

Behavioral Health Navigation Services Empathetic AI-Powered Portal & Search Engine RFP Q&A

- 1. The RFP document states that you are working on a BHNS system consisting of 4 tiers. However, the RFP only talked about Tier 2 Virtual Navigation. Is it correct to assume that Tier 2 Virtual Navigation is a completely independent tool? Or should it be based on other tiers' infrastructure, source code and data? If it's the latter, please highlight what exactly is completed at this point and what should we take into account (i.e., tech stack, design guidelines, data model, integrations endpoints, etc.).**

At launch, the front-facing Tier 2 Virtual Navigation portal will be independent of the other tiers and will not need to rely upon any infrastructure, source code, or data from the other tiers. However, the backend will need to interface with a database that houses the provider data and/or CRM that tracks client referrals and outcomes, both of which will be used in the other tiers.

- 2. Would it be correct to say that Tier 2 Virtual Navigation functions like a matchmaking tool between Greater Houston residents and providers listed on the platform?**

Yes, our goal for the Tier 2 Virtual Navigation is to match Greater Houston residents with providers in our database through an empathetic, easy-to-navigate process that offers an online user experience like no other.

- 3. How do providers get listed on the platform? Can they manage their profiles themselves?**

MHA of Greater Houston is currently encouraging providers to complete a [Provider Profile Form](#) that will capture over 50 data elements on each provider. All collected data will be reviewed and approved by MHA of Greater Houston staff and then temporarily stored in our current Salesforce platform (Salesforce has not yet been selected as the database and/or CRM we will use for this project, so data potentially may need to be exported to a different system). MHA of Greater Houston will maintain frequent contact with providers to update their information – providers will not directly manage their own profiles on the site at launch.

- 4. Have you selected a CRM for the integration?**

No, we have not yet selected a CRM for the integration. Salesforce is currently acting as the database that houses the provider data, but we are still in conversations with other potential vendors and are open to suggestions. We also should clarify our frequent use of the terms database/CRM. The database will hold the provider data and could potentially be separate from the CRM. By CRM, we more specifically are referring to a case management system that can track not only client relationships and communication history (referrals), but also track client completion of services and outcomes on assessments (Tier 4 services). The provider data can be held in any SQL database but would need to be able to interface with the case management system for the purpose of making referrals and recording services received. The essential element for Tier 2 is the database, but if there is an all-in-one solution of database/case management system, we would be interested in that.

- 5. Would it be correct to assume that the chatbot purpose is limited to helping a resident find a provider and all communication between the resident and provider is handled outside the platform?**

As currently envisioned, the chatbot will empathetically interact with the help-seeker to connect them with the best provider match(es). If the help-seeker would like to e-mail a provider, they should be able to do so either directly through the platform's system or through a prompt to the help-seeker's e-mail application of choice. In the proposal, please specify which e-mail solution is being quoted.

- 6. Please, specify your requirements to WCAG version (2.1, 2.2) and level (A, AA, AAA) of implementation.**

Our minimum requirements for accessibility are WCAG 2.2, Level A, though our *preference* is WCAG 2.2, Level AA. In the proposal, please indicate which level of accessibility is being quoted.

- 7. Are there specific accessibility features needed (e.g., support for screen readers, voice commands)?**

Please see answer to Question 6.

- 8. We assume that in frame of accessibility requirements, the portal shall be accessible both from android and iOS devices, landscape and portrait views, correct?**

Yes, we expect that the portal will be accessible from android and iOS devices, as well as desktop computers/laptops. Landscape and portrait orientations are WCAG 2.2., Level AA requirements.

- 9. Please specify what languages should be supported on the platform and by chatbot for real time translation of the content?**

There are approximately 200 different languages spoken in the Greater Houston area, and we want to be accessible to as many as possible. However, at launch our goal would be to start with real-time translation for three to five of the region's most-spoken languages other than English - Spanish, Vietnamese, Chinese, Arabic, and French. In the proposal, please specify which real-time language translations are being quoted.

- 10. Do we understand correctly that the already existing CRM also will store the clients' individual data when they sign up for the portal or will these data be stored on the portal backend database?**

There is no currently existing CRM or case management system, and for privacy purposes, we want to collect as little data as necessary on Tier 2 Virtual Navigation help-seekers. If appropriate, the portal backend database can house both the provider data (which currently is temporarily being stored in Salesforce) and help-seeker information. Please also see answer to Question 4.

- 11. Could you please clarify if we should provide the capability to record audio communication between client and chatbot and store it in CRM?**

The ability to record and review help-seeker and chatbot communications will be an important component of the program's continuous quality improvement. Whether it is stored in the case management system or elsewhere is to be determined.

12. Could you please provide details regarding what CRM you currently use?

Please see answer to Question 4.

13. How many scripts (questionnaires) do you expect to implement? Could you outline the series of questions or steps the chatbot should guide users through?

The questions have not been finalized, but we expect the chatbot will guide users through several questions to determine their preferences, including but not limited to:

- the avatar they would like to choose as the “virtual navigator,” if applicable
- the language in which they would like to communicate
- their zip code
- the type of service they are looking for (individual therapy, support group, etc.)
- provider language preference
- provider racial preference
- virtual vs onsite services
- insurance accepted, etc.

Most of these questions will be based upon the provider data points from the Provider Profile Form (see answer to Question 3). The questions would not necessarily need to be asked sequentially, but could be grouped together, as appropriate.

14. Who will provide the content for the chatbot?

MHA of Greater Houston will provide general content for the chatbot.

15. Do you have any specific requirements for the AI model or NLP capabilities?

The AI Model must be conversationally empathetic, ideally through leveraging generative AI and Large Language Model capabilities.

16. What kind of training data will be available for the AI (e.g., historical data, sample interactions)?

MHA of Greater Houston can provide sample interactions for training purposes.

17. Are there specific scenarios or use cases that need to be covered in training?

We will provide additional use cases for the selected vendor, but this project was designed in response to MHA of Greater Houston’s receipt of calls and e-mails like the following:

“Can you please provide me a satellite office close to [zip code]? Need to talk to someone and frustrated with no one available on my insurance plan. The run around and frustrations are upsetting me even more with all my added stress. Please advise and appreciate your help with this. And advise of charge and what type drs available and have been on medicines but PCP doesn’t know what best for me as these are not working. Please I don’t know where else to reach out to.”

18. What design style or characteristics should the visual avatar have (e.g., realistic, cartoonish, professional)?

We are open to either realistic or cartoon avatars, as long as they are not “creepy.” Please note that the avatar is not a requirement, and the ultimate decision regarding the use and type of avatar would be based upon Usability Testing.

19. Are there specific branding guidelines or elements that should be incorporated into the avatar?

The entire portal should conform with MHA of Greater Houston branding guidelines, which will be shared with the selected vendor (please note that the branding guidelines are not out-of-the-ordinary or onerous).

20. Do you want the chatbot to remember user interactions for future reference?

It would be helpful, but not required, for the chatbot to remember user interactions for future reference. In the proposal, please specify whether or not this is the case.

21. How do you anticipate the chatbot be updated and maintained (e.g., regular updates, content modifications)?

We expect that the chatbot will be updated and maintained as needed, in response to MHA of Greater Houston and user feedback.

22. Do you anticipate maintenance and support activities for the portal after go-live to deal with and resolve any issues with the portal?

Our expectation is that the vast majority of issues will be identified and resolved prior to go-live through User Acceptance and Usability Testing.

23. How will user feedback be collected and used to improve the chatbot?

We are open to suggestions, but it could range from “was this resource helpful?” surveys to longer, built-in questionnaires asking for specific feedback.

24. Do you have specific email service providers in mind for integration (e.g., SendGrid, Mailgun)?

We do not have any specific email service providers in mind. In the response, please specify whether the quoted price assumes a specific service provider.

25. You would like to implement the function when the user can call the provider directly from web app, correct?

The help-seeker will not need to be able to call a provider *directly* from the portal’s system. Rather we expect that a help-seeker using a mobile device can click a button to call a provider that will automatically populate the phone number in the help-seeker’s preferred phone application to complete the call. We do not expect that this functionality would be available from a desktop computer or laptop.

26. Please specify if we need to use specific telephone services that provide APIs for calling directly from the web app?

We do not anticipate the need to use a specific telephone service.

27. Could you please clarify if you track provider availability in real time in your CRM so that the solution will have access to a database. Will you be able to provide APIs for the list of providers, each provider and their schedule?

At launch, provider availability will not be tracked in real time, nor will appointments be scheduled through the portal. However, the solution will need to interface with the provider database to match help-seekers with the best providers.

28. Can you provide more information on the types of data that will be stored in the CRM/database, and how it will be used to inform provider matching and referrals?

Please see answer to Question 4 regarding use of the CRM/database. Help-seekers will be matched based upon how their preferences align with selected provider data points. Please also see answers to questions 3 and 13.

29. How do you see the vendor's role for testing and quality assurance of the portal, including user acceptance testing (UAT) and other forms of testing?

At minimum, we expect that proposals outline a strong UAT plan to identify any bugs or issues with portal functionality prior to go live. In addition, we are interested in conducting Usability Testing to ensure that the product meets our goal of providing an online user experience like no other.

30. Are there any specific technical requirements or restrictions for the development of the portal, such as preferred programming languages or frameworks?

We do not have any specific technical requirements or restrictions for the development of the portal except the strong preference that any applications used have open API connectivity.

31. Shall we comply with Texas Data Privacy and Security Act (TDPSA)?

While nonprofit organizations are exempted from TDPSA, the protection of help-seekers' personal and sensitive data is of utmost importance to MHA of Greater Houston. Therefore, we expect to comply with the spirit of TDPSA.

32. What is the expected volume of the bot?

At launch, we expect 500 - 1,000 help-seekers to use the virtual navigation tool each month (2,500+ unique users annualized).

33. What is your current average traffic on the website?

We currently average around 4,000 users per month with an average of 10,000 views.

34. Will there be advertising/promotion to grow traffic to the site?

Yes, we plan to promote the virtual navigation tool and expect that our web traffic will grow as a result of this.

35. Deliverable 1: Can you provide examples of what you consider warm, streamlined and aesthetically pleasing website? At least three.

While many websites are aesthetically pleasing, the functionality comes across as cold and impersonal. It's important to keep in mind the user is likely someone under stress and experiencing some anxiety. It's also important to ensure the site is not clunky, cluttered, or difficult to navigate. We want help-seekers to consider this an online experience unlike any other.

36. Deliverable 2: Is the expected roll out to be done in phases, say a) 2D with chat, b) Add voice and then c) Add 3D? Or all in on the 3D at launch? GenAI voice? Who chooses the voice? Cartoon like, video game like, or photo-real?

Our requirements at launch are voice and chat. Ideally the solution will leverage generative AI. The voice choice can be made by the vendor and/or MHA of Greater Houston. Please also see answer to Question 18.

37. Deliverable 3: What languages are you requiring at launch?

Please see answer to Question 9.

38. Deliverable 4: What CRM(s) specifically are you using that will require integration? Who does the matching algorithm, or do you have a rubric?

Please see answer to Question 4 regarding use of the CRM/case management system. The matching algorithm must be developed based upon the selected provider data points. Please also see answers to questions 3 and 13.

39. Deliverable 5: Please provide the 50+ data points.

Please see answer to Question 3.

40. Please elaborate on the 'profile page': a) Who is this page for? b) What is the intended use of this page? c) Does this data have to be searchable? d) How many providers will you feature, if any? e) Any further explanation on what the purpose is, who it's for, and what you had in your 'minds eye' as you imagine looking upon this page.

The provider profile page will provide help-seekers with a comprehensive overview of each of the 1,000+ providers in the database based upon the information they completed in the Provider Profile Form. Some of the data will be part of the bot-guided search (race, languages spoken, services provided, etc.). Other data, such as what counseling approaches are provided, may not be part of the bot-guided search, but could be searchable through use of a search bar. Please refer to sites referenced in the RFP for profile page examples.

41. Deliverable 6: Is the ‘page’ in question the profile page in deliverable 5? Do you want this in a form delivered from the website, or an external email that they send themselves?

The page refers to wherever the provider contact information will be visible. The contact information will be included on the provider profile page but also could be listed in the search results. Ideally the e-mail could be sent directly from the site. It would also be acceptable to connect with the help-seeker’s e-mail application of choice.

42. Deliverable 7: This can be accomplished only if they login/register for an account. Do you want this disclosed and users notified at the top of the search page?

Yes, the *option* to register and save search information should be disclosed to users.

43. Hallucinations: Will MHA of Greater Houston be involved in unit testing? Do you have a standard in which a hallucination is judged?

Yes, MHA of Greater Houston can be involved in testing. We consider a hallucination any type of inaccurate, made-up, or even creepy (e.g. calling a help-seeker “love”) information.

44. Can you elaborate on “having multiple channels to programmers”? We aren’t sure what you meant by this.

This refers to the use of technologies in portal development that allow for creation and alteration to meet ongoing needs.

45. What are the budgets? There are many ways to accomplish the goal. Some are cheaper on the setup and more expensive as an on-going expense. Some providers have tiered offerings, and some platform providers do pricing based on setup/support.

The overall project budget, including staffing, training, technology, equipment, legal fees, other contracts, and overhead is \$1.8 million. This is a competitive process, so vendors are encouraged to submit their best solution with their best pricing, including a breakdown of up-front, fixed expenses and ongoing expenses.

46. Forecasted volume of annual interactions for MHA of Greater Houston solutions including all channels, voice and digital.

See answer to Question 32.

47. Languages forecasted for use in this RFP.

Please see answer to Question 9.

48. Systems of record, what backend systems will be required for integrations? IE, Salesforce CRM, SharePoint for knowledge, web page FAQs, etc.

Please see answer to Question 4.

49. Any other API calls or integrations required?

We have not identified any other required integrations.

50. What is the IVR / phone technology at MHA of Greater Houston?

We do not expect the Tier 2 Virtual Navigation services to be integrated with MHA of Greater Houston's IVR technology at launch.

51. What is the current agent desktop solution at MHA of Greater Houston?

We have not yet identified an agent desktop solution that will be used.

52. What is the required live agent transfer process? Will the solution transfer conversation context over to a live agent queue?

We will not require live agent transfer at launch, as staff coverage will be limited to normal business hours of 8:30 – 5:00 p.m.

53. How many concurrent agents does MHA of Greater Houston have?

Approximately 3 concurrent staff members will need to be able to access the backend data.

54. How many individual FAQs - question and answer pairs would be included in this RFP?

This number has not yet been finalized.

55. What channels will be included in this project? IE, IVR, web, SMS, mobile app, Social, etc.

At launch, the Tier 2 Virtual Navigation will focus on web. Additional channels may be integrated at a later date.

56. What are the success criteria for this project? How will a successful project be measured?

Current outcomes for success of the entire project can be found in the program's [Logic Model](#).

57. Will PHI info be included in conversations?

It is not our intention to request any Personal Health Information from Tier 2 Virtual Navigation help-seekers. However, it is possible that they could voluntarily share PHI, so we must be able to take the appropriate precautions to safeguard it.

58. What is the authentication process for interactions with patients / potential patients?

We will not require identity authentication for help-seekers; however, a simple CAPTCHA test can be used to filter out spam.

59. What is the scheduling solution used to schedule patient appointments with mental health professionals?

This system will not schedule appointments for help-seekers at launch.

60. Does any online portal exist today as the foundation for the Tier 2 goal - Virtual Navigation portal?

Please refer to sites referenced in the RFP for examples.

61. What are the timeline goals for delivering live solutions related to each Tier outlined in this RFP?

Our ideal timeline is to launch the Tier 2 Virtual Navigation services with accompanying database in late 2024. However, the proposal should include what the vendor considers to be a reasonable timeline for implementation.

62. Does your IVR support SIP based support?

Please see answer to Question 49.

63. Do you currently have an SMS provider? If so, who?

We do not currently have an SMS provider.

64. Where are FAQ's stored?

We have not yet determined where FAQs will be stored.

65. What are the top five questions patients are searching for?

Help-seekers will be searching for many things, among them providers who are located close to them, providers who look like/understand them, providers who meet their price points, providers with convenient hours, and providers who specialize in addressing the challenges help-seekers are facing.

66. What are the top five use cases you are looking to improve?

Please see answer to Question 17.