



Questions and Answers -

1. Has Streamline provided any projected call totals by week for the first month of go-live?

A: No projected call totals have been provided.

2. Will all clinical staff be required to complete training prior to receiving their login credentials?

A: Yes, clinical staff will be required to complete training prior to receiving login credentials.

3. Will there be any super-users at each site who will be helping answer questions or are all questions expected to be called into the clinical service desk?

A: Yes, there will be super-users at each site.

4. Will this service desk be using the same ticket system that is going to be implemented for the Level 1 IT Help Desk RFP or should there be two separate ticket systems?

A: It is up to the vendor to supply the ticket system. Theoretically, if the same vendor was chosen for both service desk, this would suffice.

5. Section 2.1.1.3 references a Streamline certification. There were no certifications listed on Streamline's website. Which specific certification from streamline is required?

A: The selected Vendor will be required to complete CalMHSA-specific Streamline training.

6. In many places throughout the RFP there is mention that the vendor will be responsible for adhering to existing CalMHSA procedures. Examples include sections 2.1.1.7, 2.1.1.8, 2.1.1.9 (published guidelines), 2.1.1.14, etc. Do these procedures exist yet or are those still being developed? If they exist, can those be shared?

A: CalMHSA procedures are currently being developed.

7. Section 2.1.1.11 refers to the change board meetings. How often does the change board meet and how long are those meetings typically?

A: Change board meetings will be held as necessary to address changes in the environment affecting the Service Desk, rather than at any established interval. The frequency and duration of change board meetings will be dictated by occurrence and extent of these changes.

8. Section 2.1.3.3 references a KB of articles and videos that the Level 1.5 service desk will be expected to follow. Do those KB already exist or will it be part of the vendor's responsibility to provide staff to populate that Knowledge Base?

A: The knowledgebase is currently being built by CalMHSA staff.

9. Section 2.1.6 step 2 - Vendor is required to document all processes and procedures in the CalMHSA-provided Knowledge base system. Vendor's Contact Control Panel has built in job-aids (guides) to walk the agent through a process or procedure. Can vendor provide access



to this tool to CalMHSA's KB team to satisfy this requirement or will the process and procedures need to be maintained in two locations?

A: Vendor can provide access to this tool, but CalMHSA must own the data and be able to receive the data in an Industry standard format such as CSV or SQL upon request.

10. Section 2.1.8 step 6 indicates that service levels must be maintained during peak times as well as the average (assumed for a month). Most industry service levels are measured on a monthly basis. Please confirm the time period for SLA reporting.

A: The time period for SLA reporting is monthly.

11. Section 2.1.10 - Can you provide a list of courses and total time needed to complete all courses?

A: This is currently being developed. As an estimate, CalMHSA would advise designating approximately 80 hours for training.

12. Section 2.1.14 step 3 - Does a list of applicable service desk communications already exist? If so, can you provide it?

A: This does not currently exist.

13. EHR Services Desk RFP Response Template: If a vendor feels further response detail is needed beyond what can be seen in the "Vendor Response" cells, would it be acceptable for responses to exceed the visible area of a cell or for vendors to provide embedded attachments with additional solution detail/diagrams?

A: Responses may exceed the visible area of the cell. Vendors may also provide embedded attachments with additional detail/diagrams.

14. Can CalMHSA confirm these two RFP response documents should be uploaded to Bonfire in the "EHR Service Desk RFP Response Template" section/area? a. PDF document addressing #1 and #5-6 in RFP Section 3 (Requested Information) b. Completed EHR Service Desk RFP Response Template in Excel

A: Confirmed. Please upload 1) the Completed EHR Service Desk RFP Response Template in Excel, and 2) the information requested in the RFP Sections 3.1, 3.5, and 3.6.

15. Do you have a preference for how you will be charged for this service (e.g. by ticket, by coverage hours)?

A: CalMHSA's preferred pricing model is per supported USER of the system per month.

16. During the hours of coverage, are there times when an on-call approach would be acceptable (caller leaves a message and gets a call back within XX minutes)? If so, what times? (Note, this can help to reduce the cost of the Service Desk service)

A: The requirement is that SLA's are met.



17. Would an on-call approach as outlined above in #2 also be acceptable on holidays? If yes, what holidays?

A: The requirement is that SLA's are met.

18. Please indicate your level of interest in an artificial intelligence powered Chatbot to assist users to resolve Tier 0 type of questions and provide information.

A: Chat, email, and phone are all required communication avenues.

19. Do you currently have a designated Service Desk number for end users?

A: No.

If yes, please provide the number. a. If you want the vendor to provide the phone system, can that number be routed out to an outside number?

A: Not applicable.

20. Do you have any integrated ITSM/ticketing systems you are looking to integrate into this service? If yes, please provide details.

A: No.

21. If available, please provide a data download of tickets that the Service Desk initiated/handled for the last 60-90 days.

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. Therefore, the data does not exist.

22. Please describe how consistently your organization uses the Service Desk today. Are there frustrations or barriers that keep people from using it?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, has not encountered barriers.

23. Will the vendor Service Desk agents be expected to log into applications to provide Tier 1+ support?

A: Yes.

24. Do you prefer a dedicated team of Service Desk agents that exclusively work for your organization or are you comfortable with a leveraged team of agents that may be working for multiple organizations? (Leveraged is typically a lower cost option)

A: Due to the unique attributes of a California specific behavioral health EHR, we prefer a dedicated team.

25. Approximately how many end users will the Service Desk be supporting?

A: Estimated ~15,000 initially with user growth anticipated in the coming years.

26. Roughly how many inbound contacts (calls, e-mails, chats) do you anticipate the Service Desk handling on a weekly basis?



A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. Therefore, the data does not exist.

27. Do you have estimate of anticipated ticket volume by key applications?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. Therefore, the data does not exist.

28. What percentage of the inbound contacts would you like the Service Desk to resolve (First Contact Resolution (FCR))?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the vendor.

29. On average, how long should users wait for an agent to respond to an e-mail (if applicable)?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the vendor.

30. On average, how long should users wait for an agent on a chat (if applicable)?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the vendor.

31. On average, how long should users wait for a callback during on-call hours (if applicable)?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the vendor.

32. Can you share with us any Service Level Agreements or Key Performance Indicator metrics for both calls and tickets for this work?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the vendor.

33. Can you define for us what support level 1.5 is?

A: Level 1.5 agents will be called upon to provide all level 1 support. In addition, agents may remotely perform advanced solve, diagnose, or documentation related to issues affecting the Streamline SmartCare EHR. Finally, agents will facilitate handoffs for any applicable level 2 issue.

34. What is total call volume and any projection changes over time?

A: This is a newly provided service. Therefore, the data does not exist.

35. What % of calls are inbound? What % of calls are outbound?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, does not possess data regarding specific percentages of calls.



Support requests will be user initiated (incoming). However, resolution and follow-up on the request could require outgoing communication.

36. Assumed average ticket times

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. Therefore, the data does not exist.

37. Assumed average call times

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. Therefore, the data does not exist.

38. Are we expected to do ticket management (I.e. that a 3rd party would have to be complete)

A: This could potentially occur as it relates to level 2 handoff and tracking.

39. What systems are used for this project and/or are there any integration points?

A: The supported system is the Streamline SmartCare EHR. There are a number of current and planned integrations with Lab vendors (e.g. Quest, LabCorp, etc.) with Health Information Exchanges (HIEs), and other trading partners.

40. Can you provide any examples of current service desk reports utilized?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

41. What specific live data would you like to have available?

A: This will be defined by CalMHSA in collaboration with the vendor.

42. Is there historical data that shows monthly transaction volume

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

43. Please provide the volumes for chat, email, and phone per month for the last 2 years.

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

44. Please provide a breakdown of total tickets created for each priority per month for the last 12 months of incidents.

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

45. What is the average # of tickets created per user per month for the last 12 months?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.



46. What is the average talk time per phone contact?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

47. Please provide a copy of the Streamline EHR standards.

A: The CalMHSA version of the streamline EHR required development to meet requirements. Due to this, standards are currently being developed and completed.

48. Will CalMHSA provide the solution to remote control end user devices? What is the current remote-control solution?

A: The vendor should supply this solution.

49. Please provide a copy of the CalMHSA support policies and procedures for incident tickets.

A: These policies and procedures will be defined by CalMHSA in collaboration with the vendor.

50. What is the average number of contacts monthly that are warm transferred to CalMHSA Level 2 Support?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

51. Please provide the process used to warm transfer a contact to the CalMHSA Level 2 Support? How does the CalMHSA 1.5 Service Desk know a CalMHSA Level 2 Support person is available for a warm transfer?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application; Therefore, this will be defined by CalMHSA in collaboration with the vendor.

52. What is the CalMHSA ticketing system?

A: The vendor should supply the ticketing system per requirements in the RFP.

53. What is the CalMHSA knowledgebase system?

A: CalMHSA utilized Moodle as its LMS. Additional Knowledgebase tools could be supported in collaboration with the vendor.

54. How many Knowledgebase Articles exist?

A: Knowledgebase Articles are currently being developed and completed. A final number does not exist as of today.

55. Please provide a copy of the top 25 used Knowledgebase Articles.

A: Knowledgebase Articles are currently being developed and completed. A final number does not exist as of today. Once a vendor has been selected as a result of this RFP process, CalMHSA can provide the Streamline SmartCare EHR quick start guide.

56. How many CalMHSA staff members will need the ability to remotely monitor the 1.5 Service Desk calls?



A: This has not been defined, but will likely be less than 10.

57. How long must call recordings be kept?

A: CalMHSA will develop standards and the statement of work, in collaboration with the selected Vendor.

58. What is meant by “Service Desk remote device procedures”?

A: This relates to procedures surrounding the use of a VDI solution.

59. The following requirements is in the RFP (below). Why would a Vendor be obligated to replace a staff member if this agreement is based on service levels and # of supported users? Is CalMHSA wanting a dedicated team of agents? Vendor could have flex agents to help with call volume spikes. “Upon request by CalMHSA for a Vendor staff member to be replaced, Vendor must replace such staff member within fifteen (15) business days of receipt of written notice.”

A: This requirement relates to CalMHSA’s ability to choose not to work with a specific agent for critical, performance-related reasons such as job performance in their role, unprofessional behavior with callers requiring support, etc. The Vendor may choose how it intends to continue to meet SLAs. However, CalMHSA reserves the right to request the removal of particular staff in certain circumstances in order to establish and maintain a professional environment.

60. Please explain this in more detail (below). Does the “CalMHSA staff” below reference Vendor team members support CalMHSA? “The Vendor will be required to provide CalMHSA staff with training required to maintain and update proficiency with new technologies and applications throughout the contract term at the Vendor’s expense”

A: CalMHSA should be able to access and navigate vendor ticketing system. As updates are made to that system, CalMHSA should be educated on how to navigate enhancements.

61. Will the Vendor need to setup CalMHSA staff to use the Vendor’s ticketing system? How will the Vendor transfer unresolved tickets to the CalMHSA Level 2 support?

A: CalMHSA should have access to the ticketing system to review inputs, tickets, status, etc. Vendor will transfer unresolved level two tickets to either the Streamline support portal or internal CalMHSA support portal dependent upon issue.

62. Is the Vendor allowed to have work-from-home agents? Or do agents need to work from a Vendor service center?

A: Vendor is permitted to have work-from-home agents.

63. Will CalMHSA provide Vendor with a training plan and training materials to train Vendor agents? Or will Vendor need to create the training plan and training materials during the start-up of services?

A: As it relates to training on the Streamline SmartCare EHR, CalMHSA will provide a Learning Management System (LMS) to vendor. As it relates to process, CalMHSA and vendor will collaborate to define. Vendor will be responsible for communicating and training agents on established processes.

64. What is the term in months of the engagement?



A: CalMHSA anticipates that the initial agreement will be for a term of 5 years, with the potential for extensions thereafter totaling up to two years.

65. Please provide a copy of the master service agreement.

A: Once a vendor has been selected as a result of this RFP process, CalMHSA can provide a copy of the applicable MSA.

66. Please provide a copy of the business associates agreement.

A: Once a vendor has been selected as a result of this RFP process, CalMHSA can provide a copy of the applicable Business Associate Agreement.

67. Will CalMHSA use the Vendor statement of work?

A: CalMHSA will develop the statement of work, in collaboration with the selected Vendor.

68. Does the narrative response for RFP Section 2 have to be entered into the provided EHR Service Desk RFP Response Template? Are vendors allowed to provide the narrative response for RFP Section 2 in a Word document as opposed to the Excel document based EHR Service Desk RFP Response Template?

A: Vendors may submit narrative responses in either Word format or in the provided Excel EHR Service Desk RFP Response Template document.

69. What are the required service levels?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application: therefore, CalMHSA will develop the SLA's & KPI's in collaboration with the selected vendor.

70. What process is used to validate the identity of a caller?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, a validation process does not currently exist. This process will be developed in collaboration between CalMHSA and the selected vendor.

71. How will agents access CalMHSA provided systems and tools? Will Vendor agents use a CalMHSA provided VDI solution?

A: Agents will be provided access to CalMHSA training & tools. However, as stated in the RFP, vendor is expected to supply communication tools, ticketing system, and VDI solution.

72. Is CalMHSA open to pricing based on the # of contacts as opposed to the # of CalMHSA end users? How will CalMHSA determine the number of supported end users?

A: CalMHSA's preferred pricing model is per supported USER of the system per month. Per Call Pricing will not be accepted. Monthly fixed pricing may be considered.

73. How many devices are in scope for the vendor to possibly remote into as part of this engagement?



A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. While we do not have an estimated number of devices, the number of users is estimated to be ~15,000 initially with potential growth from there.

74. Are there any limitations around the vendor installing software on a CalMHSA provided device for the purposes of remoting into a desktop?

A: There are no specific restrictions. However, this is subject to review and approval by CalMHSA.

75. Can you please share average call volumes for Streamline SmartCare EHR over the past 6-12 months? How many calls per month are password reset? How many calls per month are patient portal, if applicable?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

76. Please also include total call volume / total average monthly call volume for all areas in scope

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application and, therefore, no such historical data exists.

77. Will the selected vendor be expected to provide support for any technical issues or additional applications beyond Streamline SmartCare EHR?

A: No.

78. Will the selected vendor provide support for a patient portal associated with Streamline SmartCare EHR?

A: Yes. However, the vendor will only support the county users of the Portal. The support of Patient users will not be required.

79. Can you please share current SLRs attainment metrics and ticket priorities in place at CalMHSA?

A: CalMHSA has not previously implemented a Service Desk for the Streamline SmartCare EHR Application. CalMHSA will develop the SLA's & KPI's in collaboration with the selected vendor.



80. Will CalMHSA accept pricing formats in addition to the tiered per user basis? (i.e. monthly fixed fee and/or tiered pricing per call).

A: CalMHSA's preferred pricing model is per supported USER of the system per month. Per Call Pricing will not be accepted. Monthly fixed pricing may be considered.

81. Does CalMHSA require support in any additional language than English?

A: No.

82. What tool does CalMHSA use to verify workstation connectivity?

A: This would be a vendor supplied tool.

83. What tool does CalMHSA currently use for remote-control troubleshooting? Is it possible for selected vendor to utilize this tool? This is often the procedure at most of our healthcare partners due to security purposes when accessing machines in network

A: This would be a vendor supplied tool.

84. If our corporate company is in Tennessee, are we able to work with you? Is your agency open to working with companies /vendors in Tennessee?

A: Yes, CalMHSA is open to working with Vendors headquartered within the continental United States.