

ADDENDUM NO. 1

**NAME: Request for Proposals for
Employee Assistance Professional Services- TNH057-2015**

DATE: October 26, 2015

TO: All Prospective Proposers

This amendment is being issued to answers questions submitted by the deadline:

1. Please clarify the following:

Page #5 - #6-Program Evaluation: Our EAP tracking reports do not provide information on the following: age, gender, race, occupational status, length of service and marital status.
Is this an absolute requirement?

Answer:

It would be helpful but not an absolute requirement

2. What was your 2014 annual EAP utilization rate? More specifically, how many employees engaged their EAP for clinical services? Not including training or orientation numbers.

Answer: See utilization report for 2014 below

3. How many members required SAP services in 2014?

Answer: See utilization report for 2014 below

4. Did you use your EAP for SAP services previously? If so, has the cost of SAP services been included in your EAP rate?

Answer: Yes, we mandate that our SAP be part of our EAP and its cost be part of the overall fee.

5. Do you expect the SAP cost to be included in the EAP proposal rate or as a separate line item?

Answer: Included in the cost of the EAP services

6. How many specialty topic trainings do you currently receive?

Answer: Currently we receive monthly topics

7. Do you currently have an EAP session model that you prefer? i.e. 1-6 sessions?

Answer: It is usually handled on a case by case basis. Some are one on one sessions, some are group, and others are broken into sub groups.

TOWN OF NORTH HEMPSTEAD
Utilization Report
January 1, 2014 – December 31, 2014

Office Counseling Sessions:

Total: 14

DOT SAP Evaluation Sessions: 6

Calls Breakdown:

Total New calls: 95

SAP case related calls: 40

Voluntary calls: 55

Family Member calls: 9

Ancillary calls: (providers etc., not counted in new calls) : 40

Assistance provided in the following areas:

Alcohol other drugs/addiction: 41

Mental Health: 10

Administrative/Supervisory/Union Consult: 28

Family/ Marital: 9

Grief/Bereavment: 3

Stress: 4

The "ADDENDUM NO. 1 RECEIPT ACKNOWLEDGEMENT FORM" on the last page of this Addendum NO. 1 must be signed and dated in the spaces provided and submitted with your Proposal. All Proposers must submit this form with its Proposal regardless of the content contained in each Addendum.

ADDENDUM NO.1 RECEIPT ACKNOWLEDGEMENT FORM

NAME: Employee Assistance Professional Services, TNH057-2015

By signing this Acknowledgement and submitting same with its Proposal submission, the undersigned Proposer acknowledges receipt of this Addendum No. 1. Proposer further acknowledges that it has read and reviewed the information contained herein, understands same, and that its questions, if any presented, have been answered satisfactorily. Proposer agrees that it shall incorporate/consider the information contained in this Addendum No. 1 in preparing and providing its proposal price. In addition, this Addendum No.1 Receipt Acknowledgement Form must be signed and dated and attached to the proposal submittal.

Signature: _____

Company Name: _____

Proposer Acknowledgement Date: _____

Print & Sign Company Principal Name & Title: _____
