I. INTRODUCTION

Oneida County is seeking a vendor to provide a full-service employee assistance program (EAP) to all of its employees and their household members. Oneida County has approximately 1,600 employees.

Oneida County is seeking an EAP vendor that responds to a full range of needs and issues which impact the well-being of Oneida County' s employees. Oneida County wishes to provide an EAP program which would result in high utilization through improved availability and assured confidentiality.

Oneida County is seeking a vendor who offers:

- 24-hour telephone coverage staffed by Certified Employee Assistance Professional (CEAP), Bachelor-level or Masters-level clinicians.

- Clinicians who understand the needs of individuals who work in a broad variety of occupations.

Proposers are asked to provide a quote on the Requested Plan design. A description of the Requested Plan design is provided in Exhibit A.

Exhibit A also has a blank column entitled "Your Plan." Proposers should complete Exhibit A listing available services and the applicable rates for proposed plan(s).

The tentative implementation date of Oneida County EAP will be on or about January 1, 2027. Rates and services quoted must be valid for at least two (2) years, however three (3) years is preferred. Oneida County would like an option to extend a contract for up to five (5) years, and proposers who wish to be considered for up to a five (5) year contract should provide rates and services for that period of time.

Oneida County is also seeking optional proposals to provide Substance Abuse Professional (“SAP”) Services in compliance with Department of Transportation Requirements. Proposers should provide applicable rates for SAP services if they wish to make such a proposal. Proposing on SAP services is entirely optional, and proposals for EAP services will be evaluated on the same criteria without regard to whether a proposal also offers SAP Services.

A. PROCUREMENT

It is Oneida County's policy to reduce current and future business costs wherever possible. Due to Oneida County's internal policies and other operational considerations, the most economically attractive proposal may not be the most suitable for Oneida County's needs. Oneida County will make decisions based on merit and Oneida County's overall business needs, which include the appropriate balance of cost, timeliness, quality, technical suitability, viability, economic diversity, legal requirements and other business considerations.

Oneida County reserves the right to reject any or all proposals or portions thereof. Oneida County makes no guarantee of any minimum or maximum amount of Product or Service to be procured. It is Oneida County's policy to evaluate all proposals fairly without prejudice to any one provider. Oneida

County reserves the right to make no award under this Request For Proposal ("RFP"), and the right to cancel this RFP. Oneida County reserves the right to procure any part of the products and services of this RFP from Oneida County's internal sources.

Oneida County shall incur no obligation or liability whatsoever by reason of issuance of this RFP or action by anyone relative thereto.

II. SCOPE

A. COVERED POPULATION

Oneida County will provide employee assistance program services for its population of approximately 1,600 employees and their household members.

B. REQUESTED EAP PLAN

You are being asked to provide an EAP plan which most closely resembles the Requested Plan outlined on Exhibit A.

There are two plan variations to the Requested Plan as follows:

- Plan 1: 1 to 3 sessions per episode
- Plan 2: 1 to 5 sessions per episode

C. CURRENT MEDICAL BENEFITS

The following carriers provide medical care coverage to the employees of Oneida County:

1. MVP EPO Plan

2. MVP High Deductible Health Plan

D. REQUIRED SERVICES

Some of the services which Oneida County will require its EAP vendor to provide are as follows:

1. Over the phone and in-person assessment and referral to appropriate providers for employees and dependents with chemical dependency, psychiatric, and other counseling needs such as legal, financial, child/elder care referrals.
2. Case monitoring, including follow-up.
3. Supervisor training.
4. Employee orientations and educational seminars.
5. Management/supervisor consultations.
6. Provision of utilization and return-on-investment data/reports.
7. Return to work consultations.
8. Work trauma support.

A complete listing of the requested services is provided in Exhibit A.

E. OPTIONAL SERVICES

SAP services to be provided, if awarded, are those as defined by the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance (ODAPC) and applicable County of Oneida policies and collective bargaining agreements. SAP services shall include, but are not limited to:

1. Screening, assessment and referral of employees who test positive for drug or alcohol use. This will include the development of a treatment plan indicating referral to appropriate modality of treatment. Clinical assessments will be face-to-face with employees and include full psychosocial history. Assessment will also include in-depth drug and alcohol use history and the use of standardized tools such as the MAST, SASI, and AUDIT. The referral process will also include the facilitation of the employee into the appropriate treatment or education program.
2. Record Maintenance as required by the Department of Transportation ("DOT") and National Transit Safety Board ("NTSB") regarding employee's participation in the SAP process. Copies of SAP records will be made available to the employees if requested. Compliance will be monitored and reported in writing to the Designated Employer Representative ("DER").
3. Communication as needed with the employer or DER. Releases will be obtained from employees as required by state and federal mandate. A copy of the employee treatment plan (testing plan) outlining recommendations will also be made available to the DER.
4. Communication as needed with the Medical Review Officer ("MRO") who has reviewed the findings of an employee's laboratory tests regarding test results, quantification levels, and any other pertinent information.
5. Face-to-face evaluations with employees who are being considered for return to safety sensitive work and a written report (of compliance or non-compliance) to the DER. The report will determine the follow-up and/or drug/alcohol testing that the employee will have over the next 12 to 60 months following the date of return to safety sensitive work. This will support the DER who will proceed with performing the "fit for duty" evaluation.

F. VENDOR SELECTION PROCESS AND PROPOSAL DEADLINE

Oneida County will review and evaluate the proposals from qualified applicants.

A completed Exhibit A should be submitted by 3:00 PM, local time on December 4, 2026 along with your completed proposal containing all of the requested information. No extensions will be permitted and no revisions to your proposal will be accepted after this date.

The County of Oneida reserves the right to award contracts to multiple proposers as a result of this RFP or any other RFP for the same or similar services. The County of Oneida also reserves the right to award a contract to individual proposers for only a portion of the services required.

Four copies of your complete proposal should be sent to:

Charles P. Klein, Commissioner of Personnel
Oneida County Personnel Department
800 Park Avenue
Utica, New York 13501

Any questions may be sent to Charles P. Klein at Personnel@oneidacountyny.gov no later than November 30, 2026.

III. SPECIFICATIONS

Proposals will be assessed on:

1. Management, Experience , and Scope of Services;
2. Quality of Service;
3. Program Administration and Cost; and
4. Geographic Penetration/Access.

Please answer each question clearly and completely.

If you are unable to answer a question, please indicate why you cannot.

If you are unwilling to disclose particular information asked in a question, please indicate why.

Please attach any additional relevant information or documentation that you feel would aid Oneida County in their selection process and provide specific page number references.

A. MANAGEMENT, EXPERIENCE AND SCOPE OF SERVICE

1. A brief history of your organization including founding date, ownership, current officers, and a copy of your most recent financial statement. Indicate the number of years as an external EAP vendor. Also indicate the number of years as an external SAP provider if submitting a proposal on SAP services.
2. Your organization's philosophy as it relates to managing employee/dependent psychiatric and/or chemical dependency problems and ancillary issues which affect employee productivity and well-being.
3. Your current staffing and the professional qualifications of key operations and program administration personnel. List the total number of full-time and contract employees.
4. An overview of all EAP services (and SAP services if proposing) which you currently provide. Indicate the services in which you are particularly experienced. Please differentiate between those services which are provided by your employees and those provided by sub-contractors.
5. A description of your position relative to managed mental health; any managed mental health services offered by your organization; and the extent of your experience in this area. While we are not requesting that you provide a quote for managed mental health services, Oneida County may consider offering such a program in the future.
6. The name of the account executive who will be assigned for Oneida County. Specify whether the account executive will have both administrative and clinical responsibilities, and where that person's office is located.
7. The nature and frequency of management reports indicating service utilization, referrals, follow-up, and member satisfaction. Please provide samples of all available reports.
8. A reference list of existing EAP client organizations and date each program became effective. Provide the same for any existing SAP client organizations if proposing to provide SAP services. Please note the number of employees covered and whether national coverage is provided. Provide four (4) clients (preferably municipalities) that can be contacted as a reference with the name and phone number of a specific contact person.
9. The number of client organizations added or dropped within the last two (2) years, and your annual employee turnover percentage.
10. The total number of groups covered under your EAP plan(s) and SAP services where applicable.

11. The total number of employees covered under your EAP plan(s) and SAP services where applicable.
12. Indicate whether your organization has a financial interest in treatment facilities. If so, describe any provisions to prevent conflict of interest.
13. Indicate whether your organization provides ongoing treatment beyond assessment. If so, describe any provisions to prevent conflict of interest.
14. Extent of provider/organizational liability.

B. QUALITY OF SERVICE – EAP SERVICES

1. Describe the criteria used in initial case assessment and referral, including level of care criteria. Describe the process used in selecting providers for referral.
2. Describe the objective measures /criteria and auditing systems used in assessing quality of care provided to employees/dependents by assessors and providers.
3. Describe your in-house peer review , supervision , and quality control activities.
4. The professional qualifications and training requirements of assessors and providers. Explain your policy relative to the use of student interns.
5. Describe the specialty mix of your provider referral panel in all areas (psych, chemical dependency [CD], legal, financial, etc.).
6. If you have to refer outside of your formal panel of providers, describe your financial arrangement for compensating the provider and any employer liability.
7. The availability and background of a medical director or a medical consultant. Indicate what role they play and the number of hours per week of on-site service provided.
8. Describe any in-service training programs: content, frequency and materials for intake staff (i.e. personnel who answer 800 telephone line), assessor, and provider network.
9. Describe the procedures, including written documentation requirements, for diagnosis establishment, treatment planning, and case closure for assessors.
10. Describe your philosophy and practice relative to family involvement in assessment and treatment.
11. Describe your philosophy and practice relative to special situations such as AIDS grief counseling and marital, miscarriage and work trauma counseling.
12. Describe your hold harmless procedures to protect Oneida County against any actions taken by your EAP.

C. PROGRAM ADMINISTRATION - EAP SERVICES

1. Provide an overview of your EAP services case follow-up process and who is responsible for this activity. Differentiate between self-referral versus supervisory referrals. Describe your return-to-work consultation process and the role of the assessor, supervisor and employees.
2. Describe your mechanisms to evaluate employee satisfaction.
3. Describe your mechanisms for early detection of problems and measures to prevent relapse.
4.
5. Describe your communications programs and materials which you provide during program implementation and on an ongoing basis. Indicate whether you have produced your own videotape for use in employee orientation or supervisory training sessions.
6. Provide a sample contract/agreement and indicate which areas could be customized. Note any exclusions that are negotiable.

D. PROGRAM COSTS

1. EAP Services: Provide your pricing structure for services and fee ranges. Specify the services which are included in this fee range, and the specific price breakdown for these services. Fee estimates should list all the elements listed on Exhibit A of this RFP, and other services provided by your organization. Provide a sample of your billing format.

2. SAP Services: Provide your pricing structure for services and fee ranges for all aspects of SAP services.

E. GEOGRAPHIC PENETRATION/ACCESS

1. Indicate the geographic areas currently serviced as they relate to Oneida County locations and to the maximum accepted driving distance for employees and household members to access your services. Please provide specific information on your office locations (i.e., with full-time staff), and affiliate assessor locations, including the numbers of assessors in these locations.
2. Indicate the geographic location of any existing provider networks and their inception date.
3. Describe any future network expansion plans and the timetable for implementation.
4. Indicate your ability and willingness to develop assessor networks for Oneida County in areas where service is not currently available.
5. Describe the means of access, i.e., toll-free number and hours of operation. Specify whether calls are answered by clerical staff or clinician, and indicate any degree of automation (i.e., voicemail). If answered by clerical staff, indicate whether a clinician is present and the hours of availability of on-site clinician. Indicate the call-back mechanism when clinician is not present.
6. Provide your response time from initial call until initial assessment visit and any reports to monitor activity and response time.
7. Discuss procedures used in emergency situations.

IV. INSURANCE AND INDEMNIFICATION

The chosen vendor shall provide insurance and indemnification to Oneida County in accordance with the provisions below, and the same shall be included in the contract between the chosen vendor and Oneida County.

A. INSURANCE

1. The chosen vendor shall purchase and maintain insurance of the following types of coverage and limits of liability with an insurance carrier qualified and admitted to do business in the State of New York. The Insurance carrier must have at least an A- (excellent) rating by A. M. Best.

   a. Commercial General Liability (CGL) coverage with limits of Insurance of not less than $1,000,000 each occurrence and $3,000,000 Annual Aggregate.

      i. CGL coverage shall be written on ISO Occurrence form CG 00 01 1001 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contracts, products- completed operations, and personal and advertising injury.

      ii. Oneida County and all other parties required of Oneida County, shall be included as additional insureds. Coverage for the additional insureds shall apply as Primary and Non-contributing Insurance before any other insurance or self-insurance, including any deductible or self-insured retention, maintained by, or

provided to, the additional insureds. Coverage for these additional insureds shall include completed operations.

iii. Abuse and Molestation coverage must be included.

b. Professional Liability coverage with limits of $1,000,000 each occurrence and $2,000,000 aggregate.

i. Coverage for review of cases and resulting Professional assessment.
ii. Coverage for Abuse and Molestation.

c. Automobile Liability

i. Business Auto Liability with limits of at least $1,000,000 each accident.
ii. Business Auto coverage must include coverage for liability arising out of all owned, leased , hired and non-owned automobiles.
iii. Oneida County shall be included as an additional insured on the auto policy. Coverage for the additional insured shall apply as Primary and Non-contributing Insurance before any other insurance or self-insurance, including any deductible or self-insured retention, maintained by, or provided to, the additional insured.

d. Commercial Umbrella

i. Umbrella limits must be at least $2,000,000 per occurrence.
ii. Umbrella coverage must include as additional insureds all entities that are additional insureds on the CGL.
iii. Umbrella coverage for such additional insureds shall apply as primary and non-contributing before any other insurance or self-insurance, including any deductible or self-insured retention, maintained by, or provided to, the additional insured other than the CGL, Auto Liability and Employers Liability coverages maintained by the County of Oneida.

e. Workers ' Compensation and Employers Liability.
i. Statutory limits apply.

B. WAIVER OF SUBROGATION

The chosen vendor shall waive all rights against Oneida County and their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by Commercial General Liability, Professional Liability, Automobile Liability, Umbrella Liability or Workers' Compensation and Employer’s Liability insurance maintained per requirements stated above.

C. CERTIFICATES OF INSURANCE

Prior to the start of any work the chosen vendor shall provide a certificate of insurance to Oneida County. Attached to each certificate of insurance shall be a copy of the Additional Insured Endorsement that is part of the chosen vendor’s Commercial General Liability Policy. These certificates and the insurance policies required above shall contain a provision that coverage afforded

under the policies will not be canceled or allowed to expire until at least 30 days' prior written notice has been given to Oneida County.

D. INDEMNIFICATION

The chosen vendor agrees that it shall defend, indemnify and hold harmless the County from and against all liability, damages, expenses, costs, causes of actions, suits, claims or judgments arising, occurring or resulting from property damage, personal injuries or death to persons arising, occurring or resulting from or out of the negligent performance of services by chosen vendor and it's sub-consultants, agents, servants, or employees, and from any loss or damage arising, occurring or resulting from the negligent acts or failure to act or any default or negligence by the chosen vendor and its sub-consultants or failure on the part of the chosen vendor and its sub-consultants to comply with any of the covenants, terms or conditions of the contract.

.

Exhibit A

Requested Plan and "Your Plan"
Employee Assistance Services
(Please complete Section Entitled "Your Plan")

Plan Feature	Requested Plan	Your Plan
Plan Design		
Assessments	Plan A: 1 to 3 sessions per episode Plan B: 1 to 5 sessions per episode	
Number of Service Hours included in base rate	Please specify	
	24-hour toll-free telephone line, 7 days per week Appointments made within 3 business days of request	
	Level clinician answering phone: during the day, CEAP, Bachelor's or Master's - all other times, Master's	
Referrals	Appointment made by: - caller - provider	
Basic Services	An Employee Assistance Professional will provide the appropriate number of hours per year for the following basic services : - EAP Account Manager is assigned to consult on EAP design, policies, and procedures - Supervisory Training Sessions - Initial Employee Orientations - Management and supervisory consultation - Organizational Consultations - Crisis Intervention - Substance Abuse program to aid with DOT safety-sensitive employee compliance - Additional employee orientations and/or supervisory training - Onsite Critical Incident Debriefing - Job Performance Referrals - Critical Incident Stress Debriefings - Employee Seminars (up to 10 per year) - Enhanced resources for childcare & eldercare	
Travel Time /Costs	Travel Time and costs are built into the service hours and rates proposed.	

Optional Services	Additional training is available on the following topics at a per hour fee (fee includes travel costs.) Ability to custom-tailor a training program specific to Oneida County's needs based on input from Human Resources Employee Drug Awareness Change and Stress The Facts about Co-Dependency Managing Anger and Frustration Assertiveness Training Dealing with Difficult People Caring for Elderly Parents Parenting Skills Managing Moods and Depression Dual Career Families Coping with Loss and Grief Communication Skills Wellness Brown Bag Seminars Work/Life programs: Childcare Elderly Care Diversity Training	
Standard Communications Materials	Supervisor Manuals (1 per 10 employees) Employee Brochures and Payroll Stuffers (1 per employee four times per year) Wallet Cards (2 per employee per year) Worksite Posters (4 per site) EAP Video (1), at no additional cost.	
Management Reports	Confidential utilization reports provided quarterly. These reports should include: Number of employees utilizing program, Types of problems identified Review of EAP program activities Suggestions for program reinforcement	
Resolution Rates	Plan 1: 1-3 sessions per episode Plan 2: 1-5 sessions per episode	
Number of Assessors/Providers	Specify # within the Central NY area	
Network Site Match-Up	Indicate percentage within a 20-mile radius of clients' worksites. If an individual is in an area where you do not have an assessor within a 0-mile radius , confirm that you will refer the employee to a local provider or ad hoc assessor.	

Providers' Credentialing	- Appropriate degree from an accredited institution; at least Master's Degree level - Valid , unrestricted state license/certification - Board Certified or eligible (MD's) - In good standing on the active staff at participating hospitals - Acceptable history of clinical malpractice claims experience - Proof of adequate insurance coverage - Completion of assigned application and agreement of participant - Face-to-face interviews in over 95% of cases	
Quality Assurance	Quality Assurance Benchmarks: - Continuity of Care Study - Accessibility/Acceptability Study - Performance-Based Referral - Case Conferences - Professional Peer Review - Clinical Audit - Individual Supervisory Review - Telephone Responsiveness Monitoring - Annual Re-Credentialing Process - Client Satisfaction Survey	
Fees	Provide per employee per monthly rate, billed quarterly to be based on January 1st employee population	
Basic Services	Plan I: 1-3 sessions per episode Plan 2:1-5 sessions per episode	
Optional Services	Provide hourly rate for Optional Services not covered by the basic plan (include travel costs)	
Rate Guarantee from effective date of contract: for # of months Rates Valid Until:	At least 2 years, preferably 3 years with option to extend up to a total of 5 years	