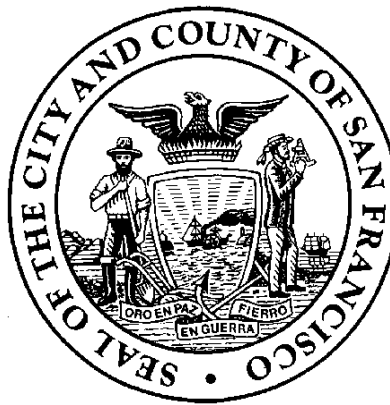


E-MAIL QUESTIONS AND ANSWERS
August 18, 2020 through August 31, 2020
for
RFQ 27-2020

**City and County of San Francisco, Department of Public Health
Behavioral Health Services (BHS)
Mental Health Services Act (MHSA)**



Request for Qualifications (RFQ) 27-2020

**Peer to Peer Programs
Peer Employment and Peer Specialist Mental Health Certificate Program**

Letters of Intent are due on or before 12:00 pm **September 8, 2020.**

Please email sfdphcontractsoffice@sfdph.org

Applications are due on or before 12:00 pm Tuesday September 22, 2020

1. Is this a program for adults, not children and youth?
Answer: This RFQ 27-2020 is for Adults and Older Adults only (ages 18 and older).
2. Who is the current provider for each service and are they expected to pursue renewal funding?
Answer: Richmond Area Multi-Services (RAMS) is the current provider for each program listed in the RFQ. It is anticipated that they will submit a proposal(s).
3. Is the letter of intent due on 8/31/20 as it is listed on the LOI form or is it due 9/8/20 as listed in the RFP?
Answer: The Letter of Intent is due September 8, 2020.
4. Page 19: *The Entry-Level component should provide a 12-week course, with two cohorts per fiscal year. Classes should be held at least twice a week, for about 4-6 hours each session.*
 - a. This totals to 96 to 144 hours. Is it required that these hours be spread out over 12 weeks or can a provider choose to do a shorter or longer program as long it totals to between 96 and 144 hours?
Answer: The 12-week duration is optimal. The goal is to line up with potential State Peer Certification Requirements. This timeline can be negotiated during the contract negotiation phase after the contract(s) are awarded.
 - b. In addition, on Page 22, the guidance says: *The Entry-Level Program will provide 190 program hours.* Are the additional 46 hours supposed to be provided within the 12 weeks? Outside of the 12 weeks?
Answer: The Entry-Level Certificate Program should provide 190 program hours directly to adults, with the intend of developing a diverse and competent workforce. The program hours should include class sessions as well as additional program hours to support the students with specific activities that include, but are not limited to: providing information about the mental health field and professions; providing outreach to under-represented communities; providing career exploration opportunities or developing work readiness skills through an internship, etc. It is optimal that these additional program hours be offered during the 12-week Entry-Level Certificate course, however, this can be negotiated during the contract negotiation phase after the contract(s) are awarded.
5. Page 20/21: *In addition, upon graduation, the course instructor should continue to offer support and connect participants to additional resources such as the California Department of Rehabilitation, BHS Peer-to-Peer Employment program, BHS Vocational Services, peer job opportunities in the community, etc.*
 - a. Is there a requirement for how long support and connections should be provided after graduation?
Answer: No, there is no requirement at this time. This can be negotiated during the contract negotiation phase after the contract(s) are awarded.

6. Page 20/21: *Program Completion Incentive: Financial incentives should be provided to all participants completing the program, which further supports students with financial assistance and serves as a motivating factor.*
- a. Are there restrictions on how financial incentives are provided? Gift cards? Cash? Transportation? Child care vouchers? Etc....
- Answer:** The selected provider(s) must adhere to City and DPH guidelines, as well as MHSA funding requirements. In the past, MHSA programs have used gift cards, stipends, travel reimbursements and other financial incentives. This is subject to change as regulations may change.
7. Page 20/21: *Educational Materials Scholarship: All required supplies and materials (required text, backpack, course binder, notebook, etc.) should be provided to students at no cost in order to address resource barriers and increase program access.*
- a. Can this include technology and equipment such as laptops, Wi-Fi hotspots, webcams, etc. if courses must be delivered remotely due to COVID?
- Answer:** Yes. There is no set standard at this time. This suggestion can be negotiated during the contract negotiation phase after the contract(s) are awarded.
8. Page 20/21: *Accessibility: The program should provide resources, education, and direct services to people with disabilities (i.e. computers with adaptive software & hardware, assistive listening devices, note taking services, etc.).*
- a. Can grant dollars be used for accessibility resources? Are there any restrictions on what can be purchased for accessibility?
- Answer:** The selected provider(s) must adhere to City and DPH guidelines as well as MHSA funding requirements. If this question is asking if alternate grant funds can be leveraged and used for accessibility resources, then this is likely as long as the specific grant allows for these expenditures. If this question is asking if the funding awarded as a result of this RFQ can be used for accessibility purposes, then yes that may be allowable. This can be negotiated during the contract negotiation phase after the contract(s) are awarded.
9. Page 20: *The Advanced-Level component should provide an 8-week course, with two cohorts per fiscal year. Classes should be held at least twice a week, for about 3-5 hours each session.*
- a. This totals to 48 to 80 hours. Is it required that these hours be spread out over 8 weeks or can a provider choose to do a shorter or longer program as long it totals to between 48 and 80 hours?
- Answer:** The 8-week duration is optimal. This timeline can be negotiated during the contract negotiation phase after the contract(s) are awarded.
- b. In addition, on Page 22, the guidance says: *The Advanced-Level program will provide 96 program activity hours.* When should the additional 16 hours take place? During the 8 weeks? Outside of the 8 weeks?
- Answer:** The Advanced-Level Certificate Program should provide 96 program hours directly to adults intended to develop a diverse and competent workforce. The program hours should include class sessions as well as additional program hours to support the students with specific activities that include, but are not limited to: providing

information about the mental health field and professions; providing outreach to under-represented communities; providing career exploration opportunities or developing work readiness skills, etc. It is optimal that these additional program hours be offered during the 8-week Advanced-Level Certificate course, however, this can be negotiated during the contract negotiation phase after the contract(s) are awarded.

10. Page 22: *Forty-five (45) adults will be newly enrolled in workforce development through participating in the Peer Specialist Mental Health Certificate program (Both Entry & Advanced Courses).*

- a. Does this mean a total of 45 individuals across both programs and all cohorts? Or, is it 45 for the Entry level and 45 for the Advanced level for a total of 90?

Answer: The RFQ is asking for a total of 45 participants to be enrolled in the Peer Specialist Mental Health Certificate Program each fiscal year. The total number of combined participants in the entry-level and the advanced-level components should total at least 45. Participants may be duplicative if they happen to be enrolled in both components during the same fiscal year.

11. Are the deliverables on page 22 for each fiscal year?

Answer: Yes, all deliverables in the RFQ are for each fiscal year.

12. These two instructions in the guidance are contradictory. Which is correct?

- a. Page 25: *Applications should be in one bundle and the required CMD Forms in a separate bundle but emailed together in one email with an email subject of “RFQ 27-2020 – BHS Peer-to-Peer Employment and Peer Specialist Mental Health Certificate Programs”.*

Answer: This is correct. In one email, you can send the application in one bundle and the CMD forms in another bundle, but in the same email.

- b. Page 26: *If this form is not returned with the application, the application may be determined to be non-responsive and may be rejected. The form should be placed in a separate, sealed envelope labeled CMD Forms.*

Answer: Please disregard this.

13. Page 26, Introduction Letter: *The letter must be signed by a person authorized by your agency to obligate your agency to perform the commitments contained in the application.*

- a. Can this be an electronic signature?

Answer: Yes. Currently, due to COVID, we do not accept paper submission, therefore electronic signatures are accepted.

14. On page 27: *Memorandum of Understanding or Letter of Commitment (up to 1 page, if applicable) If your agency is planning to utilize community partnerships or subcontractors to meet the obligations of this RFQ, please provide a Memorandum of Understanding (MOU) or Letter of Commitment for each partner and briefly describe the collaborative relationship.*

- a. If an agency is applying with multiple partners, is one page for an MOU allowed for each partner?

b. **Answer:** Yes.

15. Section IV, Application Content: Are there only three narrative sections to this proposal? Is there not a program narrative? Where do we describe our program? Pages 26-27 only list the following narrative sections:

- a. Introduction – 1 page
- b. Minimum Qualifications – 4 pages or 3 pages (depending on the program)
- c. MOUs/Letters of Commitment – 1 page

Answer: This is a Request for Qualifications (RFQ) and not a Request for Proposals (RFP), therefore, a program proposal is not required. Since this is an RFQ, it requests information from applicants which will be evaluated by a review panel to determine if applicants meet the requirements listed in the RFQ. The panel will score each submission accordingly. Please refer to the “Evaluation and Selection Criteria” section on page 27. The final program design will be negotiated during the contract negotiation phase after the contract(s) is awarded.

16. What are the staff positions required by both programs?

Answer: The final program design will be negotiated during the contract negotiation phase after the contract(s) are awarded. During this phase, the selected contractor(s) will likely be asked to develop a scope of work that includes a staffing structure that works to meet the requirements listed in the RFQ. As listed in the RFQ, peer leaders and peer specialists should be a significant component of the staffing structure.

17. How many total FTE are represented by the current 75 peer staff?

Answer: The selected provider(s) will be required to hire and employ all current peer staff. There are currently about 75 peer staff members, however, the peer count may change by the time the new contract is awarded. This 75 peer count is a current estimate. Most peer staff members work part time.

18. Are there staffing requirements for both programs above and beyond the peer positions?

Answer: There are no staffing requirements other than the ones listed in the RFQ that describes the need to employ peer specialists and peer leaders. The staffing structure can be negotiated during the contract negotiation phase after the contract(s) is awarded.

19. Are the intern/trainees with stipends considered as employees of the Contractor?

Answer: No, they are not considered employees.

20. Are the intern/trainees part of the 75 active peer head count?

Answer: No, they are not included. The active peer count may change by the time the new contract is awarded. This 75 peer count is a current estimate.

21. Where is the current Drop-in Peer Wellness Center and can the new provider lease the existing site?

Answer: The current location is at 1282 Market Street in San Francisco. The current provider is leasing the building. DPH is not leasing the building. Any leasing terms would need to be negotiated between providers and/or building owners.

22. Could the County please provide an estimated number (or range of numbers) of providers they plan to award through this RFQ process?

Answer: DPH intends to award to one or more providers.

23. Page 27 of the RFQ, subsection 4.1 states that the applicant must have “Five years of proven history providing peer-to-peer direct services.”

a. Could the County please define “peer-to-peer direct services”?

Answer: This RFQ describes programming with peers who are individuals with lived experience with mental health issues who provide direct counseling services to other mental health consumers.

24. Page 27 of the RFQ, subsection 4.1 states that the applicant must have “Proven experience designing and conducting evaluation activities.”

a. Do collaborations with external consultants meet this requirement?

Answer: Yes.

25. Page 5 of the RFQ states that “certain activities in this RFQ may need to be adjusted to adhere to local and state laws and the health and safety of program participants and staff members.”

a. Is the size/scale of this program (e.g., number of clients served in each fiscal year) open to modification in response to COVID-19 social distancing guidelines?

Answer: This is open for discussion. The final program design will be negotiated during the contract negotiation phase after the contract(s) is awarded.

26. Could the County please confirm whether there is an incumbent provider for the services outlined in this RFQ? **Yes, there is a current provider for these programs.**

a. If so, could the County please provide the name of the incumbent provider?

Answer: The current provider for both the Peer Employment Program and the Peer Specialist Mental Health Certificate Program is Richmond Area Multi-Services (RAMS).

27. Page 7 of the RFQ, *Peer-to-Peer Employment Program, Section B: Service Provider Responsibilities* states that the selected provider will “recruit, employ, train, place, support, and supervise peer-to-peer staff.”

a. Does the County have a target number of participants to be recruited outside of those currently participating in the program?

Answer: The County does not have a target number of participants other than what is stated in the RFQ. The final program design will be negotiated during the contract negotiation phase after the contract(s) is awarded.

28. Page 8 of the RFP states that “Peers in this program currently conduct peer-to-peer supportive services within 30 or more sites throughout San Francisco.”

a. Will the awarded provider(s) be permitted to place new peer participants at sites that are not already a part of this program?

Answer: The priority goal is to place peer specialists at county mental health sites and programs. The selected provider(s) will be required to hire and employ all current peer staff. If funding is available, this suggestion can be negotiated during the contract

negotiation phase after the contract(s) is awarded.

29. Page 8 of the RFP states that the “service provider will be responsible for developing a leadership team comprised of peer managers and peer coordinators with lived experience...”

a. Could the County please clarify the roles and responsibilities of this leadership team?

Answer: The roles and responsibilities of the peer leadership team may include day-to-day supervision of peer staff, training of peer staff, leading committees and projects, and other leadership roles. The peer leadership team should act as leaders to address the needs of clients in a manner that is culturally relevant.

b. Can the County please confirm that they are describing a leadership team for the proposed program and *not* the provider’s overall operations?

Answer: The County is not responsible for the overall operations and structure of the selected provider(s) outside of the programming and funding listed in this RFQ, however, DPH strongly encourages providers to hire peers at all levels of the organization and include peers in activities including policy development, program development, budgeting, program implementation and evaluation.

c. Can the selected provider(s) allocate *current* staff for this leadership team if they meet the description of “personal lived experience with the behavioral health system as a consumer, former consumer, or family member of a consumer...”?

Answer: Yes, if funding is available. The selected provider(s) will be responsible for first hiring and onboarding all existing peers under this current contract.

30. Page 8 of the RFQ states the peer-to-peer model “may include the development of hiring new peers, as DPH sometimes identifies a need to increase peer staffing capacities throughout the DPH system.” What will the referral flow for new peers look like? In other words, could the County please share the existing process(es) for placing peers in new roles?

Answer: Typically, a BHS clinic or program will identify a need for a peer(s) within the treatment team and work with the selected provider(s). The selected provider(s) will specialize in peer programming and will provide education, training, supervision and support to both the peer(s) and the staff at the new site. Approval and minimal technical assistance may be provided by the County Peer Programs Manager.

31. Could the County please provide a complete list of the 30+ sites where peers are currently placed?

Answer: The current sites include community behavioral health programs, civil service programs, San Francisco General Hospital, residential and shelter facilities, primary care clinics and substance abuse programs. Most of these programs are located at Civil Service, County sites. Due to COVID-19, the sites are in flux. The final list of sites will be negotiated during the contract negotiation phase after the contract(s) is awarded, and will ultimately depend on the County’s needs.

32. The first project requirement (page 8) is to “Hire and provide employment of all active peer staff members”. What is the difference between “hire” and “provide employment”?

Answer: The selected provider(s) will be responsible for hiring (i.e. recruiting, selecting and onboarding) and providing employment (i.e., training, supervising, supporting, providing performance reviews and progressive discipline as determined appropriate).

33. Page 8 of the RFQ states that peers “are located in several sites throughout DPH in the fields of peer counseling and administration supporting consumers of behavioral health”. Does DPH currently provide offices for peers? If so, will DPH continue to provide office space to peers, and will it be free of charge?

Answer: DPH provides workspaces as space allows for no charge to the selected provider(s). Some peers may have no need for a designated workspace. Other peers (i.e., peers working in the Drop-in Peer Wellness Center) will be provided a site leased by the selected provider(s).

34. Page 15 of the RFQ states, “Currently, the Peer-to-Peer Employment Program provides individual and group peer counseling services at over 30+ locations within San Francisco, with a high demand and growth in support groups.” What is the current infrastructure for placing peers at these 30+ locations/sites?

Answer: There is currently a roaming clinical supervisor provided by the current provider and a County on-site supervisor. The current provider also provides peers with support groups, wellness activities and regularly scheduled training. Some peers are also linked by the current provider to the Department of Rehabilitation for additional job coaching and support.

35. The second project requirement (page 8) is to “[d]evelop a leadership team comprised of managers and coordinators with personal lived behavioral health experience”. Are there any current peers that work for DPH that would be candidate for leadership team?

Answer: The selected provider(s) would be responsible for hiring and employing all current peer leaders. If funding is available, there are hundreds of peers within our system that could be recruited for leadership opportunities.

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