials Scholarship*: All required supplies and materials (required text, backpack, course binder, notebook, etc.) should be provided to students at no cost in order to address resource barriers and increase program access.
- *Accessibility*: The program should provide resources, education, and direct services to people with disabilities (i.e. computers with adaptive software & hardware, assistive listening devices, note taking services, etc.).

2. Advanced-Level Peer Specialist Mental Health Certificate Program

The selected service provider, with BHS and consumer input, will be responsible for the development and implementation of the advanced-level training program to further support and educate peers working with consumers of behavioral health services.

The Advanced-Level component should provide an 8-week course, with two cohorts per fiscal year. Classes should be held at least twice a week, for about 3-5 hours each session. This course provides additional education, networking and workforce development opportunities to consumers and/or family members who are currently providing, or recently provided, peer-to-peer services.

Course activities may include, but are not limited to

- *Interactive Lectures*: The Advanced-Level component includes topics related to best practices when working with consumers with acute needs or challenging to engage with, leadership and supervisory areas, mentorship of other peers and how to prepare for the civil service testing process for city employment.
- *Classroom Exercises & Activities, Role-Play, and Progress Notes*: Opportunities/assignments for students to practice skills via role-plays, write progress notes, and other classroom exercises.
- *Capstone Project*: Students work with the instructor to decide on a relevant topic of their choice and submit a report at the end of the course.

- *Quizzes and Exams*: Students are tested on their knowledge gained from lectures and other classroom activities through weekly quizzes or exams
- *Individual Support and Counseling*: The course instructor and a teaching assistant should serve as advisors to students, focusing on overall wellness. Appointments should be offered for students to work with these support people as needed.
- *Cohort Support and Counseling*: The course instructor should plan two social networking activities per cohort and other structured activities designed to facilitate cohort cohesiveness amongst students. These events should connect current students with graduates of the program to facilitate networking and the sharing of resources.
- *Job Placement and Support*: The course instructor should organize a Career and Resource Fair for each cohort to connect students to opportunities in the field of community behavioral health once they complete the program. In addition, upon graduation, the course instructor should continue to offer support and connect participants to additional resources such as the California Department of Rehabilitation, BHS Peer-to-Peer Employment program, BHS Vocational Services programs, peer job opportunities in the community, etc.
- *Program Completion Incentive*: Financial incentives should be provided to all participants completing the program, which further supports students with financial assistance and serves as a motivating factor.
- *Educational Materials Scholarship*: All required supplies and materials (required text, backpack, course binder, notebook, etc.) should be provided to students at no cost in order to address resource barriers and increase program access.
- *Accessibility*: The program should provide resources, education, and direct services to people with disabilities (i.e. computers with adaptive software & hardware, assistive listening devices, note taking services, etc.).

3. Peer Leadership Academy

The Leadership Academy should provide short-term monthly training seminars, for about 2-3 hours each session.

The Leadership Academy provides short-term training in specific peer-related topics. This component should offer monthly courses throughout the year at various days/times to reach a broad audience. There is not any requirement of peers/consumers to complete multiple courses or adhere to time restrictions, which will allow for program flexibility to work around the needs of many. This component should teach peers and consumers basic education in the areas of, but not limited to;

- ✓ peer counseling best practices
- ✓ mental health 101
- ✓ community advocacy
- ✓ group facilitation
- ✓ self-care and burnout prevention
- ✓ boundaries & ethics
- ✓ de-escalation techniques
- ✓ wellness and recovery
- ✓ trauma-informed training
- ✓ budgeting
- ✓ policy development
- ✓ program development
- ✓ program implementation
- ✓ quality assurance and evaluation
- ✓ RFP/RFQ review process
- ✓ evidence-based practices
- ✓ cultural humility
- ✓ crisis management
- ✓ safety protocol
- ✓ advisory boards
- ✓ motivational interviewing
- ✓ Seeking Safety
- ✓ WRAP

This component should provide unbiased information to peers and consumers to develop a basic understanding of certain programmatic areas while empowering peers/consumers to develop and advocate for their own beliefs. These training courses should help peers and consumers to develop skills to feel better equipped when participating in activities that request consumer input.

E. Service Provider Responsibilities

The selected service provider should implement a program that meets these projected deliverables:

- Forty-five (45) adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Both Entry & Advanced Courses).
- One hundred (100) adults will receive workforce development skills through attending the Leadership Academy each fiscal year.
- The Entry-Level Program will provide 190 program hours.
- The Advanced-Level program will provide 96 program activity hours.
- The Leadership Academy will provide 36 seminar hours.
- The program will coordinate and provide two social networking events designed to connect and link program alumni with current participants for professional support.
- The program will coordinate and provide two alumni reunions to help previous participants to maintain a professional network and support system intended for wellness and promotion.
- The program will coordinate and provide two career and/or resource fairs connecting and linking individuals to employment, volunteer, advocacy, and other educational opportunities.

F. Advisory Committee

The certificate programs should maintain an advisory committee with at least two seats that are held by graduates of the programs. This committee will be a standalone, multi-disciplinary committee that reflects the diversity of the community. Membership should include former program participants, guest lecturers, as well as various systems involved in workforce development. All advisory members are encouraged to provide input during the meetings in areas of program development, policy-making, implementation, evaluation and budgeting.

G. Wellness and Recovery

The fundamental objectives and principles of this program must be based on concepts of wellness and recovery for consumers of behavioral health services. The goal of wellness and recovery is for 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. The programs should operate under the belief that consumers can recover from their struggles and promote a sense of empowerment, self-direction, and hope.

Additionally, program content and practices should be based on wellness and recovery principles. Some of the specific wellness and recovery concepts may include: WRAP (Wellness Recovery Action Plan), a bio-psycho-social approach to case management, the stages of change model, harm reduction treatment principles, holistic intervention options, self-care, 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

H. Projected Objectives

The selected provider(s) will be responsible for working with DPH/BHS leadership and community members to develop outcomes objectives for the Peer Specialist Mental Health Certificate Program. The provider will not be required to meet all objectives listed, however, examples of program performance objectives may include, but are not limited to the following:

- Increase participant's knowledge of mental health education, resources and local services.
- Increase participant's knowledge of evidenced-based peer counseling practices.
- Increase participant's understanding of community advocacy work.
- 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 professional development skills.
- Increase participant's capacity to manage their own wellness and recovery.

Evaluation for All Programs

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 program's stated objectives, either in the proposal or those which 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.

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

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).

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.

III. APPLICATION SUBMISSION REQUIREMENTS

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

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 **September 8, 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/application.
Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org with a copy to Mahlet.Girma@sfdph.org.

At this time of publication, hard copies will not be accepted.

B. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m**., on **September 22, 2020**.
Postmarks will not be considered in judging the timeliness of submissions.

Applications must be submitted **via email** before the deadline to the following email addresses: sfdphcontractsoffice@sfdph.org and a copy to mahlet.girma@sfdph.org to SFDPH Office of Contracts Management.

Due to COVID-19, the contracts office will not be accepting hard copy submission. All proposal response and attachment should be emailed to the above email addresses.

Applications should be in one bundle and the required CMD Forms in a separate bundle but emailed together in one email with an email subject of **"RFQ 27-2020 – BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Programs"**.

Applications that are submitted by facsimile, telephone or a hard copy dropped off at the office **will not** be accepted. Late submissions will not be considered.

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

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 written with an easy to read 12 point font such as Arial or Times New Roman, one inch margins, double spaced. Please number pages and included a Table of Contents. Only requested attachments are accepted. Do not add additional attachment/s documents that the RFQ did not request.

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

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 application, the application 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 to both.**

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

4.1 For the Peer-to-Peer Employment Program (up to **4** pages)

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

a. Five years of proven experience as a Medi-Cal certified behavioral health provider in San Francisco, working directly with BHS outpatient clinics and providing direct mental health services to people with severe mental illness.
b. Five years of proven history providing peer-to-peer direct services, including proven capacity to conduct culturally-congruent peer counseling and engage peers in the broader community.
c. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strength-based and wellness-oriented services.
d. Five years of proven experience with workforce development services and support.
e. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs.
f. Proven ability to manage a program with a budget of over $2.5 million and employ over 100 employees.
g. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience.

4.2 For the Peer Specialist Mental Health Certificate Program (up to **3** pages)

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

a. Five years of proven experience as a behavioral health provider in San Francisco, including proven capacity and history conducting culturally-congruent peer training and education.
b. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strengths-based and wellness-oriented services.
c. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs.
d. Proven experience of teaching up-to-date knowledge in the field of peer-to-peer specialized services.
e. Proven history coordinating networking events for participants regarding workforce development and/or other wellness and promotion activities.

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.

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 **Behavioral Health and Peer-Based 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

1. **Minimum Qualifications for Application Narrative**

In order to be scored, applicants for the **Peer-to-Peer Employment Program** must demonstrate the following experience:

a. Five years of proven experience as a Medi-Cal certified behavioral health provider in San Francisco, working directly with BHS outpatient clinics and providing direct mental health services to people with severe mental illness. **(20 points)**
b. Five years of proven history providing peer-to-peer direct services, including proven capacity to conduct culturally-congruent peer counseling and engage peers in the broader community. **(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. Five years of proven experience with workforce development services and support. **(10 points)**
e. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs. **(10 points)**
f. Proven ability to manage a program with a budget of over $2.5 million and employ over 100 employees. **(10 points)**
g. Proven experience designing and conducting evaluation activities. Demonstrated capacity to disseminate results, findings and other lessons learned to a broad audience. **(10 points)**

In order to be scored, applicants for the **Peer Specialist Mental Health Certificate Program** must demonstrate the following experience:

a. Five years of proven experience as a behavioral health provider in San Francisco, including proven capacity and history conducting culturally-congruent peer training and education. **(20 points)**
b. Demonstrated commitment to the principles and practices of the Wellness and Recovery Model emphasizing strengths-based and wellness-oriented services. **(20 points)**
c. Proven history of initiating and sustaining successful collaborative partnerships with DPH and other wellness and recovery peer programs. **(20 points)**
d. Proven experience of teaching up-to-date knowledge in the field of peer-to-peer specialized services. **(20 points)**
e. Proven history coordinating networking events for participants regarding workforce development and/or other wellness and promotion activities. **(20 points)**

ORAL INTERVIEW EVALUATION/SCORING CRITERIA	TOTAL POINTS AVAILABLE: 100 Points

2. Oral Interview or Subsequent Review

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 or a subsequent review for additional information and questions for final selection. **DPH also has the sole discretion to choose the highest scoring written applications and forego the interview and/or subsequent review process if a suitable eligible list is developed from the first round of scores.**

If there is a subsequent review/ interview, both the written application and oral interview scores/or additional information will be combined in the final ranking and provider selection. The interview/subsequent review 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 August 18, 2020 until 12:00 P.M. August 31, 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 **August 31, 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.

Upon the sole discretion of DPH, DPH may conduct an Oral Interview, or subsequent review and request for additional information from qualified candidates and may award single or multiple top scoring qualified applicants, depending upon the needs of the program(s).

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALFICATIONS

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
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 an 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.

F. Revision of Application

An applicant may revise an 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:

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.

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 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 Form:
ii) Form 3, CMD Non-Discrimination Affidavit. If this form is 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 form with your application. The form 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. 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 Entity[1] subject to HIPAA and the Privacy Rule contained therein;
- A Business Associate[2] 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 Zuckerberg San Francisco General Hospital (ZSFG) to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. ZSFG 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 ZSFG 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 Zuckerberg San Francisco General Medical Center 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

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

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

(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, 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 Business Office
1380 Howard, 5th floor
San Francisco, CA 94103
Email at sfdphcontractsoffice@sfdph.org