

**SAN FRANCISCO  
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

**ADDENDUM NO. 1**

April 3, 2020

**REQUEST FOR PROPOSALS FOR  
San Francisco Health Service System  
Employee Assistance Program Support and Services**

**RFPQ#HSS2020.E1**

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This Addendum is being issued to respond to questions and comments received by or before 12:00 PM (PT) on April 3, 2020. Additional questions may be submitted before 2:00 PM (PT) on April 7, 2020, and answers to those questions will be posted to <https://sfhss.org/RFPs> if possible. However, these additional questions will be advisory in nature and not take precedence over this Addendum or the terms of the Request for Proposals (RFP).

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.

**Addendum:**

**A.** The RFP identifies the target population as follows:

“The relevant population includes 44,000 active employees of which 16,000 can be considered healthcare workers and first responders. These active employees have 16,000 adult dependents (including spouses and domestic partners).”

This paragraph is amended as follows (**emphasis added**):

The **target population for this RFP shall be 40,000 to 44,000** active employees of which 16,000 can be considered healthcare workers and first responders. ~~These active employees have 16,000 adult dependents (including spouses and domestic partners).~~

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**The 16,000 healthcare workers and first responders are a priority during the current public safety crisis as a result of the COVID-19 pandemic, however all active employees will have access to the Services.**

**At this time, SFHSS will not be providing Services to the 16,000 adult dependents of active employees.**

- B. Timeline and Implementation.** As you are aware, SFHSS is promoting a rapid implementation for the Services. We understand some Services may take longer to implement and that our target dates are highly ambitious. Do not hesitate to clearly identify in your response which Services may require additional time to fully implement (and the supplemental timelines for implementation), and which Services can be implemented in the shortest timeframes (in particular for our first responders and healthcare professionals).

We also wish to thank you for the submission of insightful and direct questions over the span of only a few short days as well as your interest in partnering with the San Francisco Health Service System and the City and County of San Francisco in support of our dedicated employees, especially our brave first responders and healthcare professionals on the front lines of the COVID-19 pandemic.

**Questions and Responses:**

- 1. What is the anticipated go-live date for providing EAP services to members?**

**SFHSS Response:**

SFHSS is looking to select a vendor by or before April 10, 2020. We understand this is an ambitious start date so please do not hesitate to respond with the most feasible onboarding timelines for Services (all or a subset thereof) following that announcement date.

We strongly advise all interested and prospective respondents to begin the process for becoming an Approved Supplier with the City and County of San Francisco. Failure to be approved by the time a contract needs to be executed would delay execution and require SFHSS to select the next highest qualified vendor.

The portal for becoming an Approved Supplier is available here:

<https://sfcitypartner.sfgov.org/pages/become-a-supplier.aspx>

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Please also refer to the banned states list and notify us if you are headquartered in, or will be providing a substantial portion of the EAP Services from, any of the identified states. For the purposes of this agreement, being located in a banned state will not prohibit entering into an agreement for Services. See <https://sfgsa.org/chapter-12x-state-ban-list>.

Please also note that as part of becoming an Approved Supplier, firms will need to be certified as providing equal benefits by the Contract Monitoring Division, 12B Department. Further information can be found in the link to the City Supplier Portal above.

**2. How long will the initial term of the contract be?**

**SFHSS Response:**

The proposed initial term for the contract will be from April 2020 through the end of the 2020/21 fiscal year (June 30, 2021). SFHSS is permitted to include in the agreement one or more options to extend the agreement for up to eight (8) additional years.

**3. The current SFHSS EAP allows for six (6) sessions within a one (1) year period, are you looking for the same model and quantity for the selected vendor?**

**SFHSS Response:**

SFHSS will accept alternative models including those with fewer than six sessions per employee per year, more than six sessions per employee per year, or a modified timeframe/quantity ratio (such as three sessions per six months).

Respondents may include up to two additional models/approaches with specific pricing attached to each and a clear rationale taking into account the current SFHSS model (six sessions) but also the need to serve our first responders and healthcare professionals.

**4. How should vendors submit pricing? Are multiple quotes allowed? Can vendors submit different models or pricing structures based on the model, number of sessions within a given period, etc.?**

**SFHSS Response:**

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Pursuant to Question 4, vendors may submit multiple pricing options based on different EAP models (e.g. number of sessions per participant per year) however while PEPM pricing is accepted, all price quotes, per City rules and requirements, cannot include miscellaneous 'to be determined' amounts. Please include and or incorporate, all pricing that would be applicable to the Services, including, but not limited to, implementation, training, travel, software updates, maintenance, communications, assessment, and counseling, into your response.

- 5. Would the selected vendor be asked to provide face-to-face counseling for SFHSS Members?**

**SFHSS Response:**

No. All counseling would be provided through phone, video conferencing or other electronic means.

- 6. Would the selected vendor be limited to phone and video chat? Would applications or texting be allowable?**

**SFHSS Response:**

Other modalities are acceptable if all applicable HIPAA/HITECH-compliance and safeguards for PHI and PII are met. SFHSS is interested in the option of texting services or instant messaging but this is not a required service. SFHSS is also aware of the relaxed enforcement of telehealth requirements. See <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

- 7. Will the selected vendor be required to provide critical incident support counseling?**

**SFHSS Response:**

Yes. Please also reference Question 5.

- 8. Will the selected vendor be required to provide training to in-house EAP counselors or City Employees/Supervisors/Managers?**

**SFHSS Response:**

This not a required service at this time, however, if such services are included, please specify as such in your response. If there are additional costs associated

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with these services (such as a per-training cost), please identify the parameters of that service and the cost in your response. Current EAP workshops and trainings by SFHSS in-house EAP are conducted in-person as well as online.

- 9. What communications strategies, methods and/or mediums will be used to inform Employees of the Services and selected vendor?**

**SFHSS Response:**

SFHSS is interested in understanding the best practices for marketing to our population, including our targeted population of first responders and healthcare providers.

SFHSS EAP and the SFHSS Communications Division will create a marketing strategy and campaign to message the Services. Several modalities are used to market services which may include, but are not limited to, emails, flyers, posters, table tents, desk drops, website.

- 10. How will Employees access the Services? Direct referral from in-house EAP counselors or staff (e.g. serving a gatekeeper function)? Independent access by an Employee through a phone or online portal? If the latter, how will the selected vendor confirm eligibility for Services?**

**SFHSS Response:**

Access

SFHSS will collaborate with the selected vendor on the best procedure for rapid onboarding of the Services. SFHSS has considered the following solutions but accepts alternative procedures based on selected vendors expertise and experience:

A. Use the existing SFHSS EAP 800-number for employees to call and from Monday – Friday between 8 AM – 5 PM. EAP will check messages and triage calls to selected vendor for assessment and counseling services. After hours (between 5 PM and 8 AM) selected vendor will access the EAP 800-number/line and check messages directly and call employees seeking counseling services and triage other calls to SFHSS in-house EAP.

B. Selected vendor provides a phone line and those employees who need counseling services may contact vendor directly. Vendor may then triage certain employees to SFHSS in-house EAP.

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Eligibility

To confirm eligibility for services, SFHSS would transmit an eligibility file to the selected Vendor. We will coordinate with the selected Vendor and leverage your expertise and experience on the best format, scheduling and process for transmitting the file, including indication of priority status (first responder, healthcare worker, activated DSW).

**11. Is a dedicated online EAP portal required?**

**SFHSS Response:**

While a dedicated portal may not be required, a portal or other method for accepting online referrals (including self-referrals by employees) is required. If another tool or approach is preferred by a vendor, or if a dedicated portal is an option that is included in your Services, please note that clearly in your response.

**12. How will the selected vendor interface with the current SFHSS (in-house) EAP program and counselors? Will the selected vendor report to them or to a single SFHSS manager or executive?**

**SFHSS Response:**

See Question 10.

EAP will provide an overview of the program and work closely with the vendor to ensure alignment of services. The reporting structure is yet to be determined however there will be contact and interaction between the selected vendor and EAP counselors and management. SFHSS will work in close coordination with the selected vendor on the best process and procedure for interface between SFHSS in-house EAP and vendor.

Intake, assessment and counseling services will be provided by the selected vendor immediately. All other services provided by the selected vendor will be coordinated with the SFHSS EAP team. For routing, a process will be defined and presented to the selected vendor for referring employees to the selected vendor. SFHSS will work in close coordination with the selected vendor on the best process and procedure for that process and procedure.

**13. What is the current EAP utilization data? How many critical incidents did EAP respond to the prior years? How has EAP utilization increased**

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**following the recent events and measures implemented by the City and County of San Francisco related to the COVID-19 pandemic?**

**SFHSS Response:**

In 2019, approximately 3,888 individuals were serviced by our in-house EAP which includes both organizational and individual services. EAP also responded to 54 critical incidents and provided 148 management/department consultations. In 2018, EAP responded to 22 critical incidents. While employees are permitted six (6) counseling sessions within a 12-month period, those that do utilize our in-house EAP services average three (3) or fewer sessions inclusive of the assessment/initial counseling session.

Since February 25, 2020, there has been an increase in the need to support first responders and healthcare workers on the front lines of the COVID-19 pandemic. EAP counseling has shifted to 100% tele-counseling (in accordance with social distancing guidelines) and clients (employees) are prioritized if they are first responders (police, fire, sheriff, emergency management/911 operators), activated disaster service workers (DSWs) and/or healthcare workers. More information on employees activated as DSWs may be found here: <https://sfdhr.org/disaster-service-workers>.

- 14. What additional services may be included (e.g. legal, financial, work life services)?**

**SFHSS Response:**

While additional services may be necessary at a later time and date, at this point, we are looking to limit responses and address the mental health needs of our population while also prioritizing first responders. These Services include standard EAP assessment, counseling (e.g. anxiety, stress, trauma, depression, relationship issues, work-life balance, grief/ loss, substance abuse), triage services (directing an employee to urgent or emergent or other appropriate services), qualified trauma support and counseling.

- 15. What vendor did SFHSS select for the EAP case management software last year?**

**SFHSS Response:**

Athena Penelope Case Management. <https://www.athenasoftware.net/>

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**16. What is the file size limitation for email responses?**

**SFHSS Response:**

Less than 25MB. SFHSS will confirm, via email, all responses received between 8AM and 5PM Monday-Friday within one hour and all other responses the following business day. If you do not receive an email response confirmation, please send an email without an attachment to [michael.visconti@sfgov.org](mailto:michael.visconti@sfgov.org). Thank you.

**17. Is this service intended to fill gaps in the current EAP Service?**

**SFHSS Response:**

No. These services are to supplement our current EAP services in response to the COVID-19 epidemic and address the additional pressure placed on our employees, in particular, first responders, healthcare workers, and activated disaster service workers (DSWs).

**18. Is this service budgeted for FY2019/20 and FY2020/21?**

**SFHSS Response:**

SFHSS has obtained the necessary funding for the requested Services.