

**REQUEST FOR PROPOSAL
TO PROVIDE
AN EMPLOYEE ASSISTANCE PROGRAM**

1. The City of Rapid City desires to secure the services of persons (hereafter referred to as “consultant”) trained in psychological testing, evaluation and consultation in specific areas under an Employee Assistance Program. The program would provide prepaid initial assessment and evaluation services to approximately 685 full-time and part-time benefited employees and their immediate family members. If you are interested in submitting a proposal to provide these services, please follow the format below in furnishing your response. If it is against your company or corporate policies to provide a response to one or more of the items below, you may omit but please, if possible, indicate the reason(s) for such omission. RFP must be received in the City of Rapid City Human Resources Department no later than 4:30 p.m. Monday, April 30, 2007. For additional information, contact Cathy Druckrey, Human Resources Manager, City of Rapid City, 300 Sixth Street, Rapid City, SD 57701 (telephone 605-394-4136, FAX 605-394-6621).
2. We would expect the consultant to provide 24-hour seven-day-per-week telephone service to facilitate self-referral and access to services provided by the consultant.
 - a. Can you provide such continuous telephone service at a local or toll-free number?
 - b. Please indicate, by name, all individuals who are responsible for providing crisis-level response 24 hours daily and indicate for each individual his or her educational level, specific professional certification, and experience in crisis intervention.
 - c. Please explain in detail how referrals are made.
 - d. Will it be possible for employees to schedule counseling sessions both during and after work hours?
3. Please explain in detail how employee confidentiality is protected.
4. Do you have procedures in place for follow-through on recommendations for treatment? Please indicate in detail what information is provided to the employer to assist in such follow-through.

5. Employee assistance programs provide a number of varied services to employees. Would you be prepared to provide at least initial assessment and referral without additional cost? (beyond the contracted fee) for the following problems? If there are topics from the list below that should be excluded from your service, please indicate the rationale. If there are topics you feel should be added to this list, please specify.

Family problems	Marital conflict	Alcoholism
Financial problems	Stress	Legal concerns
Emotional illness	Chemical dependency	Domestic violence
Eating disorders	Grief	Preretirement counseling
Termination counseling	Career counseling	Dependent care counseling
Weight control	Health problems	Clashes with supervisors or co-workers
Skills assessment	Relocation problems	

6. As part of our Employee Assistance Program we require that the consultant or consultant's designee provide a minimum of two training programs on a semi-annual basis: (1) training of supervisors to identify employees whose personal problems may be impairing job performance, how to document and corroborate signs of substance abuse, when to intervene, and how to intervene; and, (2) training of all employees as required under the Drug-Free Workplace Act.
- Will you provide such training at no additional costs beyond the contracted fee?
 - Please enclose to this proposal a lesson plan or other detailed description of such training, including the recommended length (hours) of each topic and media used, i.e., handouts, videos, etc.
 - Please indicate any additional training you would recommend as part of the program, whether you would provide this training or recommend that the employer provide the training from outside sources, and approximate additional costs involved, if applicable. Please indicate justification and frequency for such training.
7. Please describe how you propose that employees be informed of your services as consultant. Enclose a sample of any printed material you customarily provide as part of the contracted service (e.g., handbook, brochure, poster, business card, payroll stuffer, etc.) Please affirm that the costs for this material are included in your basic contract fee.
8. To monitor the effectiveness of the Employee Assistance Program, we would expect a report on a quarterly basis to show the utilization (penetration) rate of the program. As a minimum, we desire that the report reflect categories of utilization; family status (employee or dependent); age group; sex; job classification (supervisory or non-supervisory); referral source (self or supervisor); problem assessment category; and, referral category.

- a. Would you provide this report in at least the frequency expected?
 - b. Do you recommend other reported data? Please explain.
9. Regarding the utilization (penetration) rate –
 - a. How do you calculate such rate?
 - b. What is the average rate, as of April 1, 2007, for all local employers with whom you contract to provide this service? The term “local” as used in this and the following item will be construed as having their main office(s) within the confines of Pennington County unless you note a specific deviation in your response.
10. Please provide the organization name and point of contact of three local employers who are willing to attest to your services.
11. Do you customarily use, or recommend use of, employee attitude surveys to determine the appropriateness and efficiency of your services? Are there any additional costs associated with such surveys?
12. With regard to the office in which you would provide initial assessment and counseling services to our employees –
 - a. What are the normal office hours and days of operation?
 - b. Are exceptions made for urgent assessments?
13. Please indicate, in addition to those individuals identified in paragraph 2b above, the names of your staff members who will provide services to our employees and indicate, for each individual, his or her educational level, specific professional certification, and related experience.
14. Please note if there are any financial incentives to refer our employees to the contractor’s own programs for continued therapy beyond the initial services that would be provided under this contract.
15. Please provide a short summary of your company’s history, to include evidence of financial stability and management and service capabilities. Include the number of employers for whom you currently provide contracted EAP services and the approximate total number of employees eligible to receive such services.

16. The contract would provide an agreed-upon annual fee with payment in equal monthly installments during the life of the contract. The contract would exist for a term of 12 consecutive months but may be terminated by either party upon a 30-day written notice to the other party. Payment in event of early termination of the contract would be adjusted on a pro-rated basis. Would you agree to such terms or are there exceptions you would desire? (Please specify.)

17. Federal regulations 49 CFR 653 (Rules on Prevention of Prohibited Drug Use in Transit Operations) place additional requirements on the City effective January 1, 1995. These requirements include random and post-accident screening for drugs and alcohol when employees hold a Commercial Drivers License (CDL) or whose position is considered “safety-sensitive”. We have approximately 150 such employees. Under the federal mandate, employees who test positive for alcohol or drugs must be referred to a Substance Abuse Professional (SAP) to determine a correct course of action toward returning them to duty and monitoring remedial efforts. A SAP must be a licensed physician (doctor of medicine or osteopathy), licensed or certified psychologist, social worker, employee assistance professional, or alcohol and drug abuse counselor certified by the National Association of Alcoholism and Drug Abuse Chancelleries Certification Commission. The SAP must have knowledge of and clinical experience in the diagnosis and treatment of alcohol-related disorders. Please indicate in your proposal –
 - a. whether or not you are qualified to act as a SAP under the federal requirements summarized above; and,
 - b. whether these services will be included in the fee structure contained in your proposal. If not, please indicate any additional fees that you would charge for services as a SAP.

18. Please indicate –
 - a. the proposed fee for the 12-month period extending from January 1, 2008, to December 31, 2008, inclusive, with the option to renew the contract at the same rate for successive years.
 - b. Please explain the formula you customarily use in determining this fee (i.e., amount per employee or some other method).

19. Please provide any additional information you believe to be appropriate for us to consider in evaluating your proposal.

Thank you for your interest in providing this service to our employees.

Sincerely,

Cathy Druckrey
Human Resources Manager