General

1. **Question**: Will this meeting be recorded?
   **Answer**: Yes.

2. **Question**: Questions should be sent to HSHProcurements@sfgov.org?
   **Answer**: Yes. Any questions and communications should be sent to HSHProcurements@sfgov.org

3. **Question**: Are we able to get the slide deck after the presentation?
   **Answer**: The slide deck will be posted with the Questions and Answers at https://hsh.sfgov.org/get-involved/procurements/

4. **Question**: How quickly after the contract is awarded do services need to be up and running?
   **Answer**: Please see the updated Schedule in Addendum 1 for schedule updates. Per the Schedule, the Intent to Award notifications will be sent on July 18, 2023 and services are anticipated to start on December 1, 2023.

5. **Question**: In Section 1. Introduction; Page 5; Paragraph 2: What is meant by this sentence? Will submitting a reply to this RFP be a prerequisite for future procurement?
   **Answer**: Organizations interested in providing SFHOT Outreach and/or Case Management services should submit a proposal as the lead agency or with a lead agency as a subcontractor in response to this RFP.

6. **Question**: We are not prepared to take on a HOT contract in the prescribed timeframe, but will there be an additional RFP in the future (for additional HOT teams) we would like to apply at that time. Do we need to apply this round to be eligible to apply to a hypothetical future RFP for HOT services?
   **Answer**: HSH does not currently have plans to release another procurement for SFHOT services. Please see response to question 5 above.

7. **Question**: The Overdose Prevention Policy linked in the footnote on page 8 is entitled “2022 Supplemental Report”; is there a full-text copy of HSH’s current Overdose Prevention Policy that we can refer to? What specific elements of HSH’s policy will be incorporated into an agreement with the selected contractor?
   Below is language that may be included as part of the Scope of Work in the agreement resulting from this RFP specific to adhering to HSH’s Overdose Prevention Policy:
Harm Reduction: Grantee shall integrate harm reduction principles into service delivery and agency structure as well as follow the HSH Overdose Prevention Policy. Grantee staff who work directly with clients will participate in annual trainings on harm reduction, overdose recognition and response.

8. **Question:** Given that this RFP has a submission deadline of May 17th but is not set to begin until December 1st, is there any possibility of an extension to the submission deadline?

   **Answer:** HSH has extended the Proposal due date, please see Addendum 1 for additional information.

9. **Question:** Are there any formatting requirements or length restrictions for the proposal?

   **Answer:** Please see Addendum 1 and the updated Attachment 1 Application Template. Proposers should adhere to the 20 page limit in responding to questions three through five in the Attachment 1 Application Template UPDATED.

**Scope of Work**

10. **Question:** How do the requirements and scope of work in this procurement compare to current operations of SFHOT?

    **Answer:** Current SFHOT services are the foundation for the Scope of Work included in the RFP as well as planning for the expansion of services in future years.

11. **Question:** The RFP notes that supplies like food and water need to be provided during inclement weather - but not during other times?

    **Answer:** Per IV. A. Outreach on page 10, outreach includes distributing hygiene kits and resources which may include water and food. During inclement weather, the awarded Contractor may distribute these items as well as other supplies as appropriate such as blankets, ponchos, etc.

**Staffing and FTE**

12. **Question:** In the RFP document the amount of FTE for SCRT are 11 FTE, presentation is saying 8 FTEs. What should applicants follow in the proposal?

    **Answer:** Per IV.A.2b. Proposers shall allocate a minimum of 11.0 FTE for SCRT Outreach staff.

13. **Question:** The service delivery schedule (7 days a week/13+ hours a day) does seem to be possible with the current proposed staffing model and funding. Can you say more about how HSH envisions meeting the scheduling requirements say with one SFHOT team per district? Is the intent/ask for each of the individual teams to adhere to the services delivery schedule or collectively between all the outreach teams to meet this service delivery schedule? If this is meant to be accomplished by the multiple teams will the SFHOT contractor be able to direct the schedule of the other teams?

    **Answer:** Proposers may propose alternative staff schedules, including reduced weekend hours, with rationale that best meets the served population and meets outcomes and objectives.

14. **Question:** The staffing requirements seem to be inconsistent with the requirements around the hours of operation (which in most cases includes more than 80 weekly hours). How negotiable are the operational hours?
Answer: Please see response to question 13 above.

15. **Question:** Are there any hours of operations/availability requirements for EMS-6 ("Scope of Work," section A.2.c)?
   **Answer:** EMS-6 services are currently being provided Monday through Thursdays from 6:30 am to 5 pm.

16. **Question:** Regarding the hours of operation requirements for Neighborhood-based Case Management services (Part IV “Scope of Work,” Section B.2): Similarly, what job functions must be accomplished by Case Management staff during weekday hours that fall outside of regular business hours (9am – 5pm)? The RFP mandates that Case Managers be available from 6:30am – 7:00pm on weekdays.
   **Answer:** Neighborhood-based Case Managers should be available from 9 am to 5 pm on weekdays. HSH may request additional weekend hours in rare circumstances as needed.

17. **Question:** Regarding the hours of operation requirements for Neighborhood-based Case Management services (Part IV “Scope of Work,” Section B.2): Can HSH clarify the reasoning for requiring case management availability for 10.5 hours per day on weekends? Given that many case management functions require connections to public services open only during regular weekday business hours, what specific job functions must be accomplished by Case Managers during weekend hours?
   **Answer:** Please see response to Question 16 above.

18. **Question:** Can HSH clarify the minimum FTE requirements for Neighborhood-based Case Management? Section B.2 outlines 83.5 hours of required availability (is that per neighborhood?) but is requiring only one FTE per neighborhood at a minimum.
   **Answer:** Please see response to Question 16 above.

19. **Question:** Can HSH please confirm that FTE counts for supervisorial and administrative staff are not included within the FTE minimums for Outreach and Case Management services as detailed in sections A and B of the Scope of Work?
   **Answer:** The FTE counts included in the RFP do not include supervisorial and administrative staff. Per XI. 5.1 on page 23, Proposers shall describe their staffing structure including supervision and management as well as program support staff as part of their proposal.

**Encampment Resolution Teams**

20. **Question:** Who currently holds the ERT contract and will they continue or is that contract also out for RFP? Or is the SF HOT lead being asked to find a subcontractor?
   **Answer:** SFHOT services are currently being provided by Heluna Health. This RFP includes all SFHOT services including ERT services. As part of their proposal, Proposers should identify a subcontractor to provide ERT services and include the identified subcontractor in their bid per XI.4a2 on page 21.

21. **Question:** Regarding the ERT Subcontract, is the sub organization pre-selected by HSH or would prime need to bid out?
   **Answer:** The prime/lead Contractor shall select a subcontractor to provide ERT services, per Section I.A. Intent on page 5, the awarded Contractor is expected to provide all services.
described either directly or through a subcontractor, as listed in this RFP, and in compliance with the funding requirements. Proposers are required to subcontract Encampment Resolution Team (ERT) services and may additionally subcontract any other portion of the work included in each service component, but HSH will only enter into a single agreement with the prime/lead Contractor.

22. **Question:** We would like to clarify whether it is required to select a specific ERT subcontractor in advance of the proposal deadline and list them as a part of our proposal. Per page 12 (Part IV “Scope of Work,” section A.2.a) of the RFP, “Proposers will describe their plan for working with their selected subcontractor(s) to deliver ERT services and ensure ERT related outcomes and objectives are met.” We would interpret this language to mean that only a plan for soliciting and developing a scope of work with a qualified Subcontractor is required for the proposal, however, rubric sections 4a2 and 5.2 suggest that a particular Subcontractor must be selected in advance of the May 17th deadline. Given the potential complexity involved with identifying and negotiating with a suitable subcontractor in the limited time available before the deadline, we kindly request that this requirement is detailed more thoroughly in the RFP or removed.

**Answer:** HSH has extended the Proposal due date to Monday June 5, please see Addendum 1 for additional information.

23. **Question:** Do any subcontractors need to submit MOUs with the application?

**Answer:** Proposers are not required to submit MOUs with their Proposal. The awarded Contractor will have to submit MOU/s with subcontractor/s as part of the contracting process post award notification.

24. **Question:** Regarding the Outcomes and Objective (Part VI): TAY and Families - Would the selected contractor be given specialized access to ONE system for the provision of services to TAY and families? What additional expectations, requirements, trainings would be required by HSH for the contractor to work with these specialized populations compared with adults?

**Answer:** The ERT subcontractor will have access to HSH’s ONE system after completing applicable training. HSH will provide training on Coordinated Entry for families and TAY and there may be additional training conducted by subject matter experts so the appropriate SFHOT staff will be able to conduct Coordinated Entry assessments for families and TAY and enter the required information in HSH’s ONE.

25. **Question:** Can HSH confirm that the ERT subcontractor would be given sufficient access to the ONE system to meet the outcomes and objectives detailed in section 2.a (page 16)?

**Answer:** Yes. Please see response to Question 24 above.

26. **Question:** Regarding the Outcomes and Objective (Part VI): Per section 2.a.IV: “Outreach staff shall refer at least two (2) eligible clients per month to HSH Clinical Supervisor” - Does this refer to outreach staff on ERT only? Does this refer to 2 Clients per month per staff member or per team?

**Answer:** Per section VI.A.2a.iv. Each ERT FTE Outreach staff shall refer at least two (2) eligible clients per month to HSH Clinical Supervisor for a total of at least 16 referrals monthly. Please note there is a similar objective for Neighborhood-based Outreach Teams per VI.A.1.d.i.
Budget and Fiscal

27. **Question:** Can HSH provide an estimate of the funding breakdown for this contract between federal and non-federal sources?
   
   **Answer:** Approximately seven percent (7%) of SFHOT funding will be federally funded and 93% will be non-federally funded.

28. **Question:** Regarding the Budget, do any vehicle or office space cost need to be budgeted?
   
   **Answer:** The current SFHOT program has vehicles for staff use. The awarded Contractor may accept SFHOT vehicles in good working condition to use to transport SFHOT staff. Proposers may use SFHOT funding to purchase vehicles for SFHOT with rationale on how they will be used to meet program outcomes and objectives. Proposers should include costs for vehicle maintenance, auto insurance, gas, vehicle parking, and other relevant costs as appropriate in their proposal. Proposers shall also include costs for purchasing taxi vouchers to transport clients to services as needed.

   The awarded Contractor will be able to utilize San Francisco office at 555 Stevenson for office space. The space will be shared with SFHOT staff, HSH staff, and DPH staff including the HSH Clinical Supervisor. SFHOT staff will have cubicles (over 40 available) and office spaces (8 small offices and 1 larger office) equipped with desks, office chairs, monitors, desktops, and keyboards. The facility is equipped with internet access, printers, filing cabinets (large and small/individual), and meeting space and breakroom for SFHOT, HSH, and DPH staff use.