SAN FRANCISCO
HUMAN SERVICES AGENCY

Department of Benefits
and Family Support

Department of Disability
and Aging Services

Office of Early Care
and Education

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London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO:	DISABILITY AND AGING SERVICES COMMISSION
THROUGH:	KELLY DEARMAN, EXECUTIVE DIRECTOR
FROM:	CINDY KAUFFMAN, DEPUTY DIRECTOR ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS
DATE:	MAY 4, 2022
SUBJECT:	NEW CONTRACT: **UNITE US (FOR PROFIT)** TO PROVIDE DAS ONLINE RESOURCE DIRECTORY
CONTRACT TERM:	5/1/2022-4/30/2025

CONTRACT AMOUNT:	New	Contingency	Total
	$798,750	$79,875	$878,625

ANNUAL AMOUNT	FY 21-23	FY 23/24	FY 24/25
	$281,250	$258,750	$258,750

Funding Source	County	State/ Other	Federal	Contingency	Total
FUNDING:		$798,750		$79,875	$878,625
PERCENTAGE:		100%			100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new contract with Unite USA, Inc. (Unite Us) for the period of May 1, 2022 through April 30, 2025, in an amount of $798,750 plus a 10% contingency for a total amount not to exceed $878,625. The purpose of the contract is to provide the DAS Online Resource Directory.

Background

There is a clear and evident gap in the San Francisco community of a singular and easy to use tool to both find and utilize local resources to address social needs. In 2018, the Department of Disability and Aging Services (DAS) completed a comprehensive needs assessment of the services offered to older adults and people with disabilities. During the data collection process, community stakeholders described the challenges of finding information regarding local services and supports. Several stakeholders expressed the need for an Online Resource Directory (ORD), including Community-Based Organizations (CBOs), health care providers, clinicians, staff, service providers and the community at large. In addition, several workgroups of the Long-Term Care Coordinating Council, including the Palliative Care and Dementia Care Workgroups, as well as the Age and Disability Friendly Task Force have expressed interest in a dynamic and interactive resource directory.

This resource directory is developed through partnerships with local organizations, including 211s and United Way Worldwide and through the work of Unite Us' own internal resource directory team. The resource directories are supported and maintained through those partnerships and through Unite Us' own active maintenance team, and through Unite Us' engagements directly with the organizations listed.

Services to be Provided
Unite US will develop an Online Resource Directory (ORD) for the Department of Disability and Aging Services (DAS) at the Human Services Agency for the City and County of San Francisco. For a detailed breakdown of service components, please see Appendix A: Scope of Service.

Selection
Contractor was selected through Request for Proposals (RFP) # 1014, which was competitively bid in February 24, 2022.

Funding
Funding for this contract is provided through a combination of State and Other Funds.

ATTACHMENTS
Appendix A
Appendix B

Appendix A – Services to be Provided

Unite USA, Inc.
DAS Online Resource Directory
May 1, 2022 – April 30, 2025

I.   Purpose of Contract

The purpose of this contract is to provide an online resource directory (ORD) to help connect San Francisco older adults and adults with disabilities to services, resources, and providers citywide. The ORD will serve as a searchable repository of resources spanning a wide range of service domains, including healthcare, housing, caregiving assistance, public benefits, and social and recreational spaces.

II.   Definitions

CBO	Community Based Organization
Contractor	Unite USA, Inc. (Unite Us)
COIT	Committee on Information Technology
DAS	Department of Disability and Aging Services
DPH	San Francisco Department of Public Health
HSA	Human Services Agency of the City and County of San Francisco
IT	San Francisco Human Services Agency's Information Technology Department
ORD	Online Resource Directory
PHI	Protected Health Information
PII	Personal Identifiable Information
REaL	Race, Ethnicity, and Language
SDoH	Social Determinants of Health
SFHSA	San Francisco Human Services Agency
Service Unit	Deliverables, See Scope of Work
SOGI	Sexual Orientation and Gender Identity

III.   Target Population

The target audience will be individuals seeking services and/or resources for San Francisco residents, various City departments (i.e DAS, DPH, HSA, etc.), independent healthcare organizations in San Francisco (Kaiser, Common Spirit, UCSF, Chinese Hospital, etc.), the San Francisco Veterans Administration (VA), and other private agencies.

IV. Description of Services

Contractor shall provide the following services during the term of this contract:

This Statement of Work defines the effort to develop an Online Resource Directory (ORD) for the Department of Disability and Aging Services (DAS) at the Human Services Agency for the City and County of San Francisco.

Project Task #1: Online Resource Directory (ORD) Project Management
Task #1 Deliverables
- Prepare project plan and strategy to include at least but not limited to the following:
    o Timeline
    o Identify activities.
    o Identify milestones.
    o Identify deliverables.
    o Assign resources.
    o Provide estimates.
    o Conduct regular status meetings.
    o Schedule launch
    o Create and schedule training.
    o Reports
    o Post-launch plan

Project Task #2: Design: Engage with stakeholders to solidify requirements and design.
- Finalize design requirements with stakeholders.
- Finalize business and functional requirements with internal and external stakeholders.
- Design and finalize website infrastructure design of the environment as it relates to the requirements: development platform, front-end, back-end, authentication, high availability, scaling.
- Develop security and compliance plan for ensuring design and development of website meets city and HSA's compliance and security requirements.
- Design data architecture
- Agree on wireframe and develop high fidelity design.
- Iterate and make changes in non-production environment.
- Get sign off from stakeholders.

Task #2: Deliverables
- Based on agreed upon design and requirements listed above, develop:
    o information hierarchy and user goals
    o wireframes showing intended user interactions
- Interactive prototype
- Website infrastructure design document.
- Security and compliance design document.
- Data Architecture Document; including data dictionary and database structure document(s).

Project Task #3: Software Development

- Develop, host, and maintain website based on business and functional requirements sections above, as well as any new requirements identified in project task #2.
- Where applicable, work with HSA to integrate online resource directory with HSA and/or CCSF websites.

Task #3: Deliverable
- A fully functional website in a non-production environment that meets all the functional, business, security, and design requirements listed in requirements sections.

Project Task #4: Testing
- Perform regression and functional testing.
- Develop clearly defined pass/fail testing thresholds with HSA in the following areas: load testing, ADA compliance, Cybersecurity.
- Perform testing on website tests must pass.
- If tests did not pass, provide mitigation strategies/recommendations. Consult with HSA and remediate issues.
- Repeat testing until tests pass or HSA accepts risk.
- Elevate code to production environment and repeat testing.
- Perform verification and regression testing, as applicable.

Task #4: Deliverable
- Document results of all tests, mitigation work, and performance results.

Project Task #5: Training for internal users at DAS and HSA
- Develop, document, and provide training to internal DAS and HSA staff.

Task #5: Deliverable
- Training toolkits

Project Task #6: Training for Community-Based Organizations, Resources, Providers
- Develop, document, and provide training to Community Based Organizations, Resources, and providers.

Task #6: Deliverables
- Training toolkits
- Conduct training sessions

Project Task #7: End User Support
- Develop and document process to provide technical support to end users. Proposer must have a documented process to provide technical assistance to online users. The document is to be referred to as End User Support Agreement.

Task #7: Deliverables
- End User Support Agreement.
- Customer Technical Support Agreement.

Project Task #8: Contractor Responsibilities
- Develop and document processes for supporting HSA (IT and DAS) with technical and administrative help. Proposer must have a documented process for aiding HSA IT and DAS with technical escalation and assistance. The document is to be referred to as Service Level and Client Support Agreement.
- Establish and document contractor ongoing support responsibilities for maintaining and upgrading website, including software patching, mitigating compliance and security issues, upgrading, and monitoring the website performance.

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Task #8: Deliverables
-   Service Level and Client Support Agreement.

Project Task #9: Go-Live activities
-   Perform technical go-live activities.
-   Assist HSA with executing communication plan.
-   Conduct project closure meeting.
    o   Assurance that all the work has been completed,
    o   Assurance that all agreed upon project management processes have been executed.
    o   Document lessons learned.

Task #9: Deliverables
-   Fully functional 'live' production website.
-   Provide written and formal recognition of the completion of a project.

Project Task #10: User Research
-   Stakeholder map, including HSA staff, CBOs, and end clients
-   Consultation plan that includes all stakeholder types to:
    o   Create initial UX (User Experience) design
    o   Test prototypes with users
    o   Analyze user experience after launch
-   Definition of success criteria for usability at start of project and evaluation at launch

Task #10 Deliverables
-   Stakeholder map
-   Consultation plan
-   Interactive UX (User Experience) prototypes
-   Evaluation metrics & plan

V.   Business Requirements

REQUIREMENTS
Design & Features
Minimalist design. The ORD should avoid visual flourishes or longwinded text that may overwhelm site users. Site features should be clean and simple, directing users' attention to the key site functions.
Human-centered design - The ORD design must empower people to easily make decisions relating to their interests, health, and well-being.
Main page with 3 search options: search bar, resource categories, screening tool - Site users should be able to start their search for resources from three different starting points. The resource categories should form a "table of contents," or a high-level array of all service and resource types available by relevance, taking into account user and resource location, distance, matched eligibility, matched service offerings, and any selected filters.
Screening Tools - The ORD must support standard SDoH (Social Determinants of Health) assessment protocols such as PRAPARE and the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening tool. The system should be extensible and customizable to support the needs of various City departments. The ORD must be capable of

supporting alignment with the SDoH data definitions provided through HL7 and [The Gravity Project](#) for all social determinants.

Subcategory pages - Clicking into one of the resource categories (Food & Nutrition, etc.) will take the site user to a subcategory page that further differentiates the kinds of services/resources within the larger category (food banks, free lunch programs, etc.)

Organizational pages with key site information - Each individual resource should have a dedicated page, with key information (services/programs provided, hours of operation, languages spoken, eligibility requirements, address, contact information, accessibility options, capacity, etc.) listed in a standardized format.

Map-based search pages - Clicking into a subcategory should take the user to an interactive map that displays the geographic location of relevant resources and services. Map based features should automatically utilize IP address or mobile device geolocation tools to provide searches centered based on the user's location.

Contact information for Benefits & Resource Hub and Age and Disability Resource Center (ADRCs) listed on all pages - In case site users need clarifying information or guidance from another person, most pages on the ORD should provide the phone number to the Benefits and Resource Hub or invite site users to look up the closest Age and Disability Resource Center.

Easy access to download a PDF copy of the Online Resource Directory - The front page should provide the option for site users to download a PDF copy of the guide similar to the existing printed guide. Final printable guide still to be determined.

Provide an online request form for users to request a printed paper copy of the ORD - Once a request is received, DAS staff will then download and mail a printed and bound copy as requested.

Internet accessible - The ORD must be accessible via internet-connected devices, including computers, smartphones, and tablets.

Mobile-first UX (user experience) - Clients may not have computers or tablets, but most may have mobile smartphones.

Filtering tools to tailor searches - Site users should be able to narrow their searches by specifying criteria, such as languages spoken, types of insurance accepted, eligibility requirements, location, accessibility, LGBTQIA+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms (such as non-binary and pansexual), etc.

Short screening tool - A short assessment survey, accessible from the front page, can help site users determine the full scope of resources they need based on the particular circumstances or conditions they are facing.

Search bars with auto-complete capabilities - Automatic completion of key terms can help site users look up information on resources that are harder to spell.

Log-in capabilities for consumers and service/health providers - User profiles can help consumers and their families keep track of their searches for individual resources, and providers (e.g., community-based organizations, health care providers, clinicians, etc.) could send information about specific resources to consumers. User profiles should be confidential and protected, so that one user cannot access another user's profile information.

Map-based location finder that can track users' proximity to resources and provide directions - The map-based search tool should be able to locate resources in proximity to the user's residence or current location.

Ability for registered site users to submit feedback and corrections - The ORD should contain a tool for consumers and providers to provide corrective information, missing resources, and/or feedback on substandard resources.

HSA Style Guide - Landing page of the ORD must have the look and feel of the HSA public website using the style guide which will be provided.

Cybersecurity – Since the ORD is an online, internet-accessible service, it must have cybersecurity controls to protect the availability, integrity, and confidentiality of the service and its data. See section VI-A, "Terms and Conditions for Receipt of Proposals." The ORD is considered a "Cloud Service" for the purposes of the CRA Reports terms and conditions.

Data Management

Service Providers/Resources. A minimum of 250 service providers must be included in the online resource directory with minimum required fields (metadata):

- Name
- Phone
- Address(es)
- ADA accessibility
- Languages: English, Spanish, Chinese, Tagalog, Russian, Vietnamese
- Service(s) as described in the table below
- Hours of operation
- License or certificate (if applicable)
- Website (if available)
- Fees (if applicable)
- Area served/neighborhood
- Short description (if available)
- Population(s) served
- Client eligibility requirements (if applicable)
- Insurance Type
- Availability – wait list; closed to new referrals
- Hidden fields for view by HSA Admin only, such as active/inactive state, comments, etc.
- Other fields - TBD

Contractor data management:
1. **Pre-launch: import and verify current list of Service Providers/Resources and associated fields.** Verify information from DAS, including paper-based list of providers and associated fields. Import all data to the ORD.
2. **Maintain and update resource data**. All the services/resources listed in the online resource directory must be maintained and updated regularly by the contractor. Both Service Providers and Resources should be validated at least quarterly. If a service provider or resource is no longer valid, HSA needs to be notified and will determine if the resource should remain or be removed from the directory. This resource directory is developed through partnerships with local organizations, including 211s and United Way Worldwide and through the work of Contractor's own internal resource directory team. The resource directories are supported and maintained through those partnerships and through Contractor's own active maintenance team, and through Contractor's engagements directly with the organizations listed.

3. **Suspend/activate Service Providers/Resources.** Provide a process by which HSA can submit a request to suspend Service Providers/Resources. Provide a process by which HSA can submit a request to reactivate a suspended Service Provider/Resource. Contractor must respond to HSA suspension/reactivation request within 24 hours. Suspension must include documented reason.

4. **Update resource data on request.** Provide a process by which HSA and/or CBOs can submit a request to update Service Providers/Resources. Contractor must respond to HSA data update requests within 1 week.

Additional Content

Glossary and definitions of commonly misunderstood programs/terms. Subcategory pages should include definitions or descriptions of resources that some site users might not recognize on their own, or might confuse with another, similar kind of resource.

Benefits enrollment and application instructions tailored to the service population. ORD pages that link site users to applications (affordable housing, Medicare, etc.) located on other sites should include key information relevant to the service population.

Resources and information for caregivers, social workers, and case managers. The ORD should include information tailored for individuals who access the site on another person's behalf and include resources that benefit or serve caregivers.

Tutorial guide or "Help" page. A built-in tutorial on how to use the ORD, such as an instructional video, can help users who are less proficient with computer technology familiarize themselves with the site

Access to 211 and other directories containing resources outside of San Francisco. The ORD should include additional links to other websites or resource guides for users who want or need to look outside of city limits for available resources

Accessibility

ADA-compliant design, adjustable text size, and considerations for mobile devices. The ORD must be accessible to site users with impaired vision and must abide by federal standards for disability access. Guidelines must also be applied to mobile devices.

Language translation options. The ORD should include full translation of text in San Francisco's threshold languages: Spanish, Cantonese, Tagalog, Russian, and Vietnamese

Hosting / Support / Security

Hosting. Vendor will maintain, manage, and host the development, server, security, storage, network, and other infrastructure required to support the Online Resource Directory

Uptime/Availability. Vendor will provide the following website, system, data availability/uptime depending upon the type of data stored in the online resource directory. Vendor shall provide monthly availability reports to HSA.

Minimum Uptime/Availability:

- Three 9's (99.9%) or greater baseline for most data.
- Six 9's for healthcare, public safety, financial information, airport, or enterprise department/utilities the City requires a 99.9999 availability.

Availability does not include scheduled maintenance, patching, or disaster recovery testing.
Legend:

- Three 9's – 99.9% approximately equates to: RPO 8 hours / RTO 6 hours / WRT 2 hours / MTD 8 hours annually.
- RPO – Recovery Point Objective: Defines the maximum age of the restored data after a failure. Defines how much data in terms of time can be lost.
- RTO – Recovery Time Objective: Defines the maximum time to restore the service. Defines how much time can go by before the service/data is restored.
- WRT – Work Recovery Time: Defines how long it takes the recovered service to be brought into Production and begin serving clients/customers again.
- MTD – Maximum Tolerable Downtime: Sum of the RTO and WRT, which is the total time required to recover from a disaster and start serving the business again.

Disaster Recovery / Business Continuity. Contractor will provide documented business continuity and disaster recovery plans. Contractor will, at a minimum, annually test each plan. Contractor will provide HSA annual results of testing.

Data. Where allowed by law or regulation, HSA applicable services/programs provided, hours of operation, languages spoken, eligibility requirements, address, contact information, accessibility options, capacity, or other data shall be made available to HSA (and other entities HSA approves of) on demand through an API (Application Programming Interface) or other extract solution. The data shall be provided in a non-proprietary format.

Privacy and Security. Client Personal Identifiable Information (PII)/ Protected Health Information (PHI) must be securely maintained. Client PII/PHI is considered "Level 4" data under the Committee on Information Technology (COIT) data classification standard, and so strong cybersecurity controls will be considered a compliance requirement that must be met throughout the duration of the contract. Refer to Section VI, "Terms and Conditions for Receipt of Proposals" for more information.

General End User Website Support. Contractor shall provide end user support via phone, web, email, or other appropriate mediums.

Customer Support. Contractor shall provide HSA with an assigned customer support relationship manager or comparable to handle escalations and consult with. Contractor shall provide a systematic process for HSA to report issues, bugs, or requests for new services. All requests submitted through the system must be provided to HSA in a monthly report. Customer Support shall be available to HSA from 8AM-5PM Monday – Friday, excluding major holidays.

Reporting

Ability for managers and operational leaders to view which services were selected. The ORD should provide key metrics of user engagement, search volume, referrals volume, referrals completed (aka service reached), etc.

Website Metrics. Page views, sessions, event tracking (goal/journey completion), resource access. Segmented by: language, and device type

Ability for SFHSA to view and analyze service providers/resources. The ORD should allow SFHSA staff to produce reports about the content of the ORD, including demographic, location, and other metadata as described in the Data Management section.

PHASE 2 REQUIREMENTS
Must be cost out separately from phase 1

Ability to provide a feedback loop into the health system either at start-up or later in the project

Referrals. The ORD must allow users to refer individuals to social service organizations listed in the directory.
Support bi-directional referral communication using standard specifications. The platform must support receiving service referrals from other independent software systems, such as Electronic Health Records, using HL7 FHIR APIs. The system must also communicate closed-loop referral feedback including referral acceptance and completion of service delivery/outcomes information back to the original referring system using these same APIs (Application Programming Interfaces') and standards. Supported discrete data elements for client demographics should include Race, Ethnicity, and Language (REaL) and Sexual Orientation and Gender Identity (SOGI).
Referral history. The ORD must maintain a personal referral history for each individual as well as a history of recommended resources and actions taken on behalf of the individual, additional needs identified, time to referral close, and more.
Support bi-directional exchange of SDoH data for a client record using standard specifications. The ORD should support exchange of Social Determinants of Health (SDoH) screening and needs data through HL7 FHIR standards. If a screening is completed in an upstream system, such as an Electronic Health Record, the ORD should consume the results of the SDoH screenings and provide service recommendations without having to re-document SDoH screenings in the ORD.
Unique Identifier. Utilize unique single identifier for clients to ensure that no duplicate records are captured, and to track each client's total care experience.
Record Services Delivered. Ability to capture structured, intervention-level social care outcomes data at scale. Record the services/care delivered to clients as a standard part of every referral workflow.
Support in-workflow consent and digital signature. The ORD should allow clients to complete applications, screenings, assessments, and consent.
Privacy and Security. Client PII/PHI must be securely maintained. Client PII/PHI is considered "Level 4" data under the Committee on Information Technology (COIT at sfcoit.org) data classification standard, and so strong cybersecurity controls will be considered a compliance requirement that must be met throughout the duration of the contract. Refer to section VI, "Terms and Conditions for Receipt of Proposals" for more information.

TYPES OF SERVICES TO BE INCLUDED (this list is not meant to be exhaustive)
Adult Day Programs – community-based centers that provide social activities, nutrition, and supervision, as well as respite for caregivers
Adult Protective Services – investigates possible abuse and neglect of older adults and adults with disabilities, and provides short-term case management
Age & Disability Resource Centers - information and service referrals for older adults and people with disabilities
Assisted Living Facilities - residential facilities for people needing assistance with activities of daily living on a 24-hour basis
Behavioral Health Services – services available for older adults and people with disabilities who have behavioral health needs
Caregiver Services – services for people caring for others that include respite, counseling, legal services, training, and support groups

Case Management – navigation and coordination of needed services that include transitional, long-term, and/or intensive coordination or management in order to maintain people in the community
Community Service Centers – site-based centers providing social activities
Dementia Services – programs and services designed specifically for people with Alzheimer's or other types of dementia
Education and Training Services – education covering a variety of needs including but not limited to dementia, chronic disease self-management, caregiving, elder abuse prevention
Employment Training and Support – subsidized job placements and other job-related supports
Food & Nutrition – congregate meals, home-delivered meals, food pantries, home-delivered groceries, nutritional counseling, and education
Housing Support – housing subsidies, supportive services, counseling and advocacy
Home Care Services – includes In-Home Supportive Services and Support at Home as well as private duty services and emergency short-term services; provides home care workers to assist in the home with activities of daily living and household chores
Money Management - assistance to consumers in the management of income and assets
Medical Services – information on services and resources specializing in older adults and/or adults with disabilities; services and resources available to people who have been diagnosed with a serious illness
Legal Services – legal counseling and representation, naturalization assistance
LGBTIQA+ Services – services and support for the LGBTIQA+ population
Palliative Care Services – connections to services and supports designed to improve the quality of life of patients and their families facing the problems associated with a serious illness
Paratransit Services – transportation services available to consumers who are unable to use public transportation systems
Public Administrator – investigates and resolves the estate of person who die without known next of kin
Public Conservator – provides mental health conservatorship due to grave disability
Public Guardian – conservatorship to people who are substantially unable to provide for their own personal needs
Technology Resources and Training – customized training, provision of loaner tablets and training and technical support
Veteran Services – benefits and supportive services available to veterans and their dependents
Village Programs – non-site-based community and neighborhood networks
Volunteer Services – programs and services available for volunteer opportunities
Wellness & Exercise – physical fitness

Appendix B - Budget
Unite USA, Inc.
DAS Online Resource Directory
May 1, 2022 – April 30, 2025

UNITE US

Price Sheet

Fee	Per Year	3-Year Total
Implementation - Existing Network	**$0**	**$0**
Single Sign-On (SSO)	Included	Included
Network Access	**$142,500**	**$427,500**
25 Platform Licenses	$0	$0
24 Additional Platform Licenses (49 Total)	$50,000	$150,000
Premium Support, Social Care Coordination *Up to 200 referrals/month	$90,000	$270,000
Public Facing Resource Directory	$0	$0
Assistance Request Form	$2,500	$7,500
Integrations (priced per instance) Standard SMART on FHIR Integration (Epic)	**$40,000**	**$70,000**
- One-time	$25,000	$25,000

Implementation - Annual Recurring Fee	$15,000	$45,000
Unite Us Insights (Includes 3 Tableau Licenses)	**$130,000**	**$375,000**
Network Activity & Health Equity Dashboards	Included with purchase of add'l licenses	Included with purchase of add'l licenses
Additional Tableau License	$250/License	
Workforce Management Dashboard	$20,000	$60,000
Program Activity Dashboard	$45,000	$135,000
Data Feed	$65,000	$195,000
Total, Implementation	**$25,000**	**$25,000**
Total, Products	**$287,500**	**$887,500**
Total, Net (3 Years)	**$887,500**	**$887,500**
Discount		*10% (-$88,750)* **$798,750**

The table below summarizes the total cost by component by fiscal year.

Item	Year 1	Year 2	Year 3
Item 1: Integrations (One-time Fee)	$25,000		
Item 1a: Integrations (Annual Fee)	$15,000	$15,000	$15,000
Item 2: Network Access	$142,500	$142,500	$142,500
Item 3: Unite Us Insights	$130,000	$130,000	$130,000
Cost for each year:	$ 312,500	$287,500	$287,500
10% discount	-$31,250	-$28,750	-$28,750
Total cost for each year including discount:	$281,250	$258,750	$258,750