Request for Proposals (RFP) 04 - 2012

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 419
SAN FRANCISCO, CA 94103

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Date issued: MARCH 8, 2012
E-Question Period: March 8, 2012 – March 20, 2012
Non Binding Letter of Intent 12:00 p.m., March 28, 2012
Proposal due: 12:00 p.m., April 10, 2012
Request for Proposals for CYF Behavioral Health Outpatient EPSDT & Therapeutic Behavioral Services

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Appendices: RFP-04-2012 Zipped file:

A. Appendix A - Forms
   These forms must be completed in order for a proposer to be considered:
   a. DPH Forms: RFP Form #1 Solicitation and Offer;
      RFP Form #2 Contractual Record Form;
      RFP Form #3 Prospective Contractor Financial Survey Form
   b. HRC Attachment 2

B. Appendix B: Budget

C. Appendix C: CBHS ADA Program Accommodations Check List

D. Appendix D: Standard Forms – For Information Only
   Listing and Internet addresses of Forms related to Taxpayer Identification Number and Certification, to Business Tax Declaration, and to Chapters 12B and 12C, and 14B of the S.F. Administrative Code

E. Agreement for Professional Services (form P-500) – separate document upon request
   Note: The current DPH Standard Boilerplate “Agreement for Professional Services” (form P-500) can be furnished by the Contracts Office either electronically by email, or a hard copy by mail or pick up.
I. INTRODUCTION AND SCHEDULE

A. Introduction

The Department of Public Health, Community Behavioral Health Services (CBHS), Child, Youth and Family System of Care (CYFSOC), is soliciting proposals from interested proposers to provide Behavioral Health Outpatient Services and Therapeutic Behavioral Services to Children, youth and their families.

Community Behavioral Health Services is the major provider of behavioral health services in the City and County of San Francisco, funding a full range of consumer-driven, integrated, recovery-oriented, culturally competent prevention, early intervention, treatment, and aftercare services and supports.

Children, Youth and Family System of Care Overview

The Child, Youth and Family System of Care (CYFSOC) provides age appropriate, strength-based behavioral health prevention, early intervention, treatment and aftercare services to children, youth and families throughout San Francisco. Consistent with the CBHS vision and mission, CYFSOC serves families through a culturally and linguistically competent, outcomes-based, family-driven, youth-guided system of care within a framework of resiliency and recovery. Through CYFSOC, we strive to keep children and youth in school, out of trouble and safely in the community.

The Child, Youth and Family System of Care supports the goals and recommendations of the SFDPH Community Program Stakeholder Engagement Process Supporting Children, Youth and Families Workgroup. CYFSOC guiding principles, priority services populations, and recommendations have been incorporated into “CYFSOC Program Goals” (see below) and within modality sections. Proposers should demonstrate how they have incorporated recommendations of the SFDPH Community Program Stakeholder Engagement Process Supporting Children, Youth and Families Workgroup within their proposed programs. A copy of the SFDPH Community Program Stakeholder Engagement Process report can be found at: http://www.sfdph.org/dph/files/reports/CommunityProgs/CommProgsStakeholderFullRecommen dRpt05222009.pdf.

B. Contract Term

Contracts shall have an original term from July 1, 2012 to June 30, 2013. In addition, the City shall have two (2) options to extend the term for a period of one (1) year, for a total of three (3) 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.

The estimated annual allocation for the contract is $88,419 for Behavioral Health Outpatient EPSDT Services and $75,168 for Therapeutic Behavioral Services which may increase or decrease depending on funding available. All amounts are subject to available funding. Both qualified new providers and existing CBHS providers are encouraged to apply for funds.

Note: If your agency has been awarded a 5 year contract under the MEGA RFP (RFP 23-2009) for CYF Therapeutic Behavioral Services and EPSDT services, you DO NOT need to respond to this RFP 4-2011. Please DO NOT submit proposals.
C. Schedule

The anticipated schedule for selecting a contractor is:

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<tr>
<th>Proposal Phase</th>
<th>Time</th>
<th>Date</th>
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<tbody>
<tr>
<td>RFP is issued by the City</td>
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<td>March 8, 2012</td>
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<td>E Questions end</td>
<td>12:00 noon</td>
<td>March 20, 2012</td>
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*Deadline for submission of written questions*

| Non Binding Letter of Intent                   | 12:00 noon    | March 28, 2012 |
| Proposals due                                 | 12:00 noon    | April 10, 2012 |

*Estimated Dates:*

- Selections and Negotiations: May, 2012
- Contract Development & Certification: June 2012
- Service Start Date: July 1, 2012

II. SCOPE OF WORK

The following section provides modality background information and requirements proposers must consider and address in their proposals. The table below lists the two modalities for which proposals are requested. Please note that Fiscal Year 2012-2013 projected funding is dependent upon the availability of funds. Proposers should develop their proposals based on the specified funding target.

<table>
<thead>
<tr>
<th>Community Behavioral Health Services</th>
<th>Fiscal Year 2012-13 Projected Funding</th>
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<td>Child, Youth and Family System of Care Modalities</td>
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<td>1. Behavioral Health Outpatient EPSDT services</td>
<td>$88,419</td>
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<tr>
<td>2. Therapeutic Behavioral Services (TBS)</td>
<td>$75,168</td>
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On the following pages, please find *Child, Youth and Family System of Care (CYFSOC)* modality specific requirements. Proposers must incorporate required modality information in their proposals in addition to other request for information submission requirements contained in this RFP.

1. Behavioral Health Outpatient EPSDT services  
   Projected Funding: $88,419

   **A. Modality Overview**

   Nearly 75% of CBHS CYFSOC funding is directed to mental health outpatient services provided by contractor clinics and programs to eligible San Francisco children, youth and their families in office settings, schools, and in the client’s natural community. Outpatient therapy includes medication support, mental health, assessment, collateral, therapy, and targeted case management services.
B. **Target Population**

Generally speaking, children and youth under the age of 18 who are beneficiaries of public health insurance, such as Medi-Cal and Healthy Families, and their siblings and parents comprise the main target population. Additionally, this RFP targets children and youth who meet EPSDT Medi-Cal eligibility criteria up to the age of 21. Recipients of funded services must meet the diagnostic and functional criteria for medical necessity as established by State Department of Mental Health.

In addition to the traditional populations that CBHS has served, such as emotionally disturbed students in special education classes and adolescents who experience first psychiatric hospitalizations in high school, CBHS has additional high need populations for outpatient services. These include foster children and youth, young children aged 0-5, and children and youth who have been significantly impaired due to trauma, abuse, neglect, domestic violence, homelessness, and issues related to being émigrés.

According to census estimates of the San Francisco child and youth population aged 0-18, there are 116,883 children and youth living in the city (American Community Survey, 2006). Among the Medi-Cal eligible children and youth under age 18 in San Francisco, it is estimated that as few as 3,755 and many as 6,335 are definitely in need of mental health services (Source: Israel, 2008). In FY 06-07, CBHS Child, Youth and Family mental health agencies served a total of 4,739 outpatient clients (Sherwood, 2007). Although the number of child and adolescent Medi-Cal clients served by CBHS during FY 06-07 fell in the middle between the projected lower and upper prevalence rates for those needing mental health services, there is a notable discrepancy between the number of CBHS clients who are foster care children and the anticipated number of foster care children needing mental health services. The percentage of San Francisco foster care children aged 0-5 who received Medi-Cal mental health services in 2007 was 13%, compared to statewide, where 24.34% of foster care children received Medi-Cal mental health services. For foster children and youth who were 6+ years of age, the San Francisco rate was 46.77%, compared to a statewide rate of 63.43% (H. Zhang, 2007). Based upon these data, CBHS deems children and youth placed in foster care and impacted by abuse and neglect to be a high priority target population for mental health outreach and direct services, including outpatient treatment services.

Evidence exists that the need for early childhood mental health treatment services exceeds what is currently available. Young children, ages 0-5, make up over a third of San Francisco’s child and youth population (N=40,872). A recent estimate found that thirteen percent of these children are growing up in poverty and are eligible for Medi-Cal. Of these, 1,300 were estimated to have a severe emotional disturbance (SED). The number of clients served in CBHS children and youth outpatient mental health services in 2006-07 increased with age, with adolescents being the largest group served. During this period, 254 young children and their families were served. With an estimated 1,300 young children with SED, this suggests a gap in San Francisco’s system for young children who need a more intensive level of care.

Presently, CBHS reaches over 5,000 young children with prevention and early intervention services through the Early Childhood Mental Health Consultation Initiative (in partnership with First Five, the Department of Children, Youth and Their Families, and Humans Services Agency) and the School-based Mental Health Services Partnership (in collaboration with the San Francisco Unified School District). We are seeking proposals to provide outpatient treatment services to young children and their families who are referred through resources such as these.
San Francisco is the destination for many children, youth, and families who are émigrés from the former Soviet Union and Eastern Europe. Émigrés can have unique challenges associated with their resettling which may include behavioral health concerns. We are seeking proposals to provide outpatient treatment services to children, youth, and families who are émigrés that are in need of behavioral health treatment, many of whom are Russian speaking.

Many EPSDT eligible San Francisco youth between the ages of 6-18, struggle with multiple risk factors than can lead to problems in their social-emotional development. Such risk factors can include poverty, chronic exposure to drugs, violence, gang affiliation, learning disabilities, and disenfranchisement from school and/or other social institutions. We are seeking proposals to provide outpatient treatment mental health services to such disadvantaged youth, in community settings where they naturally congregate.

C. Service Quality and Quantity
What is desired is a mode of clinical practice in which the services are provided at an average frequency that is consistent with best or evidence-based practice, the session length is appropriate to the level of the individual client’s needs, and the duration of care is consistent with best or evidence-based practice.

Outpatient treatment services should be provided at an average frequency that is consistent with best or evidence-based practice. The session length should be appropriate to the level of client need and the duration of care should be consistent with best or evidence-based practice. In their meta-analysis of psychotherapies for youth, Weiss, Jensen-Doss, and Hawley (2006) noted that the average treatment length for EBT was 16 sessions with a standard deviation of 8.7 sessions. Approximately 85% of all effective child and youth treatments in their meta-analysis were completed in 25 sessions or less. Based upon this empirical evidence, CBHS mental health outpatient programs should set a programmatic service delivery goal of having the usual course of treatment last no more than 6 months to a year. However, in clinical situations where the acuity and impairment of functioning in the child or youth requires a longer course of treatment, the San Francisco Mental Health Plan must authorize such care. An example of longer term treatment may be when the child or youth receives case management and medication services without psychotherapy or behavioral interventions.

An essential principle underlying desired clinical practice is that there is coordination of care for a client when multiple providers are involved in the client’s life. The program should be able to show evidence of its commitment to this principle by providing documentation of memoranda of understanding with both public and private child, youth and family serving agencies to provide coordinated and integrated care to clients.

In addition, proposers must demonstrate this commitment to collaborative partnerships by designating specific resources, staff and other supports to implement coordinated care. Proposer agencies and their program and line staff must demonstrate an understanding of the need for collaboration with a full range of service providers, including substance abuse, mental health, and primary care agencies and individual doctors, as well as the importance of developing community-based, natural supports for children, youth and families.

Ensuring that clinicians develop client service plans from empirically-based assessments, including the CANS, is a core aspect of ensuring service quality. It will be expected that this type of assessment be re-administered every six months to outpatient clients for the purposes of treatment plan review and the determination of service appropriateness. All programs will be
expected to document and communicate service planning, delivery and outcomes within the program and to CBHS.

An integral part of a comprehensive outpatient mental health treatment program is psychiatric medication support services. All CBHS outpatient mental health service programs whose overall CBHS child and youth mental health budget exceeds $400,000 must include psychiatric services as a direct service component. Typically this means that the program is able to provide psychiatric services at its main clinic site. Outpatient programs with smaller CBHS budgets must demonstrate either the capacity to deliver medication support services on-site or have formal agreements with other providers to whom they can make referrals for psychiatric services.

D. Best and Evidence-Based Practices
The program should identify its service approach which ideally is consistent with best and evidence-based practices for the target population. In a recent meta-analysis of direct comparisons of evidence-based treatments (EBTs) for youth versus usual clinical care, EBTs outperformed usual care (Weis, Jensen-Doss, and Hawley, 2006). The use of cognitive behavioral treatment approaches for adolescents with depression is an example of an evidence-based practice. Another is Functional Family Therapy which has been shown by research to be effective for youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder (http:///www.colorado.edu/cspv/blueprints/model/programs/FFT.html). These and other examples of evidence-based practices can be found in the Resource Guide for Promoting An Evidence-Based Culture on SAMHSA’s website (http://www.systemsofcare.samhsa.gov/ResourceGuide/ebp.html) and Evidence-Based Programs for Children and Youth (Romney, 2007).

Proposers should describe procedures it has in place to systematically monitor and evaluate delivery and effectiveness of new practices. Proposers also must demonstrate the use strength-based, family-focused, and youth-driven assessment and services that emphasize self-determination, individualized service planning, and youth development principles. In addition, proposers should demonstrate family and youth participation in program planning, development, implementation and evaluation. Proposers must describe how client service plans will be developed using the CANS.

E. Staff and Licensure Requirements
Proposers must describe how they will meet staff licensing requirements. Under the Rehabilitative Option, Medi-Cal Specialty Mental Health Services, staff who provide outpatient mental health services must:

1. Possess a State of California mental health license, such as a Licensed Clinical Social Worker, Marriage and Family Therapist (MFT) or Psychologist;

2. Be registered with the State of California as license-eligible, such as an Associate Social Worker, MFT Trainee, or Psychologist Assistant;

3. Be a Physician, Registered Nurse, Licensed Vocational Nurse, Licensed Psychiatric Technician, Mental Health Rehabilitation Specialist, staff with a Bachelor of Arts in a mental health-related field, or staff with two years of experience in the field of mental health;

4. Staff without a Bachelor of Arts degree or two years experience as long as their progress notes on the mental health service they provide are co-signed by a licensed mental health professional.
Staff who are neither mental health licensed nor license-eligible, or who are graduate school practicum students, must be carefully supervised to work within their appropriate scope of practice by a licensed mental health professional.

Forty-two percent of San Francisco households speak a language other than English in the home. Asian or Pacific Island languages are spoken by more than 21% of San Francisco residents at home. In 13% of San Francisco households, everyone over the age of 14 has difficulty speaking English. More than half of these households speak an Asian or Pacific Island language. For children and youth served by CBHS in FY 2007-08, 26% reported that the preferred language spoken at home was a language other than English (n=1355). The most common of these languages were Spanish and Cantonese, which were endorsed by 56% and 28%, respectively, of clients who preferred a language other than English.

During the past two years, clients and providers alike have reported that there is a shortage of Cantonese and Spanish speaking mental health clinicians in CBHS outpatient programs.

Proposers must demonstrate within their proposals that there are adequate numbers of ethnically diverse, culturally competent, and language capable mental health outpatient clinicians to serve the relatively large numbers of African American, Spanish speaking and Cantonese speaking children and youth who are a high CBHS funding priority.

F. Minimum Qualifications
- Medi-Cal Certification and Client Confidentiality Requirements (if necessary)
Proposers must meet the following two minimum qualifications:
1. Must currently be a certified Short-Doyle Medi-Cal provider within the State of California; and
2. Must be in compliance with all Federal and State confidentiality laws including HIPAA.

G. Funding Specifications
Proposers must indicate cost efficiency in service delivery by clearly delineating the number, type and rates of services to be provided, as well the number of unduplicated clients. At the same time, the proposal should contain justification that there are sufficient overhead and administrative costs to effectively manage the program.

All programs will be expected to bill Medi-Cal insurance for provision of at least some, if not all, of their direct services. Proposed reimbursement rates must not exceed State Medi-Cal maximum allowable limits (SMA) for allowable direct costs (see attached table of SMA rates). Within the Exhibit B narrative, the program must document that the costs specified are within the City and County of San Francisco’s guidelines for allowable indirect costs.

Evidence of funds being used specifically for Continuous Quality Improvement and evaluation activities is required. Demonstration of a capacity to use CBHS funds to leverage additional program and service dollars, such as Medi-Cal or outside funding, is desirable.

H. Data Collection & Evaluation Requirements
Proposers must describe their history of data collection and evaluation activities using standardized measures targeted at improving service efficiency and effectiveness. This description should identify standardized measures which the program used in the past and those planned for the future. How and to what extent the program has complied with CBHS requests for service and outcome data will be a factor in evaluation of the proposal.
Proposers also must describe how client service plans will be developed from the CANS. In addition, proposers must include documentation and communication of service planning, delivery and outcomes within the program or agency and to CBHS.

I. Outcomes
Outpatient mental health treatment service outcomes include, but are not limited to: 1) to enable a child or youth to function effectively and appropriately in his or her home, school and community environment commensurate with his/her age and developmental level; and 2) for ERMHS-eligible special education students, to ameliorate the mental health issues that hinder a child or youth from achieving expected academic performance.

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<th>2. Therapeutic Behavioral Services (TBS)</th>
<th>Projected Funding</th>
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<td>$75,168</td>
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A. Modality Overview
Therapeutic Behavioral Services, or TBS, are provided to eligible San Francisco Medi-Cal (EPSDT) beneficiaries under age 21 in and outside of San Francisco County. The goal of TBS services is to enable eligible children and youth to step down from group care at Levels 12 and above or to prevent their placement at higher levels of care (including group care or acute care).

Provider staff must have cultural and linguistic competence to serve children and youth and their families from varied cultural and ethnic backgrounds and with different language needs. Providers must adhere to a model of strength-based, family-focused care, be prepared to tailor their services to the individual needs of the client and family or caretakers, be flexible, and collaborate with the child and family’s treatment team or therapist.

Providers will be expected to comply with State Department of Mental Health (DMH) guidance on TBS implementation, including DMH Letter 99-03 (a copy can be found at www.dmh.ca.gov) and subsequent DMH Letters. They will be expected to comply with SFDPH requirements regarding TBS assessment, TBS plan and other reporting requests in relation to authorization of services.

TBS is a short-term, intensive, behavioral intervention available to certain mental health system clients who are EPSDT Medi-Cal eligible. Therapeutic Behavioral Services involves one-to-one therapeutic contacts between a mental health provider and a client designed to provide the child or youth with the necessary skills to effectively manage behavior(s) or symptom(s) that are preventing or placing at risk the child’s or youth’s ability to live in the lowest appropriate residential level.

Therapeutic Behavioral Services (TBS) became available as an EPSDT specialty mental health service in California in 1999-2000 as the result of a lawsuit filed on behalf of beneficiaries who could, with the support of a one-to-one behavioral service, step down to, or remain in, community based rather than institutional care. As an EPSDT service, children and youth up to age 21 who are full-scope Medi-Cal clients are eligible for consideration for this service. Under the terms of the legal settlement, beneficiaries must meet specific class and service need requirements. Therapeutic Behavioral Services is not stand alone and must be provided in concert with other mental health services. It is provided to eligible clients where needed, such as in the beneficiary's home, group home, school, day treatment or day care program, or elsewhere in the community. Therapeutic Behavioral Services will take the form of individualized one-to-one behavioral services.
assistance and one-to-one interventions to accomplish outcomes specified in a written treatment plan. A transition plan must be included in TBS plans.

The program should describe its history of providing TBS or similar services effectively to children and youth, including services to caretakers to enable transition from TBS. Providers of these services must have at least two years of experience providing TBS or similar services to children and youth who meet TBS service need criteria. They must also have at least two years of experience providing mental health services to the target population and must document that the services provided have been culturally competent. To be selected to provide these services, the applicant must be able to demonstrate that their agency, program and line staff understand that TBS is not a stand-alone service and must be provided in concert with other mental health services, and that there is a need for collaboration with a range of service providers, including but not limited to therapists, families or other caretakers and natural supports in the client’s community, as well as placing agency staff, substance abuse, group home, mental health, and primary care agencies (or individuals) when applicable.

In the proposer’s submission, special attention should be placed on the program’s provision of cost efficient and effective services and services to cultural and language minorities. The agency should indicate to what extent it has employed staff with linguistic and cultural competence to work with children, youth and their families.

Proposers may bid to serve in-county children and youth, out-of-county children and youth, or both in-county and out-of-county children and youth. Preference will be given to qualified providers who will serve children and youth living in-county and out-of-county.

B. Target Population
The target population for TBS includes children or youth who are under age 21, have full scope Medi-Cal under San Francisco County, meet the County’s medical necessity criteria, and are receiving other specialty mental health services. They also must have a history of psychiatric hospitalization in the past 24 months, be placed in or being considered for placement in an RCL 12 or higher group home or a locked (mental health) treatment facility other than an IMD, or have received TBS in the past. Additionally, clients must be at risk of being placed in a higher level of care (including acute care) or need TBS services to assist their step-down into a lower level of placement.

C. Service Quality and Quantity
Proposers should describe their philosophy of providing TBS in terms of overall goals, lengths of stay and expectations of change. They should describe their assessment and plan development process including describing the roles of parents/family members, agency placement workers, and their own program staff in building on child and family strengths and identifying and enhancing child and family resiliency. The program should describe how it will develop TBS plans and deliver TBS services including specific program models that will be utilized to provide the service. Proposers should provide a description of their organization's experience in providing TBS, including any challenges faced and how these challenges were addressed. Proposers must include information about your organization's existing staff expertise and availability to provide TBS or similar wrap around mental health services. Proposers should provide a program description that includes how the amount of TBS direct service hours is determined for clients.

All programs are expected to utilize CBHS templates for the TBS Assessment (Functional Behavioral Analysis), TBS Plan, TBS Progress Note, and TBS Quarterly Review. All programs
will be expected to document and communicate service planning, delivery and outcomes within the program and to CBHS.

Providers must indicate their capacity to provide Expedited Services when requested. Expedited services are expected to begin within one working day of receipt of referral, with a TBS assessment and plan completed within two weeks. It is expected that the client will be seen frequently and for significant lengths of time during the assessment period to ensure that the assessment/plan are appropriate and timely, and that planned services can begin as quickly as possible. (Expedited TBS referrals are made for TBS-eligible clients who are at immediate risk of losing or have lost their placement, are being discharged from a psychiatric hospital, or are at imminent risk of hospitalization.)

D. **Best and Evidence-Based Practices**

Proposers should identify its service approach which should be consistent with best and evidence-based practices for serving the target population, and more specifically with one-to-one services. In the program descriptions, proposers must demonstrate their awareness of and utilize such practices in their program design and implementation and have trained staff in best and evidence-based practices. Staff training descriptions also should include the means by which staff are certified to provide TBS via the State DMH TBS Training videos Volumes I and II.

While following the CBHS TBS Assessment (Functional Behavioral Analysis) format, proposers should show how it is using strength-based, family-focused, and youth-driven assessment as well as services that emphasize self-determination, individualized service planning, and youth development principles.

Proposers should describe how TBS client service plans will be developed from data gained from the TBS Assessment (Functional Behavioral Analysis) and subsequent establishment of quantitative goals that will maintain the client in his/her least restrictive residential setting. We would like to see evidence that applicants are utilizing continuous quality improvement initiatives to maintain best practices for their clients, and the program should describe procedures in place to systematically monitor and evaluate its delivery and effectiveness.

Proposers should demonstrate family and youth participation in program planning, development, implementation and evaluation.

To be selected to provide these services, proposers must have demonstrated that their agency, program and line staff understand the need for collaboration with a full range of service providers, including, but not limited to, substance abuse, mental health, and primary care agencies (or individuals), families and natural supports in the client’s community.

E. **Staffing and Certification Requirements**

Proposers must meet all of the following minimum qualifications:

1) Is a certified Medi-Cal provider or can provide written evidence of progress toward receiving Medi-Cal provider certification by January 1, 2012.

2) Has at least two years of demonstrated experience in the following areas:
   - Providing mental treatment services and/or residential group home services to seriously emotionally disturbed children, youth and their families; and
   - Designing and delivering TBS or similar wrap around mental health services to children, youth and their families.
3) Has demonstrated administrative and management capability and experience.

4) Has staffing capacity to provide TBS, including culturally and linguistically competent staff, to the population referred.

5) Can verify that TBS direct service staff are either LPHA’s or are operating under the supervision of a LPHA.

6) Has familiarity with TBS requirements and certifications (including staff training requirements) as provided by the State Department of Mental Health.

7) Must be in compliance with all Federal and State confidentiality laws such as the Health Information Protection and Portability Act.

F. Data Collection & Evaluation Requirements

Proposers should describe their history of data collection and evaluation activities using standardized measures targeted at improving service efficiency and effectiveness. This description should identify standardized measures which the program used in the past and those planned for the future. How and to what extent the program has complied with CBHS requests for service and outcome data will be a factor in evaluation of the proposal. The proposal should contain evidence of documentation and communication of service planning, delivery and outcomes within the program or agency and to CBHS. When innovative or empirically-based practices are utilized, the program should provide evidence of procedures being put in place to systematically monitor and evaluate the delivery and effect of these practices.

Proposers should be prepared to participate in client satisfaction surveys twice yearly as directed by CBHS and any other requirements of CBHS for outcome data.

G. Service Outcomes

The desired service outcomes of TBS are to enable children and youth to function appropriately in the least restrictive residential setting. Therapeutic Behavioral Services should provide a child or youth and their caregivers with the necessary skills to effectively manage behavior(s) or symptom(s) that are preventing or placing at risk the child’s or youth’s ability to live in the lowest appropriate residential level. Therapeutic Behavioral Services are intended to be short-term (three (3) to six (6) months on average) and designed to maintain a child or youth in their home or current residential placement or to allow the child or youth to transition to a lower level of residential care. Therapeutic Behavioral Services also should accomplish outcomes specified in a written treatment plan.

H. Funding Specifications

Proposers must indicate cost efficiency in service delivery by clearly delineating the number and rate of services to be provided, as well as an estimate of unduplicated clients. At the same time, the proposal should contain evidence that there are sufficient overhead and administrative costs to effectively manage the program.

Note as well that proposed reimbursement rates may not exceed State Medi-Cal maximum allowable limits (SMA) for allowable direct costs. Within the Exhibit B narrative, the program must document that the costs specified are within the City and County of San Francisco’s guidelines for allowable indirect costs.
III. SUBMISSION REQUIREMENTS

A. Non-Binding Letter of Intent

Prospective proposers are requested to submit a Letter of Intent (LOI) on their agency’s letterhead stationary to the DPH Office of Contracts Management and Compliance by 12:00 Noon, on March 28, 2012, to indicate their interest in submitting a proposal under this RFP. Such a letter of intent is non-binding and will not prevent acceptance of an agency’s proposal and neither commits and agency to submitting a proposal.

B. Time and Place for Submission of Proposals

Proposals must be received by 12:00 p.m., on April 10, 2012. Postmarks will not be considered in judging the timeliness of submissions. Proposals may be delivered in person and left with DPH Office of Contracts Management and Compliance (“Contracts Office”), or mailed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management and Compliance
1380 Howard St., 4th Floor, # 419
San Francisco, CA 94103

Proposers shall submit one (1) original and Six (6) copies of the proposal, and separately bound, one (1) copy of required Human Rights Commission (HRC) Forms in a sealed envelope clearly marked “RFP 4-2012 – CYF BEHAVIORAL HEALTH OUTPATIENT EPSDT SERVICES AND THERAPEUTIC BEHAVIORAL SERVICES” to the above location. The original copy of the proposal must be clearly marked as “ORIGINAL”. Proposals that are submitted by facsimile, telephone or electronic mail will not be accepted. Late submissions will not be considered.

C. Format

All submission must be typewritten and on recycled paper and printed on double-sided pages to the maximum extent possible. The proposal should be no longer than 25 pages, 1.5 spaced. The font must be 12 point. Please bind the proposal with a binder clip, rubber band or single staple. Please do not use binders. Please do not bind your proposal 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.

D. Proposal Content

Agencies interested in responding to this RFP must complete all of the following. Failure to provide any of the following information or forms may result in a proposal being disqualified.

Note: Required forms are provided on paper/hard copy or electronically in a zipped file

☐ Appendix A: DPH RFP Form # 1 – Solicitation and Offer, RFP Form # 2 – Contractual Record Form, RFP Form # 3 Prospective Contractor Financial Survey Form
☐ Appendix A: HRC Attachment 2

1 For this RFP, these HRC forms are non-applicable; however they still have to be submitted. Please put N/A when submitting all forms except Form 3: Non Discrimination Affidavit which is required to be filled
1. **MINIMUM QUALIFICATIONS** *(no more than 5 pages total)*

Please provide the details in a narrative format. Include supporting documentation.

**Please note:** All agencies submitting proposals for funding must meet the following Minimum Qualifications. Any proposals failing to demonstrate how the proposing agency meets these minimum qualifications will be considered non-responsive and will not be eligible for proposal review or award of a contract.

a. **Staffing and Licensure Requirements:**

Proposers must submit a roster of staff that will be providing Behavioral Health Outpatient Services or Therapeutic Behavioral Services, documenting licensure and language capabilities. Demonstrate that your agency has employed staff with linguistic. *(See details listed on page 5 & 9 of this RFP)*

b. **Medi-Cal Certification and Licensing Requirements:**

Proposers must be Medi-Cal certified by their home county to provide Behavioral Health Outpatient Services or Therapeutic Behavioral Services. Please indicate that you meet the Medi-Cal certification requirements by providing the most recent provider certification approval letter where applicable to Behavioral Health Outpatient Services or Therapeutic Behavioral Services. Any program in San Francisco County which is not already Medi-Cal certified for Behavioral Health Outpatient Services or Therapeutic Behavioral Services, must demonstrate that they are able to obtain Medi-Cal certification prior to finalization of their contract. *(See details listed in Section II Scope of work of this RFP)*

c. **Americans with Disabilities Act and Access Requirements:**

Americans with Disabilities Act (ADA) compliance and implementation of access to persons with the broadest possible range of abilities is required. Proposers must demonstrate compliance with this requirement by describing in detail the proposed access program including specific physical and mental health disability accommodation strategies, policies and procedures. In addition, each proposer must complete and attach the CBHS ADA Program Accommodations Check List *(Appendix C)* with their proposals.

d. **Prior Performance:**

Proposers must demonstrate that they have a record of consistent quality service delivery for three (3) prior years in providing Behavioral Health Outpatient Services or Therapeutic Behavioral Services. This may include a summary of public and private sector contracts and a summary of prior performance of the proposer’s subcontractors that have records of consistent quality service delivery for three (3) prior years in serving the target population(s).

2. **INTRODUCTION AND EXECUTIVE SUMMARY** *(no more than 1 page)*

A brief summary of the proposal that provides an overview of proposed activities; a statement of need; the number and demographic description of target population(s) to be served; evidence-based practices to be utilized; and specific program and client outcomes.

3. **PROGRAM PROPOSAL NARRATIVE** *(up to 19 pages + Appendix B)*

A. **Program Overview** *(no more than 10 pages)*

i. Describe and provide evidence of the need for the proposed program, including a discussion about the problem the proposed activities will address, as well as current efforts in the community to address the need and why additional/different efforts are needed to serve the community;

ii. a) Describe target population(s) to be served including the total number to be served and estimated demographic characteristics of target population and the location of services (citywide or specific geographic locations within San Francisco by zip code) including
details on relevant social determinants of health and health inequities; and b) Describe how target populations, including behavioral health consumers and their family members, will be involved in the planning, development, implementation of project activities;

iii. a) Describe the program in detail incorporating evidence-based practices and strategies, objectives, short-term and long-term and outcomes, as well as projected number of service units to be provided. b) Cite data, research literature, and/or other information that supports the efficacy of a strategy for the specific target population(s) proposed to be served; c) Include a simple Logic Model within their proposals that demonstrates the relationship between proposed target populations, strategies, and short- and long-term client and program outcomes (note: the Logic Model does not count against the total page limit but should not exceed one (1) page); and d) Explain why the strategies chosen (as illustrated in a Logic Model/Theory of Change) to serve specific target populations will achieve the proposed program objectives and outcomes – that is, what is the proposer’s “theory of change”?

iv. Describe specific outreach, engagement and retention strategies and rationale as to why chosen strategies will be effective with the target populations;

v. Describe how the linguistic needs of clients will be met and provide a description of how the applicant accesses or will access linguistic capacity for any CBHS threshold languages of the target populations (Spanish, Vietnamese, Tagalog, Russian, and Chinese) for which the program currently does not have capacity;

vi. Describe collaborative relationships with all agencies directly involved in the project. MOUs and/or Letters of Intent to Partner describing each partner’s roles and responsibilities should be attached if available (not included in page count); and b) describe how the project participants, if in need of services not provided by the proposing agency/project, will be linked to culturally and linguistically competent supportive services support services in the community (e.g. behavioral health, housing, career guidance, employment, and/or other necessary supportive services), including primary care.

B. Work Plan Grid and Timeline (no more than 1 page)
Provide a one-page project work plan grid and timeline that includes the following information: major program activities, outcomes, deadlines, budget by activity, and person(s) responsible for oversight of activities. For projects where a start-up phase is allowed, please delineate between start-up and implementation activities in the timeline grid.

C. Organizational Qualifications (no more than 2 pages)
Each proposer must provide information on the agency’s qualifications, and past performance specific to the services and target populations described in the proposal. This must include all of the following:

i. A brief description of the proposer’s agency;

ii. A history of effectively providing the proposed services and/or serving the proposed target population(s). Most projects require that proposers have at least three years successfully providing the proposed services and/or serving the target population; and

iii. A description of the proposing agency’s experience in incorporating cultural and linguistic competency in past program activities as it relates to the proposed target population.

iv. A description and evidence of relevant program license or certification from local, state or federal agencies where applicable.

D. Staff Qualifications and Licensure (no more than 2 pages)

i. Provide an organizational chart for the project staff that shows how these staff fit within the proposer’s organizational structure including key reporting relationships and functions and designated consumer and/or family member positions (chart is not counted in page totals);
ii. Provide a brief summary (up to two (2) paragraphs) of each key project staff member’s role in the proposed project including relevant professional experience and qualifications, and linguistic and cultural competence as they relate to the proposed project and target population(s). Job descriptions may be attached; and

iii. For new positions, describe how the staff recruitment will be reflective of the targeted unserved and/or underserved populations, as well as cultural and ethnic communities as appropriate.

Please note: If project services will be subcontracted or jointly performed among multiple agencies and/or partners, please identify the specific roles of each subcontractor, agency and/or partner and provide the staff qualifications information listed above for each subcontractor, agency and/or partner staff member.

E. Project Evaluation & Continuous Quality Improvement (CQI) (no more than 2 pages)

i. Describe an evaluation plan that includes how evaluation and CQI activities will be undertaken, including the percentage of staff time that will be allocated to evaluation and CQI, and where applicable, describing staff experience with required data collection, evaluation, and CQI activities. This should include a list of proposed client and program outcomes (up to four). CQI activities should be designed to monitor whether the program is on track in meeting its short- and long-term objectives, to implement improvement strategies as needed, and to cooperate with CQI activities identified by CBHS administration;

ii. Reference your Theory of Change/Logic Model. Proposers must select at least one outcome (referenced in the Logic Model) and discuss possible methods by which it could be assessed. In addition, applicants should discuss how assessment of this outcome will help them (and CBHS) determine whether the program is successfully achieving its goals;

iii. Describe how consumers and family members will be involved in program evaluation and CQI activities (e.g. hiring family members as evaluators, convening of a Community Advisory Board, and holding meetings to discuss findings). Client and family feedback is an important component of program evaluation and CQI, particularly regarding service access, effectiveness, and cultural competency; and

iv. State your agency’s commitment to working collaboratively with CBHS evaluation and CQI staff in the design and implementation of your evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts.

F. Budget - Budget Narrative (no more than 2 pages and Appendix B excluded from page limit)

Please complete all budget forms (see Appendix B, attached zipped file) and include no more than two pages Budget Narrative with detailed description of the following:

i. Demonstrate the cost of services is reasonable and represents the best price.

ii. Document that indirect costs specified are within the 12% City and County of San Francisco’s guidelines for allowable indirect costs from DPH and federal or state grantors. Programs must provide sufficient overhead to manage the proposed program, of which 12% may be billed to DPH.

iii. When possible, demonstrate a capacity to leverage additional services and/or funding, with CBHS and Medi-Cal/EPSDT.

iv. Explain how the project will be sustained if CBHS funds are no longer available
### IV. EVALUATION AND SELECTION CRITERIA

The proposals will be evaluated by a selection committee made up of individuals with expertise in the modality for which the proposal is submitted, including parties representing continuous quality improvement and evaluation, consumers of service and financial management. The City intends to evaluate the proposals generally in accordance with the criteria itemized below.

**Successful Applicants must show evidence of the following:**

**TOTAL POINTS AVAILABLE**

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA/SCORING</th>
<th>100 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Project Overview</strong></td>
<td>40 points</td>
</tr>
<tr>
<td>a. Compelling evidence about the need for the services and the issues the proposal is designed to address are clear; the project design is consistent with best and evidence-based practice for target population and addresses all components of the program as described in the Project Descriptions section; proposal demonstrates the organization’s commitment to SFDPH/CBHS vision and guiding principles to transform the behavioral health system; proposed outcomes are clear and design ensures that project approach will likely result in proposed outcomes. (15 points)</td>
<td></td>
</tr>
<tr>
<td>b. Target population reflects highest need consumers; consumer engagement strategies are described and appropriate for the target population to be served; a culturally competent, individualized, strength-based, consumer- and family-driven approach to project activities, services; proposal identifies and addresses health disparities and inequities; proposal describes how linguistic needs of clients will be addressed and details target numbers and demographic characteristics of consumers to be served are included. (10 points)</td>
<td></td>
</tr>
<tr>
<td>c. Collaborative partnerships are with a wide range of providers and are detailed including, but not limited to, mental health, substance abuse and primary care providers and the proposal details how clients, if needed, will be linked to a range of culturally and linguistically competent social services, including primary care. (10 points)</td>
<td></td>
</tr>
<tr>
<td>d. Consumers and family members are engaged in program planning, development, and implementation as clients and as staff and/or volunteers. Consumers and/or family members are or will be employed in project in salaried or stipended positions. (5 points)</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Work Plan Grid and Timeline</strong></td>
<td>5 points</td>
</tr>
<tr>
<td>The activities outlined are sufficient to achieve the goals of the project and the timeline is reasonable and feasible for efficient start-up and delivery of services. The budget for each activity is reasonable.</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Organizational Qualifications</strong></td>
<td>15 points</td>
</tr>
<tr>
<td>a. The proposal provides clear evidence of the proposing agency’s history serving the target population. (5 points)</td>
<td></td>
</tr>
<tr>
<td>b. The proposal provides clear evidence of the proposing agency’s history providing the proposed services, and these activities are well documented. (5 points)</td>
<td></td>
</tr>
<tr>
<td>c. The agency has the capacity in implementing the proposed project. (5 points)</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Staff Qualifications and Licensure</strong></td>
<td>15 points</td>
</tr>
<tr>
<td>(This builds on the information provided in the Minimum Qualifications Section)</td>
<td></td>
</tr>
<tr>
<td>a. Organizational chart clearly delineates staff responsibilities, demonstrates adequate program, service, fiscal and evaluation staff. (2 points)</td>
<td></td>
</tr>
</tbody>
</table>
b. **Proposed staff** is qualified to provide services proposed, and any required licensure or certification requirements have been provided (including staff of partnering organizations). (7 points)

c. **Staff are representative** (and/or proposed staff recruitment efforts) and are culturally and linguistically competent for target population to be served. (6 points)

5. **Project Evaluation and Continuous Quality Improvement** 10 Points

a. Demonstration through a logic model/theory of change that project approach will result in proposed project outcomes. (5 points)

b. Consumers and family members are involved in evaluation and improvement of project services. (3 points)

c. Commitment to **working collaboratively** with CBHS evaluators in the design and implementation of evaluation and CQI activities. (2 points)

6. **Budget** 15 Points

a. The cost of services is reasonable, represents the best price and includes leveraged funding or 10% match (when/where applicable) and a practical sustainability plan (when/where applicable).

**TOTAL POINTS POSSIBLE FROM PROPOSAL:** 100 Points

**TOTAL POINTS POSSIBLE UNDER LBE ORDINANCE:** 10 Points

*This may include:*
- 10.0% discount to a LBE; or joint venture between or among LBEs;
- 5.0% discount to a joint venture with LBE participation that equals or exceeds 35.0%, but is under 40.0%
- 7.5% discount to a joint venture with LBE participation that equals or exceeds 40.0%
- 10.0% discount to a certified non-profit entity

The Contract Analyst will calculate any LBE discount points

**TOTAL POINTS POSSIBLE:** 110 Points

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**V. EMAIL QUESTIONS AND CONTRACT AWARD**

**A. Email Questions**

All questions and requests for information must be received by electronic mail, fax and/ or US Mail and will be answered at the end of the E-Question period, by electronic mail, fax and or US Mail to all parties who have requested and received a copy of the RFP. The questions will be answered by the program staff. This is the only opportunity firms can ask direct programmatic questions of the Department staff. 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, #419 E  
San Francisco, CA 94103  
Phone (415) 255-3504 / Fax (415) 252-3088

E-questions may only be submitted from **March 8, 2012 until 12:00 Noon March 20, 2012**
No questions or requests for interpretation will be accepted after 12:00 PM on March 20, 2012. If you have further questions regarding the RFP, please contact Mahlet Girma at Mahlet.Girma@sfdph.org

B. Contract Award

The Department of Public Health, Community Behavioral Health Services (CBHS) will issue Notices of Intent to Award to the selected Proposer with whom CBHS staff shall commence contract negotiations. The selection of any proposal shall not imply acceptance by the City of all terms of the Proposal, which may be subject to further negotiation and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the CBHS in its sole discretion may terminate negotiations with the recommended Proposer and begin contract negotiations with the next recommended Proposer.

VI. TERMS AND CONDITIONS FOR RECEIPT OF PROPOSALS

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of this RFP. Proposers are to promptly notify the Department, in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFP

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

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #419 E
San Francisco, CA 94103
Phone (415) 255-3504 / Fax (415) 252-3088
E-mail: Mahlet.Girma@sfdph.org

C. Objections to RFP Terms

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

D. Change Notices

The Department may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The proposer shall be responsible for ensuring that its
proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the proposer consult the website frequently, including shortly before the proposal due date, to determine if the proposer has downloaded all Change Notices.

E. Term of Proposal

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

F. Revision of Proposal

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

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

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

G. Errors and Omissions in Proposal

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

H. Financial Responsibility

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

I. Proposer’s Obligations under the Campaign Reform Ordinance

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

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

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

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor.

Examples of initial contacts include: (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.

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

**J. Sunshine Ordinance**

In accordance with S.F. Administrative Code Section 67.24(e), contractors’ bids, responses to RFPs and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person’s or organization’s net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

**K. Public Access to Meetings and Records**

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

L. Reservations of Rights by the City

The issuance of this RFP does not constitute an agreement by the City that any contract will
actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection
   procedures, including deadlines for accepting responses, the specifications or requirements
   for any materials, equipment or services to be provided under this RFP, or the requirements
   for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this RFP by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

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

N. Local Business Enterprise 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 RFP.

1. LBE Participation

The City strongly encourages proposals from qualified LBEs. Pursuant to Chapter 14B, the
following rating discount will be in effect for the award of this project for any proposers who are
certified by HRC as a LBE, or joint ventures where the joint venture partners are in the same
discipline and have the specific levels of participation as identified below. Certification
applications may be obtained by calling HRC at (415) 252-2500. The rating discount applies at
each phase of the selection process. The application of the rating discount is as follows:
   a. A 10% discount to an LBE; or a joint venture between or among LBEs; or
   b. A 5% discount to a joint venture with LBE participation that equals or
      exceeds 35%, but is under 40%; or
   c. A 7.5% discount to a joint venture with LBE participation that equals or exceeds 40%; or
   d. A 10% discount to a certified non-profit entity.

If applying for a rating discount as a joint venture: The 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 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 LBE joint venture’s portion of the contract must be assigned a commercially useful function.

2. **HRC Forms to be Submitted with Proposal**

a. All proposals submitted must include the following Human Rights Commission (HRC) Forms contained in the HRC Attachment 2: 1) HRC Contract Participation Form, 2) HRC “Good Faith Outreach” Requirements Form, 3) HRC Non-Discrimination Affidavit, 4) HRC Joint Venture Form (if applicable), and 5) HRC 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 two copies of the above forms with your proposal. The forms should be placed in a separate, sealed envelope labeled HRC Forms.

If you have any questions concerning the HRC Forms, you may call **Human Rights Commission at (415) 252-2500.**

**VII. CONTRACT REQUIREMENTS**

A. **Standard Contract Provisions**

The successful proposer will be required to enter into a contract in the form of the Agreement for Professional Services, attached hereto as Appendix C. 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, *(Chapter 12B.2 “Nondiscrimination; Penalties in the Agreement);* the Minimum Compensation Ordinance *(Chapter 12P.5 “Requiring Minimum Compensation for Covered Employee” in the Agreement);* the Health Care Accountability Ordinance *(Chapter 12Q.2.9 “Requiring Health Benefits for Covered Employees” in the Agreement);* the First Source Hiring Program *(Chapter 83 “First Source Hiring Program” in the Agreement);* and applicable conflict of interest laws, 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 HRC’s website at [www.sfhrc.org](http://www.sfhrc.org)
C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see Sec.12P.5 of “Requiring Minimum Compensation for Covered Employee” 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 www.sfgov.org/moed/fsnp.htm and from the First Source Hiring Administrator, (415) 401-4960.

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.

VIII. PROTEST PROCEDURES

A. Protest on Non Responsiveness Determination

Within five (5) 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 (5th) working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five (5) 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 (5th) working day after the City's issuance of the notice of intent to award.

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

C. Delivery of Protests

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

   Jacque Hale, Director
   Office of Contracts Management and Compliance
   San Francisco Department of Public Health
   101 Grove, Room 307
   San Francisco, CA 94102
   Phone (415) 554-2609 / Fax (415) 554-2555

ATTACHMENTS:

Provided on paper/hard copy or electronically (in a “zipped” file) for this RFP:

☐ Appendix A: DPH Forms: RFP Form #1 Solicitation and Offer; RFP Form #2 Contractual Record Form; RFP Form #3 Prospective Contractor Financial Survey Form, HRC
   Attachment 2
☐ Appendix B: Budget Forms
☐ Appendix C: CBHS ADA Program Accommodations Check List
☐ Appendix D: Standard Forms
Appendix C

Fiscal Year: 2010-2011

CBHS-ADA Program Accommodations

REQUIRES COMPLETION BY ALL SFDPH-CBHS FUNDED PROGRAMS PROVIDING DIRECT CLIENT SERVICES

Program Name(s) at this site: _________________________________________________________
RU number(s) – if available: _________________________________________________________
Address:_________________________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does Program have a TDD according to the latest CBHS Program Phone Directory. If applicable, list TDD number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The director is familiar with process of making a TTY Relay Call to communicate with people who are deaf, hard of hearing, or speech-impaired.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Please indicate whether or not the program has or has knowledge of how to access the following accommodations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Large Print</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Braille</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Audio recording</td>
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<tr>
<td>4. Video recording</td>
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<td></td>
</tr>
<tr>
<td>d. The director is familiar with the process of requesting an ASL interpreter for hearing-impaired individuals. The request for an interpreter must be made at least 5 days before the date when the sign language interpreter is needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The program site has wheelchair access.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Doorways are at least 32 inches wide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The facility has an elevator if essential services/activities are provided on multiple floors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facility has at least one wheelchair accessible restroom (5’ diameter or T shaped to allow for turns)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, ______________________________, the undersigned, hereby certify the accuracy of the above statements.

Signature: ___________________________ Date: ___________________________
Printed Name: ___________________________
Title: ___________________________
Appendix D

Standard Forms

Before the City can award any contract to a contractor, that contractor must file three standard City forms (items 1-3 on the chart). Because many contractors have already completed these forms, and because some informational forms are rarely revised, the City has not included them in the RFP package. Instead, this Appendix describes the forms, where to find them on the Internet (see bottom of next page), and where to file them. If a contractor cannot get the documents off the Internet, the contractor should call (415) 554-6248 or e-mail Purchasing (purchasing@sfgov.org) and Purchasing will fax, mail or e-mail them to the contractor.

If a contractor has already filled out items 1-3 (see note under item 3) on the chart, **the contractor should not do so again unless the contractor’s answers have changed.** To find out whether these forms have been submitted, the contractor should call Vendor File Support in the Controller’s Office at (415) 554-6702.

If a contractor would like to apply to be certified as a local business enterprise, it must submit item 4. To find out about item 4 and certification, the contractor should call Human Rights Commission at (415) 252-2500.

<table>
<thead>
<tr>
<th>Item</th>
<th>Form name and Internet location</th>
<th>Form</th>
<th>Description</th>
<th>Return the form to; For more info</th>
</tr>
</thead>
</table>
| 1.   | Request for Taxpayer Identification Number and Certification  
www.sfgov.org/oca/purchasing/forms.htm  
www.irs.gov/pub/irs-fill/fw9.pdf | W-9  | The City needs the contractor’s taxpayer ID number on this form. If a contractor has already done business with the City, this form is not necessary because the City already has the number. | Controller’s Office  
Vendor File Support  
City Hall, Room 484  
San Francisco, CA  
94102  
(415) 554-6702 |
| 2.   | Business Tax Declaration  
www.sfgov.org/oca/purchasing/forms.htm | P-25  | All contractors must sign this form to determine if they must register with the Tax Collector, even if not located in San Francisco. All businesses that qualify as “conducting business in San Francisco” must register with the Tax Collector. | Controller’s Office  
Vendor File Support  
City Hall, Room 484  
San Francisco, CA  
94102  
(415) 554-6702 |
<table>
<thead>
<tr>
<th>Item</th>
<th>Form name and Internet location</th>
<th>Form</th>
<th>Description</th>
<th>Return the form to; For more info</th>
</tr>
</thead>
</table>
| 3.   | S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts and Benefits  
[www.sfgov.org/oca/purchasing/forms.htm](http://www.sfgov.org/oca/purchasing/forms.htm) – In Vendor Profile Application | HRC-12B-101 | Contractors tell the City if their personnel policies meet the City’s requirements for nondiscrimination against protected classes of people, and in the provision of benefits between employees with spouses and employees with domestic partners. Form submission is not complete if it does not include the additional documentation asked for on the form. Other forms may be required, depending on the answers on this form. **Contract-by-Contract Compliance status vendors must fill out an additional form for each contract.** | Human Rights Comm.  
25 Van Ness, #800  
San Francisco,  
CA 94102-6059  
(415) 252-2500 |
| 4.   | HRC LBE Certification Application  
[www.sfgov.org/oca/purchasing/forms.htm](http://www.sfgov.org/oca/purchasing/forms.htm) – In Vendor Profile Application | | Local businesses complete this form to be certified by HRC as LBEs. Certified LBEs receive a bid discount pursuant to Chapter 14B when bidding on City contracts. To receive the bid discount, you must be certified by HRC by the proposal due date. | Human Rights Comm.  
25 Van Ness, #800  
San Francisco,  
CA 94102-6059  
(415) 252-2500 |

Where the forms are on the Internet

**Office of Contract Administration**

Homepage: [www.sfgov.org/oca/](http://www.sfgov.org/oca/)

Purchasing forms: Click on “Required Vendor Forms” under the “Information for Vendors and Contractors” banner.

**Human Rights Commission**

HRC’s homepage: [www.sfhrcc.org](http://www.sfhrcc.org)

Equal Benefits forms: Click on “Forms” under the “Equal Benefits” banner near the bottom.

LBE certification form: Click on “Forms” under the “LBE” banner near the bottom