

**CC2023-08 EMPLOYEE ASSISTANCE PROGRAM FOR THE CITY OF TRENTON EMPLOYEES
FOR THE DEPARTMENT OF ADMINISTRATION PROPOSAL OPENING DATE- JUNE 29, 2023 AT
11:00AM**

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NUMBER OF RESPONDENTS:	2	
NAME OF BIDDER	DEER OAKS EAP SERVICES, LLC	MERCER COUNCIL ON ALCOHOLISM AND DRUG ADDICTION
ADDRESS	126 E. MAIN PLAZA SUITE 1	1931 BRUNSWICK AVENUE
CITY, STATE, ZIP	SAN ANTONIO, TX 78205	LAWRENCE TOWNSHIP, NJ 08648
CONTACT NAME	GREG BRANNON, DIRECTOR OF BUSINESS DEVELOPMENT	MARGARITA LEAHY, EXECUTIVE DIRECTOR
TELEPHONE	301-829-0364	609-396-5874
FAX	210-569-8157	609-396-3451
E-MAIL	gbrannan@deeroaks.com	mleahy@mercercouncil.org
INTENT TO USE A SUB-CONTRACTOR	YES - WORKPLACE OPTIONS, LLC	NONE
LICENSING	N/A	INCLUDED
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA #1 FROM (1-25-23)	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED	INCLUDED
PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES	INCLUDED	INCLUDED
EIC	CERT#60999 EXP. 5/15/2026	CERT#13391 EXP.1/15/2028
CITY OF TRENTON RESIDENT EMPLOYMENT	INCLUDED	INCLUDED
DEBARMENT FEDERAL GOVERNMENT CONTRACT	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS
REFERENCES	INCLUDED	INCLUDED
W-9	N/A	N/A
60-DAY EXTENSION COMPLIANCE	YES	YES
WILLING TO PROVIDE PRIORITY EMERGENCY SERVICES	YES	YES
TOTAL AMOUNT	\$41,600.00 (SEE ATTACHED)	\$53,000.00 PER YEAR WITH MONTHLY PAYMENTS OF \$4,416.67
EXCEPTIONS (IF ANY)	NONE	NONE
FATAL FLAW	NONE	NONE



Cost Proposal

Deer Oaks EAP Services Integrated EAP + Work-life Program City of Trenton

Rates are per employee per month (PEPM) based on 1,250 employees.

Visit Model	PEPM	Estimated Annual Premium
3-visit model	\$1.18 PEPM	\$17,700.00
6-visit model	\$1.58 PEPM	\$23,700.00

Rates are guaranteed for 3 years.

Services Include

- Standard Clinical Services.....Included
 - 24-hour live answer of the helpline by master's level clinicians
 - All calls answered live- no voice messaging system, phone tree, or general customer service
 - Program access via Helpline or iConnectYou Mobile App- engage with a counselor via phone, video, or instant messaging
 - RMS Instant Messaging with a Work-life Consultant
 - Telephonic translation service (200 languages)
 - Nationwide network of 58,000+ affiliate counselors, including multilingual and multicultural clinicians
 - Telephonic clinical assessments during the initial call (do not count toward the visit model)
 - Referrals to EAP providers and to other resources for in-person services
 - Short-term telephonic, in-person, and video counseling available
 - Unlimited formal management referral coordination and follow-up
 - Unlimited two-party off-site conflict resolution through the management referral process
- Coverage Post-EmploymentExtended 6 months
- AWARE Mindfulness-Based Stress Reduction Program (6-session program)Included
- Telephonic/Video Life Coaching (6-session program)Included
- In My Hands – Computerized Cognitive Behavioral Therapy (cCBT).....Included
- Compass Asynchronous Texting via the iConnectYou App.....Included
- iConnectYou App for Managers.....Included
- Enhanced Work-life Program.....Included
 - Legal Assist
 - Financial Assist
 - Daily Living Assist
 - Confirmed Match Work-life Referral Packets
 - ID Theft Prevention & Recovery Assistance
 - Free Online Simple Will Preparation
 - Take the High Road Ride Reimbursement Program



Cost Proposal

<input type="checkbox"/> First Responder/Public Safety Helpline.....	Included
<input type="checkbox"/> 8-hour Annual Service Bank that may be used:	Included for the following services:
• Onsite & Webinar EAP Orientation	
• Training Catalog seminars	
• 4-Part First Responder Training Series	
• Webinar Catalog seminars (fully customizable)	
• Onsite Health Fair/Event Attendance	
• Virtual Group Coaching Sessions	
• 2-hour Critical Incident Support Events	
<input type="checkbox"/> Travel Expenses.....	Included
<input type="checkbox"/> Online On-Demand Training.....	Unlimited access
<input type="checkbox"/> Pandemic Support Webinar Series Recordings.....	Included
<input type="checkbox"/> Annual Supervisor Excellence Webinar Series (quarterly)	Included
<input type="checkbox"/> Telephonic Management Consultation.....	Unlimited
<input type="checkbox"/> Program Promotion (hard copy and electronic)	Unlimited
<input type="checkbox"/> Employee & Supervisor E-Newsletters.....	Monthly
<input type="checkbox"/> Branded Engagement Engine Work-life Website.....	Unlimited Access
<input type="checkbox"/> Account Management.....	Included
- Designated Program Manager	- Hands-on implementation
- Quarterly utilization reports	- Quarterly utilization review meetings
- Program evaluation	- Performance tracking



Cost Proposal

Optional Service List

Onsite Orientation*	\$300.00 per hour
Training Catalog Seminars*	\$300.00 per hour
2-hour Critical Incident Support Events*	\$600.00 per 2-hour event
Additional Authorized Critical Incident Support Hours <i>beyond the initial 2-hour event</i>	\$300.00 per additional hour
Health Fair/Event Attendance*	\$150.00 per hour
Virtual Group Coaching Session*	\$300.00 per hour
Webinar Catalog Seminars*	\$150.00 per hour
Department of Transportation (DOT) Substance Abuse Professional (SAP) Evaluation	\$600.00 per case
Third-Party Onsite Conflict Resolution	\$300.00 per hour with a minimum of two purchased hours
LiveWell Telephonic Wellness Coaching	\$0.46 PEPM
1:1 Telephonic Executive/Leadership Coaching	\$500.00 per hour

* Beyond the 8-hour annual bank

Electronic 508 Accessibility Remediation Price List

WCAG 2.0 AA Website Option Available	Included as an option in addition to our standard site for no additional charge
508 Remediation of Electronic Promotional Materials Under 3 pages i.e., flyers, topical handouts	Included <i>A cost may be incurred for longer and more complex documents.</i>
On-Demand & Webinar Catalog Recordings: Addition of Closed Captioning & Transcript	\$300.00/recording
Electronic PowerPoint Presentation Slide Handout	
508 Remediation	\$300.00/slide deck
508 Remediation of Electronic Utilization Reports	At cost- invoice will be provided to the City



Cost Proposal

Program Exclusions & Limitations

- Counseling services beyond the allotted sessions covered in the plan
- Counseling for long-term issues that fall outside of the EAP's short-term intervention model
- Counseling for minors aged four and younger. Because of the complexity of the needs of children 4 and younger, a short-term counseling model is not appropriate, although we support the family in finding appropriate resources
- Court ordered treatment or therapy, or any treatment or therapy ordered as a condition of parole, probation, custody, or visitation evaluations, or paid for by Workers' Compensation
- Fitness for duty evaluations/determinations which are used to evaluate whether an employee is safely able to perform his or her duties, such as psychological testing and a written report, although a referral may be provided
- Formal psychological evaluations which normally involve psychological testing and result in a written report, although a referral may be provided
- Inpatient treatment of any kind, or outpatient treatment for any medically treated illness
- Investment advice (nor does plan loan money or pay bills)
- Legal representation in court, preparation of legal documents, or advice in the areas of taxes, patents, or immigration
- Prescription drugs and psychiatrist services, although a referral may be provided
- Services by counselors who are not participating providers
- Authorization for leaves of absence or time off

**NOTICE OF INTENT TO SUBCONTRACT FORM
(MANDATORY) IF APPLICABLE**

This notice of intent must be completed and included as part of each bidder's proposal. Failure to submit this form will be cause for rejection of the bid as non-responsive.

Please check one of the below-listed boxes:

If awarded this contract, I will engage subcontractors to provide certain goods and/or services.

ALL PROPOSERS THAT INTEND TO ENGAGE SUBCONTRACTORS MUST ALSO SUBMIT A COMPLETED AND CERTIFIED SUBCONTRACTOR UTILIZATION PLAN WITH THEIR BID PROPOSALS. BIDDERS SHOULD ALSO SUBMIT A NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR EACH SUBCONTRACTOR AS WELL AS ANY LICENSES HELD BY SUBCONTRACTORS WITH THEIR BID PROPOSAL.

If awarded this contract, I do not intend to engage subcontractors to provide any goods and/or services.

ALL BIDDERS THAT DO NOT INTEND TO ENGAGE SUBCONTRACTORS MUST ATTEST TO THE FOLLOWING CERTIFICATION:

I hereby certify that if the award is granted to my firm and if I determine at any time during the course of the contract to engage subcontractors to provide certain goods and/or services, I will submit the Subcontractor Utilization Plan for approval to the Business Administrator or his legal representative in advance of any such engagement of subcontractors. Additionally, I certify that in engaging subcontractors, I will make a good faith effort to achieve the subcontracting set-aside goals established for this contract, and I will attach to the plan documentation of such efforts.

Respectfully submitted by:

Alicia Barrera

Signature

Alicia Barrera

Name, typed or printed

Executive Director

Title

Deer Oaks EAP Services, LLC

Name of Firm

126 E. Main Plaza STE. 1, San Antonio TX 78205

Business Address/Zip

Telephone

Fax

**PROVIDE A LIST SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH BID
(MANDATORY IF APPLICABLE)**

NAME Workplace Options
ADDRESS 3020 Highwoods Blvd
CITY, STATE, ZIP Raleigh, NC 27604
TELEPHONE: 800-699-8011 ex 71079
FAX NO. N/A
TRADE 24-hour call center operations for our book-of-business. Our arrangement is not contract-specific.
LICENSE NO. New Jersey Business Entity ID: 0600418896

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

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ADDRESS _____
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FAX NO. _____
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LICENSE NO. _____