

**REQUEST FOR QUALIFICATIONS
EMPLOYEE ASSISTANCE PROGRAM
INTRODUCTION**

The County of La Porte by and through the La Porte County Commissioners (the "County"), invites qualified providers to submit qualifications for the administration of an Employee Assistance Program ("EAP") for its employees. The County is seeking to enter into a contract of one, two or three years beginning December 1, 2019.

BACKGROUND

The County employs approximately 813 employees, of which 161 are part time. The provider should provide sufficient information in their written qualification package to demonstrate their ability to provide the administration of the EAP for County employees.

ADMINISTRATION AND PLAN IMPLEMENTATION

The EAP program must be designed to offer free assessment and crisis counseling for a wide variety of problems which may be affecting an employee's job performance, including but not limited to legal, financial, marital, parent-child, health and wellness, substance abuse, etc.

The EAP provider should offer problem assessment and subsequent referral to treatment resources within the community based on coordination with our health insurance provider. The EAP provider should also offer the following services:

- Short-term counseling, if necessary;
- Services to coordinate follow-up and feedback with various community resources;
- Informational material about the EAP services;
- Resource and referral services for childcare, elder care or other care giving needs;
- Supervisory Orientation Training
 - Critical Incident Response
 - Quick turnaround to assist employees and family members in crisis situations
 - Monthly Utilization Report, to include YTD

The County has outlined the following objectives for the EAP:

1. To encourage the earliest possible diagnosis, treatment and other appropriate help in all situations where employee health and work performance have been affected;
2. To coordinate employee needs with community services/resources;
3. To help employees attain and/or maintain their full potential on the job;
4. To reduce the economic costs to the employer and to the employee of persistent problems; and
5. To enhance employee relations when employee personal problems affect job performance.

The successful EAP provider should achieve these objectives and should use existing community resources to the greatest extent possible. The privacy and rights of the employee are to be fully protected at all times. The EAP program is intended for both voluntary participation and management referrals.

The EAP provider must coordinate treatment recommendations with the level of benefits provided by the County's health insurance provider. The County's health plan is with UMR.

Providers responding to this package are required to respond to the questions contained in Attachment A.

SUBMITTAL REQUIREMENTS

Firms wishing to be considered in the selection process must submit two (2) copies of their qualifications no later than 1:00 p.m., on November 15, 2019:

Barbara Mossman
Human Resources Director
La Porte County
555 Michigan Avenue, Suite 101
La Porte, IN 46350

The Qualification Package shall be plainly marked with your company's name in the lower left corner of the cover.

Qualification Packages received after the designated time will not be considered in the evaluation process and will be returned unopened. The County reserves the right to accept or reject any or all packages.

Qualification Packages will only be accepted from firms authorized to do business in the State of Indiana.

Qualification Packages shall be signed and shall include the firm name, address, telephone number and the name of the person authorized to submit/sign the qualification package along with his/her title and telephone number. The County will not be liable for any costs incurred by the respondents in replying to this Request for Qualifications. The County is not liable for any costs for work or services performed by the selected provider prior to a written Notice to Proceed.

Requests for further information or questions regarding this Request for Qualifications should be addressed, in writing, to the individual listed below. Any oral communication will be considered unofficial and non-binding on the County. Respondents should rely only on written statements issued by the individual listed below:

Unauthorized contact regarding this request for qualifications with any County employee may result in disqualification.

The RFQ may become part of a contract. In the event of any conflict between the RFQ and the package, the RFQ will govern. The selected company will be expected to enter into an Agreement with the County.

The successful provider shall indemnify and hold harmless the County from and against any and all claims arising from the negligence, acts, or omissions of the provider or any of the provider's agents, contract or employees, and from and against all costs, attorneys' fees, expenses and liability incurred in the defense of any such claim or any action or proceeding brought thereon; and in case of any action or proceedings brought against the County by reason of any such claim, provider upon notice from the County shall defend the same at provider's expense by legal counsel satisfactory to the County.

SELECTION PROCESS AND SCHEDULE

The County will evaluate the qualifications and make a recommendation to either select a provider based on the qualifications alone or to interview a "short list" of providers. If interviews are to be held, a letter

will be sent to all providers which states whether said firm has been removed from further consideration, or whether they are still a candidate, along with details of the interview process.

Following selection of the best qualifications, the County may negotiate contractual terms, level of effort and scope of services; and upon successful negotiations, an award will be recommended by the County. Contract award will be made to the provider whose qualifications best complies with the Request for Qualifications and will be the most advantageous to the County.

The County, because of time constraints and depending upon the thoroughness of the packages, may, at its sole option, award a contract based upon the initial package submittal. Do not assume there will be an opportunity for submittal of additional information. Submit your package as if it were “best and final offer”

The following is the anticipated schedule for this project:

<u>November 15, 2019</u>	Deadline for Qualifications Submittals
<u>November 22, 2019</u>	Proposed Evaluation and Selection Date
<u>November 25, 2019</u>	Notice to Proceed

PROPOSAL EVALUATION CRITERIA

The following information must be included in each package and will form the basis of the evaluation. The County will thoroughly review and evaluate each package. Responses should be clear, concise and complete. Packages must address all sections in the Request for Qualifications. Any deviations or other considerations in any section should be outlined in detail in your response. Interviews may be conducted to obtain additional information regarding the package.

QUALIFICATIONS AND EXPERIENCE OF FIRM

This will include an overall assessment of the proposer’s ability to meet all the requirements of the RFQ; the ability of the proposer to provide informational reports to the County, experience of the proposer with public sector organizations and the proposer’s willingness to provide specified contact person for resolving questions and/or issues that may arise.

Qualifications should include sufficient data to cover these areas:

- A willingness to agree to specified levels of performance for customer service and quality and a specified contact person for resolving questions and/or issues that may arise.
- Ability to provide monthly reports of utilization. Examples of reports should be included with the package.
- List of references including contact names and telephone numbers. References should include public sector organizations for whom you provide similar services.
- List of staff who will be involved in the County’s plan and their qualifications.
- Willingness to provide program promotional materials and web based tools.

SERVICES AND TRAINING

The package should indicate whether the provider is able to provide the following services and training:

- Twenty-four (24) hour toll-free telephone access to any employee or family member.
- Management consultation, as required, on matters including, but not limited to, initiation or monitoring of individual employee referrals, coaching for improved job performance , employee discipline, dysfunctional work groups, stress management and other related management issues.
- EAP specific supervisory training sessions.
- Annual training including management development, “brown bags” and education programs on workplace issues.
- If needed, conflict assessment/resolution and/or mediation.
- Confidential problem assessment, treatment referral and follow-up services to active employees and/or their eligible dependents. No restrictions on number of times individual may contact EAP for assessment and/or referral services. EAP provider should provide short-term counseling toward problem resolution to employees and their eligible dependents, up to three sessions post-assessment.
- In-person assessment, referral and treatment case management including employee back-to-work interviews of company initiated referrals.
- On-site workplace assistance to any employee group or department requiring counseling or intervention services due to a workplace traumatic event.

PRICE (COST PROPOSAL)

The package should include the initial and long-term cost for services provided.

The cost proposal should identify and explain the billing process to be used.

The cost proposal shall include a not-to-exceed rate guarantee for subsequent years (up to a three-year period). Each annual cost must be identified separately. Include any implementation fees which will be charged to the County for the initial year, if applicable, as a separate identifiable cost item. The County at its discretion shall determine the terms of the contract.

Attachment A
EMPLOYEE ASSISTANCE PROGRAM
QUESTIONNAIRE

The information contained in this questionnaire will be used in evaluating your qualifications. Please answer all questions, completely or explain why a question cannot be answered. If you are selected as the County's Employee Assistance Program provider, your responses to the questionnaire will be considered part of your contractual responsibilities.

PROGRAM IMPLEMENTATION AND ADMINISTRATION

1. How much lead time would you require to implement the County as a new client? How would the transition occur?
2. Who would be the County's primary contact for consultation and program implementation? Who would be the County's primary contact for ongoing program administration? What is his/her background?
3. Please provide a sample of the type of reports that the County would receive. How often would the County receive the reports?
4. Please provide background, qualifications and experience of staff providing assessment and treatment to clients.
5. Please provide a list of all locations, including address and telephone numbers, where County clients could meet with EAP counselors.
6. Please describe how client contracts are handled with your organization (i.e., switchboard, message center, intake counselor, etc.).
7. Do you have a 24-hour toll-free number available for employees to call? Are counselors/treatment available on a 24-hour basis? What is the number and type of staff available during non-business hours? What are your normal business hours?
8. If short-term counseling is required, how many sessions would you provide for the member?
9. What experience have you had in coordinating treatment within an employee's health insurance network and benefit plan limitations?
10. What experience have you had with conflict resolution/mediation in the workplace?
11. Please identify the process you would follow for a workplace referral.
12. Please identify community resources with whom you interact and to whom you make referrals.

COMMUNICATION AND TRAINING

1. Please provide samples of brochures, posters, payroll stuffers, etc. related to communicating your EAP services to employees.
2. Please explain the experience you have in providing the required training to supervisors, managers and employees.

3. Who would be assigned to conduct these training programs and what are their qualifications?
4. Please provide a preview of training materials that would be used for supervisory training and “brown bags”. Please list what types of training you would recommend to offer to employees and/or supervisors.
5. Please identify specific costs of providing the training.

COST

1. Please provide a per employee per month cost for providing the EAP benefit and identify the specific services that are included in that cost.
2. Please provide a cost proposal with a non-to-exceed rate guarantee for subsequent years (up to a three-year period).
3. Please identify if training sessions would be included in the cost per employee or whether there is an additional charge. If the training is included in the cost per employee, please list the number of training sessions that would be provided annually. If the training is not included in the cost per employee charge, please identify the training costs. If additional training is needed, please identify specific costs related to training programs.
4. Please explain your billing process and billing cycle.

GENERAL INFORMATION

1. Please provide information concerning your organization’s experience in the area of employee assistance services.
2. Please provide the company name, contact person and telephone number of the following clients of your organization which we may contact for references:
 - a. Your two largest Indiana clients
 - b. Your two largest municipal/County clients
 - c. Any other clients of your choice

3. Please provide proof and amount of liability insurance coverage carried by your agency. Provide any supplemental information you consider relevant or beneficial under the above categories.

Employee Assistance Program (EAP)

Year 1 Cost \$ _____ per employee x ____ Employees = \$ _____ per year
 Year 2 Cost \$ _____ per employee x ____ Employees = \$ _____ per year
 Year 3 Cost \$ _____ per employee x ____ Employees = \$ _____ per year

Attach all materials outlined in RFQ to this form. Attach any exception to this RFQ or options. Under penalty of perjury and other remedies available to the County, the undersigned certifies this Package is submitted without collusion and all responses are true and accurate. If awarded this package it is agreed this forms a contractual obligation to provide services at fees specified in this Package Form, subject to and in accordance with all instructions, proposal and contract documents, including any addenda which are all made part of this RFQ.

Signature of Authorized Person

Date

Printed Name of Authorized Person and Title

Name of Company

Address of Company

City, State, and Zip Code

Telephone Number Fax Number