

BEFORE THE COUNCIL OF THE  
METROPOLITAN SERVICE DISTRICT

FOR THE PURPOSE OF APPROVING A	)	RESOLUTION NO. 91-1508
REQUEST FOR PROPOSALS DOCUMENT	)	
FOR ESTABLISHING AN EMPLOYEE	)	Introduced by Rena Cusma,
ASSISTANCE PROGRAM AND WAIVING	)	Executive Officer
THE REQUIREMENT FOR COUNCIL	)	
APPROVAL OF THE CONTRACT AND	)	
AUTHORIZING THE EXECUTIVE OFFICER	)	
TO EXECUTE THE CONTRACT SUBJECT	)	
TO CONDITIONS	)	

WHEREAS, Section 2.04.033(b) of the Metro Code requires the Council must approve the Request for Proposal document for certain contracts; and

WHEREAS, the contract for an Employee Assistance Program requires Council approval, and the Request for Proposal document has been filed with the Council Clerk; now therefore,

BE IT RESOLVED, That the Council of the Metropolitan Service District 1) approves the Request for Proposals for an Employee Assistance Program attached as Exhibit A hereto and authorizes immediate release for response by vendors or proposers; and 2) subject to the conditions in Exhibit B attached hereto waives the requirement for Council approval of the contract and authorizes the Executive Officer to execute the contract if the conditions are met.

ADOPTED by the Council of the Metropolitan Service District this 26th day of September, 1991.

  
\_\_\_\_\_  
Tanya Collier, Presiding Officer

## EXHIBIT A

### METROPOLITAN SERVICE DISTRICT REQUEST FOR PROPOSALS EMPLOYEE ASSISTANCE PROGRAM

#### INTRODUCTION

The Metropolitan Service District (Metro) is a regional government responsible for the management of the Metro Washington Park Zoo; St. John's Landfill, Metro South Station, Metro Central Station, Metro Composter; urban growth and transportation planning; Oregon Convention Center, Portland Center for the Performing Arts, Civic Stadium, and Memorial Coliseum.

Metro is soliciting written proposals for an organization to establish an Employee Assistance Program (EAP) for approximately 275 regular employees, who are either non-represented or members of the American Federation of State, County, and Municipal Employees.

Both groups participate in the Metro-sponsored health care plan. This package consists two health care choices; an indemnity plan with ODS which includes a preferred provider organization overlay through CareMark, or a health maintenance organization plan with Kaiser Permanente.

#### PROPOSAL INFORMATION

Proposals will be received at the business office of the Metropolitan Services District, Personnel Division, 2000 S.W. First Avenue, Portland, Oregon 97201, to the attention of Sarah Keele, until 5:00 p.m., PDT, Wednesday, October 9, 1991. Proposals submitted prior to that date should be delivered to the Personnel Division, marked "Proposal - Employee Assistance Program."

The initial contract period will be from November 1, 1991 through June 30, 1991. The contract will be renewed on a fiscal year basis (July 1, to June 30 each year) for up to two (2) additional fiscal years, providing future appropriation by Metro and satisfactory performance by the provider.

Each proposal must be submitted on the prescribed form as described in this proposal document.

In the 1991 - 1992 Metro budget, \$20,000 has been appropriated for this contract.

#### SCOPE OF WORK

1) Provide three solution-oriented, short-term employer-paid counseling sessions ~~for~~ <sup>per</sup> employees per fiscal year. Those employees whose needs require chronic or long term

treatment shall be referred to an appropriate provider utilizing the employer-sponsored medical plan and preferred provider organization, if applicable.

2) Provide counseling services including, but not limited to, assessment, referral, and/or short term problem solving for psychological, conflict resolution, identity, job related illness, marital, family, and chemical dependency assessment and referral. It is assumed that if the diagnosis of alcohol or chemical dependency is made, the employee will be referred to an appropriate alcohol or chemical dependency treatment program.

3) Provide information and referral, for those services beyond the scope of the employee assistance program, and follow-up on all such referrals. This shall be done through effective coordination with the benefit program provided by employee health insurance plans and preferred provider organization, if applicable.

4) Have available information on counselor's specialties, credentials, etc., and the option for employees to select a counselor available from the EAP provider, if desired.

5) Provide initial orientation sessions at various work sites for interested employee groups addressing the purpose and utilization of an Employee Assistance Program. This must include the ability to provide presentations to swing and grave yard shift employees. Additional orientation sessions will be provided, if needed, to increase ones understanding of available services and EAP utilization if determined by Metro. Sessions are to be conducted by professional counseling staff.

6) Provide initial training and follow-up sessions as needed for managers, supervisors, and labor representatives on the use of an Employee Assistance Program and how to make proper referrals.

7) Provide periodic orientation and training sessions for new employees and supervisors as needed and as determined by Metro.

8) Develop and provide materials for the purpose of educating and maintaining awareness of an Employee Assistance Program, e.g., posters, brochures, home mailings, new employee orientation materials, etc. Metro will coordinate and pay for actual mailing.

9) Provide statistical data on Metro employees regarding the use of the Employee Assistance Program on a monthly and quarterly basis. Provide analysis of trends and patterns of usage.

10) Provide on-site mediation, facilitation, and conflict resolution services at Metro facilities on an "as needed" basis.

11) Provide confidential case consultation to supervisors, managers, and labor representatives.

## **MINIMUM REQUIREMENTS**

Proposers must meet the following minimum requirements in order to be considered a

### Qualified Proposer.

- 1) Those responsible for administering and providing the counseling services must currently be located in offices within Multnomah, Washington, and Clackamas County boundaries.
- 2) The proposer must be a single agency, currently engaged solely in providing employee assistance counseling services and has provided this service for a minimum of three (3) years.
- 3) Proposers must have adequate staff of mental health professionals to provide the services as outlined in the Scope of Work. Those agencies engaging in only information and referral (brokerage services) will not be considered as a Valid Proposer.

### EVALUATION CRITERIA:

- |  |        |
|--|--------|
| 1) Experience with similar clients                                       | 25 pts |
| 2) Experience, training and qualifications of staff                      | 25 pts |
| 3) References  | 25 pts |
| 4) Cost for services per employee, per month                             | 25 pts |
| 5) Accessibility of facilities and services                              | 20 pts |
| 6) Compliance with the terms and conditions of the Request for Proposals | 10 pts |

Total Possible Points: 130

### INDEMNIFICATION AND INSURANCE

1) Contractor shall hold harmless, defend, and indemnify Metro and its Councilors, officers, agents, and employees against all claims, demands, actions, and suits (including attorney fees and costs) brought against any of them arising from the Contractor's work resulting from work under this Agreement.

2) The contractor shall purchase and maintain at the contractor's expense, the following types of insurance covering the contractor, its employees and agents.

A. Broad form comprehensive general liability insurance covering personal injury, property damage, and personal injury with automatic coverage for premises and operations and product liability. The policy must be endorsed with contractual liability coverage.

B. Automobile bodily injury and property damage liability insurance.

Insurance coverage shall be a minimum of \$500,000 per person, \$1,000,000 per occurrence, and \$50,000 property damage. If coverage is written with an annual aggregate limit, the aggregate limit shall not be less than \$1,000,000.

Metro, its Councilors, departments, employees and agents shall be named as an ADDITIONAL INSURED. Notice of any material change or policy cancellation shall

be provided to Metro thirty days (30) prior to the change.

3) The Contractor shall comply with ORS 656.017 for all employees who work in the State of Oregon for more than 10 days. The Contractor shall provide Metro with certification of worker's compensation insurance including employer's liability.

4) The Contractor shall provide professional liability insurance covering personal injury and property damage arising from errors, omissions, or malpractice. Coverage shall be in minimum of \$1,000,000. Metro shall receive certification of insurance and 30 days notice of material change or cancellation.

#### **PROPOSAL INSTRUCTIONS:**

##### **A. Deadline and Submission of Proposals:**

Three copies of the proposal shall be furnished to Metro addressed to:

**PERSONNEL DIVISION  
METROPOLITAN SERVICE DISTRICT  
2000 S.W. FIRST AVENUE  
PORTLAND, OREGON 97201**

Proposals will not be considered if received after 5:00 p.m., PDT, October 9, 1991. Postmarks are not acceptable.

##### **B. Basis for Proposals**

This Request for Proposals represents the most definitive statement Metro will make concerning the information upon which proposals are to be based. Any verbal information which is not addressed in this Request for Proposals will not be considered by Metro in evaluating the proposal. All questions relating to the Request for Proposals should be addressed to Sarah Keele, Benefits Analyst. Any questions, which in the opinion of Metro, warrant a written reply or Request for Proposals amendment will be furnished to all parties receiving this Request for Proposals.

##### **C. General Proposal and Contract Conditions:**

**Limitation and award -** This Request for Proposals does not commit Metro to the award of a contract, nor to pay any costs incurred in the preparation and submission of proposal in anticipation of a contract. Metro reserves the right to accept any or all proposals received as the result of this request, to negotiate with all qualified sources, or to cancel all or part of this Request for Proposals.

##### **D. Contract Type:**

Metro intends to award a personal service contract with the selected firm for this project. A copy of the standard contract form which the successful consultant will be required to execute is attached.

#### **E. Validity Period and Authority:**

The proposal shall be considered valid for a period of at least ninety days and shall contain a statement to that effect. The proposal shall contain the name, title, address and telephone number of an individual or individuals with authority to bind any company contracted during the period in which Metro is evaluating the proposal.

#### **TERMS OF AGREEMENT**

1) The initial term of this agreement shall be from November 1, 1991 through and including June 30, 1992.

2) Metro reserves the option to extend the contract for up to two (2) additional fiscal year periods. Changes in the fee schedule may be requested for any additional contract periods, if justifiable. Renewal will result assuming provided the following conditions are met:

A. Future appropriation by Metro.

B. Satisfactory performance as determined exclusively by Metro.

The contract may be terminated at any time by either party subject to a thirty (30) day written notice of such termination.

#### **PROPOSAL CONTENT:**

All proposals must be submitted in the format described below. Submissions which do not address all questions posed or are otherwise incomplete will be deemed non-responsive and not considered as part of this competitive process.

#### **General Information:**

1. Provide name, address of provider, date established, and brief description of agency's background.

2. State the number of personnel in your organization and their general duties.

3. Describe the experience and professional credentials of the staff in your firm who would be assigned to work on Metro's account on the enclosed form titled, "Experience/Training Questionnaire." Resumes of individuals proposed for this contract may be attached.

4. Provide a copy of your agency's Affirmative Action Plan.

5. Provide evidence of insurances specified under the section titled, "Indemnification and Insurance."



**Information Contained within RFP Document:**

1. Completed "Employee Assistance Program Proposal Form."
2. Provide a response to each of the questions contained under the section titled, "Provider Questionnaire."
3. Provide the name, titles, and references of an adequate number of clients you feel would best represent your ability to perform the duties contained within the Scope of Work.

**PROVIDER QUESTIONNAIRE:**

**A. Experience, Training and Qualification of Staff**

1. List all staff members who will be directly involved in providing the services required with level of education, practical experience, credentials or certification, areas of expertise, types of services provided and length of time with your organization.

**B. Accessibility of Facilities and Services**

1. List the facilities at which your organization will be utilizing to provide services; give the address and type of facility.
2. List the regular hours and days of the week during which your organization provides services.
3. Describe what accommodations or arrangements you will make to provide access to services during times other than those listed in No. 2.
4. Provide an estimate of how quickly an employee can receive services once contact is made with your organization during both your usual business hours and non-business hours.
5. Provide a statement as to the feasibility of providing services at the work site or at "neutral" locations.
6. Describe your familiarity with and use of community resources in the provision of services.

**C. Experience with Similar Clients/References**

1. Describe your experience in setting up and administering employee assistance programs, including current and previous client organizations you have serviced of equal size and similar composition. Include the number of employees each, the duration of the contract or service, period and the name and number of a contact person with each organization.

2. List any references other than the contact persons listed above who are familiar with the quality of services offered by your organization.

#### D. Ability to Provide Training and Orientation Sessions

1. Describe the type and extent of orientation sessions you would provide for employees with an estimate of the time involved in each session and the ideal group size you would recommend.

2. Describe the type and extent of training you would provide managers, supervisors and labor representatives in their role in and use of the EAP.

#### E. Extent of and Ability to Provide Services.

1. List and briefly describe the types of short-term counseling services your organization provides.

2. Describe the procedure you would follow from the point of initial contact by an employee or group of employees to the point of receiving counseling at one of your facilities. Include a description of the initial screening process you would employ as well as the types of assessment and diagnostic tools you would use.

3. Describe the general approach you would use for the assessment, treatment and referral of drug/alcohol dependence problems.

4. Describe the general approach you would use for the assessment, treatment and referral of chronic mental health problems.

5. Describe your procedures for coordinating your services with those provided through the employee's health insurance benefits program.

6. Describe the procedures you would use to follow up on the progress of employees whom you have referred to another service provider.

7. Describe the assistance your organization will provide in developing summary data on the effectiveness of the program, including client satisfaction, extent of and patterns of utilization, and the outcomes of counseling and referral services while maintaining confidentiality.

8. Describe our organization's policies for assuring the confidentiality of services provided to employees.

9. Describe the capability of your organization has to expand resources should other employee groups (numbering as many as 1,000) be included under your EAP.

#### SELECTION PROCESS

The following are approximate timelines in the selection process:



1. Evaluation committee will evaluate the proposals using the criteria outlined which follows.

Week of October 14, 1991

2. Interview finalists by evaluation committee, using same criteria as used for the written proposals.

Week of October 21, 1991

3. References checked, final selection made.

Week of October 28, 1991

4) Contract implementation

November 1, 1991

EXPERIENCE/TRAINING  
QUESTIONNAIRE

<u>NAME</u>	<u>EDUCATION LEVEL</u>	<u>CREDENTIALS/ CERTIFICATION</u>	<u>TYPE OF SERVICE PROVIDED</u>	<u>LENGTH OF TIME WITH ORGANIZATION</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

5406 SW Sherman  
Portland, OR 97215

Metropolitan Family Service  
2281 NW Everett  
Portland, OR 97210

Affiliated Physch. Assoc.  
5319 SW Westgate Drive, Ste. 141  
Portland, OR 97221

Occupational Health Services Corporation  
125 E. Sir Francis Drake Blvd.  
Larkspur, CA 94939-1860

Southwest Washington Hospitals  
Employee Assistance Program  
P.O. Box 1600  
Vancouver, Washington 98668

\*No DBE/MBE organizations in the area provide this type of service

## **EAP MAILING LIST**

**CAPE Employee Assistance  
5415 SE Milwaukie Ave.  
Portland, OR 97202**

**CODA Employee Assistance Resource  
210 NE 20th  
Portland, OR 97232**

**Cascade Center  
7180 SW Fir Loop  
Tigard, OR 97223**

**Columbia Employee Assistance Program  
3105 SW 1st Ave.  
Portland, OR 97201**

**EAP Sisters of Providence  
1235 NE 47th Ave, Suite 297  
Portland, OR 97213**

**E.A.S.E.  
2110 SW Jefferson, Suite 200  
Portland, OR 97201**

**Employee Assistance Professionals  
Legacy Health System  
18770 SW Boones Fy. Road  
PO Box 863  
Tualatin, OR 97062**

**Managed Health Network-HRG  
1001 SW Fifth Ave., Suite 1000  
Portland, OR 97204**

**Northwest Employee Assistance Group  
Fladers Professional Building  
2250 NW Flanders, Suite 105  
Portland, OR 979210**

**Holiday Park Medical Center  
1225 NE 2nd Ave.  
Portland, OR 97232**

**Evergreen Counseling**

## **EXHIBIT B**

### **CONDITIONS FOR WAIVER OF COUNCIL APPROVAL**

**The Council of the Metropolitan Service District waives the requirement for Council approval of the Employee Assistance Program Provider contract, subject to the following conditions:**

- 1. The amount of the contract shall not exceed \$50,000.**
- 2. The service provided shall conform in all material respects to the specifications set out in the Request for Proposals for an Employee Assistance Program provider.**

**EMPLOYEE ASSISTANCE PROGRAM**  
**BID FORM**

Please attach this form to your written responses to the questionnaire contained within the Invitation to Bid.

NAME  
OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

CONTACT \_\_\_\_\_  
(please print)

TITLE \_\_\_\_\_

---

Price per Employee per Month for Services

Described in the Scope of Work: \_\_\_\_\_

This bid will remain in effect for a period of 90 days from date of signature.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



## STAFF REPORT

CONSIDERATION OF RESOLUTION NO. 91-1508 FOR THE PURPOSE OF APPROVING A REQUEST FOR PROPOSALS DOCUMENT FOR AN EMPLOYEE ASSISTANCE PROGRAM AND WAIVING THE REQUIREMENT FOR COUNCIL APPROVAL OF THE CONTRACT AND AUTHORIZING THE EXECUTIVE OFFICER TO EXECUTE THE CONTRACT SUBJECT TO CONDITIONS

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Date: September 11, 1991 Presented by: Paula Paris

### FACTUAL BACKGROUND AND ANALYSIS

In the F.Y. 1991 - 1992 budget an appropriation of \$20,000 for funding an employee assistance program was approved.

The employee assistance program is designed to provide professional, confidential, and timely assistance for employees with problems or concerns which may affect their job performance. This program, to be administered through the Personnel Department program by an independent service provider, will increase productivity, decrease time loss, enhance morale and provide a vehicle for employees and/or managers to seek short-term, solution oriented, professional assistance.

The employee assistance provider will be selected from respondents to the Request for Proposals and selected in accordance with Metro contract rules for personal services. Proposals will be evaluated on the basis of ability to provide adequate service; experience with similar clients and references; experience, training, and qualifications of staff; accessibility of facilities and services; and ability to provide training and orientation sessions to staff and management.

The firm selected will be appointed for a period between November 1, 1991 and June 30, 1992. The contract will be renewed on a fiscal year basis for up to two additional fiscal years, provided there is future appropriation and satisfactory performance by the provider.

### EXECUTIVE OFFICER'S RECOMMENDATION

The Executive Officer recommends approval of Resolution No. 91-1508.

GOVERNMENTAL AFFAIRS COMMITTEE REPORT

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RESOLUTION NO. 91-1508, APPROVING A REQUEST FOR PROPOSALS DOCUMENT FOR ESTABLISHING AN EMPLOYEE ASSISTANCE CONTRACT AND AUTHORIZING THE EXECUTIVE OFFICER TO EXECUTE THE CONTRACT SUBJECT TO CONDITIONS

Date: September 20, 1991

Presented by: Councilor Hansen

COMMITTEE RECOMMENDATION: At its September 19, 1991 meeting the Governmental Affairs Committee voted 4-0 to recommend Council approval of Resolution No. 91-1508. Voting were Councilors Devlin, DeJardin, Hansen, and Knowles. Councilor Collier was excused.

COMMITTEE DISCUSSION/ISSUES: Personnel Director Paula Paris presented the staff report. She briefly described the nature of the proposed Employee Assistance Program, and noted that the AFSCME contract calls for Metro to institute such a program. She said she wanted to have a contract by November 1. Funds for the program are included in the FY 1991-92 budget.

Councilor DeJardin asked if supervisors and managers could utilize the program to deal with stress. Ms. Paris said yes, explaining that employee assistance programs generally allow up to three visits at no cost; if the counselor recommends the employee continue counseling, the costs will be covered by health insurance.

Tim Collins, Vice-President of AFSCME Local 3580, testified in support of the resolution.