



City and County of San Francisco Adult Probation Department



REQUEST FOR QUALIFICATIONS (RFQ) COMMUNITY ASSESSMENT SERVICES CENTER (CASC) RFQ#APD2022-01

This RFQ can be viewed on the Adult Probation Department website at: <https://sfgov.org/adultprobation/requests-proposals>.
Check the Adult Probation Department website for latest schedule and other updates.

BACKGROUND

The Adult Probation Department (hereinafter, “SFAPD” or “City”) supervises adults on probation, post-release community supervision, and mandatory supervision, provides reports to the Superior Court to inform sentencing decisions, and connects clients with specialized services designed to increase well-being and reduce recidivism. SFAPD’s mission is to “Protect and Serve the Community, Further Justice, Inspire Change, and Prioritize Racial Equity so that all People May Thrive”. This mission is achieved through the implementation and use of evidence-based supervision practices, including collaboration with the Courts, Community-Based Organizations, Community Corrections Partnership, District Attorney, Reentry Council, Sentencing Commission, Sheriff, Police, Public Defender and other City Departments. SFAPD strives to: increase public safety through effective engagement with clients on supervision; provide services that support client needs; reduce victimization; improve client well-being; and reduce recidivism.

It is the intent of the SFAPD (“City”) to seek Proposals from qualified 501c3 non-profit agencies to provide behavioral health and reentry services through its Community Assessment and Services Center (CASC). The CASC is a behavioral health focused, one-stop clinical reentry center that provides a wide range of community services to clients of the SFAPD and other justice involved San Francisco residents. The CASC will be a joint operation of the SFAPD and the Grantees selected through this RFQ.

Each Proposer must demonstrate that it meets the Minimum Qualifications to be considered.

RFQ SCHEDULE (Dates are subject to change)

Request for Qualifications (RFQ) Issuance	4/22/2022
Pre-Proposal Video Conference	4/27/2022 (1-2pm PT), https://us02web.zoom.us/j/82786287334
Deadline for Questions	4/27/2022 (5pm PT)
Answers and Clarification Available	5/2/2022
Deadline to Submit Proposals	5/25/2022 (12pm PT)
Notice of Pre-Qualification Release	6/13/2022
Contract Administrator	Elisa Baeza, elisa.baeza@sfgov.org

Adult Probation Department | 945 Bryant Street | San Francisco, CA 94103 | <http://www.sfgov.org/adultprobation>

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1 Introduction

1.1. Intent of this RFQ

This Request for Qualifications (hereinafter “RFQ”) is being issued by the San Francisco Adult Probation Department (hereinafter, “SFAPD” or “City”).

It is the intent of the SFAPD to seek Proposals from qualified 501c3 non-profit agencies to provide behavioral health and reentry services through its Community Assessment and Services Center (CASC). The CASC is a behavioral health focused, one-stop clinical reentry center that provides a wide range of community services to clients of the SFAPD and other justice involved San Francisco residents. The CASC will be a joint operation of the SFAPD and the Grantees selected through this RFQ.

1.2 Anticipated Grant Agreement(s) Term

Proposers pre-qualified under this RFQ will remain eligible for consideration for Grant Agreement negotiations on an as-needed basis for two (2) years from the Pre-Qualification Notification date. 501c3 non-profit agencies pre-qualified under this RFQ are not guaranteed an award.

Grant Agreement terms shall be for two (2) years with an option to extend the term for an additional three (3) years, for a total of five (5) years - subject to City approval. The SFAPD has the sole and absolute discretion to exercise this option, and reserves the right to enter into Grant Agreements of a shorter duration. Grant Agreement terms may begin in FY22-23 - subject to funding available. At its sole discretion, the SFAPD may make multiple awards. The SFAPD also reserves the right to not award any Grant Agreement(s) under this RFQ.

1.3. Estimated Granting Authority

The projected annual amount is **\$5,000,000** ~~\$15,000,000~~ for all combined awarded Grants, and is contingent on total funds available and on Grant Agreement(s) negotiations.

1.4. Indefinite Quantity, As-Needed Grant Agreement

A Grant Agreement(s) awarded pursuant to this RFQ will result in a term, indefinite quantities, as-needed Grant Agreement(s). There is no guarantee of a minimum amount of goods or services for any of the Proposers selected for Grant Agreement(s) negotiations or for the awarded Proposer. Unless otherwise specified herein, deliveries and services will be required in quantities and at times as ordered during the period of the Grant Agreement(s). Estimated quantities, if any, stated in this RFQ are approximations only. City, in its sole discretion, may purchase any greater or lesser quantity. City may also make purchases of items awarded pursuant to this RFQ from other suppliers when City determines, in its sole discretion that it is in the best interest of the City to do so.

1.5. Cooperative Agreement

Any other City department, public entity or non-profit made up of multiple public entities, may use the results of this RFQ to obtain some or all of the commodities or services to be provided by Proposer under the same terms and conditions of any Grant Agreement(s) awarded pursuant to this RFQ (SF Administrative Code, Section 21.16).

1.6. Public Disclosure

All documents under this RFQ process are subject to public disclosure per the California Public Records Act (California Government Code Section §6250 et. Seq) and the San Francisco Sunshine Ordinance (San Francisco Administrative Code Chapter 67). Grant Agreement(s)s, Proposals, responses, and all other records of communications between the City and Proposers shall be open to inspection immediately after a Grant Agreement(s) has been awarded. Nothing in this Administrative Code provision requires the disclosure of a private person’s or organization’s net worth or other proprietary financial data submitted for qualification for a Grant Agreement(s) or other benefit until and unless that person or organization is awarded the Grant Agreement(s) or benefit.

If the City receives a Public Records Request (“Request”) pertaining to this RFQ, City will use its best efforts to notify the affected Proposer(s) of the Request and to provide the Proposer with a description of the material that the City deems responsive and the due date for disclosure (“Response Date”). If the Proposer asserts that some or all of the material requested contains or reveals valuable trade secret or other information belonging to the Proposer that is exempt from disclosure and directs the City in writing to withhold such material from production

("Withholding Directive"), then the City will comply with the Withholding Directive on the condition that the Proposer seeks judicial relief on or before the Response Date. Should Proposer fail to seek judicial relief on or before the Response Date, the City shall proceed with the disclosure of responsive documents.

1.7. Limitation on Communications During RFQ

From the date this RFQ is issued until the date the competitive process of this RFQ is completed (either by cancelation or final Award), Proposers and their subgrantees, vendors, representatives and/or other parties under Proposer's control, shall communicate solely with the Contract Administrator whose name appears in this RFQ. Any attempt to communicate with any party other than the Contract Administrator whose name appears in this RFQ – including any City official, representative or employee – is strictly prohibited. Failure to comply with this communications protocol may, at the sole discretion of City, result in the disqualification of the Proposer or potential Proposer from the competitive process. This protocol does not apply to communications with the City regarding business not related to this RFQ.

1.8. Pre-Proposal Video Conference

The Pre-Proposal Video Conference will begin at the time specified in the schedule on the cover sheet of this RFQ. Proposers' representatives are urged to arrive on time. Topics already covered will not be repeated for the benefit of late arrivals. Failure to attend the Pre-Proposal Conference shall not excuse the awarded Proposer from any obligations of a Grant Agreement(s) awarded pursuant to this RFQ. Any change or addition to the requirements contained in this RFQ as a result of the Pre-Proposal Conference will be executed by a written Addendum to this RFQ. It is the responsibility of the Proposer to check for any Addendum to this RFQ or other pertinent information posted on the Adult Probation Department website at: <https://sfgov.org/adultprobation/requests-proposals>.

Pre-Proposal Video Conference login information is below:

Zoom Meeting: <https://us02web.zoom.us/j/82786287334>

Meeting ID: 827 8628 7334

One tap mobile

+16699009128,,82786287334# US (San Jose)

+12532158782,,82786287334# US (Tacoma)

Dial by your location

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

1.9. Pre-Submission Questions and Requests for Clarification

Proposers are directed NOT to contact any employees, agents, or officials of the City other than those specifically designated in this RFQ and its Attachments.

Questions or Requests for Clarification will only be accepted by e-mail to elisa.baeza@sfgov.org until the Deadline for Questions indicated in the cover page of this RFQ.

Questions about compliance with the City's supplier requirements may still be asked and answered by the contacts designated in this RFQ.

There is no deadline to submit questions related to compliance with the City's supplier requirements

A summary of the clarifications, questions, and answers pertaining to this RFQ will be posted on this website: <https://sfgov.org/adultprobation/requests-proposals>.

2 Background

2.1 Terms and Acronyms Used in this RFQ

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

<u>TERM</u>	<u>DEFINITION</u>
<u>Contract</u>	The binding legal document resulting from this RFQ process. Also known as Agreement.
<u>Contractor</u>	Any Proposer awarded contract(s) for services under this RFQ.
<u>Cultural Competence/Multi-Culturalism</u>	The practice of continuous self-assessment and community awareness on the part of service providers to assure a focus on the cultural, linguistic, socio-economic, educational and spiritual experiences of consumers and their families/support systems relative to their care.
<u>DOJ</u>	Department of Justice.
<u>DPO</u>	Deputy Probation Officer. Also known as Officer.
<u>EBP</u>	Evidence Based Practices (EBP) refers to an approach to managing behavioral health services that uses data, which shows consistent evidence of improved outcomes to support decision- making.
<u>FACT</u>	Forensic Assertive Community Treatment
<u>ITRP</u>	Individualized Treatment and Rehabilitation Plan is a plan based on a client's criminogenic risk and need, as determined by COMPAS.
<u>Justice Involved</u>	San Francisco residents who are currently under supervision with the San Francisco Adult Probation Department, state parole, federal probation, participating in San Francisco collaborative courts, or other counties, or any other San Francisco residents who have a criminal history.
<u>LBE</u>	City and County of San Francisco-certified Local Business Enterprise.
<u>Medication Management</u>	Services which include the prescribing, administering, dispensing and monitoring of psychiatric medications which are necessary to alleviate the symptoms of mental illness and substance dependency.
<u>NIC</u>	National Institute of Correction.
<u>OEWD</u>	San Francisco Office of Economic and Workforce Development.
<u>Proposal</u>	The submission packet, including all its attachments, presented by a Proposer in response to this RFQ.
<u>Proposer</u>	Any entity submitting a proposal to this RFQ.
<u>Recovery</u>	A process where behavioral health clients learn how to self-direct their lives, regain hope and optimism and reclaim positive social experiences.
<u>Request for Proposals (RFQ)</u>	This document, which is the City and County of San Francisco's request for proposals to provide the goods and/or services being solicited herein. Also known as RFQ.
<u>Service Provider</u>	Individuals, groups, and organizations, including City-operated programs, that delivers services to clients.
<u>SFAPD, APD or Department</u>	City and County of San Francisco Adult Probation Department, also known as APD, SFAPD, and the City.
<u>SFAPD Partners or Partners</u>	Service providers, court systems, jail psychiatric services, law enforcement agencies, and community based organizations providing auxiliary services to SFAPD Clients.
<u>Supervision</u>	A person's term of court ordered probation, parole or other justice-involved supervision like that of the Collaborative Courts.

2.2 Overview of SFAPD's Business and Organization

2.2.1 SFAPD Mission and Goals

The San Francisco Adult Probation Department achieves excellence in community corrections, public safety and public service; and realizes its mission of " *Protect and Serve the Community, Further Justice, Inspire Change, and Prioritize Racial Equity so that all People May Thrive*" through the integration of Evidence Based Practices (EBP). The SFAPD has incorporated a victim-centered approach and Gender Responsive Guiding Principles into our supervision

strategies, to aid our goals to reduce victimization, improve outcomes, and break the inter-generational cycle of incarceration. The SFAPD balances probation supervision accountability with access to essential resources and services which combined, reduce barriers to life stability, and empower clients to build self-sufficiency skills, and permanently exit the criminal justice system.

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

The SFAPD's Reentry Division is a group of non-sworn professionals tasked with managing operations of San Francisco's Reentry Council and Community Corrections Partnership, as well as a portfolio of reentry and rehabilitative services. To learn more about the Reentry Division and the Reentry Council please visit:

- SFAPD's Reentry Division: sf.gov/learn-about-our-reentry-division
- Reentry Council: sfgov.org/sfreentry/
- CASC Reentry Center: reentrysf.org

2.2.2 Current Locations of SFAPD and Related Services

SFAPD Offices	Building Site
945 Bryant Street, San Francisco, CA 94103	Head Quarters
564 6th St., San Francisco, CA 94103	Community Assessment Service Center
555 Polk Street, 2nd Floor, San Francisco, CA 94102	Community Justice Center
1315 Evans Avenue, San Francisco, CA 94124	Bayview Office

Consistent with EBP, SFAPD's Deputy Probation Officers (DPOs) provide clients with referrals to match their criminogenic needs and community function factors with programs designed to assist in their rehabilitation and subsistence needs. The Community Assessment Services Center (CASC) is located at 564 6th Street is a behavioral health focused, multi-service one stop reentry center, which collocates public and nonprofit partners with the overall aim to remove barriers, improve life outcomes and help people reclaim their place in the community.

2.3 Project Background

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

On a prospective basis, the legislation:

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

In 2012, as part of the innovative energy of California Criminal Justice Realignment, the San Francisco Adult Probation Department (SFAPD) launched the Community Assessment and Services Center (CASC), a one-stop reentry center. The original launch of the CASC embraced a traditional drop-in center model. In 2018, given the ongoing complex needs of those we serve, the SFAPD implemented a comprehensive behavioral focused reentry center.

2.4 Overall SFAPD Client Demographics (as of 1/31/2022)

SFAPD POPULATION (as of 1/31/2022)			
Total Client Population		5168	
Felony		83%	
Misdemeanor		17%	
Other		1%	
SFAPD ACTIVE CLIENT DEMOGRAPHIC SUMMARY			
Gender			
Male		87%	
Female		13%	
Age		Risk Level	
18-25 Years Old	11%	Low	27%
26-35 Years Old	38%	Medium	23%
36-45 Years Old	27%	High	49%
46-55 Years Old	14%		
56-65 Years Old	7%		
66+ Years Old	3%		
Race/Ethnicity		Caseload Type/Unit	
African American	37%	Domestic Violence	14%
Asian	4%	General Supervision	61%
Latinx	16%	Investigations	0.1%
NatAmer/AlaskNative	0%	Mandatory Supervision	3%
Pacific Islander	1%	PRCS	8%
White	30%	Prop 63 / Bench Warrants	1%
Other	11%	Sex Offenses	4%
Unknown	0.1%	TAY	8%
Missing	0.4%		

2.5 The Community Assessment and Services Center (CASC)

The CASC is a behavioral health-focused, multi-services one-stop clinical reentry center that bridges SFAPD probation supervision services with comprehensive support including clinical and reentry case management, medication management and distribution, mentoring, 1:1 therapy, support groups, education and employment services, barrier removal, and benefits acquisition.

As the City's premiere reentry center, the CASC's therapeutic community embraces a client-centered, strength-based approach, empowers personal responsibility, and co-locates services that build self-sufficiency including SFAPD-funded transitional housing and rental subsidy programs, employment placement and retention services, vocational training opportunities, mental health and substance use services, women's gender responsive services, parenting and life skills programs, batterers' intervention programs, cognitive-behavioral interventions, social activities, outings and events, and meeting space for community partners.

The CASC embraces dynamic partnerships with the San Francisco Department of Public Health, the Human Services Organization, the Office of Economic and Workforce Development, the Department of Child Support Services and a range of community based providers. As well, the CASC has expanded partnerships with State Parole, and Federal Probation and provides a range of services to justice involved adults in San Francisco

The CASC receives approximately 1,000 referrals from the SFAPD each year, and since expanding eligibility to include others with criminal histories, the CASC also receives referrals from Superior Court/Collaborative Courts, State Parole, Federal Probation, and other public safety partners. The doors are also open for drop in connection to services. As the CASC services portfolio expands to respond to other citywide efforts, referrals will come in from

different sources. On average, approximately 4,000 unduplicated people annually access the CASC’s myriad of services and resources inclusive of case management, medication management, 1:1 therapy, transitional and emergency housing, employment and educational services, public benefits enrollment, process groups, cognitive behavioral classes, community functions, and to access basic necessities like food, clothes and travel vouchers.

2.6 Demographic Snapshot of the CASC Clients (as of 12/31/2022)

CASC Client Demographics: All Services Types	
Gender	
Male	83%
Female	16%
Transgender Female	1%
Age	
18-25 Yrs Old	11%
26-35 Yrs Old	31%
36-50 Yrs Old	36%
51+ Yrs Old	22%
Ethnicity	
African American	43%
Asian	4%
Hispanic/Latinx	18%
Native American/Alaskan Native	0.44%
Pacific Islander	2%
White	20%
Other/Unknown	12%

2.7 San Francisco Controller’s Office Assessment of CASC

During the period of July – September 2016, in preparation for the CASC 2017 RFQ, the SFAPD partnered with the City & County of San Francisco’s Office of the Controller’s City Performance Unit, to conduct a program assessment of services provided at the CASC. The City Performance Unit developed an analytical approach to assess reentry services at the CASC, which focused on four elements:

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

Based on this assessment, the City Performance Unit found several areas where CASC service provision could be enhanced to strengthen adherence to evidence-based practices and improve client outcomes. These CASC improvement strategies have been integrated throughout this RFQ.

3 Scope of Work

3.1 General Information

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

3.2 CASC Goals

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

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

3.3 Expanded Behavioral Health Services

Drug and alcohol use are major drivers for criminal activity. In San Francisco, the nexus between criminal activity, and substance use is further complicated through complex mental health behaviors and symptoms. The San Francisco Department of Public Health data from fiscal year 2020/2021 reflected over 21,000 individuals received behavioral health care with an estimated 20,000 more individuals' receiving outreach and early intervention services. Approximately 30% of individuals are seen for both specialty mental health and substance use disorder treatment services. According to Justice that Heals: Promoting Behavioral Health, Safeguarding the Public, and Ending Our Overreliance on Jails", at any given time, between 35 and 40 percent of San Francisco jail inmates are under the care of Jail Behavioral Health Services and being treated for mental illness.

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

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

3.4 General Service Delivery/Guiding Principles

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

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

1. **Assess Criminogenic Risk/Needs:** Assessing offenders' risk and needs (focusing on dynamic and static risk factors and criminogenic needs) at the individual and aggregate levels is essential for implementing the principles of best practice.
2. **Enhance Intrinsic Motivation:** Research strongly suggests that "motivational interviewing" techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.
3. **Target Interventions:**
 - a. **Risk Principle:** Prioritize supervision and treatment resources for higher risk offenders.
 - b. **Need Principle:** Target interventions to criminogenic needs.
 - c. **Responsivity Principle:** Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.
 - d. **Dosage:** Structure 40% to 70% of high-risk offenders' time for 3 to 9 months.
 - e. **Treatment Principle:** Integrate treatment into full sentence/sanctions requirements.
4. **Skill Train with Directed Practice:** Provide evidence-based programming that emphasizes cognitive-behavior strategies and is delivered by well-trained staff.
5. **Increase Positive Reinforcement:** Apply four positive reinforcements for every one negative reinforcement for optimal behavior change results.
6. **Engage Ongoing Support in Natural Communities:** Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.
7. **Measure Relevant Processes/Practices:** An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice.
8. **Provide Measurement Feedback:** Providing feedback builds accountability and maintains integrity, ultimately improving outcomes.

The Six Gender Responsive Strategies for Women Offenders are:

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

3.5 Criminogenic Needs and Community Functioning Factors

The SFAPD and other criminal justice experts around the country have learned through research and practice that recidivism reduction requires focusing on criminogenic needs and community functioning factors; and responding with appropriate service(s) intervention, intensity and duration. Criminogenic needs are dynamic risk factors, which are empirically linked with antisocial behavior. These needs are attributes of an offender that are directly linked to criminal behavior. There are eight criminogenic needs and they are listed below.

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

Criminogenic Factors	Factors Affecting Recidivism Risk	Need or Desired Outcome
Anti-social Attitudes	Attitudes, beliefs, values, and rationalizations supportive of crime; emotional states of anger, resentment, and defiance	Less risky thinking and feelings and adopting a pro-social identity
Antisocial peers and friends	Close association with criminals and relative isolation from pro-social individuals	Reduced association with criminals, enhanced associations with pro-social individuals
Antisocial Personality	Adventurous, pleasure seeking, low self-control, restlessly aggressive	Learning problem solving, self-management, coping, and anger management skills
Family and/or marital factors	Lack of nurturance, caring, or close monitoring and supervision	Reduced conflict, build positive relationships and communication; enhanced monitoring and supervision
Substance Abuse	Abuse of alcohol and/or drugs	Reduced use, personal and interpersonal supports for substance abuse behavior; enhanced alternatives to use
Lack of Education	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
Poor Employment History	Low levels of performance and satisfaction	Enhanced rewards, performance, and satisfaction
Leisure/Recreation	Low levels of involvement and satisfaction in antisocial activities	Enhanced involvement and satisfaction in pro-social activities

Community Functioning Factors

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

Community Functioning Factors	
<ul style="list-style-type: none"> 1. Housing 2. Transportation 3. Food 4. Anxiety and Stress 	<ul style="list-style-type: none"> 5. Health and Physical 6. Mental Health 7. Low Self Esteem

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

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

3.6 SFAPD’s philosophy of “Second Chances”

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

3.7 Required Service Elements

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

Non-profit organizations may apply to one or more of the following service areas:

- **Program Area 1:** Clinical Case Management (Forensic Assertive Community Treatment) and Medication Management
- **Program Area 2:** Reentry Case Management
- **Program Area 3:** Mentoring
- **Program Area 4:** Life Skills
- **Program Area 5:** Psycho-Education/Outpatient Treatment Services
- **Program Area 6:** Group Facilitation and Reentry Support Networking
- **Program Area 7:** Outreach and Community Engagement

Led by the SFAPD’s Reentry Division, the CASC will serve as a true one-stop reentry center, receiving and triaging multi-disciplinary referrals, provide an array of behavioral health and reentry services, and coordinate closely with other SFAPD funded community partners to create a thriving therapeutic environment which advances the needs of justice involved people.

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

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

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

- A. The SFAPD Reentry Division will play an enhanced oversight and coordination role with the selected Contractors.
- B. The CASC's expanded onsite partnerships with other City departments include the San Francisco Department of Public Health's (SFDPH) STARR Program (Supporting Treatment and reducing Recidivism), SFDPH's Behavioral Health Clinicians, the Office of Economic and Workforce Development's (OEWD) Specialized Job Center for reentry employment services, and the Human Services Organization (HSA) Eligibility Worker.
- C. The CASC plans to expand service hours to 24/7 – after hours staffing be a function of the SFAPD.

3.8 Description of CASC Services

3.8.1 Program Area 1: Clinical Case Management/Forensic Assertive Community Treatment (FACT) and Medication Management

Target Population:

The target population for these services shall be clients of the SFAPD.

FACT is a service delivery model intended for individuals with serious mental illness (SMI) who are involved with the criminal justice system. Their needs are often complex and many have co-occurring substance use disorder. FACT builds on the evidence-based assertive community treatment (ACT) model by making adaptations based on criminal justice issues—in particular, addressing criminogenic risks and needs. In this sense, FACT is an intervention that bridges the behavioral health and criminal justice systems. FACT is a full-service partnership providing a comprehensive range of services and supports to adults who have repeated contacts with the criminal justice system or who have been arrested as a result of behaviors related to mental illness, homelessness, substance dependency, lack of resources, stability, or access to entitlement programs.

The service model of FACT provides a multidisciplinary community treatment team, which will operate at the CASC and throughout the community.

A FACT Program helps to engage clients who:

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

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

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

Key components of FACT are:

1. Outreach & Engagement:

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

2. Intake & Secondary Assessments

3. Medication Support

4. Integrated Services and Managed Care

5. Life Skills

6. Family Involvement

7. Recovery and Resilience

8. Cultural, Linguistic & Gender Responsiveness

Cognitive Behavioral Services:

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

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

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

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

Another approach, Dialectical Behavior Therapy (DBT) originally shown to be effective with bi-polar personalities is now also well regarded as an intervention with other mental health challenges including substance dependence, depression, post-traumatic stress disorder (PTSD) and eating disorders. DBT endeavors to develop four major skills, mindfulness, distress tolerance, interpersonal effectiveness and emotion regulation, and through four key components: group skills training, individual therapy, phone coaching, and consultation with the therapist and other key services providers.

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

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

Objectives:

The Clinical Case Management and Medication Management services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Implement FACT as the standard model of clinical case management for people with complex behavioral health issues while utilizing the key components of FACT listed above. The SFAPD seeks a service provider that has a proven track record of implementing and delivering FACT clinical case management services.
3. Ensure that Clinical Case Management and Medication Management services proactively, rigorously, and respectfully address mental health, substance dependency, criminogenic needs, community functioning factors, and housing needs of participants.

4. Ensure clear prerelease and discharge planning protocols for all CASC case management services.
5. Ensure clear field based Clinical Case management protocols that meet participants where they are at in the community, incentivize engagement/reengagement at the CASC, and which prioritize accompanying participants to appointments and services to which they are resistant.
6. Implement a robust array of clinical and other support groups ranging from Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), and support other “life experience” process groups, in cohort and drop-in formats to address a range of mental health and substance dependency challenges. Those referred to groups may be case managed clients or others referred from justice or community partners.
7. Demonstrate ability to be work in a multidisciplinary environment, that embraces a unified CASC vision of client success and collaborative partnerships.
8. Advance a vibrant therapeutic community that embraces peer leaders, a calendar of prosocial activities, and inspires dignity, hope, respect, and fun.
9. Commit to partnering with SFAPD on a community engagement strategy to ensure that justice-involved adults in San Francisco are aware of CASC services.
10. The selected Contractor shall have a system to receive case management referrals and triage them to the appropriate level of care based on the clinical needs of the client.
11. The selected Contractor shall ensure clinical caseloads will remain between 90%-100% capacity
12. The SFAPD seeks a Forensic Assertive Community Treatment (FACT) model:
 - Designed to transition adults with severe behavioral health issues from correctional facilities into the community, and provides ongoing support in the community to further stabilization, recovery, and rehabilitation.
 - That includes medication management services and psychosocial interventions.
 - That adheres to the classic FACT model, in which clinical case managers meet at a minimum a Master’s-level Clinical Social Worker (CSW) or Master’s-level Marriage and Family Therapist (AMFT), and have experience and have experience working with an adult forensic population. All Master’s Level clinicians are required to register with the CA Board of Behavioral Sciences and working towards licensure.
 - Clinical Case Management ratio of 15-17 clients to 1 case manager
 - Medication Management Capacity: 115 Clients
13. Food/Snacks: Provide daily lunch, and snacks, a robust incentives program, access to a clothing closet, and transportation support.
14. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.2 Program Area 2: Reentry Case Management

Target Population:

The target population for these services shall be clients of the SFAPD.

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

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

The SFAPD expects that Reentry Case Managers will meet the Minimum Qualifications of a Bachelors level professional or three (3) years verifiable experience working with justice-involved adults. ~~, and will possess at least three years of working experience with an adult criminal justice system involved population in a residential, recovery or community setting.~~ Individuals who have earned a Community Health Outreach Worker certificate, a CAADE certificate (CA Alcohol and Drug Education certificate) or other related human services certification may also be considered with a minimum qualification of having ~~five years~~ (1) year experience of working with ~~an adult criminal justice system involved population in a residential, recovery or community setting~~ justice-involved adults.

The selected Contractor and the SFAPD will collaborate to review candidates who do not meet the Bachelors level minimum qualification.

Key components of Reentry Case Management include:

- 1. Needs Identification**
 - a. Orientation.
 - b. Intake and Assessment.
 - c. Identify criminogenic needs and community functioning factors.
 - d. Secondary Assessments.
 - e. Review COMPAS Results and ITRP (as applicable, provided by SFAPD).
- 2. Develop CASC planning and treatment plan (coordinated with SFAPD and/or other providers)**
 - a. Based on needs identification.
 - b. Life Skills development.
 - c. Services brokering and enrollment with a special focus on substance dependency and recovery.
 - d. Collaborative and coordinated case conferencing.
- 3. Aligned with the FACT model, Reentry Case Management services will support a robust Outreach & Engagement strategy:**
 - a. Outreach in the San Francisco County Jail and courtrooms, and community.
 - b. Close collaboration with SFAPD/Deputy Probation Officers (DPO).
 - c. The outreach and engagement strategy must be relevant to the situational and cultural needs of the client. This means that clients are to be engaged "where they are" with respect to their community location, their need for clinical and non-clinical services/supports and their phase in the recovery process.
- 4. Cognitive Behavioral Interventions (CBI):**
 - a. A process by which clients learn to become experts of their own behavior. Through CBI, clients learn to examine their thoughts, recognize when negative thoughts are increasing, and then apply a number of strategies to alter those negative thoughts and emotions.
 - b. The goal of CBI is to teach clients how to change undesirable emotions, such as anxiety and anger, which result in maladaptive or destructive behaviors.

- c. Implement strategies, all of which are focused on increasing positive behaviors, reducing undesirable or inappropriate behaviors, and promoting self-control, include actionable goals that promote problem-solving, communication, relaxation, and self-awareness
- d. For additional information, please see section 2.8.1 of this RFQ

Objectives:

The Reentry Case Management and services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Work collaboratively with the Clinical Case Management services provider to implement the framework of FACT.
3. Ensure that CASC Reentry Case Management services proactively, rigorously, and respectfully address reentry barriers and challenges, substance dependency, criminogenic needs, community functioning factors, and housing needs of participants.
4. Ensure clear pre-release and discharge planning protocols for all Reentry Case Management services.
5. Ensure clear field based Reentry Case Management protocols that meet participants where they are at in the community, incentivize engagement/reengagement at the CASC, and which prioritize accompanying participants to appointments and services to which they are resistant.
6. Implement a robust array of cognitive behavioral and other support groups.
7. Demonstrate ability to be work in a multidisciplinary environment, that embraces a unified CASC vision of client success and collaborative partnerships.
8. Advance a vibrant therapeutic community that embraces peer leaders, a calendar of prosocial activities, and inspires dignity, hope, respect, and fun.
9. Commit to partnering with SFAPD on a community engagement strategy to ensure that justice-involved adults in San Francisco are aware of CASC services.
10. The selected Contractor shall ensure caseloads will remain between 90%-100% capacity, with a minimum capacity expectation never to drop below 90%.
11. SFAPD seeks a Reentry Case Management Services:
 - o Designed to transition adults from correctional facilities into the community, and provides ongoing support in the community to further stabilization, recovery, and rehabilitation.
 - o That are able to work collaboratively with other onsite partners providing clinical services.
 - o That can use a FACT model of case management in which services are client focused, community-based, time unlimited, and work in multidisciplinary teams.
 - o **Reentry Case Managers should possess a will Bachelor's degree in social services, psychology or related field, or three years verifiable experience working with justice-involved adults. Individuals who have earned a Community Health Outreach Worker certificate, a CAADE certificate (CA Alcohol and Drug Education certificate) or other related human services certification may also be considered with a minimum qualification of having one-year experience working with justice-involved adults.** ~~Reentry Case Managers should possess a Bachelor's degree in social services, psychology or related field. Staff in this category who possess related CAADE, Community Health Outreach Worker certificates or other relevant human services certifications are still eligible provided they can show a minimum of two (2) years working with an adult forensic population.~~
 - o Reentry Case Management ratio of 25 clients per case manager
12. Selected Contractor will be required to provide an array of Cognitive Behavioral and other support groups
13. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.3 Program Area 3: Mentoring

Target Population:

The target population for these services shall be clients of the SFAPD and other justice involved adults in San Francisco

This RFQ aims to promote successful reentry strategies and support for justice involved adults. Mentoring is a reciprocal learning relationship in which a mentor and mentee mutually agree to work toward pre-defined goals. It refers to a relationship in which a more experienced person helps a less experienced person develop the necessary skills for a successful reentry journey. The objective of the mentoring program is to recruit and train individuals as mentors and match them with participants who may be in-custody, the community, or treatment program. Through the mentoring relationship, the mentee receives knowledge, social capital, and support, which will be relevant to personal and professional development, with the primary goal to enhance the success of the participant.

The selected Contractor shall develop and implement a mentoring program that will provide positive support, guidance, and role modeling to participants. Mentoring is a relationship-based strategy that pairs self-sufficient individuals with participants who face many personal and criminal justice system barriers. Mentoring programs may include strength-based, trauma-informed, gender-responsive, and culturally competent activities that enhance self-worth and build specific knowledge and skills that increase participants' chances of successful reentry. Peer mentors will serve as role models to participants, validating the possibilities and benefits of living a positive, self-fulfilling life outside of the criminal justice system.

The mentoring program shall include the following components:

- Be available both in the community and in custody
- Consider a range of adult learning styles when crafting materials, and designing training and activities
- Have a diligent process for carefully selecting qualified mentors and matching them with participants
- Offer both peer to peer and group mentoring activities that are rooted in evidence based practices and seek to reduce recidivism
- Offer a range of community and professional skills building training opportunities for mentors
- Offer clean and sober recreational outings and activities with established positive and prosocial peer groups.

The SFAPD expects participation in the mentoring program to reinforce individuals' desires to live a life beyond the criminal justice system and to support them in their reentry journey. After participation in the mentoring program, individuals should be able to identify positive peers that could become part of their network and support systems.

Objectives:

The Mentoring services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Recruit and train individuals as mentors for assignment to participants in pre- and post-release services
3. Promote mentoring services at the CASC, the community, and in-custody
4. Match mentors with formerly incarcerated mentees
5. Host monthly mentor/mentee gatherings and weekly support groups
6. Host quarterly or bi-annual trainings for mentors and prepare mentees to become mentors
7. Have the ability to collaborate or subcontract with other organizations to support the needs of the mentoring program and those receiving services
8. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.4 Program Area 4: Life Skills Training

Target Population:

The target population for these services shall be clients of the SFAPD and other justice involved adults in San Francisco between the ages of 18-35.

This RFQ aims to promote successful reentry strategies and support for justice involved adults. Acquiring the skills necessary to live independently is critical to successful reentry and a primary goal of the SFAPD. The goal of the Life Skills Training classes is to equip students with the social and interpersonal skills that enable them to cope with the demands of everyday life. The objectives of the lessons are to build self-confidence, encourage critical thinking, foster independence and help students to communicate more effectively.

The Life Skills Training program should provide high-risk or at-risk young adults the skills and tools to succeed in their community. The program should reinforce success while addressing fears and setbacks. The program may use a variety of modalities in an integrated educational approach, based on the learning needs of the participants. The theoretical model should be grounded in principles that:

- Improve socialization skills necessary for successful reentry
- Reduce criminal activity and recidivism
- Have constructive dialogue on drug and alcohol use
- Improve overall lifestyle choices and decision making

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

Objectives:

The Life Skills Training resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Promote abilities and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.
3. Cover topics such as self-management, problem solving, critical thinking, goal setting, communication, stress management, interpersonal relationships, independently living, financial literacy, etc.
4. Ensure the life skills services target formerly incarcerated people in areas of San Francisco impacted by crime and violence.
5. Recruit participants from the CASC, Young Adult Court, the community, and other SFAPD programs.
6. Provide ongoing enrollment.
7. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.5 Program Area 5: Substance Education/Outpatient Treatment Services

Target Population:

The target population for these services shall be clients of the SFAPD.

The relationship between substance use disorders and crime and its impact on society is well documented. As levels of illicit drug use have increased, so have maladaptive behaviors associated with drug use. In addition to meeting the clinical and reentry needs of CASC clients, the SFAPD seeks Substance Education/Outpatient Treatment services for justice involved adults struggling with substance use disorders or co-occurring mental health and substance use disorders. The program must be DHCS certified to provide outpatient alcohol and other drug (AOD) treatment. Providers should be trained in both addiction and mental health. The program should use evidence-based trauma informed, motivational, and strength-based strength based approaches to meet the complex needs of justice involved adults struggling with addiction or co-occurring disorders. This service will be an integral component of the CASC and work seamlessly with clinical and reentry case managers, as well as, clients referred by Deputy Probation Officers.

The substance education provided shall be designed for justice involved people who struggle with addiction or co-occurring disorders and shall meet the culturally specific needs of CASC clients.

Objectives:

The Substance Education/Outpatient Treatment Services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
1. Meet the complex behavioral needs for clients of SFAPD.
2. Experience working with high needs, high risk, justice involved adults.
3. Conduct daily substance education classes or treatment groups by an Alcohol and Other Drug (AOD) counselor.
4. Meet DHCS AOD outpatient treatment program certification standards.
5. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.6 Program Area 6: Group Facilitation and Reentry Support Networking

Target Population:

The target population for these services shall be clients of the SFAPD and other justice involved adults in San Francisco.

Many types of groups have been shown to be beneficial for formerly incarcerated and justice involved people when they are working to reenter and successfully exit the criminal justice system. Successful groups are trauma-informed, gender-responsive, and culturally competent and may provide empowerment, therapeutic reentry support, motivation to make sustained behavior changes necessary for successful reentry, or information about recovery, relapse prevention, denial management, anger management, etc.

For formerly incarcerated and justice involved people, gaining a strong support network will lead to a greater feeling of acceptance and an increased likelihood of being a productive member of society. Quite often, in order to successfully reenter, a person must disassociate with a given social group because the potential negative influences and consequences of that given group will lead to further criminal justice involvement. Gaining a social network and a community of prosocial people who are facing or have faced similar reentry challenges make it easier for people to disassociate from old destructive social groups and are imperative for successful reentry.

Objectives:

The Group Facilitation and Reentry Support Networking services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Will be trauma-informed, gender-responsive, and culturally competent.
3. Will reflect expertise in working with high needs, high risk, justice-involved adults.
4. Conduct weekly groups, which support successful reentry through providing information, motivation, empowerment, or prosocial network building.
5. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.8.7 Program Area 7: Outreach and Community Engagement

Target Population:

The target population for these services shall be clients of the SFAPD and other justice-involved adults in San Francisco who may be homeless, struggling with substance use disorder, or co-occurring mental health and substance use disorders.

Equitable and inclusive outreach and community engagement is characterized by intentional and proactive interaction and collaboration with justice involved community members to build relationships, create solutions, and foster support for successful reentry and a sense of belonging. Equity and inclusion is prioritized to ensure that justice involved people in San Francisco have access to the resources and services they need to reenter successfully, exit the criminal justice system, and become a productive contributing member of our community, while feeling welcome, safe, and respected.

SFAPD expects that people in both leadership and staff roles of the organizations providing outreach and engagement services will reflect the communities they are interacting with. Additionally, organizations must have a proven track record of building meaningful relationships with the community.

Although there are many possible examples of outreach and engagement services, some acceptable examples include:

1. Reentry resource and service coordination for guests of the Tenderloin Linkage Center, including:
 - a. Assessing for eligibility and capacity of potential programs
 - b. Completing referrals to services
 - c. Facilitating connections to service program staff
 - d. Arranging transportation and/or assisting with directions to services
 - e. Troubleshooting and problem Solving
2. Community focus groups and roundtable discussions to gain a more vivid understanding of the communities' comprehensive needs, desires, and priorities with regard to equitable access to reentry services, resources and supports.
3. Increasing opportunities for marginalized and under-represented communities to participate in the City's decision-making processes in order for them to have a voice in decisions that impact them and their community.

Objectives:

The Outreach and Community Engagement services resulting from this RFQ shall meet the following objectives:

1. Commit to a close partnership with SFAPD's Reentry and Operations teams.
2. Connect marginalized, formerly incarcerated or justice involved adults to appropriate reentry services.
3. Will include strategies for overcoming barriers to community engagement.
4. Will reflect expertise in outreaching and engaging with high needs justice-involved adults.
5. Utilizing staff with lived experience of overcoming addiction, homelessness, incarceration, etc.
6. Data Collection: Selected Contractor will be required to track data as prescribed by SFAPD and report at minimum, twice per year on required outputs, outcomes, and demographics.

3.9 As-Needed Services

Subject to the City's approval, the Grants awarded under this RFQ may be amended in accordance with City requirements to include City-requested as-needed additional service features that are related to the scope of work described in this RFQ. The extent and cost of as-needed additional services will be determined and negotiated by the City.

4 Proposal Submission Requirements

Proposers interested in responding to this RFQ MUST SUBMIT THE FOLLOWING INFORMATION, IN THE ORDER SPECIFIED BELOW. All Submissions for funding must be developed using the format below. This is necessary so that all Submissions can receive fair and equal evaluation. Submissions not following the required format will not be considered for funding. Information must be at a level of detail that enables effective evaluation and comparison between Submissions by the RFQ Evaluation Panel.

4.1 Proposal Format

Proposals must be created using a word processing software (e.g., Microsoft Word or Excel) and typed in a serif font (e.g., Times New Roman, Calibri, Arial). The document must have page margins of at least .5" on all sides. Information must be provided at a level of detail that enables effective evaluation and comparison between Proposals. Failure to follow formatting, submission, or content requirements, as well as page limit restrictions (if any), may negatively impact the evaluation of your Proposal.

Proposers may submit Proposals for one or more of the following Program Areas. Proposers must meet the Minimum Qualifications for each Program Area for which they are submitting a Proposal.

- **Program Area 1:** Clinical Case Management (Forensic Assertive Community Treatment) and Medication Management
- **Program Area 2:** Reentry Case Management
- **Program Area 3:** Mentoring
- **Program Area 4:** Life Skills
- **Program Area 5:** Psycho-Education/Outpatient Treatment Services
- **Program Area 6:** Group Facilitation and Reentry Support Networking
- **Program Area 7:** Outreach and Community Engagement

4.2 Proposal Content

Complete, but concise responses are recommended for ease of review. Proposals should provide RFQ. Marketing and sales type information should be excluded. All parts, pages, figures, and tables should be numbered and clearly labeled, and organized in a clear and logical fashion so that Proposal readers can easily understand information.

Complete Proposals must include all of the following components. If submitting Proposals for more than one Program Area, then Attachment IV ("Minimum Qualifications & Prior Project Descriptions") and Attachment V ("Proposal Narrative") must be included in each Program Area Proposal your organization submits.

- 1) **Attachment I: Terms and Conditions**
 - i. Must only sign acknowledgment page of Attachment I
- 2) **Attachment II: Local Business Enterprise (LBE) Certificate of Proof (if applicable)**
 - i. Use Attachment II only if your organization is a LBE
 - ii. Bonus points available
- 3) **Attachment III: Cover Sheet**
 - i. Must sign Attachment III
- 4) **Attachment IV: Minimum Qualifications**
 - i. Must complete an Attachment IV for each Program Area your organization submits a Proposal to
 - ii. Each Attachment IV must be a maximum of **10-page limit, INCLUDING** the length of the Attachment IV template
 - i. Please type responses directly onto the Attachment IV template

5) **Attachment V: Proposal Narrative**

- ii. Attachment V (“Proposal Narrative”) MUST be submitted PER PROGRAM AREA your organization is submitting a Proposal to.
- iii. Each Attachment V has a maximum number of **10-pages, INCLUDING** the length of Attachment V template
- iv. Please type responses directly onto Attachment VI template

6) **Attachment VI: Budget Template**

- i. Attachment VI (“Budget Template”) MUST be submitted PER PROGRAM AREA your organization is submitting a Proposal to.
- ii. Attachment VI *”Budget Template”) is NOT included in the maximum page counts.

7) **Attachment VII: Sample Grant Agreement**

- i. Informational Only

4.3 Time and Place for Submission

Proposals, Attachments, and all related material must be received by the deadline indicated on the cover page of this RFQ.

In order to be considered, Proposals must be e-mailed to elisa.baeza@sfgov.org by the specified deadline on cover page of this RFQ. Proposal, Attachments and all related material may be e-mailed in separate batches if files are too large to send all at once.

Proposals submitted by postal mail or fax will not be accepted. Late submissions will not be considered.

5 Proposer Evaluation Criteria and Selection

This section describes the guidelines used for analyzing and evaluating the proposals. It is the City’s intent to select Proposers for contract negotiations that will provide the best overall service package to the City. Proposers selected for contract negotiations are not guaranteed a contract. This RFQ does not in any way limit the City’s right to solicit contracts for similar or identical services. The SFAPD reserves the right not to award any grant agreement under this Request for Qualifications.

This section describes the criteria that will be used for analyzing and evaluating Submissions. The acceptance and/or selection of any Proposal shall not imply acceptance by the City of all terms of the Proposal(s), which may be subject to further approvals before the City may be legally bound thereby.

This RFQ does not in any way limit the City’s right to solicit Grant Agreement(s) for similar or identical services if, in the City’s sole and absolute discretion, it determines the Submissions are inadequate to satisfy its needs. The City reserves the right to not award any Grants under this RFQ.

5.1 Minimum Qualifications (Pass/Fail)

Any Submission that does not demonstrate that the Proposer meets the Minimum Qualifications by the Proposal deadline will be issued a Notice of Non-Responsiveness and will not be evaluated or eligible for award under this RFQ. Proposals that fail to meet the Minimum Qualifications will not be evaluated.

To meet the Minimum Qualifications and to be deemed eligible for Proposal evaluation, each Proposer must submit and verify ALL of the following items, as described here and in Section 4 of this RFQ (“Proposal Submission Requirements”).

Attachment IV (“Minimum Qualifications”) MUST be submitted PER PROGRAM AREA your organization is submitting a Proposal to.

- **Required Attachments to be included in Proposal(s):** Proposal(s) must include the required Attachments I, III, IV, V, and VI. Attachment II and Attachment VII are optional.
- **Prior Project Descriptions:** Proposers must provide details of TWO (2) Prior Projects that have been operational for a minimum of TWO (2) consecutive years within the past FIVE (5) years that demonstrate how the Proposer has provided services for their selected Program Areas, which are described in Section 3 of this RFQ (“Scope of Work”).

Collaborations or joint submissions are permitted. For agencies submitting joint applications, the lead organization must be the organization with the expertise in behavioral health services and be able to demonstrate prior experience as prescribed in Attachment IV (“Minimum Qualifications”).

5.2 Proposal Evaluation Criteria (100-Maximum Possible Points)

Proposals that meet the Minimum Qualifications for each respective program area listed in Section 2 of this RFQ (“Scope of Work”) will be evaluated on a 100-point scale by an Independent Evaluation Panel.

In accordance with Attachment V (“Proposal Narrative”), Proposers must describe their experience and expertise delivering the services outlined in the Program Service Area for which they are applying, as well as, their proposed approach to implementing the services described in the respective Program Service Area within this RFQ.

Proposers will describe the following elements in Attachment V (“Proposal Narrative”):

1. Organizational Overview
 - a. Organization’s History
 - b. Organization Cultural, Gender, and Sexual Diversity Capacity
 - c. Organization Management Capacity
 - d. Organization Certifications
2. Work Plan
 - a. Experience implementing the objectives related to each respective Program Service Area
 - b. Approach to implementing the services outlined in each respective Program Service Area
3. Staffing Structure

Proposers will also describe program budget costs using Attachment VI (“Budget Template”). In accordance with Attachment VI (“Budget Template”), budget descriptions will be evaluated for responsiveness to instructions, as well as, inclusion of all costs supporting the Proposer’s responses to the respective Program Service Area requirements. Budget responses that are not responsive will not receive any points.

The City intends for the Evaluation Panel to evaluate the Proposals generally in accordance with the criteria itemized in Attachment V, by Program Area.

5.3 Pre-Qualification List Determination

To be pre-qualified, a Proposer must receive a grand total score that is at or above 70-points to be eligible to participate in potential Contract award negotiations with the City during a period of two (2) years from the Pre-Qualification List Notification date. There is no numerical limit to the number of Proposers that may be listed on the Pre-Qualification List.

5.4 Selection for Grant Agreement Negotiations and Limitations

Pre-qualified Proposers may be asked to respond to requests for quotes, requests for Proposals, or other competitive processes for specific scopes of work to ensure the City receives the best value. Pre-qualified Proposers may be subject to reference checks and/or interviews prior to the City’s selection for Contract negotiations. If reference checks are needed to confirm Proposer’s experience, they will be used to verify the quality of staffing provided to prior clients, adherence to schedules/budgets, problem-solving capabilities, project

management capabilities, and the quality of deliverables and outcomes. Please see Attachment I, Section 13 (“Release of Liability”)

If interviews are required to assist SFAPD with selection for contract negotiations, each Proposer should ensure that its Key Personnel be assigned to SFAPD services attend the interview. Key Personnel must include the proposed Project Manager and/or the proposed point of contact responsible for managing project resources, budget, timeline, deliverables and completion.

If a satisfactory Contract cannot be negotiated in a reasonable time or for a reasonable price with a selected Pre-qualified Proposer, then the City, in its sole discretion, may terminate negotiations and begin Contract negotiations with another Pre-qualified Proposer. The selection of any Proposer for Contract negotiations shall not imply acceptance by the City of all terms of their Proposal, which may be subject to further negotiation and approvals before the City may be legally bound thereby.

Upon the City’s determination that contracted services are appropriate, the City will send a Notice of Intent to Award to the selected Pre-qualified Proposer with the anticipated scope and details of the proposed engagement. Proposers may be required to provide additional information to the City to aid in its selection for Contract negotiations and/or for Contract award.

SFAPD may select pre-qualified Proposers for Contract negotiations without additional selection processes. For a list of all additional terms and conditions of this solicitation and resulting Contract(s) from it, please review Attachment I in its entirety (“RFQ Terms and Conditions”).