SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

ADDENDUM NO. 2

RFP for EAP and MH Services – 2022-2024

June 25, 2021

REQUEST FOR PROPOSALS FOR San Francisco Health Service System

Employee Assistance Program (EAP) Services for City Employees and Mental Health Services for First Responders of the City and County of San Francisco

RFPQ#HSS2021.W4

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This Addendum is being issued to modify the requirements in the above-referenced Request for Proposals (RFP) and to respond to questions and requests for clarification received by or before 12:00 PM Pacific Daylight Time on Friday, June 11, 2021 (the "Deadline for RFP Questions"). Please review the terms of the RFP and this Addendum carefully. If there are any inconsistencies between the RFP and the terms of this Addendum, then the terms of this Addendum shall prevail. Section references below are to the RFP and are provided for convenience of reference only.

Additional Addenda to this RFP will be issued in response to any further questions and requests for clarification received by or before the Deadline for RFP Questions that have not yet been answered below.

A. Modifications to RFP:

1. Section 1.5 (Target Population) is hereby amended to include 2021 Census Numbers by County and Departments for the Department of Emergency Management (DEM), San Francisco Sheriff's Department (SHF), San Francisco Police Department (POL), Department of Public Health (DPH), and San Francisco Fire Department (FIR):

File Name: Addendum No. 2_Attachment 1_Census Numbers by County and Department (available for download at https://sfhss.org/RFPs).

Please be advised that additional census file information will be posted to the SFHSS RFP webpage the week of June 28, 2021 in Addendum No. 3.

B. Questions & Answers

1. **Q:** Will the selected vendor be required to include access to residential treatment and mental health treatment programs and partners on a fully insured basis or coordinate access on an ASO (administrative services only) basis?

   How does the City envision this level of coordination?

   A: The selected vendor will be required to coordinate access to residential treatment and mental health treatment services on an ASO basis. Access to residential treatment and mental health treatment services will be closely coordinated with the City based on the department in which the employee works.

   For example, these services may include coordinating access to the West Coast Post-Trauma Retreat [currently utilized by the SFPD Behavioral Science Unit (SFPD BSU)][1] with costs paid by the City, upon approval by the SFPD BSU, and with costs paid for by the City, on a pass-through basis. These services may also include coordinating access to the International Association of Firefighters (IAF) Center of Excellence for Behavioral Health Treatment and Recovery [which is currently under consideration by the SFFD Behavioral Health Unit (SFFD BHU)].

   If an employee is not a first responder (or frontline personnel), or if the employee's department does not have a pre-approved residential treatment program (as with the SFPD), the selected vendor will coordinate with SFHSS EAP to explore residential treatment programs covered by the employee's health plan and the treating clinician may be asked to refer and help navigate that employee to a covered residential treatment program or health plan-covered clinician if pre-authorization is required by the employee's health plan.

   Please note that for covered residential treatment programs and related benefits from an individual's enrolled health plan, the health plan coverage will control, with any copays for the residential treatment program payable by the individual/member directly to the health plan or provider.

[1] Prospective respondents to the RFP are advised that under the current agreement with MHN, the San Francisco Police Department is provided access for up to seven SFPD Members to the West Coast Post-Trauma Retreat (the six-day residential treatment program (https://www.frsn.org/west-coast-post-trauma-retreat.html) with access for additional SFPD Members on an as-needed per-member-per-retreat basis.

Due to the presence of internal EAP and mental health support personnel at the City, SFHSS will work closely with the selected vendor on referrals and transitions to residential treatment programs as necessary.

Please see the response to Questions 7 and 9 below on substance use and treatment for a further description of the current level of coordination between the incumbent provider MHN and the SFPD BSU.

2. Q: What is the current compensation for third-party clinicians currently providing services to First Responders and Frontline Personnel? Is there any co-pay or additional fee provided to the clinicians?

A: The City and County of San Francisco, the San Francisco Health Service System, and the Public Safety Working Group will select a respondent to this RFP that shares our recognition of the importance of maintaining a reliable and robust network of experienced and culturally-competent mental health providers through stable and equitable compensation for licensed clinicians.

As such, in an effort to improve compensation for all licensed clinicians serving City employees, SFHSS expects a level of compensation for licensed clinicians in California, and in particular the San Francisco Bay Area, of at minimum $125 per session, for services under an agreement resulting from this RFP.

Please also note that currently, SF First Responder Psych Pros receive a specialty fee paid by First Responder employees directly. This specialty fee is $25. With a minimum compensation of $125 per session, this would increase the compensation received by the licensed clinician to $150 per session. We have determined that this practice reduces no-shows and results in better care. As a result of this RFP, we would expect a similar approach to compensation for licensed clinicians.

We also expect full transparency between SFHSS and the selected vendor on the level of compensation for all staff.[2]

3. Q: As a result of this RFP, will any incumbent vendor (MHN, ComPsych) continue providing services covered by the RFP? Will multiple vendors be selected? What about to a subset of the Target Population (Section 1.5) such as the dependents of SFPD Members?

Will an incumbent vendor be able to respond to the RFP?

Will all services require a Knox-Keene license?

[2] Please note that currently, all of our (SFPD) Psych Pros and SFHSS EAP Counselors are working under their own professional license.

A: As a result of this RFP, the City will have a single provider for the services (RFP Section 2, "Scope of Work"). Multiple vendors will not be selected. This includes all subsets of the Targe Population (RFP Section 1.5) including eligible dependents.

Yes, an incumbent vendor is eligible to respond to this RFP, assuming all RFP requirements are met, including minimum qualifications, and if its proposal is submitted before the Proposal Submission Deadline (RFP Sec. 3.5.1).

Certain services required under the RFP may be eligible for a Knox-Keene licensure exemption and others may require a specialized Knox-Keene license. For further information, please consult your legal counsel as well as the California Department of Managed Health Care (DMHC) or https://www.dmhc.ca.gov/LicensingReporting/EmployeeAssistanceProgram.aspx.

4. Q: Does the City or any City Department currently have "[r]eal-time scheduling of EAP Counseling for non-urgent calls[]" (RFP Section 2.1.1, subsection 2, "Triage and Assessments", page 13)? Is real-time scheduling of EAP Counseling for non-urgent calls required for this RFP?

What about chat features (RFP Section 2.1.1, subsection 2)? Does the City or any City Department currently have a "[c]hat/counseling application and/or EAP communications software that can be used by City Employees" (RFP Section 2.1.1, subsection 2, "Triage and Assessments", page 13)? Is a chat/counseling application or EAP communications software required for this RFP?

A: Currently, employee-facing online scheduling is not available to our employees for EAP counseling. Appointments are made by the employee directly and in collaboration with a clinician, or with the support of their departments (e.g., SFPD BSU, SFFD BHU, Sheriff's Peer-Support team), or with our internal EAP, or through our vendor partner ComPsych. A successful respondent will work with SFHSS to develop methods for reducing barriers to care including, but not limited to, improved scheduling tools and technology.

Through our vendor partner ComPsych, employees are able to use a proprietary chat/messaging feature to reach a clinician.

While the live (phone/video) and in-person counseling is preferred, through this RFP, SFHSS seeks to reduce barriers to care and provide as many modes of contact and communication as is reasonable for employees to obtain counseling and EAP services.

If a respondent does not have chat and/or online scheduling functionality as of the date of its proposal, this will not prevent that respondent from submitting a proposal. SFHSS recommends that respondents include commitments to providing tools and methods for reducing barriers to care and providing alternative modes of communications and access to counseling and EAP services.

5. Q: Can SFHSS describe in further detail the "Follow-up System" described in RFP Section 2.1.1.7 which reads as follows:

Follow-up System. Contractor will have an SFHSS-accepted system that ensures timely follow-up, reminders and satisfaction surveys[22] for City Employees that call-in or utilize Services.

FN22: See Section 2.2.1 (Surveys)

[Section 2.2.1 reads as follows]

2.2.1 Surveys

The selected respondent shall provide post-Service surveys via phone, email and/or text to City employees or First Responders who have received EAP services (Surveys).

Surveys will be conducted no more than two (2) weeks after the first call or contact for services by an individual City Employee or First Responder.

Surveys will pinpoint areas such as access care, satisfaction with the selected respondent, satisfaction with the clinician/provider, improvement in services, effectiveness of problem resolution, and satisfaction with overall delivery of EAP and mental health services.

A: Through a Follow-Up System, SFHSS is seeking to increase follow-through rates, ensure vendor follow through, and create timely opportunities for course correction if needed, and to gain full understanding of the following from the user (employee) perspective:

- **Satisfaction with the vendor and process from initial call to receiving clinical services;**
- **Satisfaction with the clinical services;**
- **Identification of individuals who need case management to ensure they are able to access treatment (e.g., early identification of impairment level);**
- **To ensure vendor follow-through and employee/member access to appropriate care;**

- **Accountability of contracted clinicians in responding to initial calls in an ethical timeframe (e.g., within forty-eight (48) hours or next business day) and to provide ethically and clinically sound services that are in keeping with current best practices;**
- **To determine why employees/members do not follow-through past intake to allow for course correction if necessary; and**
- **To ensure vendor follow-through in ensuring appropriate treatment is found for employees/members and accessed.**

SFHSS looks forward to respondents that propose methods and tools for following-up with employees and addressing the above challenges and goals.

6. Q: Can you provide a sample of how an ideal critical incident response will be handled by a selected respondent? What are some frequent and time-intensive critical incidents? How many hours on average are spent currently (with MHN) on responses to critical incidents and Critical Incident Stress Debriefing Services (RFP Section 2.1.2.2)? What is the compensation (currently) for critical incident responses? Is there a set number of hours or set minimum requirement to be on-site?

A: The following includes an example of how the SFPD CIRT responds to critical incidents, as well as how the SFHSS EAP responds to critical incidents:

<u>SFPD CIRT Critical Incident Response</u>:

The SFPD BSU Responds to Critical Incidents as follows:

(i) The SFPD BSU Critical Incident Response Team or CIRT responds to critical incidents and assesses if a clinical debrief is required.

(ii) If required, the SFPD BSU will contact a Psych Pro clinician trained in the Mitchell Model and schedule the debrief.

(iii) The SFPD BSU staff will then work with the Psych Pro clinician to facilitate the debrief.

The SFPD BSU is required by department policy to conduct debriefs for involved members of an officer involved shooting or an in-custody death within 72 hours of the incident.

SFPD BSU debriefs are a held for a variety of critical incidents, not limited to child death or injury, traffic fatalities, officer injured in the line of duty, officer death, and mass casualty incidents.

Frequency can vary but fifty (50) debriefs in a year is not unreasonable for the SFPD BSU. Debriefs typically last two (2) to three (3) hours depending on the incident and number of participants. Clinicians are currently compensated $175/hour for the debrief and $75/hour for travel each way.

As a result of this RFP, SFPD BSU anticipates a similar model for critical incident response.

SFHSS EAP Critical Incident Response

Critical incident calls currently come to SFHSS EAP via a City-department contact or via our external vendor partner ComPsych. As compared to the SFPD BSU which uses Psych Pros for the debrief, critical incident debriefs are handled by internal SFHSS EAP Counselors. As with SFPD, debriefs can vary in length (one to four hours).

As a result of this RFP, SFHSS EAP anticipates a similar model with a vendor that has the capability to support SFHSS in a mass casualty or catastrophic critical incident event. In such a case, the initial call would come to SFHSS EAP whereby the receiving SFHSS EAP Counselor would conduct an assessment of services needed and activate external support, similar to the SFPD BSU, described above.

Expanding CISD

As a result of this RFP, SFHSS seeks to expand the application of Critical Incident Stress Debriefing (CISD) services to all first responders and frontline personnel (RFP Sec. 2.1.2.2.) and in a similar manner with City personnel making the initial assessment and, if needed, calling in a clinician or clinicians from the selected vendor's network for debriefs.

7. Q: Can SFHSS provide average monthly volume and related referral information (*e.g.,* process) for current services provided under RFP Section 2.1.2.3 (Case Management and Substance Use Disorder Referral Services, p. 18) which reads as follows:

2.1.2.3 Case Management and Substance Use Disorder Referral Services

The selected respondent is expected to provide case management for urgent and emergent issues or for City-management-referred First Responders who are referred to outside resources for continued assessment and/or treatment.

Case management shall consist of following up with First Responders who have received a referral and have not engaged in a clinical session within one (1) week of receiving that referral and facilitating the transfer to other services if desired. Case management shall determine the reason for lack of follow-through as part of case management and to determine efficacy of services being offered.

Selected Respondent shall work to establish agreements or memoranda of understanding with existing SFHSS health plans to appropriately route members directly to health plan resources to access care.

A: Currently, SFHSS EAP Counselors and members of the SFPD BSU, SFFD BHU, and department peer-support groups work directly with employees or connects employees to counseling and mental health providers available through their health plans, or in the case of SFPD BSU, within the Psych Pro network as well. Our City employees, SFPD BSU, SFFD BHU and Sheriff's peer-support staff, and SFHSS EAP Counselors will continue to support employees until they are navigated successfully to a counselor or clinician or as described in Question 1, a residential treatment program (if appropriate).

A successful respondent to the RFP will provide more than a passive referral to an employee's health plan or rely entirely on City resources for case management. For example, a successful respondent would be aware of the chemical dependency options available via an employee's health insurance. For another example, a successful respondent would be able to provide a warm handoff or referral to an appropriate City department resource (such as the SFPD BSU) or SFHSS EAP Counselor, or directly to the employee's health care provider.

8. Q: What vendor(s) provide EAP and mental health services to SPFD Members currently?

A: As described in RFP Section 1.3 (History of the SFPD Behavioral Science Unit), Managed Health Network (MHN) currently provides EAP and limited outpatient mental health services to SFPD Members. SFPD Members includes sworn officers, employees, and their eligible dependents (as determined by SFPD, which may include spouses, domestic partners, dependent children, physically or mentally incapacitated parents, unmarried children up to age 26, and disabled dependent children).

It should also be noted that any SFPD employee (but not dependent) could access EAP services through the SFHSS EAP Counselors or through our partner ComPsych.

9. Q: The RFP references the mental health and substance use disorder services provided for covered members of the Target Population (RFP Section 1.5).

Can SFHSS elaborate on these mental health services, including, but not limited to any intensive outpatient programs (IOPs), substance abuse rehabilitation and

treatment programs, access to treatment centers, as well as standard outpatient programs?

Do all of the current plans cover residential treatment programs?

How do members of the target population access mental health and substance use disorder services?

Are all members of the target population eligible for mental health coverage through an SFHSS-offered health plan?

A: The follow is a summary of the mental health services from Blue Shield of California (Access+ and Trio HMOs) and Kaiser HMO. Together, Blue Shield of California and Kaiser HMO cover approximately 97% of our active employees. Please note that SFHSS will be adding Health Net CanopyCare HMO for PY2022 and the administration of the PPO plan (3% of our active population) will shift to Blue Shield of California in partnership with Accolade.

Blue Shield of California summary of benefits offered for Mental Health, including, but not limited to intensive outpatient programs (IOPs), and substance use disorder rehabilitation and treatment programs:

Blue Shield provides utilization and care management for inpatient and outpatient behavioral health and substance abuse disorder services through our partnership with Magellan Health® (Magellan). All non-emergency inpatient mental health and substance use disorder services, including residential care, and other non-routine outpatient mental health and substance use disorder services require prior authorization by Magellan. Members are not required to coordinate mental health and substance use disorder services through their primary care physician.

The following outpatient behavioral and substance use disorder services are covered for members:

- **Behavioral health treatment (BHT).** BHT is defined as professional services and treatment programs, including Applied Behavior Analysis and evidence-based intervention programs, which develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism. BHT is covered when prescribed by a plan physician or a licensed psychologist and provided under a treatment plan developed by the provider.
- **Electroconvulsive therapy.** This involves the passing of a small electric current through the brain to induce a seizure, used in the treatment of severe mental health conditions.

- **Intensive Outpatient Program.** An outpatient mental health or substance use disorder treatment program is used when a patient's condition requires structure, monitoring, and medical/psychological intervention at least three hours per day, three days per week.
- **Medication-assisted treatment (MAT).** This includes the appropriate use of abstinence-promoting medications as part of a discharge treatment plan for patients completing inpatient treatment for a primary substance use disorder diagnosis. These medications assist ongoing efforts to improve outpatient care and help reduce relapse and readmission.
- **Office-based opioid treatment (OBOT).** This includes outpatient opioid detoxification and/or maintenance therapy, including methadone maintenance treatment.
- **Partial Hospitalization Program.** This is an outpatient treatment program that may be free-standing or hospital-based and provides services at least five hours per day, four days per week. Members may be admitted directly to this level of care or transferred from acute inpatient care following stabilization.
- **Psychological testing.** This includes testing to diagnose a mental health condition when referred by Magellan provider.
- **Transcranial magnetic stimulation.** This is a non-invasive method of delivering electrical stimulation to the brain for the treatment of severe depression.

Coverage for inpatient hospital and professional services is provided in connection with acute hospitalization for the treatment of a behavioral health or substance use disorder condition. Benefits are also provided for inpatient and professional services in connection with a residential care admission for the treatment of mental health or substance use disorder conditions

In addition, telebehavioral health services are delivered via phone, app, or video conferencing through Magellan and Teladoc Health, Inc. Virtual substance use disorder and medication assisted therapy is provided through a provider partnership with Bright Heart Health.

Intensive Outpatient Programs

Magellan provides coverage for intensive outpatient programs (IOPs) which we define as a level of care appropriate for patients with mental health or substance use disorder and whose condition requires structure, monitoring, and medical/psychological intervention at least three hours per day, three days per week. IOPs provide planned and structured services to address a mental or substance-related disorder. Treatment

generally continues over the course of multiple weeks, which may include weekends, and usually comprises coordinated and integrated multidisciplinary services. Services generally include multiple or extended treatment/rehabilitation/counseling visits or professional supervision and support. IOPs can include group, individual, family or multi-family group psychotherapy, psychoeducational services, and adjunctive services such as medical monitoring. Program models include structured "crisis intervention programs," "psychiatric or psychosocial rehabilitation," and some "day treatment."

Magellan uses Magellan Care Guidelines for making utilization management determinations regarding coverage for IOP. They include the most up-to-date edition of MCG Behavioral Health Care Guidelines, ASAM criteria, and other state-developed guidelines for managing substance use services. Guidelines are compliant with all parity requirements and meet federal, state, industry accreditation, and account contract requirements. They are based on sound scientific evidence for recognized settings of behavioral health services and are designed to decide the medical necessity and clinical appropriateness of services.

Substance Use Disorder Rehabilitation and Treatment Programs

Together, Blue Shield, Magellan Health® (Magellan), and the national BlueCard® network deliver a comprehensive complement of substance abuse treatment modalities, leveraging the most effective level of care to meet a member's needs. This includes taking into consideration the member's substance of choice, quantity and duration of use, previous treatment courses, compliance, and biopsychosocial factors to make level-of-care decisions. Magellan facilitates the most effective placement based on this information.

When inpatient treatment is considered medically necessary, it is viewed as one step in the continuum of care for the patient. The goal is medical stabilization, early education, and preparation of the patient and family for ongoing and longer-term rehabilitation.

Rehabilitation services range from intensive outpatient programs to supervised residential and sub-acute residential facilities. Because of the complexity of substance use, treatment plans and referrals are tailored to meet the individual's needs. Magellan also offers specialized adolescent chemical-dependency treatment programs at all levels of care to address recovery issues at this life stage. In all treatment, Magellan's philosophy strongly emphasizes collaboration with medical practitioners, such as primary care physicians, and involvement of family and significant others in the treatment process.

Magellan uses medical necessity criteria and any other criteria required by state law or contractual stipulations (e.g., the American Society of Addiction Medicine criteria) to guide both providers and reviewers to the most beneficial level of care. Magellan has further guided its network facilities and practitioners by adopting the *American Psychiatric Association's Practice Guidelines for Patients with Substance Use Disorders: Alcohol, Cocaine, Opioids.*

The following inpatient and outpatient substance use disorder services are covered for members:

- **Acute inpatient detoxification.** This treatment is selected for patients that have the potential for serious physical harm from the side effects of drug/alcohol withdrawal or have severe medical conditions that complicate the management of withdrawal and may endanger the patient's life.
- **Sub-acute care.** Sub-acute care, such as inpatient rehabilitation, is designed for members who are unable to maintain sobriety despite recent appropriate, professional outpatient intervention. This level of care offers intensive nursing intervention and availability. Magellan has worked with employer groups and network facilities to create unique, innovative, high-quality, patient-focused treatment programs, which are reviewed under this sub-acute level of care.
- **Supervised residential care.** Residential treatment may be needed if the member, in addition to having a substance problem, poses a potential risk for harm to self or others. While the member may be able to make a safety commitment, he or she may lack sufficient support and resources in the home environment to ensure that the safety commitment will be adhered to outside a treatment setting. Significant functional impairment may be another driver for the consideration of residential treatment for a member struggling with substance use.
- **Medication-assisted treatment (MAT).** This includes the appropriate use of abstinence-promoting medications as part of a discharge treatment plan for patients completing inpatient treatment for a primary substance use disorder diagnosis. These medications assist ongoing efforts to improve outpatient care and help reduce relapse and readmission. Blue Shield and Magellan joined forces with Bright Heart Health to provide members with 24/7 access to addiction services. Bright Heart Health provides MAT using Food and Drug Administration-approved medications and evidence-based modalities. Patients are assigned to a multidisciplinary team of physician(s), therapist(s), case managers, and peer and recovery support professionals. They also have more than 100 agreements with emergency departments to provide on-demand consultations via

tablets, including assessments, and, when appropriate, the initiation of MAT prescriptions.

- **Office-based opioid treatment.** Office-based opioid treatment (OBOT) programs are a cost-effective way to increase the reach of treatment and the options available to individuals with opioid use disorder. OBOT delivers medication-assisted opioid addiction treatment in a provider's office in coordination with Blue Shield's formulary to provide members with improved access and quality of care. Many individuals have life circumstances that make office-based treatment a better option than specialty treatment facilities. OBOT programs allow for the better integration of healthcare needs for individuals and thus serve to improve the quality of care provided. This results in reduced substance use, improved compliance with treatment, and promotes long-term recovery.

Blue Shield of California summary of coverage for residential treatment programs and method(s) for accessing treatment centers and standard outpatient programs?

Magellan provides coverage for residential treatment programs defined as a 24-hour level of care that provides persons with long-term or severe mental disorders and persons with substance abuse related disorders with residential care. This care is medically monitored, with 24-hour medical and nursing services availability. Residential care typically provides less intensive medical monitoring than subacute hospitalization care. Residential care includes treatment with a range of diagnostic and therapeutic behavioral health services that cannot be provided through existing community programs. Residential care also includes training in the basic skills of living as determined necessary for each patient. Residential treatment for psychiatric conditions and residential rehabilitation treatment for alcohol and substance abuse are included in this level of care.

Magellan uses Magellan Care Guidelines for making utilization management determinations regarding coverage for residential treatment. They include the most up-to-date edition of MCG Behavioral Health Care Guidelines, ASAM criteria, and other state-developed guidelines for managing substance use services. Guidelines are compliant with all parity requirements and meet federal, state, industry accreditation, and account contract requirements. They are based on sound scientific evidence for recognized settings of behavioral health services and are designed to decide the medical necessity and clinical appropriateness of services.

Steps Needed for Member Access to Treatment

Members may self-refer to residential treatment programs, other treatment centers, and standard outpatient programs, but Magellan recommends they contact us to confirm network/non-network status and benefits coverage. Magellan also provides 24/7 telephonic support that includes assessment by a

licensed clinician who can recommend the appropriate level of care and refer members to a network provider or facility.

Magellan does not require prior authorization for routine outpatient therapy or medical management; however, we do require prior authorization and conduct utilization review for care provided in partial outpatient or intensive outpatient programs/facilities as well as for other select outpatient services including transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), psychological testing, and applied behavior analysis (ABA). We also require authorization for higher levels of care such as inpatient and residential treatment. Providers call the Magellan toll-free line to seek authorization, and when appropriate, additional concurrent review calls are scheduled and conducted. For psychological and neuropsychological testing providers may also go to our Web site and complete a "Request for Psych Testing Authorization" form, and either fax or e-mail it to us.

Kaiser summary of benefits offered for Mental Health, including, but not limited to intensive outpatient programs (IOPs), and substance use disorder rehabilitation and treatment programs:

Kaiser Permanente offers a full range of clinical and support services for children, teens, families, and adults dealing with substance abuse, emotional, and / or mental health problems. All of Kaiser Permanente's Mental Health clinics are "open access," which means an appointment can be made without a referral from the member's primary care physician. Members seeking help can use the following resources:

- Call or e-mail their Kaiser Permanente physician.
- Make a non-urgent appointment online to see their physician.
- Contact KP Member Services or the mental health department at their local Kaiser Permanente facility to make an appointment for mental health or substance use issues/concerns.
- Use the location finder on kp.org/facilities, where they can find the phone number for the nearest mental health services and offices close to the member's home or office (link for Northern California resources. https://healthy.kaiserpermanente.org/northern-california/health-wellness/mental-health)
- Talk to an advice nurse by calling the advice telephone number listed in the location finder on kp.org/facilities.
- Sign up to take a class to explore conditions and treatment options for depression, anxiety disorders, insomnia, couple's communication, chemical dependency, anger, parenting, and more.

Member cost share for mental health and substance abuse services are outlined in the Evidence of Coverage booklet. Here is a list of several of the most common services and associated copays.

- Individual mental health evaluation and treatment: $20 copay
- Group mental health treatment: $10 copay
- Inpatient mental health hospital stay: $100 per admission

- Treatment for Pervasive development disorder: $20 per day
- Mental health Partial Hospitalization: No charge
- Mental health Intensive Outpatient treatment program: No charge
- Individual substance abuse evaluation and treatment: $20 copay
- Group substance abuse treatment: $5 copay
- Inpatient substance abuse hospital stay: $100 per admission
- Substance abuse Residential treatment: $100 per admission
- Substance abuse day treatment programs: $5 per day
- Substance abuse intensive outpatient treatment: $5 per day

Kaiser summary of coverage for residential treatment programs and method(s) for accessing treatment centers and standard outpatient programs?

All plans cover residential treatment programs when determined medically necessary for the prevention, diagnosis, or treatment of Substance Use Disorders (SUD) in compliance with California's Mental Health Parity Law (SB 855). A "Substance Use Disorder" is a substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the *International Classification of Diseases or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders*.

Inside our service area we cover residential treatment programs when provided in a licensed residential treatment facility that provides 24-hour individualized SUD treatment. Covered services are those generally and customarily provided by a SUD residential treatment facility and *are above the level of custodial care*.

Treatment for Substance Abuse and addiction is highly personal – there's not a single path to recover that works for everyone. Kaiser Permanente offers a full range of evidence-based treatment options for adults and teens struggling with mental health and/or substance abuse issues. Below are some of the types of treatment available.

- Individual and group substance use disorder evaluation and treatment
- Medical services
- Medication monitoring
- Room and board
- Social services
- Drugs prescribed by a Plan provider as part of the plan of care in the residential treatment facility in accord with our drug formulary guidelines and if they are administered in the facility by medical personnel. (Refer to the member's outpatient drug benefit for coverage of discharge drugs prescribed when released from the residential treatment facility.)
- Discharge planning

10. Q: What are the ideal characteristics of a (SFPD BSU/MHN) Psych Pro?

A: SFPD BSU Psych Pros are locally-recruited and are trained to improve their competence in treating First Responders. Clinicians wanting to be Psych Pros must demonstrate an interest in working with our population, be willing to attend the SFPD Community Policing Academy, force options training, ride-a-longs, and quarterly meetings with the SFPD BSU clinical group. Some of the clinicians have prior First Responder or military background and many also volunteer at the West Coast Post Trauma Retreat/First Responder Support Network.[3] Prospective clinicians must show competence in dealing with trauma common to First Responders.

As a result of this RFP, SFHSS expects to expand the network of clinicians with specialized training and cultural competency beyond the SFPD, and to include the other First Responder departments listed in the RFP, including SFFD, Sheriff's, Department of Emergency Management and Department of Public Health.

11. Q: Section 1.1 of the RFP states that "SFHSS…manages wellbeing services and outreach for approximately 47,000 employees, 36,000 retirees and 53,000 dependents (totaling over 136,000 covered Member lives)…" Will the selected respondent be expected to cover all 136,000 member lives mentioned in this section?

A: No. Approximately 60,250 individuals will be eligible for Services to Support the SFHSS EAP and City Employees. This is the aggregate of (a) part one of the target population described in Section 1.5.1 [i.e., the 47,000 employees who will receive (only) the Services to Support the SFHSS EAP and City Employees described in Section 2.1.1], and (b) the approximately 13,250 First Responders (and Frontline Personnel), who, in addition to being eligible for First Responder Mental Health Services and Support (Section 2.1.2.), also will have the ability to access Services to Support the SFHSS EAP and City Employees (2.1.1.).

12. Q: In section 2.1.1 (Services to Support the SFHSS EAP and City Employees), under 2. Triage and Assessments, the third sub-bullet states "Chat/counseling application and/or EAP communications software that can be used by SFHSS EAP Counselors."

Is it SFHSS's intention that its internal EAP counselors (SFHSS EAP Counselors) will be able to communicate via chat with SFHSS employees via the Respondent's platform?

[3] https://www.frsn.org/.

Will it be sufficient to provide a platform through which SFHSS employees can chat with the Respondent's clinical staff and network clinicians?

A: No, SFHSS does not require SFHSS EAP Counselors to be able to communicate via chat with SFHSS employees over Respondent's platform.

Yes, if available, respondents may provide a platform through which SFHSS EAP Counselors can communicate with the Respondent's clinical staff and network counselors, which is currently performed through telephone calls and emails.

As a result of this RFP, SFHSS seeks to remove barriers to care and a collaborative approach to serving our employees.

13. Q: In section 3.5.4 (Proposal Structure): Under Section 3: Executive Summary, the 11th bullet states:

> "Respondents shall provide five (5) references…For each reference, Respondent shall include a brief description (2 pages, single-sided) of the work, covered lives, number of years under contract, and contact information…"

Is it SFHSS's intention that the Respondent shall provide two pages (2) *per* reference (for a total of 10 pages) or two pages total that contain the relevant information for all 5 references?

A: SFHSS is requesting a total of only two (2) pages on which Respondents will include all five references and a brief description of the work, covered lives, number of years under contract and contact information.

Please note that references will not be contacted by the RFP Evaluation Panel. Only the SFHSS Contracts Division will contact references for verification purposes of the information listed on these two (2) pages if deemed necessary by SFHSS prior to selection of the highest ranked respondent.

14. Q: Would dependents of SFPD Members (officers) continue to receive EAP services from MHN as a result of this RFP?

Is there an agreement the new EAP vendor will enter into with MHN?

Due to the fact that relationship issues rank number 2 on the top 5 reasons for counseling, how has SFPD and MHN managed and processed dependent counseling and referrals?

A: No, dependents of SFPD Members would not continue to receive EAP services from MHN as a result of this RFP unless the incumbent vendor MHN is selected as a result of this RFP. As noted above, as a result of this RFP, all SFPD Members, including eligible dependents, will receive the "First Responder Mental Health Services and Support" (RFP Section 2.1.2.).

No, there is no presumed agreement between a respondent selected as a result of this RFP and any current/incumbent vendor. However, a respondent to the RFP is welcome to approach incumbent vendors about a collaborative joint proposal. Alternatively, the selected respondent, as a result of this RFP, would be permitted to subcontract specific services to a third-party, including, but not limited to, an incumbent City service provider.

SFPD and MHN manage and process all counseling and referrals independently and confidentially, including dependent counseling and referrals. There have been no reported conflicts or issues with this approach.

A successful respondent to this RFP will be able to address the unique nature of these services with respect to eligible dependents and provide a strong case for extending the services currently provided to dependents of our police officers and SFPD employees to the dependents of *all* first responders and frontline personnel.

15. Q: Does the City and County of San Francisco operate residential programs?

Would employees/members have access to those residential programs?

A: In so far as the City's residential treatment programs are covered by an employee/member's health plan, the employee/member would have access to that plan's covered residential programs. For example, under our new health plan (Health Net CanopyCare HMO), Zuckerberg General Hospital will now be in-network.

If a residential program is not covered by an employee/member's health plan and is a preferred residential treatment program for a department (see Question 1, above) the selected respondent will work closely with that department (e.g., the SFPD BSU) to provide access to that program for the employee.

For non-covered residential treatment benefits, the selected respondent will coordinate with SFHSS on any proposed referral to obtain pre-approval from SFHSS for payment. Once approved, any payments will be made on a pass-through basis or be invoiced directly to SFHSS or the applicable department. SFHSS will work with the selected respondent on a preferred approach to residential and in-patient treatment if selected.

16. Q: Will the City provide sample reports similar to those described in RFP Section 2.2.3 (Reporting)?

A: Current reporting provides some but not all of the requested reporting listed in Section 2.2.3 (RFP pages 19-20). If a respondent is unable to provide certain requested reporting, please ensure that your proposal includes in detail all available reporting metrics and any obstacles to providing requested metrics that a respondent is not able to currently provide.

Samples of current reporting is included as Addendum No. 2_Attachment 2_Sample Reports (available for download at https://sfhss.org/RFPs).

17. Q: Is it required that all current SFPD Psych Pros remain in-network with the selected respondent as a result of this RFP?

A: Yes.

In addition, a successful respondent to the RFP will include in their proposal the timeline for onboarding current SFPD Psych Pros as well as the process and timeline for adding new or recommended licensed clinicians to the existing pool of culturally-competent clinicians.

As a result of this RFP, current Psych Pros should be onboarded by or before January 1, 2022 to ensure continuity of care.

Please also refer to the answers to Questions 2 and 10, above.

Please also refer to the answer to Question 4 wherein, with current Psych Pros, employees are able to contact Psych Pros directly.

Please also refer to Addendum No. 1, Question 5, and the current list of Psych Pros available to SFPD Members.

18. Q: What is meant by (or please define) "finite" days (RFP Section 1, Introduction)?

A: SFHSS is referring to your best practice or best approach to our population with regard to following up a request for services. For example, a respondent may include in its proposal how many days after the initial triage and assessment that it would schedule the first session, *e.g.,* within [respondent to insert # of] days for urgent issues and within [#] days for non-urgent issues.

19. Q: Are the 36,000 retirees eligible to receive the services under Section 2.1.1. (Services to Support the SFHSS EAP and City Employees)?

A: No. The eligible population is described in Section 1.5 (Target Population). The Services listed under Section 2.1.1 are available for approximately 47,000 active employees as well as eligible first responders and frontline personnel.

20. Q: Should a respondent include services not specifically defined in the RFP? Such as non-work-related assistance and counseling (e.g., counseling to address day-to-day challenges or a sudden critical event, or help with personal, family and work-related concerns)?

A: Respondents are advised to include only relevant information and services pursuant to RFP Section 3.5.3 (Relevant Information).

Please note however, that if a requested service or solution within the RFP could be performed by a prospective respondent in a different manner than described, and accomplish the same or better results, that solution would be deemed relevant to the RFP.

21. Q: Would Critical Incident Stress Debriefing Services (RFP Section 2.1.2.2.) be available to all employees or only First Responders (and Frontline Personnel)?

A: As a result of this RFP, SFHSS would seek to expand a CISD-model, similar to that in place currently with the SFPD BSU, to all City departments and employees.

SFHSS EAP currently responds to critical incidents that occur across city departments, excluding SFPD.

A successful respondent to this RFP should be able to quickly support SFHSS EAP in case of a mass casualty or other catastrophic event requiring extensive Critical Incident Stress Debriefing Services. This may include meeting with SFHSS EAP for a briefing and debriefing, onsite and virtual support services for employees, the ability to conduct in-person or live group sessions and

providing ongoing individual counseling services in the weeks and months following a critical incident.

A successful respondent would have both this capability and a provide plan for such services or be committed to developing a plan by January 1, 2022 in coordination with the City if selected as a result of this RFP.

Please also refer to the answer to Question 6 above.

22. Q: What pricing models are acceptable for Critical Incident Stress Debriefing (RFP Section 2.1.2.2.)? Would a bank of hours per year be acceptable? Would a fee-for-service/per incident pricing model be acceptable?

What about services listed in 2.2.2 (Training Programs)?

Would the City/SFHSS consider a per-problem-per-year visit model, rather than the limited number per 6 months?

A: Pursuant to Section 7 – Cost Proposal (3.5.4 Proposal Structure, RFP page 26), in addition to per-employee-per-month and flat monthly rate pricing for services in RFP Section 2.1.1, and in addition to per-member-per-month and flat monthly rate pricing for services in RFP Section 2.1.2, "each respondent may submit one (1) additional pricing model/cost proposal for the Services in Section 2.1.1. and/or 2.1.2." As such, pricing Critical Incident Stress Debriefing (RFP Section 2.1.2.2.) as a bank of hours or per-hour, or as an alternative fee-for-service, would be acceptable.

Training Programs (RFP Section 2.2.2.) may be priced independently, including on a fee-for-service basis.

An alternative pricing proposal, such as a per-problem-per-year visit model, may be proposed as an "additional pricing model/cost proposal".

23. Q: What is the annual cost for services provided by MHN to the SFPD?

What is the average number of sworn officers during this period?

A: For the approximately 2,350 officers plus their eligible dependents, at a cost of approximately $120,684/year, this population of officers and dependents received a combination of EAP and mental health services, including outpatient behavioral health services, 24/7/365 telephone hotline, Critical Incident Stress Debriefing Services, access to a menu of 150 training and consulting programs including seminars for managers and supervisors, and other reporting and

support services (including utilization reports, marketing materials for the EAP program, post-survey member satisfaction surveys, elder care assistance referrals and information, child care assistance referrals and information, web counseling services, financial and legal advice and educational resources).

Access for up to seven (7) SFPD members (officers) to the West Coast Post-Trauma Retreat (https://www.frsn.org/west-coast-post-trauma-retreat.html) six-day residential treatment program was provided at a fixed annual cost of $21,728/year with an additional per-officer-per-retreat fee of $3,750 for an additional SFPD member to participate.

24. Q: What is the annual cost of services provided to SFHSS by ComPsych? What is the average number of employees and first respondents/frontline personnel for this period?

A: The cost for services provided to SFHSS by ComPsych for the period of April 24, 2020 (go-live for services) through December 31, 2020 was approximately $340,000 with a monthly average of 36,103 employees and 6,233 first responders and frontline personnel during that period.

25. Q: From the perspective of the number of sessions per issue, how many different plan designs are needed?

A: Two (2) plan designs are needed for the two distinct populations:

(i) **Employees. RFP Section 2.1.1. (Services to Support the SFHSS EAP and City Employees) requires "up to three (3) sessions per employee per issue within a rolling six (6) month period." That population is approximately 47,000 active employees for which the City/SFHSS will provide an eligibility file.**

(ii) **First Responders/Frontline Workers of the SF Police, Fire and Sheriff's Departments, the Department of Emergency Management, and the Department of Public Health. RFP Section 2.1.2. (First Responder Mental Health Services and Support) requires "[e]ight (8) counseling sessions, per incident, per individual, per rolling twelve (12) month period." That population includes approximately 13,250 First Responder Members and will include at least 3,500 dependents (SF Police Department-eligible dependents) currently receiving services and support from MHN and may include up to 7,840 total Eligible Dependents across three (3) additional first responder/frontline personnel departments (in addition to the SFPD): San Francisco Fire Department, San Francisco Sheriff's Department, and the San Francisco Department of Emergency**

Management. As such, in total, RFP Section 2.1.2. will be provided to between 16,750 and 21,090, with dependents treated as recipients of the services as well.

26. Q: Will SFHSS provide an eligibility file for the two (2) populations [Question 26, above]? How often?

A: SFHSS will coordinate with the selected respondent to provide an eligibility file for the services under this agreement and the eligible employees/members including dependents. Currently SFHSS is able to provide weekly or monthly eligibility files.

27. Q: Would the City/SFHSS allow offshore services for non-intake (non-participant facing) features? Or do you require all services (including back-end services) to be performed onshore?

A: Any services with direct interaction with an employee or member, or handling of an employee or member's HIPAA-protected information, must remain on-shore and meet the security requirements listed in Appendix A.1 (Standard Agreement).

28. Q: What do you envision for a partnership moving forward to integrate the awarded vendor with you internal EAP?

A: As described above, SFHSS and the members of the Public Safety Working Group, including the SFPD BSU, look to continue and expand upon the close working relationships and collaborative approach to counseling and care for our employees as a result of this RFP. A successful respondent will plan for a thorough integration of services and the involvement of key stakeholders between September and December in preparation for a go-live date of January 1, 2022[4].

A proposed approach to go-live may include the following:

Weekly or as-appropriate meetings to:

- **understand the roles and members of the account team,**
- **review services,**
- **determine the flow of services and interconnectivity between City departments and personnel and the selected respondent,**
- **data requirements, reporting, timing of eligibility files and invoicing,**

[4] Understanding this is a Saturday, SFHSS will coordinate with the awarded respondent to the RFP on a detailed timeline.

- **create a marking and communications plan**
- **(if necessary) finalize a transition plan between the selected respondent and one or more incumbent providers**
- **participate in City/First Responder/SFHSS culture training**
- **finalize an escalation process**

A proposed approach to the first three months of services may include the following:

- **ongoing assessment of services and utilization**
- **identification of issues/escalations**
- **review and tracking of utilization data**

On an ongoing basis, SFHSS expects a close and collaborative approach to these services, which may include the following:

- **Bi-monthly meetings**
- **project management tracker**
- **program tracker**
- **summary of issues/concerns and resolutions**

As noted in the RFP, SFHSS and the City seek a robust and long-term partnership. We understand that integration and planning, as well as the building-up of our existing counselor network (and integration with the selected respondent's network) will be an ongoing process.

29. Q: Is there any need to apply for a 12X waiver in advance of the RFP?

A: No. Please also refer to the answer provided in Addendum No. 1, Question and Answer B.5.

30. Q: In Section 3.4 (Minimum Qualifications), SFHSS states that respondents must have 5 years [of] experience providing the proposed services to public sector employers. If respondents have similar experience but not specifically in public sector for all the services listed, would they still be qualified to respond?

A: SFHSS will accept five (5) years of experience providing services to a federal, state or municipal entity. SFHSS will also accept five years of providing services to first responders or to employees who provide similar services (e.g., specialist firefighting organizations).

Upon receipt of a respondent's proposal, SFHSS will assess whether the minimum qualifications have been met. If additional documentation or verification is required, SFHSS will reach out to a respondent within three (3) business days of receipt of their proposal.

31. Q: Would the Business Associates Agreement (BAA) be required prior to selection of the highest ranked respondent to the RFP, or would this be executed in conjunction with the final agreement with the selected respondent?

A: The BAA would be executed as part of the final service agreement between the City/SFHSS and the selected respondent to the RFP. It would <u>not</u> need to be signed during the RFP process by any or all respondents.

32. Q: Is a requirement of the RFP to have psychiatrists in-network?

A: If a respondent's network includes psychiatrists in-network, please include a description of the availability and process through which an employee would reach or be referred to a psychiatrist. Please also be advised that employees enrolled in any one of the SFHSS health plans have access to psychiatrists within those networks.