



CITY OF
PITTSBURGH
"AMERICA'S MOST LIVABLE CITY"

LUKE RAVENSTAHL, MAYOR

CITY OF PITTSBURGH
REQUEST FOR PROPOSAL

FOR

EMPLOYEE ASSISTANCE PROGRAM

Proposal Due Date:
Monday, July 1, 2013
4:00 PM

City of Pittsburgh
Department of Personnel and Civil Service Commission
Room 431, City-County Building
414 Grant Street
Pittsburgh, Pennsylvania 15219

PURPOSE:

On behalf of Mayor Luke Ravenstahl and the Director of Personnel and Civil Service Commission, we are pleased to issue this Request for Proposal (RFP) to contract with a fully accredited Employee Assistance Program provider to perform inclusive Employee Assistance Program (EAP) services including Track I (Suggested), Track II (Mandatory) and Track III (Last Chance Agreement) administration services for a four (4) year period commencing January 1, 2014 through December 31, 2017, as part of the City of Pittsburgh's comprehensive health benefits for approximately 3,400 employees. This RFP is designed to detail the program(s) objectives and to assist in the preparation of the proposal.

PROPOSAL SUBMISSION:

What/When: **Four (4) hard copies and one electronic copy (michele.burch@pittsburghpa.gov) *MUST BE SUBMITTED* no later than 4:00 p.m., Monday, July 1, 2013.**

Where: Michele Burch, Assistant Director
City of Pittsburgh
Department of Personnel and Civil Service Commission
Room 431, City-County Building
414 Grant Street
Pittsburgh, PA 15219

Important Dates: It is the City's goal to adhere to schedule as set forth below, but reserves the right to change the schedule as needed by the City to fully understand and compare proposals.

Deadline For Questions:	June 28, 2013
Proposal Due Date:	July 1, 2013
Finalist Presentations:	July 10, 2013
Finalist Selection:	August 1, 2013

The City of Pittsburgh is not responsible for late delivery. Any proposals received after the deadline will be rejected. The City of Pittsburgh reserves the right to reject any and all proposals without liability and to negotiate further the terms of any proposal. The City of Pittsburgh further reserves the right to take any action affecting the RFP, this RFP process, or the services subject to this RFP that would be in the best interest of the City of Pittsburgh.

In accordance with the City's Home Rule Charter, the services sought are considered to be professional services. As such, the City will base its selection upon criteria which shall include, but not be limited to: qualifications of the Employee Assistance Program provider, qualifications of the individuals designated to provide these services, prior experience in providing inclusive Employee Assistance Program (EAP) services including Track I (Suggested), Track II (Mandatory) and Track III (Last Chance Agreement) administration services, ability to customize an EAP program to address the needs of the City and its employees, cost effectiveness and commitment of minority, women and veteran contract participation.

Technical Assistance:

If you have any questions regarding any elements of this Request for Proposal (RFP), you may contact Michele Burch, Assistant Director, Department of Personnel and Civil Service Commission, at one of the following:

E-mail: michele.burch@pittsburghpa.gov
Fax: (412) 255-2540

All questions must be in written format and must be submitted in writing no later than Friday, June 28, 2013. Questions will be posted on the City of Pittsburgh's web page for the duration of the posting.

I. CONFIDENTIALITY:

By submitting a response to this RFP, the provider expressly acknowledges that the City of Pittsburgh's data, plans, financial data, contents of the RFP, and other employer information disclosed in this process are the sole and exclusive property of the City of Pittsburgh. The provider agrees that it will not disclose any of the City of Pittsburgh information to any third party without the express written permission of the City of Pittsburgh. The content of all responses to the RFP will be held confidential until the selection of a provider is made, but may be subject to disclosure thereafter.

II. SCOPE OF WORK:

A. EMPLOYEE ASSISTANCE PROGRAM (EAP)

The selected provider will provide the following EAP services for employees and their family/household members:

- Work with the City of Pittsburgh, Department of Personnel and Civil Service Commission to develop policies and procedures relative to the operation of the program.
- Provide specific assistance to City's employees and members of their family/household members who have been referred to the program or who have requested such services of their own choice. EAP counseling with an Employee Assistance Professional will be conducted in a manner of privacy and shall remain confidential.
- Provide same day, on-site counseling for events that City determines are emergency/tragedy (i.e. death, sickness, and other potentially devastating or shocking circumstances) that may have a traumatic impact on the employee.
- Assistance shall be afforded up to three (3) coaching/counseling sessions per issue per rolling year either in person or by telephone, for clinical evaluation and/or referral as needed.
- Counsel and encourage City employees to proceed with a course of assistance by referring the individual to clinical, support organizations and medical professionals when additional services are needed. Ensure that the recommended referral providers meet the needs of the employees and are available in the employee's health insurance plan and that the employee is aware of which providers are the most cost-effective to the employee.
- 24 hours-a-day, 7 days-a-week telephone availability for emergencies. A Telecommunications Device for the Deaf (TDD) availability for individuals who are hearing impaired.
- Provide access to a comprehensive online portal where an employee can gain informative knowledge with online self service, live-chat sessions with a specialist and access training and webinars for personal and workplace skill development.
- As requested by City, conduct specific EAP training and development sessions for managers, supervisors and employees.
- Supply and/or issue wallet size ID cards and refrigerator magnets with EAP telephone number, informative brochures/literature for direct distribution and home mailings and supervisory guides to identify and promote the EAP resources and services as requested by City.
- Submit to City, customizable utilization and activity reports with outcomes and ROI; quarterly and annually.
- Work with the City's Health Plan to ensure coordination of benefits.

B. TRACK I (Suggested), TRACK II (Mandatory) and TRACK III (Last Chance Agreement) Administration Services for the Employee

The selected provider will provide the following Track services for employees:

- Train supervisors, as identified by City, to monitor employee work performance; to conduct constructive confrontation interviews with troubled employees; and to make referrals to EAP.
- In person assessment, referral and prescribed treatment plan for a successful outcome.
- Consultation and monitoring with treatment facilities to ensure employee compliance and the appropriate level of care is being provided.
- Return to work consultation and facilitation upon treatment completion, with all appropriate signed releases, based on the City's policies and procedures.
- Post treatment follow-up and monitoring services.
- Responsible for maintaining records regarding the employee's compliance and monitoring of progress by communicating with the employee, treating therapist and/or facility, the Department of Personnel and Civil Service Commission, and the employee's Director or designee.

III. REQUIREMENTS OF THE EMPLOYEE ASSISTANCE PROGRAM PROVIDER:

- Be a fully accredited Employee Assistance Program (EAP).
- Have a licensed or certified Substance Abuse Professional on staff (SAP).
- Have knowledge of the Department of Transportation (DOT) regulations.
- Have knowledge of symptoms and treatment of substance abuse disorders.
- Have the ability to refer employees for treatment and assistance, plus monitoring and follow-up services.

IV. REMUNERATION:

Proposers to this RFP must submit their proposed fee for services:

- | | |
|--|-------------|
| 1. Provide a lump sum price for the EAP services required. | Annual Fee |
| a. Provide a monthly fee per employee (if applicable) | Monthly Fee |
| b. Provide a yearly fee per employee (if applicable) | Annual Fee |
| 2. Provide a lump sum price for the Track I, II and III services required. | Annual Fee |
| 3. Provide a Fee Schedule(s) and description for the EAP services to be performed that may require additional fees | Annual Fee |

V. BACKGROUND OF ORGANIZATION:

1. Please provide an executive summary of your organization, management team competencies and background.
2. In what capacity has your organization demonstrated prior EAP services for other employers?
3. Describe the advantages of your organization's services.
4. What has your historical competitive advantage been? What steps are you taking to maintain that advantage in the future?

5. Please describe your organization's financial condition, particularly the operating entity that will provide services to City of Pittsburgh.
6. Please provide three (3) similarly situated clients (size, demographics, location, etc.) in which your organization has been associated with providing inclusive EAP services, including the contact's name, title and telephone number.

VI. COMPLIANCE AND CONTRACTUAL REQUIREMENTS:

1. MBE/WBE SOLICITATION AND COMMITMENT

It is the City of Pittsburgh's current goal to encourage increased minority and women participation in all City of Pittsburgh contracts. The City of Pittsburgh, therefore, requires that all proposers demonstrate a good faith effort to obtain the participation of Minority and Women's Business Enterprises in work to be performed under City of Pittsburgh contracts. In order to demonstrate this good faith commitment, all proposers are required to complete and submit with their proposals a MBE/WBE Solicitation and Commitment Statement Form, which details the efforts made by the proposer to obtain such participation. The necessary form is attached as Exhibit 1. Failure to submit the MBE/WBE Solicitation and Commitment Statement Form will result in rejection of the bid. If you have questions pertaining to completing this form for MBE/WBE businesses, please contact our Equal Employment Opportunity Review Commission Manager, Phil Petite at 412-255-8926.

2. VETERAN-OWNED SOLICITATION AND COMMITMENT

The City of Pittsburgh has an annual goal of not less than five (5) percent participation by veteran-owned small businesses in all contracts. The participation goal shall apply to the overall dollar amount expended with respect to contracts. The City of Pittsburgh, therefore, requires that all proposers demonstrate good faith efforts to obtain the participation of veteran-owned small businesses in work to be performed under City of Pittsburgh contracts. In order to demonstrate this good faith commitment, all proposers are required to complete and submit with their proposals a Veteran Owned Solicitation and Commitment Form, which details the efforts made by the proposer to obtain such participation. The necessary form is attached as Exhibit 1. Failure to submit the Veteran Owned Solicitation and Commitment Statement Form will result in rejection of the bid. If you have questions pertaining to completing this form for Veteran Owned businesses, please contact our Bureau of Procurement Fleet and Asset Services at 412-255-2485.

A. Veteran-owned small business is defined by the City of Pittsburgh as a business having one hundred (100) or fewer full-time employees and not less than fifty-one (51) percent of which is owned by one (1) or more veterans, or in the case of any publicly owned business, not less than fifty-one (51) percent of the stock of which is owned by one (1) or more veterans, and the management and daily business operations of which are controlled by one (1) or more veterans.

B. For contracts under one hundred thousand dollars (\$100,000.00), veteran-owned small businesses shall be exempt from all bonding requirements.

3. STATEMENT OF AFFILIATIONS:

In accordance with the Ethics Code, all consultants who enter into a contract with the City of Pittsburgh for an amount of \$1,000 or more must file a "Statement of Affiliations" with the City Clerk within thirty (30) days of the execution of the contract. The Statement of Affiliations shall include:

- A description of any contractual or other business relationship with the City of Pittsburgh or any of its departments, agencies, boards, commissions or authorities, including the value of the contract or business relationship, entered into during the three calendar years previous to the execution of this Agreement;
- The consultant's qualifications and experience which shall be applied to the performance of this Agreement;
- An identification of the consultant's principals, including the names and addresses of all owners or partners or shareholders and officers, or, if the consultant is a public corporation, the officers, the members of the board of directors, and shareholders holding more than three (3) percent of the corporate stock.

4. CONTRACT DISCLOSURE:

All proposer responses should include a disclosure of any finder’s fees, fee splitting, firm affiliation or relationship with any broker-dealer, payments to consultants, lobbyists, or commissioned representatives or other contractual arrangements of the firm that could present a real or perceived conflict of interest.

5. LEGAL AND INSURANCE OBLIGATIONS OF PROVIDER:

If chosen as the service provider, your organization will be required to satisfy the following requirements:

- A. Provide documentation of board certification in family practice, internal medicine or occupational medicine.
- B. Contract for professional services with the City of Pittsburgh.
- C. Secure and maintain in effect the following insurance coverages duly executed by the officers or authorized representatives of a reasonable and non-assessable insurance company.

	<u>Individual Occurrence</u>	<u>Aggregate</u>
General Liability		
Bodily Injury, including death	\$500,000.00	\$1,000,000.00
Property Damage	\$ 50,000.00	\$ 100,000.00
Workers’ Compensation	Statutory Provisions	
Automobile Liability*	\$500,000.00	\$1,000,000.00
Bodily Injury, including death	\$ 50,000.00	\$1,000,000.00
Property Damage	\$ 50,000.00	\$ 100,000.00

* Required only if a vehicle will be used in connection with the project.

Additional Insurance Coverage Information:

All policies must be on an OCCURRENCE BASIS. Claims made policies are not acceptable. On your Certificate of Liability Insurance, the City of Pittsburgh must be named as the certificate holder and also listed as ADDITIONAL INSURED. Listing the City as a certificate holder alone is not acceptable.

Policies must be non-cancelable except upon thirty (30) days prior written notice to the City. **The legal name on the contract must agree with the name on the insurance certificate.**

- D. Service provider shall not discriminate in employment on the basis of race, color, religion, ancestry, national origin, place of birth, sex, sexual orientation, familial status, age (40 and over), disability, non-disqualifying physical or mental disability or any other basis protected by federal, state or local law.

VII. CONCLUSIONS & INTERPRETATIONS:

1. The City of Pittsburgh will not be bound by or be responsible for any explanation, interpretation or conclusions of this RFP or any documents provided by the City of Pittsburgh other than those given in writing by the City of Pittsburgh through the issuance of addenda. In no event may a proposer rely on any oral statement by the City of Pittsburgh or its agents, advisors or consultants. Should a proposer find discrepancies or omissions in this RFP, or any other documents provided by the City of Pittsburgh, the proposer should immediately notify the City of Pittsburgh of such potential discrepancy in writing. If the City of Pittsburgh determines that a change is necessary, an addendum will be distributed.
2. Any selection, if made, will be made on the basis of what the City of Pittsburgh believes to be in its best interests and the City of Pittsburgh's decision will be final. Notification will be made in writing. The City of Pittsburgh reserves the right to award a contract for any number of products and services described in this RFP.
3. Upon the completion of the proposal review process, the selected service provider shall be prepared to enter into a contract with the City of Pittsburgh to ensure that the project is completed as stipulated in the contract.
4. The selected service provider agrees that all direct or indirect costs for services proposed are disclosed in this proposal.
5. The selected service provider agrees that its response to this RFP will be binding for ninety (90) days.

EXHIBIT 1

CITY OF PITTSBURGH MBE/WBE/VETERAN OWNED SOLICITATION AND COMMITMENT FORM

SPECIFICATION NO.	DATE:	IS YOUR BUSINESS ANY OF THE FOLLOWING?
COMPANY NAME:		<input type="checkbox"/> MINORITY OWNED
ADDRESS:		<input type="checkbox"/> WOMAN OWNED
CITY, STATE AND ZIP CODE:		<input type="checkbox"/> VETERAN OWNED
FAX NUMBER AND E-MAIL ADDRESS:		(CHECK ALL THAT APPLY)

FOR ASSISTANCE REGARDING MBE / WBE BUSINESSES, CALL THE EQUAL OPPORTUNITY REVIEW COMMISSION AT 412-255-8804. FOR ASSISTANCE REGARDING VETERAN OWNED BUSINESSES, CALL THE BUREAU OF PROCUREMENT, FLEET AND ASSET SERVICES AT 412-255-2485.

FAILURE TO COMPLETE FORM MAY BE SUFFICIENT CAUSE FOR BID REJECTION

PLEASE LIST ALL MBE / WBE / VETERAN OWNED BUSINESSES SOLICITED FOR PARTICIPATION

SOLICITATED COMPANY'S NAME AND ADDRESS	PHONE	FAX #	E-MAIL	MBE OR WBE OR VETERAN (CHECK ALL THAT APPLY)			
1.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				EST \$	EST %	EST \$	EST %
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				EST \$	EST %	EST \$	EST %
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				EST \$	EST %	EST \$	EST %
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				EST \$	EST %	EST \$	EST %

MBE / WBE / VETERAN HISTORY	CONTRACT NO.	DESCRIPTION	MBE USED	WBE USED	VETERAN OWNED USED

CITY OF PITTSBURGH MBE / WBE / VETERAN SOLICITATION AND COMMITMENT FORM				
NAME AND ADDRESS	PHONE	FAX	<u>CIRCLE:</u> MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	<u>CIRCLE:</u> MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	<u>CIRCLE:</u> MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	<u>CIRCLE:</u> MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____

I HEREBY ATTEST THAT ALL THE ABOVE FORMS HAVE BEEN FILLED OUT TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE THAT THE DOCUMENTS SUBMITTED ARE THE MBE / WBE / VETERAN PARTICIPATION PLAN AS REQUIRED BY THE CITY OF PITTSBURGH.

(TYPE NAME AND TITLE):

SIGNED: _____

DATE: _____