

RFQ 17-2016
Mental Health Services Act
School Based Programs

DEPARTMENT OF PUBLIC HEALTH
Behavioral Health Services (BHS)



Request for Qualifications (RFQ) 17- 2016

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
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Date issued:	July 20, 2016
Email Questions Period:	July 20, 2016 – August 4, 2016
Letter of Intent due:	12:00 p.m., August 12, 2016
Applications due:	12:00 p.m., August 24, 2016

Request for Qualifications for: [RFQ 17-2016 MHSA School Based Programs](#)

Table of Contents

	Page
I. Introduction, Contract Term, Funding and Schedule.....	[1]
II. Scope of Work	[3]
III. Minimum Qualifications	[9]
IV. Submission Requirements.....	[9]
V. Evaluation and Selection Criteria	[12]
VI. Email Question Period and Contract Award	[13]
VII. Terms and Conditions for Receipt of Applications	[14]
VIII. City Contract Requirements	[18]
VIII. Protest Procedures.....	[20]

Appendices:

The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>. Click on **RFQ 17 - 2016** and follow the instructions.

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

Zip archive name: **A1.zip**

Files included:

- **RFQ Form # 1** Solicitation and Offer & [Appendix A1-a](#)
- **RFQ Form # 2** Contractual Record Form [Appendix A1-a](#)
- **CMD Attachment 2.doc** [Appendix A1-a](#) this contains the required CMD forms mentioned in Section VI.N.2 (page 10 of this RFQ).
- **Letter of Intent** [Appendix A1-b](#)
Form to submit a Letter of Intent (LOI)
- **Agency Cover Sheet** [Appendix A1-c](#)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award.

Zip archive name: **A2.zip**

Files included:

- If the qualified firm is a current vendor with the City you may not need to submit these forms**
- **MCO Dec.pdf**
Declaration for the Minimum Compensation Ordinance
 - **HCAO Dec.pdf**
Declaration for the Health Care Accountability Ordinance
 - **Vendor Profile.pdf**
Vendor Profile Application
 - **Biztax.pdf**
Business Tax Application Form (P-25)
 - **Fw9.pdf**
Federal W-9
 - **Employer Projection of Entry Level Positions rev7-11.doc**
Form for the city First Source Hiring Program
 - **12b101.pdf**

A-3. For Information Only

Zip archive name: **A3.zip**

Files included:

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

I. INTRODUCTION

A. General

Behavioral Health Services (BHS) under the San Francisco Department of Public Health (DPH) is issuing this Request for Qualifications (RFQ) to identify applicants that will meet the service goals requested in this RFQ. The department encourages both competition and collaboration between different agencies to meet the needs of children and youth through the School-Based Programs element of the Mental Health Service Act's Prevention and Early Intervention (PEI) Programming for:

- 1. School-Based Wellness Promotion programs at high schools, and**
- 2. Early Intervention Program Consultation at elementary and middle schools**

Applicants can bid separately for one or all programs. The funding for these programs will be from Mental Health Services Act (MHSA) as authorized by Proposition 63 that was approved by California voters to support fundamental changes to the access and delivery of mental health services in California. Proposition 63 was enacted into law in January 2005 and became known as the Mental Health Services Act (MHSA). MHSA 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.

MHSA is guided by five principles:

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

It is the MHSA's philosophy that mental health needs are not defined by symptoms but rather by a focus on achieving, maintaining, and promoting the overall health and well-being of the individual and family. Proposed programs that reflect the wellness and recovery model should be able to demonstrate that their consumers and their family members are empowered to

- 1) establish, work toward and achieve their personal goals;
- 2) learn new skills and strategies to manage the challenges in their lives; and
- 3) draw strength and growth from their lived experiences.

The programs in this RFQ will be funded, specifically, by MHSA Prevention and Early Intervention (PEI) dollars. The purpose of PEI programs is to engage individuals before the development of serious mental illness and/or to lessen the need for extended mental health treatment by proactively coordinating access to support at the very earliest stages of mental health challenges. The applicants must demonstrate the ability to adhere to the MHSA principles and PEI guidelines, and also meet the service goals listed in this RFQ.

RFQ 17-2016 MHSA School Based Programs

Current School-Based Mental Health Programs are designed to reduce risk factors, promote wellness and reduce stigma related to mental health – with special attention to at-risk and underserved populations. These programs serve children and youth who are at-risk of failing school, frequently absent or truant, display challenging behaviors in the classroom or have been exposed to trauma.

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).

Applicants can bid separately for one or all programs. Please note, while current School-Based Mental Health Program sites are identified in this RFQ, they are subject to change during the course of the process whereby contract agencies are engaged. This RFQ will develop a list of qualified candidates. The specific programming and school assignment will be determined in the contract negotiation phase with DPH, the selected contractor and/or the schools.

B. Contract Term and Funding

A projected total of **\$1,150,000** is available under this RFQ for School Based Mental Health Programs. All amounts are subject to available funding. Fiscal Year 2017 -2018 projected funding is dependent available funds and SFDPH/CBHS reserves its sole right to award all or a portion of funds available.

Contracts shall have an original term from **July 1, 2017** to **June 30, 2018**. In addition, the City shall have five (5) options to extend the term for a period of one (1) year, for a total of six (6) year contract, subject to annual availability of funds and annual satisfactory contractor performance and system of needs. The City has the sole, absolute discretion to exercise this option.

Service Categories for School-Based Programs		Estimated Annual Budget (final budget to be determined)
1.	School-Based Wellness Promotion at high schools	\$730,000
2.	Early Intervention Program Consultation at elementary and middle schools	\$420,000

The estimated budget(s) amount may increase or decrease depending on funding availability. Projected funding is dependent on available funds and DPH/BHS reserves its sole right to award all or a portion of funds available. DPH will award a contract to the top scoring qualified applicant of each service category.

Upon the sole discretion of DPH, DPH may award multiple top scoring qualified applicants of a specific service category, depending upon the needs of the community and the needs of the project. In addition, the Department reserves the right to issue multiple contracts to multiple vendors that are qualified and that submit an application. Each contract will be for services that the contractor has bid for in this RFQ.

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Proposal Phase</u>	<u>Time</u>	<u>Date</u>
RFQ is issued by the City		July 20, 2016

RFQ 17-2016 MHSA School Based Programs

Email Questions Begin		July 20, 2016
Email Question End	12:00 p.m.	August 4, 2016
Letters of Intent	12:00 p.m.	August 12, 2016
Applications due	12:00 p.m.	August 24, 2016

Estimated Dates

Technical Review Panel	Week of September 6, 2016
Contract Selection & Development	September / October 2016
Negotiations	October / November 2016
Contract Development & Processing	November / December 2016
Service Start Date	July 1, 2017

II. SCOPE OF WORK

A. Services

Overview of School-Based Mental Health Programs

This RFQ outlines the School-Based Mental Health Programs and seeks to identify a number of qualified service providers to support, sustain and advance the services. The selected service providers, in collaboration with BHS and behavioral health consumers, will be responsible for the continued development and promotion of the MHSA programs utilizing evidence based practices and wellness recovery principles.

This RFQ calls for a competitive process and DPH encourages multiple agencies to apply. Six (6) existing programs are included in this RFQ. These programs include:

1. Behavioral Health Services at Balboa Teen Health Center
2. School-Based Mental Health Services
3. School-Based Youth Early Intervention Program
4. PEI School-Based Wellness Centers
5. School Based-Early Intervention at Burton High School
6. Trauma and Recovery Services

Community-Defined Needs

BHS collected information from mental health consumers, family members of mental health consumers, the broader community and Mental Health Services Act (MHSA) programs to better understand the respective needs in the context of School-Based community mental health services.

BHS conducted an evaluation to assess the impact and implementation of School-Based Mental Health Services utilizing a mixed methods approach to determine the efficacy and fidelity of the two primary methods utilized by the School-Based mental health service providers. The elementary and middle school programs used a program consultation model designed to increase self-efficacy among teachers and administrators in the targeted schools, thereby increasing their capacity to support students in ways that allow the students to be more successful academically and behaviorally. The high school programs used a wellness promotion model, which is designed to affect students directly by helping them address behavioral health challenges, improve connectedness to school, engage in supportive adult relationships and access increased behavioral and academic support outside of school.

Qualitative data (i.e., interviews and focus groups) unequivocally point to greater teacher efficacy and improved student outcomes achieved over time through these efforts. Quantitative data (e.g., survey results) were less likely to show pre/post improvements, although 75% of the participating high school

RFQ 17-2016 MHSA School Based Programs

students agree/strongly agree that they have improved their academic performance since participating in their School-Based Mental Health Programs.

The evaluation identified the following factors as contributing to successful School-Based Mental Health Programs. School-Based Mental Health Program RFQ respondents should be prepared to address the following evaluation recommendations, as applicable.

1. Alignment with the needs and resources of the schools. This includes aligning program objectives with those of the schools and respecting the culture of the school and community.
2. Staffing tenure and consistency.
3. Maintaining role clarity.
4. Creating a "safe space" for students by ensuring confidentiality and consistent attention to the students' needs.
5. Creating a "safe space" for teachers and administrators to think about the challenges they are facing, to receive professional coaching and to try out new strategies with students.
6. Agency capacity to collect, analyze and report on data that are relevant to the evaluation.

Prevention and Early Intervention (PEI) Regulations

All RFQ applicants should be prepared to comply with the statewide MHSA Prevention and Early Intervention Program (PEI) regulations that were adopted on October 6, 2015. These PEI regulations require that PEI-funded programs collect program data, measure the efficacy of program services and report the impact of services on its intended communities. These new regulations explore various ways to document linkage to treatment and call for a higher level of data tracking (linkage to care, early identification signs and demographics). Demographic data reporting includes age, race/ethnicity, primary language, sexual orientation, disability status, veteran status, and gender (assigned at birth & current identity).

DPH/BHS is committed to help providers meet the new requirements. In collaboration with the DPH Office of Quality Management (OQM), BHS will provide on-going education and technical assistance to help set up strategies and activities to collect appropriate data. In addition, BHS is currently working with the state and other counties to exchange and develop new efforts for data collection.

Service Provider Responsibilities

This RFQ broadly describes a proposed school-based service model. However, the selected service provider(s), in collaboration with BHS, children/youth and their families, will be responsible for the design and implementation of these school-based programs. The ideal service provider(s) should be open to a collaborative process with BHS and BHS consumers, with regard to program development, implementation, evaluation and long-term strategic planning. The provider(s) will participate in evaluating the service delivery of these programs and frequently assess the needs of the community and implement changes with the input of behavioral health consumers. A strong partnership between the service provider(s) and BHS is a vital component of this project, in addition to collaboration among other BHS school-based, vocational, educational and community programs in order to share best practices and to learn about other programs in order to provide an array of opportunities to the children/youth and their families.

The ideal provider(s) should demonstrate their ability to engage, inform and empower the adults who interact directly with at-risk school-age children and youth - including but not limited to parents/caregivers, teachers, positive adult role models, and juvenile justice, child welfare and behavioral health professionals. Successful provider(s) will help these key adults to identify social-emotional and behavioral health challenges as early as possible and to ensure that children, youth and families are quickly connected with appropriate services and providers.

RFQ 17-2016 MHSA School Based Programs

The content of any school-based mental health curriculum and professional development programming should be based on the wellness and recovery principles described above. These programs should be strength-based, holistic, empowering, child/youth led, family centered and community oriented.

Service Descriptions

The following describes a proposed model for the School-Based Mental Health Programs for:

1. School-Based Wellness Promotion Programs at High Schools
2. The Early Intervention Program Consultation at Elementary and Middle Schools

Applicants can bid separately for one or all programs.

1. School-Based Wellness Promotion Programs at High Schools

Program Overview

MHSA provides funding to prevention and early intervention programs that serve students on high school campuses. Some examples of School-Based Wellness Promotion services include individual therapy and case management, group counseling, crisis intervention, leadership development programs, academic support, educational workshops, and family engagement. The broad range of services corresponds to the varied needs of high school students, who see MHSA-funded providers for everything from homework help to crisis intervention.

An overall goal of the School-Based Wellness Promotion programs at high schools is to enhance students' perception of school connectedness, especially among students who exhibit some form of behavioral health challenge. A premise of this program is that school connectedness will lead to improved attendance, graduation rates, and academic performance among students with behavioral health challenges and an overall improvement in perception of safety at school across the entire student body and faculty. These programs also aim to bolster students' life skills, such as leadership and decision-making skills, and strengthen their resiliency and self-esteem.

The School-Based Wellness Promotion programs provide a wide range of services, such as:

- Youth development programs to empower student leadership, social entrepreneurship and service learning
- Mental health support screening and needs assessment
- Case management (including referral and linkage services) for students and parents on a scheduled and drop-in basis
- Individual and group counseling for students and families
- Truancy wrap-around support for the youth, care-givers and school staff
- Trauma-related support, psychoeducation and treatment
- Crisis intervention
- Community building/violence prevention events
- Family/caregiver engagement programs

Beyond delivery of direct services to students and their families, the service provider will also be responsible for collaboration with the school staff and other providers working in the identified schools. This collaborative work will 1) provide the school and other agency staff with consultation and professional development regarding behavioral health issues and best practices; 2) enhance school-based multidisciplinary teams (e.g., CARE, CORE, SST and IEP meetings); 3) help students and families navigate the public systems of care and support services; and 4) help the schools maximize their resources to support youth wellness.

RFQ 17-2016 MHSA School Based Programs

The service provider is also responsible for managing program service and outcome data that will inform regular formative and summative evaluation of the program in collaboration with the external evaluator. The provider will also provide regular program data reports to BHS.

When feasible, the service provider will also bill Medi-Cal, leverage funding and/or collaborate with existing services in order to sustain and grow service provision over time.

Target Population

As a prevention and early intervention program, the School-Based Wellness Promotion Programs at high schools are designed to serve all students who request services, with special emphasis on youth who exhibit behavioral health difficulties. Included in this target population will be youth who have experienced a traumatic event and/or the symptoms that stem from chronic and/or complex trauma. This population will also include youth who are frequently tardy, absent or truant from school and who may be at-risk from school failure. The service provider may also inquire whether there are conditions such as adverse childhood experiences, poverty and other conditions that may warrant prioritizing specific subgroups for services.

Demographics of the service population should be broadly reflective of the racial/ethnic, gender and socioeconomic makeup of the schools as a whole. As a high school program, it is anticipated that the age range of participants will be between 14 and 18 years of age. The School-Based Wellness Promotion programs will also provide services to student families/caregivers and school personnel.

DPH/BHS intends to offer the following School-Based Wellness Promotion services at the following San Francisco Unified School District high schools:

1. Wellness Center services at Burton High School; Balboa High School; June Jordan High School; and the San Francisco School of the Arts High School
2. Trauma-Focused services serving identified students within the San Francisco Unified School District high schools
3. Truancy Supportive services serving identified students within the San Francisco Unified School District high schools

The school district and DPH/BHS has identified these above schools with the highest need for support at this time. School sites are subject to change at a future time.

Key Elements Funded under this RFQ

The selected service provider(s) will be responsible for designing and implementing a School-Based Wellness Promotion program model that utilizes an diverse approach of modalities in order to enhance life skills, increase healthy relationships, decrease crises events and truancy, and improve the overall quality of life for each youth/young adult.

The key elements for achieving an eclectic school-based model for high school students may include, but not limited to, the following:

- Outreach activities including health fairs, classroom presentations and school assemblies to raise awareness about behavioral health, available resources, and to provide linkage
- Street outreach and resource linkage for school reengagement and professional/career development skill building
- Face-to-face mental health screening and assessments to identify strengths and needs.
- Drop-in case management service hours for students and parents/caregivers to address concerns, as needed
- In-home individual and/or family therapy services offering an array of evidence-based and strength-based modalities

RFQ 17-2016 MHSA School Based Programs

- Wrap-around services with a focus on reducing truancy by providing customized referrals and linkages for students and their parents/caregivers
- Stipend-based community service activities to engage youth in school and help to increase attendance
- Peer-based engagement support with student peers who utilize their own lived experience to reengage youth/young adults
- School climate workshops to build student knowledge and skills in order to minimize additional traumatic experiences (e.g., involvement in the juvenile justice system) and to enhance students' leadership and social skills
- Adult workshops to orient parents and caregivers to youth and family services available both on- and off-campus
- Student leadership development programs to build youths' life-skills in healthy decision making and pro-social support systems
- Activities to recognize student accomplishments and goal achievement, including award ceremonies and other community events
- Trauma-focused interventions including individual therapy, family therapy, clinical collateral with significant people, clinical case management services, and crisis response
- Consultation and psychoeducation services to teach school personnel about behavioral health needs including trauma-related symptoms, PTSD, attention-seeking behaviors, common reasons for truancy, and to teach best practices for supporting these youth

In addition, The San Francisco Unified School District has requested a need for increased programming that emphasizes parent/caregiver engagement. The selected service provider(s), in collaboration with DPH/BHS, will be responsible for developing new programs that support the parents/caregivers and help to increase their efforts to engage with school personnel and their youth, particularly at the adolescent level.

2. The Early Intervention Program Consultation at Elementary and Middle Schools

Program Overview

The Early Intervention Program Consultation approach is designed to provide regular mental health consultation to teachers, support staff and administrators at designated elementary and middle schools. This consultation includes both school-day and out-of-school-time (OST) staff with particular focus on teachers and staff who are challenged by students' emerging mental health and behavioral needs. This approach also provides professional development regarding such issues as child development, behavioral de-escalation, trauma triggers, staff dynamics and disabilities. Programs also provide support to school-day and OST staff to create inclusive environments for children with disabilities.

Early Intervention Program Consultation staff also provide an array of direct services to students and their families. These direct services include outreach and engagement, screening and assessment, one-to-one intervention, crisis response, parent education, collateral service with family members and other activities involving a therapeutic alliance.

Early Intervention Program Consultation staff also help to facilitate regular mental health collaborative meetings with school leadership, teachers, support staff and community mental health providers to create and maintain a seamless system of care approach in the selected schools. They also help to facilitate CARE Team (or other collaborative team models) meetings whereby student/family/classroom needs are identified and collaborative strategies are developed and deployed to meet those needs.

Target Population

As a prevention and early intervention program, the Early Intervention Program Consultation will be designed to serve all students who request services, with special emphasis on youth who exhibit

RFQ 17-2016 MHSA School Based Programs

behavioral health difficulties. The service provider may also inquire whether there are conditions such as adverse childhood experiences, poverty and other conditions that may warrant prioritizing specific subgroups for services.

Demographics of the service population should be broadly reflective of the racial/ethnic, gender and socioeconomic makeup of the schools as a whole. As an elementary/middle school program, it is anticipated that the age range of participants will be between 5 and 14 years of age. The Early Intervention Program Consultation will also provide services to student families/caregivers and school personnel.

DPH/BHS intends to offer the following Early Intervention Program Consultation services at the following San Francisco Unified School District schools:

1. Charles Drew College Preparatory Academy
2. Hillcrest Elementary School
3. James Lick Middle School

The school district and DPH/BHS has identified these above schools with the highest need for support at this time. School sites are subject to change at a future time.

Key Elements Funded under this RFQ

The selected service provider(s) will be responsible for designing and implementing a school-based model that utilizes an eclectic approach of modalities in order to increase coping skills of children, increase healthy relationships, increase the skill-level of teachers and school staff, and improve the overall quality of life for each child/youth.

The key elements for achieving an eclectic school-based model for elementary and middle school students may include, but not limited to, the following:

- Classroom observation with a comprehensive consultation plan to teachers responding to weekly needs of children/youth.
- Supportive strategies that foster positive teacher-student, teacher-parent and student-parent relationships.
- Gross motor activities to assist with focus such as Zumba, yoga, stretching, dance, etc.
- Calming practices including tactile stimulation, deep-breathing and play-based techniques.
- Care coordination for students and their families integrating primary care, behavioral health, the SFUSD, mentors, after-school staff and anyone playing a significant role in the life of the student.
- Brief therapeutic support, behavior coaching and early intervention strategies.
- Face-to-face assessments of children, families and the overall "school climate".
- Engagement strategies to promote family involvement at all levels of service.
- Use of peers and classroom supports.
- Activities that recognize accomplishments and goal achievement including award ceremonies and other community events.

Evaluation for All Programs

The selected service provider(s) will evaluate the service delivery and work in close partnership with the SFDPH Office of Quality Management (OQM) to develop a comprehensive evaluation plan and tools to measure outcomes. An evaluation plan should guide the design and implementation of all of the programs. In addition, it should provide tools to learn how these programs impact those participating. The evaluation plan should be carried out in a collaborative manner where input from stakeholders (including consumers) is continuously obtained. The use of surveys, focus groups, or key informant interviews may be used.

RFQ 17-2016 MHSA School Based Programs

The selected service provider(s) will be responsible for compiling evaluation reports summarizing the program design, results, outcomes, lessons learned, and ways to continuously improve program services based on consumer feedback. All providers should be able to comply with the statewide PEI regulations that were adopted on October 6, 2015. These PEI regulations require that PEI-funded programs collect a higher level of program data, measure the efficacy of program services and report the impact of services on its intended communities. The provider(s) may be asked to share their evaluation findings with key stakeholders.

The selected provider(s) will develop annual process and outcome objectives. Providers are encouraged to utilize the technical assistance and support of the OQM evaluators. These evaluators can work directly with service providers or offer assistance at group meetings. These resources can help identify indicators of success, design evaluation instruments to measure program strategies, and determine which data collection approach is most feasible given a program's capacity.

In addition, the selected service providers are required to complete and submit annual year-end program reports to DPH/BHS - MHSA and receive site visits from MHSA staff and the DPH Business Office of Contract Compliance (BOCC) staff.

III. MINIMUM QUALIFICATIONS

In order to meet minimum qualifications for this School-Based Program RFQ, the provider will describe its ability of relevant agency experience:

- a. Two years of proven history building teacher, support staff and caregiver capacity to address students' social-emotional development.
- b. Two years of proven history building teacher and support staff capacity to work effectively with children who have been exposed to adverse childhood experiences (ACEs) and trauma.
- c. Proven experience engaging children and youth in prevention and early intervention programming.
- d. Proven experience engaging caregivers and family in prevention and early intervention programming.
- e. Demonstrated commitment to minimizing mental health stigma.
- f. Proven history working successfully with public schools to improve school climate.

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 proposal review or for award of a contract.

IV. SUBMISSION REQUIREMENTS

A. Letter of Intent (LOI) – Non Binding

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 Noon, on August 12, 2016** 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 application if a letter of intent is not submitted. However, for planning purpose, we encourage interested applicants to submit a letter of intent.

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

RFQ 17-2016 MHSA School Based Programs

B. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m.**, on **August 24, 2016**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SFDPH Office of Contracts Management, or mailed to:

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

Proposers shall submit **one** (1) original and **six** (6) copies of the proposal, and **one** (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked "**RFQ-17-2016 – MHSA School Based Programs**" to the above location. The original copy of the proposal must be clearly marked as "**ORIGINAL**" and must also be emailed to Mahlet Girma, Contract Analyst at Mahlet.Girma@sfdph.org. Applications that are submitted by facsimile, telephone or electronic mail (other than the original) will not be accepted. Late submissions will not be considered.

C. Late Submissions

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

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

D. Format

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

E. 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 in the order specified below:

1. Required Forms [Appendix A1-a](#)

- a. [RFQ Form#1](#)-Solicitation and Offer & [RFQ Form#2](#) Contractual Record Form (with original & each copies)

RFQ 17-2016 MHSA School Based Programs

- b. CMD Forms (one copy to be submitted with the original only): Contract Monitoring Division. All proposals submitted must include the following: i) Form 2A, CMD Contract Participation Form, ii) Form 3, CMD Non Discrimination Affidavit, iii) Form 4, CMD Joint Venture Form (if applicable), and iv) Form 5, CMD Employment Form. If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected. The forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

2. **Agency Cover Sheet** - [Appendix A-1c](#)

Interested applicants must complete "**Agency Cover Sheet**" attached in [Appendix A-1c](#) and check the service category your agency is responding to. If applying for both categories, check on the Cover Sheet and submit only one application describing how it meets the Minimum Qualifications for each of the service categories. Do not submit two applications.

3. **Introduction** (no more than 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 proposal. Include the name and contact information (address, email and telephone number) for this person or another contact person at your firm. Submission of the letter will constitute a representation by your agency that your agency is willing and able to perform the commitments contained in the application.

4. **Minimum Qualifications** (up to 3 pages)

In order to meet minimum qualifications for this School-Based Program RFQ, the provider will describe its ability of relevant agency experience:

- a. Two years of proven history building teacher, support staff and caregiver capacity to address students' social-emotional development.
- b. Two years of proven history building teacher and support staff capacity to work effectively with children who have been exposed to adverse childhood experiences (ACEs) and trauma.
- c. Proven experience engaging children and youth in prevention and early intervention programming.
- d. Proven experience engaging caregivers and family in prevention and early intervention programming.
- e. Demonstrated commitment to minimizing mental health stigma.
- f. Proven history working successfully with public schools to improve school climate.

5. **Memorandum of Understanding or Letter of Commitment** (up to 1 page)

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. (If applicable)

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 proposal 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 school based programs and in the areas related to this RFQ. 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 reserves the right to review and evaluate qualifications received without further clarification.

Your proposal/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 multiple top scoring qualified applicants of a specific service category, depending upon the needs of the community and the needs of the project. In addition, the Department reserves the right to issue multiple contracts to multiple vendors that are qualified and that submit an application. Each contract will be for services that the contractor has bid for in this RFQ.

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

Successful Applicants must show evidence of the following: EVALUATION CRITERIA/SCORING	TOTAL POINTS AVAILABLE 100 Points
<p>1. Submission (20 points)</p> <ul style="list-style-type: none">a. Does the applicant follow the submission requirement guidelines and format listed in section IV? Are all submissions complete, within the 5 page limits + agency cover sheet, using 12 point Times New Roman font, one inch margins, double spaced and on double sided, recycled pages? <i>(10 points)</i>b. Does the applicant submit Appendix A-1a RFP Forms, CMD Attachment and Agency Cover Sheet Appendix A-1c? <i>(10 points)</i> <p>2. Qualifications (80 points)</p> <ul style="list-style-type: none">a. Does the applicant have two years of proven history building teacher, support staff and caregiver capacity to address students' social-emotional development? <i>(15 points)</i>b. Does the applicant have two years of proven history building teacher and support staff to work effectively with children who have been exposed to adverse childhood experiences (ACEs) and trauma? <i>(15 points)</i>c. Does the applicant demonstrate proven experience engaging children and youth in prevention and early intervention programming? <i>(15 points)</i>d. Does the applicant demonstrate proven experience engaging caregivers and family in prevention and early intervention programming? <i>(15 points)</i>e. Does the applicant demonstrate commitment to minimizing mental health stigma? <i>(10 points)</i>f. Does the applicant demonstrate proven history working successfully with public schools to improve school climate? <i>(10 points)</i>	100 Points

RFQ 17-2016 MHSA School Based Programs

TOTAL POINTS POSSIBLE UNDER **LBE ORDINANCE:**

10 Points

This may include:

- 10% to a certified Micro or Small LBE; or a joint venture between or among certified Micro or Small LBEs;
- 5% to a joint venture with certified Micro and/or Small LBE participation, whose participation is equal to or exceeds 35%, but is under 40% or
- 7.5% to a joint venture with certified Micro and/or Small LBE participation, whose participation equals or exceeds 40%; or
- 10% to a certified non-profit entity.

The Contract Analyst will calculate any LBE discount points
TOTAL POINTS POSSIBLE:

110 Points

VI. EMAIL QUESTIONS 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 / Fax (415) 252-3088

E-questions may only be submitted from July 20, 2016 until 12:00 Noon August 4, 2016

No questions or requests for interpretation will be accepted after 12:00 PM on **August 4, 2016**. If you have further questions regarding the RFQ, please contact Mahlet Girma at Mahlet.Girma@sfdph.org

B. Contract Award

The **Department of Public Health** 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 **Department of Public Health**, in its sole discretion, may terminate negotiations with the selected proposer and begin contract negotiations with any other firm on the qualified list.

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

RFQ 17-2016 MHSA School Based Programs

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 multiple top scoring qualified applicants of a specific service category, depending upon the needs of the community and the needs of the project. In addition, the Department reserves the right to issue multiple contracts to multiple vendors that are qualified and that submit an application. Each contract will be for services that the contractor has bid for in this RFQ.

VII. TERMS AND CONDITIONS FOR RECEIPT OF QUALIFICATIONS

A. Errors and Omissions in RFQ

Proposers are responsible for reviewing all portions of this RFQ. Proposers are to promptly notify the Department, in writing, if the proposer 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 proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFQ

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

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504/ Fax (415) 252-3088
E-mail: Mahlet.Girma@sfdph.org

C. Objections to RFQ Terms

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

D. Change Notices

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

E. Term of Proposal

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

F. Revision of Proposal

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

RFQ 17-2016 MHSA School Based Programs

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

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

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the 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. Proposer's Obligations under the Campaign Reform Ordinance

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

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

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

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

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (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 Proposal, and requests to be placed on a mailing list do not constitute negotiations.

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

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.

RFQ 17-2016 MHSA School Based Programs

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

J. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to 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 a proposer is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the proposer must comply with Chapter 12L. The proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to proposer's meetings and records, and (2) a summary of all complaints concerning the proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

L. Reservations of Rights by the City

The issuance of this 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, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFQ, or the requirements for contents or format of the proposals;
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 proposer to observe any provision of this RFQ.

N. Local Business Enterprise Goals and Outreach

The requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance") shall apply to this RFQ.

1. LBE Subconsultant Participation Goals

The LBE subcontracting goal has been waived for this RFQ. Skip to # 2.

RFQ 17-2016 MHSA School Based Programs

2. Certified LBE Bid Discount /Rating Bonus

a) Micro LBE and Small LBE Rating Bonus

The City strongly encourages applications from qualified, certified Micro and Small LBEs. Pursuant to Chapter 14B, a rating bonus will be in effect for the award of this project for any proposers who are certified by CMD as a Micro or Small LBE, or joint ventures where the joint venture partners are in the same discipline and have the specific levels of participation as identified below. For joint ventures, the certified Micro and /or Small LBE must be an active partner in the joint venture and perform work, manage the job and take financial risks in proportion to the required level of participation stated in the proposal, and must be responsible for a clearly defined portion of the work to be performed and share in the ownership, control, management responsibilities, risks, and profits of the joint venture. The portion of the certified Micro and/or Small LBE joint venture's work shall be set forth in detail separately from the work to be performed by the non-LBE joint venture partner. The certified Micro and/or Small LBE joint venture's portion of the contract must be assigned a commercially useful function. Certification applications may be obtained by visiting <http://www.sfgsa.org/index.aspx?page=6058>

The rating bonus applies at each phase of the selection process. The application of the rating bonus is as follows:

- i) 10% to a certified Micro or Small LBE; or a joint venture between or among certified Micro or Small LBEs;
- ii) 5% to a joint venture with certified Micro and/or Small LBE participation, whose participation is equal to or exceeds 35%, but is under 40% or
- iii) 7.5% to a joint venture with certified Micro and/or Small LBE participation, whose participation equals or exceeds 40%; or
- iv) 10% to a certified non-profit entity.

The rating bonus will be applied by adding 5%, 7.5%, or 10% (as applicable) to the score of each firm eligible for a bonus for the purposes of determining the highest ranked firm.

b) Small Business Administration (SBA) LBE Rating Bonus

Pursuant to Chapter 14B.7(E), a 2% rating bonus will be in effect for proposers who are certified by CMD as a SBA LBE; however, the 2% rating bonus shall not be applied at any stage if it would adversely affect a Micro or Small LBE proposer or a J/V with LBE participation.

3. CMD Forms to be submitted with Application

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

b) Please submit only one (1) copy of the above forms with your proposal. The forms should be placed in a separate, sealed envelope labeled CMD Forms.

If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310 or visit <http://sfgsa.org/index.aspx?page=6058>

VIII. CONTRACT REQUIREMENTS

A. Standard Contract Provisions

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

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§**Article 10.5 "Nondiscrimination 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 proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at <http://www.sfgsa.org/index.aspx?page=6058>.

C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement.

For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

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

D. Health Care Accountability Ordinance (HCAO)

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

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

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

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

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

- A Covered Entity¹ subject to HIPAA and the Privacy Rule contained therein;
- A Business Associate² subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

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

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

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

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

J. Vendor Credentialing at San Francisco General Hospital.

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.

It is the policy of San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES" Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." Vendormate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

IX. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or 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 proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFQ provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

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

Director of Contract Management and Compliance
101 Grove St, Rm. 307
San Francisco, CA 94102
Fax number (415) 554-2555
