

CITY OF PORTLAND  
**AGREEMENT FOR HEALTHCARE SERVICES**  
**CONTRACT NO. 30002042**  
**SHORT TITLE OF WORK PROJECT:**  
**Employee Assistance Program Services**

This contract is between the City of Portland, acting by and through its Elected Officials, hereafter called "City," and Cascade Centers, Inc. hereafter called Contractor. The City's Project Manager for this contract is Cathy Bless.

**Effective Date and Duration**

This contract shall become effective on July 1, 2011. This contract shall expire, unless otherwise terminated or extended on June 30, 2016.

**Consideration**

- (a) The City expects to pay Contractor a sum not to exceed \$967,680.00 for the five-year period.  
 (b) Interim payments shall be made to Contractor according to the schedule identified in the STATEMENT OF THE WORK AND PAYMENT SCHEDULE.

**CONTRACTOR DATA AND CERTIFICATION**

Name: Cascade Centers, Inc.  
 Address: 7180 SW Fir Loop, Suite 1-A; Portland, OR 97223-8023  
 Employer Identification Number (EIN) 93-0774210

**[INDEPENDENT CONTRACTORS: DO NOT PROVIDE SOCIAL SECURITY NUMBER (SSN) - LEAVE BLANK IF NO EIN]**

City of Portland Business License # 193516

Citizenship: Nonresident alien Yes  No

Business Designation (check one): Individual  Sole Proprietorship  Partnership  Corporation   
 Limited Liability Co (LLC)  Estate/Trust  Public Service Corp.  Government/Nonprofit

Payment information will be reported to the IRS under the name and taxpayer I.D. number provided above. Information must be provided prior to contract approval. Information not matching IRS records could subject you to 20 percent backup withholding.

**STANDARD CONTRACT PROVISIONS FOR HEALTH PLAN SERVICES**

**1. Access to Records**

The Contractor shall maintain, and the City of Portland ("City") and its duly authorized representatives shall have access to the books, documents, papers, and records of the Contractor (excluding individually identifiable health information) which are directly pertinent to the specific contract for the purpose of making audit, examination, excerpts, and transcripts for a period of three years after final payment. Copies of applicable records shall be made available upon request. Payment for cost of copies is reimbursable by the City.

**2. Audits**

- (a) The City, either directly or through a designated representative, may conduct financial and performance audits of the billings and services specified in this agreement at any time in the course of the agreement and during the three (3) year period established by section 1, **Access to Records**. Audits will be conducted in accordance with generally accepted auditing standards as promulgated in Government Auditing Standards by the Comptroller General of the United States General Accounting Office.  
 (b) If an audit discloses that payments to the Contractor were in excess of the amount to which the Contractor was entitled, then the Contractor shall repay the amount of the excess to the City.  
 (c) If any audit shows performance of services is not efficient in accordance with Government Auditing Standards, or that the program is not effective in accordance with Government Auditing Standards, the City may pursue remedies provided under section 5, **Early Termination of Agreement** and section 7, **Remedies**.

**3. Effective Date and Duration**

The passage of the contract expiration date shall not extinguish, prejudice, or limit either party's right to enforce this contract with respect to any default or defect in performance that has not been cured.

**4. Order of Precedence**

This contract consists of the terms and conditions of this contract, the Request for Proposals (RFP) issued by the City, if any, and the Contractor's proposal in response to the RFP. In the event of any apparent or alleged conflict between these various documents, the following order of precedence shall apply to resolve the conflict: a) this contract's terms and conditions, b) the City's RFP, and c) the Contractor's proposal in response to the RFP.

**5. Early Termination of Agreement**

- (a) The City and the Contractor, by mutual written agreement, may terminate this Agreement at any time.  
 (b) The City, on thirty (30) days written notice to the Contractor, may terminate this Agreement for any reason deemed appropriate in its sole discretion.  
 (c) Either the City or the Contractor may terminate this Agreement in the event of a breach of the Agreement by the other. Prior to such termination, however, the party seeking the termination shall give to the other party written notice of the breach and of the party's intent to terminate. If the party has not entirely cured the breach within fifteen (15) days of the notice, then the party giving the notice may terminate the Agreement at any time thereafter by giving a written notice of termination.

**6. Payment on Early Termination**

- (a) In the event of termination under subsection 5(a) or 5(b), **Early Termination of Agreement** hereof, the City shall pay the Contractor for work performed in accordance with the Agreement prior to the termination date.
- (b) In the event of termination under subsection 5(c), **Early Termination of Agreement** hereof, by the Contractor due to a breach by the City, then the City shall pay the Contractor as provided in subsection (a) of this section.
- (c) In the event of termination under subsection 5(c), **Early Termination of Agreement** hereof, by the City due to a breach by the Contractor, then the City shall pay the Contractor as provided in subsection (a) of this section, subject to set off of excess costs, as provided for in section 7(a), **Remedies**.
- (d) In the event of early termination all of the Contractor's work product will become and remain property of the City.

**7. Remedies**

- (a) In the event of termination under subsection 5(c), **Early Termination of Agreement**, hereof, by the City due to a breach by the Contractor, then the City may complete the work either itself, by agreement with another contractor or by a combination thereof. In the event the cost of completing the work exceeds the remaining unpaid balance of the total compensation provided under this contract, then the Contractor shall pay to the City the amount of the reasonable excess.
- (b) The remedies provided to the City under section 5, **Early Termination of Agreement** and section 7, **Remedies** for a breach by the Contractor shall not be exclusive. The City also shall be entitled to any other equitable and legal remedies that are available.
- (c) In the event of breach of this Agreement by the City, then the Contractor's remedy shall be limited to termination of the Agreement and receipt of payment as provided in section 5(c), **Early Termination of Agreement** and section 6(b), **Payment on Early Termination** hereof.

**8. Subcontracts and Assignment**

Contractor shall not subcontract, assign or transfer any of the work scheduled under this agreement, without the prior written consent of the City. Notwithstanding City approval of a subcontractor, the Contractor shall remain obligated for full performance hereunder, and the City shall incur no obligation other than its obligations to the Contractor hereunder. The Contractor agrees that if subcontractors are employed in the performance of this Agreement, the Contractor and its subcontractors are subject to the requirements and sanctions of ORS Chapter 656, Workers' Compensation.

**9. Compliance with Applicable Law**

In connection with its activities under this Agreement, Contractor shall comply with all applicable federal, state and local laws and regulations including the City's Equal Benefits Ordinance and its administrative rules, all of which are incorporated by this reference. Failure to comply with the Ordinance permits the City to impose sanctions or require remedial actions as stated in Section 13.1 of the administrative rules. Contractor shall complete the INDEPENDENT CONTRACTOR CERTIFICATION STATEMENT, which is attached hereto and by this reference made a part hereof.

**(a) Indemnity - Claims for Other than Professional Liability**

Contractor shall defend, save, and hold harmless the City of Portland, its officers, agents, and employees, from all claims, suits, or actions of whatsoever nature, including intentional acts, resulting from or arising out of the activities of Contractor or its subcontractors, agents or employees under this agreement. Nothing in this section requires the Contractor or its insurer to indemnify the City for any claims or losses arising out of death, or bodily injury to persons, or property damage caused by the negligence of the City.

**(b) Indemnity - Claims for Professional Liability**

Contractor shall defend, save, and hold harmless the City of Portland, its officers, agents, and employees, from all claims, suits, or actions arising out of the professional negligent acts, errors or omissions of Contractor or its subcontractors and subconsultants, agents or employees in performance of professional services under this agreement. Nothing in this section requires the Contractor or its insurer to indemnify the City for any claims or losses caused by the negligence of the City.

**(c) Indemnity - Standard of Care**

If Contractor's services involve engineering or consulting, the standard of care applicable to Contractor's service will be the degree of skill and diligence normally employed by professional engineers or consultants performing the same or similar services at the time such services are performed. Contractor will re-perform any services not meeting this standard without additional compensation.

**10. Insurance**

During the term of this contract Contractor shall maintain in force at its own expense, each insurance noted below:

(a) Workers' Compensation insurance in compliance with ORS 656.017, which requires subject employers to provide Oregon workers' compensation coverage for all their subject workers (contractors with one or more employees, unless exempt under ORS 656.027).

(b)  Required and attached or Waived by City Attorney: \_\_\_\_\_

General Liability insurance with a combined single limit of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this contract, and shall provide that City of Portland, and its agents, officers, and employees are Additional Insured but only with respect to the Contractor's services to be provided under this Contract:

(c)  Required and attached or Waived by City Attorney: \_\_\_\_\_

Automobile Liability insurance with a combined single limit of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage, including coverage for owned, hired, or nonowned vehicles, as applicable:

(d)  Required and attached or Waived by City Attorney: \_\_\_\_\_

Professional Liability insurance with a combined single limit of not less than \$1,000,000 per claim, incident, or occurrence. This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this contract. If insurance coverage is provided on a "claims made" basis, the successful Proposer shall acquire a "tail"

coverage or continue the same coverage for three years after completion of the contract, provided coverage is available and economically feasible. If such coverage is not available or economically feasible, contractor shall notify City immediately.

(e) On all types of insurance. There shall be no cancellation, material change, reduction of limits, or intent not to renew the insurance coverage(s) without 30-days written notice from the Contractor or its insurer(s) to the City.

(f) Certificates of insurance. As evidence of the insurance coverages required by this contract, the Contractor shall furnish acceptable insurance certificates to the City at the time contractor returns signed contracts. The certificate will specify all of the parties who are Additional Insured and will include the 30-day cancellation clause and 10-day non-payment clause that provides that the insurance shall not terminate or be cancelled without 30 days or 10 days written notice first being given to the City Auditor. Insuring companies or entities are subject to City acceptance. If requested, complete policy copies shall be provided to the City. The Contractor shall be financially responsible for all pertinent deductibles, selfinsured retentions, and/or self-insurance.

#### **11. Ownership of Work Product**

All work products produced by the Contractor under this contract is the exclusive property of the City. "Work product" shall include but not be limited to research, reports, computer programs, manuals, drawings, recordings, photographs, artwork and any data or information in any form; the Contractor and the City intend that such work product shall be deemed "work made for hire" of which the City shall be deemed the author. If for any reason a work product is deemed not to be a "work made for hire," the Contractor hereby irrevocably assigns and transfers to the City all right, title and interest in such work product, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrines. Contractor shall obtain such interests and execute all documents necessary to fully vest such rights in the City. Contractor waives all rights relating to work product, including any rights arising under 17 USC 106A, or any other rights of authorship, identification or approval, restriction or limitation on use or subsequent modifications. If the Contractor is an architect, the work product is the property of the Contractor-Architect, and by execution of this contract, the Contractor-Architect grants the City an exclusive and irrevocable license to use that work product.

#### **12. Nondiscrimination**

Contractor agrees to comply with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations. Contractor also shall comply with the Americans With Disabilities Act of 1990 (Pub L. No. 101-336) including Title II of that Act, ORS 659.425, and all regulations and administrative rules established pursuant to those laws.

#### **13. Successors in Interest**

The provisions of this contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and approved assigns.

#### **14. Severability**

The parties agree that if any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.

#### **15. Waiver**

The failure of the City to enforce any provision of this contract shall not constitute a waiver by the City of that or any other provision.

#### **16. Errors**

The Contractor shall perform such additional work as may be necessary to correct errors in the work required under this contract without undue delays and without additional cost.

#### **17. Governing Law**

The provisions of this contract shall be construed in accordance with the provisions of the laws of the State of Oregon. Any action or suits involving any question arising under this contract must be brought in the appropriate court in Multnomah County Oregon.

#### **18. Amendments**

All changes to this contract, including changes to the scope of work and contract amount, must be made by written amendment and approved by the Director of Human Resources to be valid. Any amendment that increases the original contract amount by more than 25% must be approved by the City Council to be valid.

#### **19. Business License**

The Contractor shall obtain a City of Portland business license as required by PCC 7.02 prior to beginning work under this Agreement. The Contractor shall provide a business license number in the space provided on page one of this Agreement. Additionally, the Contractor shall pay all fees or taxes due under the Business License Law and the Multnomah County Business Income Tax (MCC Chapter 12) during the full term of this contract. Failure to be in compliance may result in payments due under this contract to be withheld to satisfy amount due under the Business License Law and the Multnomah County Business Income Tax Law.

#### **20. Prohibited Interest**

(a) No City officer or employee during his or her tenure or for one year thereafter shall have any interest, direct or indirect, in this Agreement or the proceeds thereof.

(b) No City officer or employee who participated in the award of this Agreement shall be employed by the Contractor during the period of the Agreement.

#### **21. Payment to Vendors and Subcontractors**

The Contractor shall timely pay all suppliers, lessors and contractors providing it services, materials or equipment for carrying out its obligations under this Agreement. The Contractor shall not take or fail to take any action in a manner that causes the City or any materials that the Contractor provides hereunder to be subject to any claim or lien of any person without the City's prior written consent.

**Merger Clause**

THIS CONTRACT AND ATTACHED EXHIBITS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. NO WAIVER, CONSENT, MODIFICATION, OR CHANGE OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY BOTH PARTIES. SUCH WAIVER, CONSENT, MODIFICATION, OR CHANGE IF MADE, SHALL BE EFFECTIVE ONLY IN SPECIFIC INSTANCES AND FOR THE SPECIFIC PURPOSE GIVEN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. CONTRACTOR, BY THE SIGNATURE OF ITS AUTHORIZED REPRESENTATIVE, HEREBY ACKNOWLEDGES THAT HE OR SHE HAS READ THIS CONTRACT, UNDERSTANDS IT AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

**OPTIONAL PROVISIONS (selected by City Project Manager)**

**22. Arbitration:** /  / Not Applicable /  / Applicable (consult with City Attorney's Office before finalizing as applicable)

(a) Any dispute arising out of or in connection with this Agreement, which is not settled by mutual agreement of the Contractor and the City within sixty (60) days of notification in writing by either party, shall be submitted to an arbitrator mutually agreed upon by the parties. In the event the parties cannot agree on the arbitrator, then the arbitrator shall be appointed by the Presiding Judge (Civil) of the Circuit Court of the State of Oregon for the County of Multnomah. The arbitrator shall be selected within thirty (30) days from the expiration of the sixty (60) day period following notification of the dispute. The arbitration, and any litigation arising out of or in connection with this Agreement, shall be conducted in Portland, Oregon, shall be governed by the laws of the State of Oregon, and shall be as speedy as reasonably possible. The applicable arbitration rules for the Multnomah County courts shall apply unless the parties agree in writing to other rules. The arbitrator shall render a decision within forty-five (45) days of the first meeting with the Contractor and the City. Insofar as the Contractor and the City legally may do so, they agree to be bound by the decision of the arbitrator.

(b) Notwithstanding any dispute under this Agreement, whether before or during arbitration, the Contractor shall continue to perform its work pending resolution of a dispute, and the City shall make payments as required by the Agreement for undisputed portions of work.

**23. Progress Reports:** /  / Applicable /  / Not Applicable

The Contractor shall provide monthly progress reports to the Project Manager. If applicable, the STATEMENT OF THE WORK should list what information the Contractor must include in monthly progress reports.

**24. Contractor's Personnel:** /  / Applicable /  / Not Applicable

The Contractor shall assign the following personnel to do the work in the capacities designated: If applicable, list selected personnel in the STATEMENT OF THE WORK. The Contractor shall not change personnel assignments without the prior written consent of the City.

**25. Subcontractors:** /  / Applicable /  / Not Applicable

The City requires Contractors to use the Minority, Women and Emerging Small Business (M/W/ESB) subcontractors identified in their proposals, and as such the Contractor shall assign these subcontractors as listed in the STATEMENT OF THE WORK to perform work in the capacities designated. The Contractor shall not change subcontractor assignments without the prior written consent of the Chief Procurement Officer.

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**STATEMENT OF THE WORK AND PAYMENT SCHEDULE**

**SCOPE OF WORK**  
See Exhibit A

**COMPENSATION**  
See Exhibit A

INDEPENDENT CONTRACTOR CERTIFICATION STATEMENT

SECTION A

CONTRACTOR CERTIFICATION: I, undersigned, am authorized to act on behalf of entity designated below, hereby certify that entity has current Workers' Compensation Insurance.

Contractor Signature: [Signature] Date: 4/18/11 Entity: Cascade Centers, Inc.

If entity does not have Workers' Compensation Insurance, City Project Manager and Contractor complete the remainder of this form.

SECTION B

ORS 670.600 Independent contractor standards. As used in various provisions of ORS Chapters 316, 656, 657, and 701, an individual or business entity that performs labor or services for remuneration shall be considered to perform the labor or services as an "independent contractor" if the standards of this section are met. The contracted work meets the following standards:

- 1. The individual or business entity providing the labor or services is free from direction and control over the means and manner of providing the labor or services, subject only to the right of the person for whom the labor or services are provided to specify the desired results;
2. The individual or business entity providing labor or services is responsible for obtaining all assumed business registrations or professional occupation licenses required by state law or local government ordinances for the individual or business entity to conduct the business;
3. The individual or business entity providing labor or services furnishes the tools or equipment necessary for performance of the contracted labor or services;
4. The individual or business entity providing labor or services has the authority to hire and fire employees to perform the labor or services;
5. Payment for the labor or services is made upon completion of the performance of specific portions of the project or is made on the basis of an annual or periodic retainer.

City Project Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION C

Independent contractor certifies he/she meets the following standards:

- 1. The individual or business entity providing labor or services is registered under ORS Chapter 701, if the individual or business entity provides labor or services for which such registration is required;
2. Federal and state income tax returns in the name of the business or a business Schedule C or form Schedule F as part of the personal income tax return were filed for the previous year if the individual or business entity performed labor or services as an independent contractor in the previous year; and
3. The individual or business entity represents to the public that the labor or services are to be provided by an independently established business. Except when an individual or business entity files a Schedule F as part of the personal income tax returns and the individual or business entity performs farm labor or services that are reportable on Schedule C, an individual or business entity is considered to be engaged in an independently established business when four or more of the following circumstances exist. Contractor check four or more of the following:
A. The labor or services are primarily carried out at a location that is separate from the residence of an individual who performs the labor or services, or are primarily carried out in a specific portion of the residence, which portion is set aside as the location of the business;
B. Commercial advertising or business cards as is customary in operating similar businesses are purchased for the business, or the individual or business entity has a trade association membership;
C. Telephone listing and service are used for the business that is separate from the personal residence listing and service used by an individual who performs the labor or services;
D. Labor or services are performed only pursuant to written contracts;
E. Labor or services are performed for two or more different persons within a period of one year; or
F. The individual or business entity assumes financial responsibility for defective workmanship or for service not provided as evidenced by the ownership of performance bonds, warranties, errors and omission insurance or liability insurance relating to the labor or services to be provided.

Contractor Signature: [Signature] Date: 4/18/11



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CITY OF PORTLAND SIGNATURES:

By: \_\_\_\_\_  
Bureau Director

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

By: \_\_\_\_\_  
Elected Official

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

Approved:  
By: \_\_\_\_\_  
Office of City Auditor

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

Approved as to Form:  
**APPROVED AS TO FORM**  
By: \_\_\_\_\_  
Office of City Attorney

Date: 5-4-11

*Amela Neuz*  
CITY ATTORNEY



Exhibit A  
Employee Assistance Program (EAP) Services

This agreement is entered into by and between City of Portland and Cascade Centers, Inc. (Cascade). Cascade agrees to provide an Employee Assistance Program (EAP) for the employees and family members of City of Portland as stated in Exhibit A. Eligible employees are those employed by City of Portland who fit the benefit-eligible criteria. Eligible family unit members are those persons eligible for other benefits under City of Portland.

City of Portland agrees to pay Cascade \$2.64 per employee per month for EAP services. Additional costs may apply as per indicated in the Services section and will be billed as they occur. Payments will be made to Cascade by the last day of each month. The monthly cost paid to Cascade will be based on the number of covered employees at the beginning of each month. Employee count adjustments are to be made by City of Portland on monthly invoices.

Cascade is fully compliant with The Health Insurance Portability and Accountability Act (HIPAA) rules, regulations, policies and procedures. Cascade is required by law to maintain the privacy of individually identifiable health information that includes any identifiable health information received or created by Cascade.

City of Portland recognizes that the success and effectiveness of the Employee Assistance Program requires high program visibility and support throughout all organizational levels. City of Portland agrees to coordinate with Cascade to promote the EAP to City of Portland employees.

City of Portland agrees to update Cascade as changes are made to the primary, secondary, and/or Broker of Record contacts. This includes the current contact name, business name, direct phone number, e-mail address, and physical address. For billing purposes, Cascade may request a list of current employees.

### **SERVICES**

The Services to be provided pursuant to this Agreement include the full range of services offered by Cascade EAP as follows:

- A. Diagnosis and Treatment Planning consisting of up to eight paid sessions per employee/ family unit per year.
- B. Eligible employees or family unit members may contact the EAP regarding questions about the EAP or concerns they may have about themselves or family members.

Assessment, diagnosis, short term problem solving and referral of employees and family members for problems including, but not limited to, substance abuse, relationships, mental/emotional, and work related.

- C. Twenty-four hour crisis telephone coverage: A professional counselor is on call evenings, weekends, and holidays, 365 days a year.
- D. Program promotional materials will be supplied electronically by Cascade whenever possible. Printed promotional materials will be sent to the City of Portland as agreed. Cascade will participate in health fairs, benefit meetings (three week advance notice is requested).
- E. EAP services such as "The Line", Listening Library, tax resolution assistance, free on line will preparation, career development services, life coaching, and parent coaching are included in the contract.

- F. Online quarterly utilization reporting and annual summary.
- G. Unlimited telephone consultation with an EAP representative and management referrals for supervisors/managers to identify problems and preventing minor problems from becoming more severe.
- H. On-work-site hours may be used as follows:
- On-site Supervisor/Manager Consultation – up to 35 hours per year
  - On-site “New Supervisor/Manager Training” classes with manuals – 4 per year, 1 hour each
  - On-site Wellness Classes/Seminars – up to 50 hours per year
  - *Group Critical Incident Stress Debriefings (CISD)*. Cascade will provide Critical Incident Stress Debriefing in the 48-72 hour window following a traumatic event. Cascade will provide 24/7 consultation services to management pre-, during and post-incident as needed. Cascade will consult with the organization’s personnel to identify potential problems that may need to be addressed immediately or in the near future, individuals at risk as well as for group and individual counseling needs. In addition, Cascade will work with managers / supervisors and other designated staff members to recognize post-traumatic stress symptoms or other complications. Management consultation is available for those who wish to be informed about the effects of the CISD and any signs and symptoms of post traumatic stress syndrome, how to intervene with the employee and how to make a successful referral to the EAP – 30 hours per year
  - Provide up to 8 one-hour on-site “Open House” seminars during the one month prior to and 2 months after the Agreement effective date to launch EAP services.
  - Provide up to 6 one-hour on-site general EAP information/marketing sessions for target groups (such as Safety Champions, Benefit Representatives)
- I. Rates for for non- or over-the-contract services:
- Face to face EAP consultation - \$90.00 per hour
  - SAP service consultations - \$600.00 per case
  - CISD - \$200.00 per hour
  - On-site management consulting - \$200.00 per hour
  - Wellness training sessions - \$200.00 per hour
- J. DOT Substance Abuse Professional Services – consultation, coordination of services and assistance in instances where employees who work in safety sensitive positions test positive for drugs and alcohol as described in the DOT regulations – 6 cases per year.
- K. *Work/Family/Life* consisting of childcare, eldercare, legal, financial, ID theft and concierge resource retrieval and reporting within 72 hours of initial call.

*Legal:* Each covered member is eligible for one (1) initial thirty-minute office or telephone consultation per separate legal matter (limit 3 per year) at no cost with a network attorney. If the member decides to retain the participating attorney after the initial consultation, the member will be provided with a preferred rate reduction of 25% from the attorney's normal hourly rate.

*Financial:* Each employee is eligible to receive 30 consecutive days of free, unlimited telephonic financial coaching. At the end of the initial 30 day free period, the member has two options:

- In the event the employee continues beyond the initial 30 day free period, subsequent months are paid by the employee at a monthly fee. If the member cancels the paid monthly services, the member is ineligible for 30 consecutive days (waiting period) before they are able to receive another free 30 consecutive day benefit.
- If an employee declines the self-pay option, the employee is ineligible for 30 consecutive days (waiting period) before the employee can access the 30 day free period again. The waiting period will begin at the conclusion of the initial free 30 day period. For example, if the initial period begins on March 1st, the employee would not be eligible for another free 30 day period until May 1st; the month of April would be the waiting period.

*Identity Theft Services* - This service provides members with up to a 60-minute free consultation with a highly trained *Fraud Resolution Specialist™ (FRS)*. The FRS will conduct emergency response activities and assist members with restoring their identity, good credit and with the costly steps to dispute fraudulent debts, etc. In addition, members also receive an Emergency Response Kit outlining actions and suggestions regarding Identity Theft Prevention and Restoration of the member's damaged identity.

- L. *Cascade Personal Advantage (Interactive Website)*: Access to health assessments, financial calculators, informational videos/articles and monthly interactive electronic brochures.
- M. *Home Ownership Program*: Assistance and discounts on services associated with selling, buying, and refinancing a home.
- N. *Cascade Personal Wellness Program*: Unlimited access to a health coach over the phone and through e-mail for the following areas: fitness and exercise, weight management, stress reduction, smoking cessation, sports performance, life balance, and chronic conditions.
- O. *E-Support*: A live online virtual session with an EAP Consultant designed to answer questions, assist with problem resolution, and provide advice customized to your situation.
- P. *First Responder Services*: Cascade will provide on-site crisis counselors within two hours of notification of a traumatic event. Services include informal outreach, check-in, supportive listening, problem-solving for immediate needs, assessment of mental / emotional health, and make recommendations as needed. Cascade will also conduct phone calls as needed to ascertain mental / emotional needs for those employee(s) wishing additional EAP check-ins. Face-to-face counseling or other support services will be arranged as needed. On-site rate will be \$300.00 per hour and travel costs will be billed at \$200.00 per hour.
- Q. *On-Site Individual Counseling*. Formal on-site counseling is available. To maintain confidentiality and encourage participation, Cascade suggests employees wishing to talk with a counselor contact Cascade directly to request a counseling session related to the workplace trauma on the scheduled date. Services will be billed as follows:

Monday – Thursday 8:00 a.m. to 5:00 p.m., - \$225.00 per hour and \$112.00 per hour travel time.

Friday 8:00 a.m. to 4:00 p.m. - \$225.00 per hour and \$112.00 per hour travel time.

Monday – Friday for all other hours - \$300.00 per hour and \$150.00 per hour travel time.

Exhibit B


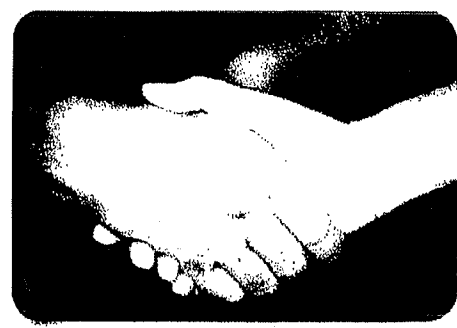


*Employee Assistance Program Services*

**The** *Portland*

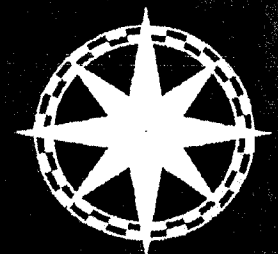
OP No. 2011-01-001

December 2011

Cascade Employee Assistance Program  
 7180 SW Fir Loop, Suite 1-A  
 Portland, OR 97223-8023  
 (503) 639-3009  
 1-800-433-2320

*Your Success  
 is Our Compass*



Anthony Brown  
 abrown@cascadecenter.com  
 www.cascadecenters.com

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*Making Connections, Creating Solutions*

Corporate Headquarters • 7180 SW Fir Loop, Suite 1-A • Portland, OR 97223 • 503 639-3009 • 503 620-3453 fax

December 22, 2010

Paige Sipes-Metzler  
Aon Hewitt  
851 SW Sixth Avenue, Suite 385  
Portland, OR 97204

Dear Ms. Sipes-Metzler:

Cascade Centers, Inc. is pleased to submit this proposal for Employee Assistance Program (EAP) services to the City of Portland as defined in RFP# 2010-EAP-001.

The names of those authorized to represent Cascade in negotiations and sign any agreement include:

- Gale Castillo – President, Owner
- Jerry Brown – CEO, Owner
- Anthony Brown – Vice President, Owner
- Julie Marshall – Vice President
- Karen Beechler – Director of Finance

Cascade is in compliance with the laws regarding conducting business in the City of Portland. We are certified as an EEO Affirmative Action Employer, with the City of Portland, we provide non-discrimination in employer benefits, and have a City of Portland business license (193516).

Cascade is the preferred provider of EAP services for many public agencies totaling over 57,000 employees and their families. As an Oregon based company, we understand the unique needs of Oregon businesses and public agencies as well as employees and their families. Our extensive experience providing employee assistance services in Portland and throughout Oregon helps us to understand the unique cultural, social, and political arenas in the state. Additionally, Cascade is proud to contribute to the economic development in Portland and throughout Oregon by supporting many charities and non-profit organizations as well as participating on several boards and commissions.

Cascade has enhanced the services available to City of Portland employees and family members. Innovative enhancements include Cascade's full service wellness program with unlimited access to personal health coaches, access to health risk assessments, a home ownership program, free self-directed wills, 30 days free financial coaching, and a multitude of state of the art on-line resources such as videos, trainings, utilization reports, promotional materials, and interactive tools.

Thank you for the opportunity to bid on this RFP. Please feel free to contact me any time.

Sincerely,

Gale Castillo  
7180 SW Fir Loop  
Portland, OR 97223  
503-639-3009 (phone)  
503-6203453 (fax)  
[gcastillo@cascaDECENTERS.com](mailto:gcastillo@cascaDECENTERS.com)

## Executive Summary

Cascade Centers, Inc.'s (Cascade) mission is to provide comprehensive and leading edge services to organizations and individuals through employee assistance, counseling, education, training, and resource referrals. Cascade provides member groups' employees and family members a full service EAP with a focus on customer service. The following is Cascade's focus for a successful EAP:

### Flexible and Responsive Service

The words most often used by customers to describe Cascade have been **flexible** and **responsive**. This reputation stems from a **commitment to exceeding all expectations** for client care and customer service.

Cascade's team understands that our members' experiences with the EAP influence ongoing perception and utilization of the EAP. With over three decades of service, Cascade is known as the EAP that understands and is responsive to the unique needs of industries, organizations, and individuals.

### Collaboration and Integration

In order to form strong partnerships with client organizations, Cascade is dedicated to being a "**high touch**" Employee Assistance Program. We ensure that all groups understand and utilize the resources and benefits available and offer guidance on increasing utilization. Cascade partners with member groups to raise employee awareness of services and encourages consultation whenever possible regarding employee or organizational issues. Cascade also encourages groups to provide immediate feedback with concerns towards products and/ or service delivery, so they can be addressed immediately.

### Size

Cascade serves over 250 corporations including local, state, and federal agencies that total over 175,000 covered employees. Cascade's size is a service-quality advantage. We are large enough to serve organizations nationwide, and yet small enough to attend to the details and specific needs of each unique organization and its employees. This advantage allows us to provide a high touch program that **incorporates the philosophies and cultures of individual City of Portland agencies**. Cascade's size allows for **immediate decisions to be made**. Authorizing extra visits or responding to critical incidents can be made quickly based on the best interests of the member. There are no requests "to corporate" or a chain of command that must be followed; **only one call is made**.

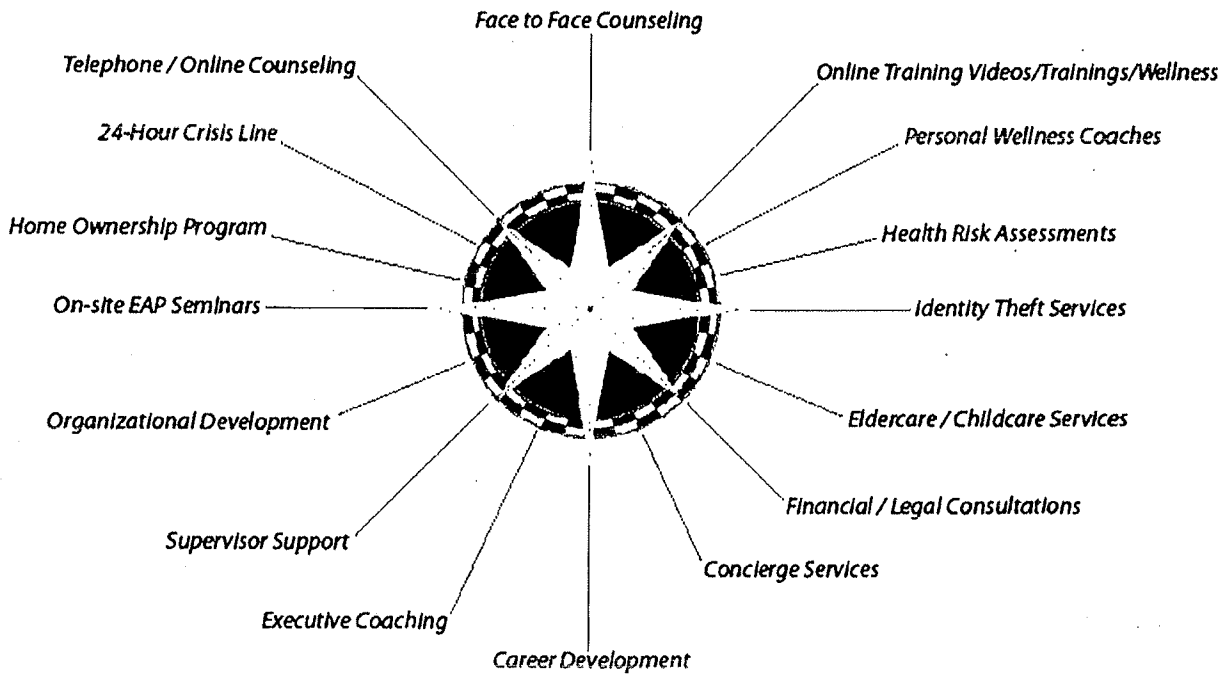
### Providing Whole Person Development

Cascade is a **leader and innovator** in the evolution of EAPs. Cascade knows as times change, so do the needs of employees and the way they access information. By offering diverse avenues of access for services and assistance, employees can utilize Cascade for any life issue, large or small. **Cascade's EAP allows** organizations to focus on their employees holistically by offering diverse services for assistance with mental health, emotional concerns, work / life balance, and physical health. The most productive employees achieve balance in all aspects of their lives. Through Cascade's EAP, client organizations realize decreased employee related costs, lower absenteeism, stronger morale, improved customer service, and decreased tardiness.

Cascade EAP combines services that impact all aspects of life to help employees and their family members *stay on a course to success.*

Recently, an employee accessed Cascade EAP for anxiety. During face-to-face sessions, it was discovered that the employee's anxiety was directly attributed to personal finances. The employee and his wife were referred to a financial coach for debt management, and to an attorney for legal consultation regarding a prior business investment. The employee's wife, with a history of an eating disorder, began to lose weight under the stress and was concerned that she would relapse. She began to work with a wellness coach for nutritional guidance.

### Course of Success





**2. Project Team – Proposer's Experience**

1. Name, address and telephone number of your firm.

Cascade Centers, Inc.

**Corporate Headquarters**

7180 SW Fir Loop, Suite 1-A  
Portland, OR 97223  
503-639-3009  
1-800-433-2320

**Salem / Keizer Office**

113 McNary Estates Drive N., Suite D  
Keizer, OR 97303  
503-588-0777  
1-800-433-2320

2. Number of years your firm has provided employee assistance plan services.

32 Years

3. Are there any mergers or acquisitions planned by your firm in the near term?

No

4. Number of employees in the firm?

21

5. Is there any pending litigation that would compromise the ability of your firm to service the City's account?

No

6. Please provide resumes/biographies of the team members you propose to work on the City's account, including their professional credentials and significant employment history.

Cascade has structured a four person team to serve the City of Portland account. These team members will be responsible for the City's Employee Assistance Program design, development, implementation, and performance. These team members will be the primary contact at Cascade and will have the full support of other Cascade staff members. This experienced team will be available 24 hours a day to address any circumstance that may arise. **Appropriate City of Portland personnel will have access to this team via personal cell phone numbers.** Within this team, schedules are coordinated so that there is always someone available to respond to any requests. The team will provide back-up for each other during illness and /or unplanned absences.

Staff Member	Responsibilities
<p><b>Anthony Castillo Brown</b> Vice President</p>	<ul style="list-style-type: none"> <li>• <b>Primary contact</b></li> <li>• Oversees a team of account managers</li> <li>• Directs the development of EAP products and services</li> </ul> <p>See Appendix for Resume</p>
<p><b>Julie Marshall, Ph.D.</b> Vice President, Clinical and Operational Services</p>	<ul style="list-style-type: none"> <li>• Manages successful transition from the incumbent contractor for all program elements (e.g. website, call center, face-to-face counseling, etc.)</li> <li>• Oversees and supervises all clinical aspects and quality assurance of the EAP</li> <li>• Directs policy and procedures related to confidentiality and privacy</li> <li>• Oversees organizational development services, policy development, supervisor/manager training and consultation.</li> <li>• HIPAA Compliance Officer</li> </ul> <p>See Appendix for Resume</p>
<p><b>Mary Hennessy, MA, LPC</b> Senior EAP Consultant</p>	<ul style="list-style-type: none"> <li>• Acts as a specialist in management consultation, case management, and substance abuse services</li> <li>• Oversees workplace concerns, management consultations, conflict resolution services, SAP process/DOT compliance, and substance abuse.</li> </ul> <p>See Appendix for Resume</p>
<p><b>Marilyn Palmer, Ph.D.</b> Senior EAP Consultant</p>	<ul style="list-style-type: none"> <li>• Cascade's specialist in Acute Stress and Anxiety Reactions.</li> <li>• Has been providing EAP services with Cascade since 1987</li> <li>• Expertise and specialized training include Critical Incident Stress Debriefing, anxiety management, clinical assessment, and conflict resolution and mediation</li> </ul> <p>See Appendix for Resume</p>

Cascade's team's experience with Portland and Oregon entities goes beyond a typical Employee Assistance Program. We have provided specialized services such as:

- assisting in disease management
- contributing to smoking cessation programs
- increasing utilization
- coordinating benefits
- providing evidenced based treatment
- implementing wellness programs based on health risk assessment data
- serving on committees for targeting areas such as wellness, benefits, and safety
- providing employee and employer support for reductions in force.

Cascade has also provided extensive Organizational Development services including internal / external customer service training, team building, conflict resolution, DOT reasonable suspicion training, diversity training, and sexual harassment training.

### 3. Proposer's Capabilities – Proposer's References

1. List other public and private sector companies of similar size, and work scope for whom you have performed these services or similar services

#### Public

- State of Oregon Agencies (PEBB)
- City of Salem
- City of Vancouver
- City of Canby
- City of the Dalles
- Washington County
- Marion County
- Environmental Protection Agency
- National Park Services (Midwest Region)
- Bureau of Reclamation (Eugene)
- Buckley Air Force Base

#### Transportation

- Tri-Met
- Evergreen Aviation
- Spokane Transit Authority
- Salem Area Mass Transit

**Education**

- University of Oregon
- Oregon State University
- University of California - Irvine
- Willamette University
- Pacific University
- Beaverton School District
- North Clackamas School District
- West Linn - Wilsonville School District

**Health Care**

- Legacy Health
- Tuality Healthcare
- Salem Hospital
- Mid Columbia Medical Center
- Avamere
- Yakima Valley Farmworkers Clinic
- Corvallis Clinic
- Willamette Falls Hospital
- Bend Memorial Clinic
- Mountain View Hospital

**Retail/ Wholesale**

- New Seasons Market
- Pacific Seafood
- Kuni Automotive
- Norm Thompson Outfitters

**Non- Profit**

- United Way Agencies
- Volunteers of America
- Yakama Nation Housing Authority

**Manufacturing**

- Schnitzer Steel Industries, Inc.
- Columbia Forest Products
- PCC Structurals
- OrePac Building Products.

- Oregon Cutting Systems (Blount)
- A-dec
- Brightwood

#### **Financial**

- West Coast Bank
- OnPoint Credit Union
- Point West Credit Union
- M Financial

#### **Law Firms**

- Schwabe Williamson & Wyatt
- Jordan Schrader
- Roberts Kaplan LLP

2. Provide 4 references for current relevant clients of similar size and work scope.

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#### **Wendy Edwards, MPA, HA**

Director of Operations  
Public Employees' Benefit Board  
1225 Ferry Street SE  
Salem, OR 97301  
Phone: (503) 378-2798  
Fax: (503) 378-6883  
wendy.j.edwards@state.or.us

#### **Lorna Bradley-Cook, Benefit Consultant**

Legacy Health System  
1919 NW Lovejoy Street  
Portland, OR 97209  
503-415-5223  
lcook@LHS.org

#### **Valerie Weekly, Benefits Analyst**

Washington County  
155 N First Avenue Suite 270 MS 11  
Hillsboro, OR 97124  
503-846-3740  
valerie\_weekly@co.washington.or.us

#### **Les Brown, Benefits Manager**

City of Salem  
555 Liberty Street SE  
Salem, OR 97301  
503-588-6162 ex: 7241 (Office)  
dengelhard@cityofsalem.net

**4. Project Approach and Understanding – Administrative Capabilities**

Describe the proposed work tasks and activities needed to accomplish the implementation and ongoing program requirements.

The City of Portland's transition to a new EAP will be an important process. Cascade has substantial, **proven experience** of seamless contract transitions within complex service environments. Cascade has developed proven transition methodologies, which are continually reviewed and updated. These incorporate standard project management processes, guidelines and checklists.

The designated transition coordinator for the City of Portland will be Julie Marshall, Ph.D., VP of Clinical and Operational Services. Dr. Marshall will manage the transition schedule, communication, and other change management activities between City of Portland, the incumbent EAP provider, and the Cascade Team.

Cascade's successful transition strategies increase EAP utilization. Below is a schedule for the City of Portland.

Activity Item	Completion Time Frame	Description
Designate Project Manager and Transition Coordinator	Complete	Anthony Brown has been assigned as the Project Manager for the City of Portland account. Julie Marshall, Ph.D. will be the transition coordinator.
Implementation Meeting	Within 2 Weeks	Within the first week of the contract award, Cascade will meet with designated contact(s) at City of Portland to finalize implementation tasks and plans.
Implementation Plan	Within 2 Weeks	<ul style="list-style-type: none"> <li>√ Identify and finalize the utilization statistics for the City of Portland</li> <li>√ Utilization of reporting. Identify frequency (monthly, quarterly, annually)</li> <li>√ Set up Internet account – Cascade Personal Advantage and Wellness</li> <li>√ Identify City of Portland health insurance carriers and benefit plan</li> <li>√ Determine City of Portland billing preferences and frequency</li> <li>√ Review City of Portland Policy and Procedures related to:                             <ul style="list-style-type: none"> <li>• Drug and alcohol policy</li> <li>• Last chance agreements</li> <li>• Mandatory management referrals</li> </ul> </li> <li>√ Develop plan for ongoing promotion</li> </ul>

Contact Incumbent EAP	2 weeks before transition	Cascade will provide the incumbent EAP with phone numbers.
Contact Incumbent EAP	2 weeks before transition / ongoing	Cascade will coordinate a smooth transition for members currently in service. Members will be able to continue with their current EAP counselor. This may entail recruiting providers if they are not on our panel to allow for continuity of service. <i>All members currently in EAP treatment will not experience a break in service.</i>
Contact Incumbent EAP	2 weeks before transition	Cascade will arrange transition of any management / mandatory referrals currently being managed. We will obtain a report of all active management referrals from the incumbent EAP. We will then contact the initiating manager of the referral, the member, and any treatment facility involved. <i>There will not be a break in service in this transition process.</i>
Promotional Materials	2 weeks before transition	Cascade will coordinate promotional materials. This will coincide with launching of other EAP program elements. (how many materials are needed, where they should be sent, timing, etc.)  Promotional materials available: introductory letter, brochures, wallet cards, posters, orientation videos, promotional program flyers (service specific).
Employee and Supervisor Orientations	Within first 4 weeks of contract start date	Identify target groups for EAP orientations (employees, managers, other).
Ongoing EAP Promotion	Ongoing	<ul style="list-style-type: none"> <li>√ Plan for general promotion of the EAP program (both initial and ongoing).</li> <li>√ Program Promotion</li> <li>√ Introduction letter</li> <li>√ On-site (trainings, orientations, benefit fairs, etc.)</li> <li>√ Payroll stuffers</li> <li>√ Internet (flash mail, etc.)</li> <li>√ Articles to City of Portland publications</li> <li>√ Seasonal promotional campaigns</li> <li>√ Other ideas specific to the City of Portland EAP program</li> <li>√ Develop plan for Wellness seminars</li> <li>√ Wellness program promotion and implementation</li> </ul>

**Cascade offers to the City of Portland the following core EAP services included in the program:**

- 1) Unlimited toll free telephone consultation available 24-hour and 7 days/week, with assessment of participant's needs during the initial phone call.
- 2) Short-term face-to-face counseling (up to six or eight visits) per employee per year; including both self and supervisory referrals.
- 3) Continuity of care to those seeking non-network providers prior to June 15, 2011.
- 4) Unlimited telephone consultations for managers and supervisors.
- 5) On-site Supervisor/Manager Consultation (up to 35 hours per year).
- 6) On-site "New Supervisor/Manager Training" classes with manuals (4 per year, 1 hour each).
- 7) On-site Wellness classes/seminars (up to 50 hours per year).
- 8) DOT Substance Abuse Professional Services (Consultation, coordination of services and assistance in instances where employees who work in safety sensitive positions test positive for drugs or alcohol as described in the DOT regulations — 6 cases per year).
- 9) On-site critical incidents debriefings (30 hours per year).

**In addition to the above core services, the following services are offered at no additional cost:**

- Provide up to 8 (1-hour/on-site) "Open House" seminars during the 1 month prior to and 2 months after the Agreement effective date to launch EAP services.
- Legal Consultation Services provided by a credentialed attorney. Service offers a half-hour consultations with a network attorney at no cost and a 25% reduction in the network attorney's customary fee for follow-up.
- **Financial Consultation Services provided by a credentialed financial advisor.** Cascade's enhanced financial services, provide each covered member with **30 days of unlimited financial coaching** at no cost. Services are available for a variety of financial concerns and are provided by a network financial counselor. Coaches provide members with a needs analysis and an online written action plan to help members achieve financial goals.
- Elder Care provider/service referrals.
- Child Care provider/service referrals.
- Welcome packet for all City employees (letter, brochure, magnet) mailed to employee homes. Cascade will also include an 8 ½ X 11 summary of services flyer and a wallet sized informational card promoting the wellness program.
- Staff for Wellness Fairs, Benefits Fairs (number to be determined).

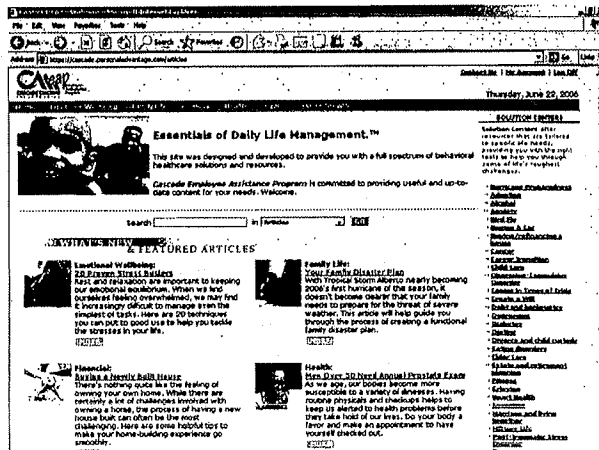


- Up to 6, 1-hour, on-site general EAP information/marketing sessions for target groups (such as Safety Champions, Benefit Representatives).
- A robust website City of Portland participants may access for the purpose of accessing EAP program resources.

Cascade's Interactive Website utilizes world-class contributors such as Harvard Medical School, Nolo Legal Press, and FinanCenter, Cascade Personal Advantage aggregates more than 10,000 resources into an easy-to-use website.

Cascade Personal Advantage can be customized with the City's logo, colors, benefit information, and uploaded documents. Features include:

- **Health** Over 1,000 streaming videos, 2,000 Harvard Medical School reviewed articles and dozens of wellness assessments.
- **Legal** Hundreds of state-specified legal forms and 1,000s of articles.
- **Financial** 140 online calculators, 95 common federal tax forms, 1,000s of state-specific tax forms, and articles.
- **Personal Growth & Online Training** 45 interactive training courses and 400 articles for topics such as Business Management, Human Resources, Team Building, Communication and more. At the end of the course, a certificate of completion with the trainee's name is provided.
- **Balanced Life** 100 Interactive tools including eldercare / childcare searches and videos, and over 400 articles.
- **Mental Health** 50 health assessments and videos and over 350 articles.



**For limited time access:**

1. Go to [www.cascadecenters.com](http://www.cascadecenters.com)
2. Click Cascade Personal Advantage
3. Username: cascadeguest
4. Password: cascadeguest

- Designated account manager and team.
- Quarterly utilization and management reports, showing agreement and excess work
- Semi-annual meetings with the City staff

- **Services to support the wellness program, such as:**

Cascade includes in the proposed rate the HealthyStart wellness program. This Program provides a comprehensive wellness initiative that assists employees in making behavior changes. Services include:

**Telephonic Health Coaching**

- Unlimited access via the phone or internet to a Health Coach for behavior modification health coaching, education, and referrals in:
  - Nutrition and Weight management
  - Smoking cessation
  - Fitness and exercise
  - Stress management
  - Management of chronic conditions such as High blood pressure, High cholesterol, Diabetes, Asthma, Cardiovascular disease, Back pain
  - Pre- and postnatal care
  - Menopause
- Free Educational Materials such as tip sheets and books for employees (as determined by the Health Coach)

**Online Wellness Portal**

Unlimited access to the members only section of the website, which includes:

- Health Risk Assessment
- Online Behavior Modification Programs
  - WellWeight – Proprietary Online Weight Management Program
  - WellQuit – Proprietary Online Smoking Cessation Program
  - WellWalk – Proprietary Online Walking Program (all WellWalk participants receive a free pedometer!)
- WellTips - Proprietary Tip Sheets
- WellChat - instant messaging program to enable private communications with health coaches

**Promotion & Communication Support**

**Comprehensive Reporting**

Utilization, behavior change and change in readiness, program completion rates, Return on Investment and utilization analysis

**Implementation and Account Management**

**WellChallenge - Employee Challenge Website**

WellChallenge is a fun way to interest and motivate employees towards better health practices. Individuals and/or teams can participate in a City sponsored health competitions such as exercise time, healthy eating, steps/distance walking, pounds lost and more to win prizes. Two challenges are included per year.

**To view all the information from each of the programs**

1. Go to [www.wellcall.com](http://www.wellcall.com)
2. Go to "Log-In" at the bottom left corner of the homepage.
3. enter username: cascadeguest
4. enter Password: cascadeguest

- **Social media capabilities** - As the popularity of social networking continues, Cascade is prepared to offer promotion of EAP services through social networking sites. Other web 2.0 capabilities include Podcasts, Webinars, and a YouTube wellness channel.
- Provide **interactive videos** that employees can access via the website. Cascade's Interactive Website includes over 2000 interactive videos for health, wellness, legal, financial, emotional wellbeing, homeownership, instructional cooking, and more.

*The following provide a higher level of service than what the City of Portland is currently receiving.*

#### **Webinar Education Classes**

Cascade will host monthly webinars for financial concerns that are generally one hour in length. Topics include spending plans, debt, credit, mortgages, taxes, retirement, etc.

Cascade will also hold periodic webinars for HR, supervisors, and/ or benefit managers, which are pre-approved for recertification HRCI credits.

#### **Relocation and Home Ownership Program**

Cascade assists users and provides **discounts on services needed with selling and buying a home, refinancing, maid services and much more.** On average, this service has been able to save employees \$2,000-\$6,000 in out-of-pocket expenses.

Assistance and discounted services for:

- |                     |                     |
|---------------------|---------------------|
| ○ Mortgages         | ○ Moving            |
| ○ Real Estate       | ○ Financial Advice  |
| ○ Relocating        | ○ Recruitment       |
| ○ Temporary Housing | ○ Apartment Finding |

#### **Information and Resource Retrieval Services**

Cascade helps time-pressed employees and their families. We find the information needed within two business-days of the call. This service saves time by identifying, researching, and verifying information and resources for employees and their family members.

**The following services are available at an additional cost:**

- Semi-annual reminder postcards mailed to employees homes.
- Up to \$5,000 communications allowance for The City to apply toward joint Wellness program communication to all employees (printing, mailing costs).

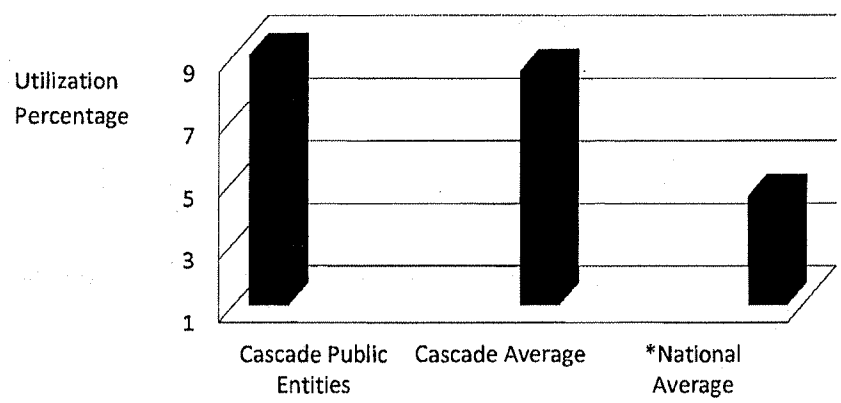
Identify points of input and review by City staff.

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Cascade works most effectively with client accounts when we create strong partnerships. Partnerships develop when there is open, frequent communication and shared goals.

The goal of constant communication is to provide proactive solutions, keep utilization of the program at a healthy level, and collaborate whenever possible. The measurable result is a higher utilization rate than the national industry standards.

### Utilization Rate Comparison



Source: Mercer Information Channel, 2006 Survey of EAP Vendors

Upon contract award, Cascade will request an implementation meeting to ensure the success of the EAP. At this meeting we will review the goals of the EAP, including:

- Service level
- Comprehensive communications strategy
- Employee and Manager orientation plan
- Program objectives
- Troubleshooting and problem resolution procedures
- Utilization statistics
- Program effectiveness, trends, satisfaction surveys, and emerging issues
- Coordinate monthly or quarterly meetings to discuss utilization/ trends, ongoing promotion, and new or underutilized services.

Identify points of input and coordination with Third Party Administrator.

**Integrating EAP services with the behavioral health services through the Third Party Administrator for the City of Portland is essential to addressing ongoing needs of members.**

Cascade's advantage is that we are an independent EAP, not a managed care organization. This allows us to coordinate and integrate services with all healthcare plans providing services to our employer groups with no conflict of interest or dual relationship. Currently Cascade works with 43 health plans nationwide to provide coordinated services to our members. Cascade EAP coordinates and facilitates assistance to overcome barriers to accessing those services.

Cascade EAP has developed a unique approach of integrated information sharing between EAP and health plans and Third Party Administrators. **Cascade's strength is developing a care coordination plan specific to each members' needs and health plan benefit design.** Cascade's success is realized through savings in health care dollars by successfully diverting members to preventive EAP services, and skilled care coordination referring members to the appropriate level of care.

When integrating EAP services with health plans we identify the following objectives:

- Implementation of bi-directional referral systems (coordination of member care from the either point of contact, the Health Plan or the EAP)
- Integration and information sharing (electronic transmission and phone consultation)
- Cross reference and integration of provider networks
- Identification of key points of contact to facilitate case consultation and care coordination

Describe how your organization intends to provide back-up during vacations, illness and/or other unplanned absences of primary team members identified in Section C.2.

Our team model provides the City of Portland with a primary account manager who is supported by three other team members. All members of this team will be familiar with the City of Portland EAP. Schedules are coordinated to ensure there is always someone available to respond to any requests. Cascade guarantees that a primary team member is available to the City of Portland 24 hours a day/7 days a week.

**5. Diversity in Employment and Contracting Requirements**

- a. Indicate if your firm is currently certified in the State of Oregon as an MBE, WBE and/or ESB, or if your firm has applied for certification with the State of Oregon's Office of Minority, Women and Emerging Small Business (OMWESB).

Cascade Centers, Inc. is a Latina owned business. Gale Castillo, President, owns 51% of the business. In addition, her son, Anthony Castillo Brown, owns 10% of the firm while the balance of the stock is owned by Gerald F. Brown, a Caucasian male. Cascade is not a state certified and has not applied for certification by the State of Oregon.

- b. Identify your current diversity of workforce and describe your firm's commitments to providing equal employment opportunities. Include in your response:

Throughout Cascade's history, diversity has been reflected in every aspect of our business. Part of the mission of the organization is to create an environment where differences are valued and reflected in how we develop and deliver services.

Cascade demonstrates diversity at the highest levels of the organization. As an example, the Executive Management Team reflects diversity:

President:	Gale Castillo, MS, Latina, 51% Owner
Vice President, Marketing & Sales:	Anthony Castillo Brown, Latino, 10% Owner
CEO:	Gerald F. Brown, MA, Caucasian Male, 39% Owner
Vice President, Clinical Director:	Julie Marshall, PhD, Caucasian Female
Corp. Secretary/Treasurer :	Karen Beechler, Caucasian Female

Cascade has significant experience in delivering services to a diverse cross-section of employees over the last 35 years. The workplace today is diverse and unique in many ways and requires that EAP services be available that are cultural and language friendly. From the very first phone call, employees can communicate in their own language through the services of the ATT Language Line with over **180 different languages available**. We also have TTY accessibility for the hearing-impaired.

Our promotional materials are available in English, Spanish, and in over 140 other languages by request.

Cascade also has a diverse network of counselors. Cascade has licensed mental health providers who speak a variety of languages. Our panel of preferred EAP providers is comprised of a cross section of minorities in the Portland- Metropolitan area including African-American, Hispanic, and Southeast Asian, Native American and other groups. Every caller has the opportunity to interact with others of similar background, ethnicity and language.

- Number of total employees and description of type of work performed.

Cascade has a total of 21 employees. Four employees perform administrative duties including contract services, provider relations, financial/accounting, and website/material development. Twelve employees perform clinical duties including counseling, case management, training and development, and crisis management/consultation. Five employees perform management duties.

- Number of minorities and women within your current workforce, broken out by ethnicity and positions held.

Eighty-one percent (17 employees) of Cascade's workforce is women. Four of these women hold administrative positions. Three of these employees are management staff. Eleven of these women hold clinical positions.

Ten percent (2 employees) of Cascade's workforce is Hispanic. One of these employees is the Owner and President of Cascade, the second employee is Owner and VP of Marketing and Sales.

- Any underutilization of minorities or women within your workforce and your firm's efforts to remedy such underutilization.

Cascade actively recruits women and minorities for all positions within the organization as employees and externally as service contractors. Cascade conducts outreach to local organizations such as the:

- Hispanic Metropolitan Chamber
- Oregon Native American Chamber
- Philippine-American Chamber of Commerce
- Colleges and Universities
- State of Oregon Employment Department
- Ads placed in the Oregonian and other local publications

Cascade offers internships to women and minority students throughout Oregon universities. As a result of these internships, many of the students are employed by Cascade and/or have improved their opportunities for employment with other firms.

Cascade has also, for the last 14 years, funded scholarships for Oregon Latino students through the Hispanic Metropolitan Chamber's Annual Scholarship Fund.

All of these efforts increase Cascade's opportunities to hire women and minorities for employment and also increases the pool of qualified employees for the future.

- Any plans to provide innovative mentoring, technical training or professional development opportunities to minorities and women in your workforce in relation to this project, or plans to employ minorities and women to work on this project.

Cascade has provided the following opportunities to women and minorities and will continue to do so in relation to this project.

- For the last 10 years Cascade has provided internship positions to minority and women students. As a result of these internships Cascade has hired five interns as employees.
- For the last 14 years, Cascade has provided scholarship funds for Latino students statewide through the Hispanic Metropolitan Chamber's Annual Scholarship Fund.
- For the last five years, Cascade has conducted full day Leadership seminars for the Hispanic Chamber Latino Leadership Classes to support the professional development of Latinos throughout Oregon.

- Description of the process your firm uses to recruit minorities and women.

Cascade Centers actively recruits diverse students for internships and other employment opportunities through colleges and universities and also participates in the Hispanic Chamber's *Annual Employment and Contracting Trade Show*. As a result of participating in this trade show, Cascade has been able to increase its visibility in the community and has resulted in a more diverse workforce. This trade show provides Cascade access to a variety of other organizations including:

- Urban League of Portland
- African American Chamber of Commerce
- Oregon Native American Chamber of Commerce
- Philippine American Chamber of Commerce
- Morrison Center
- Oregon Health Science University
- El Hispanic News
- La Pantera Spanish Language Radio
- Bustos Media



- c. Have you subcontracted or partnered with State of Oregon certified M/W/ESB firms on any project within the last 12 months? If so, please describe the history of the firm's subcontracting and partnering with certified M/W/ESB firms. Include in your response:

Over the last 35 years, Cascade Centers has contracted with a variety of firms to provide direct services to clients. 66% of these subcontractors are women-owned firms that provide counseling, training and other services. Some of these firms are certified by the State of Oregon. All benefit financially from working with Cascade.

- List of State of Oregon certified M/W/ESB firms with which your firm has had a contractual relationship during the last 12 months.

Firm	Address	Owner	Certification	Services Used
Brain Development	22741 W Bluff Ct. West Linn, Or	Joseph Christensen	ESB	Counseling
Lakeview Center for Change LLC	PO Box 948 Lakeview, OR	Barbara Vandenburg	WBE	Counseling
Lucrecia V. Suarez, LCSW, Conexiones	2325 E. Burnside Suite 200 Portland, OR 97214	Lucrecia V. Suarez	MBE WBE ESB	Counseling
Montesi & Associates	PO Box 19734 Portland, OR 97280	Jonath Colon	MBE, ESB	Translations
Preskenis Perrin Associates, Inc.	801 O'Hare Pkwy, Suite 101 Medford, OR 97504	Guy Preskenis Perrin	ESB	Counseling

- Any innovative or successful measures that your firm has undertaken to work with M/W/ESB firms on previous projects.

Cascade and specifically, Gale Castillo, the President and Owner, is personally committed to conducting outreach and contracting with women and minority owned firms.

Cascade has over the years, contracted with both certified and non-certified women and minority owned firms to increase opportunities. In addition to the above certified firms Cascade has contracted with:

- **Reyna Moore Advertising** for graphic arts and printing services. Reyna-Moore is a Latino and woman owned firm. The owners are Humberto Reyna and Ms. Vernie Moore.
  - **Felipe Gonzalez**, a Latino owned landscaping and maintenance company
  - **Gazelda Janitorial**, a woman owned janitorial firm. The owner is Lisa Graziano.
  - **Aguiles Painting**, a Latino owned painting firm.
  - **La Bonita**, a Latino owned restaurant and caterer, owned by Joaquin Lopez.
- Any mentoring, technical or other business development services your firm has provided to previous or current M/W/ESB subconsultants or partners, or will provide in relation to this project.

Cascade Centers provides training for mental health providers and is available to answer questions regarding services provided by Cascade or other community services that they or their clients may need. These services include computer related questions, business development services and technical services.

In addition, Cascade employees serve on a variety of boards, commissions and advisory boards that support the advancement of women and minorities. Those organizations include:

- Hispanic Metropolitan Chamber, member, contributor, leadership development trainer
- Boys and Girls Aids Society, Childbirth labor coach
- Portland Women's Foundation, board member and consultant (pro bono)
- Big Brothers Big Sisters- contributor and volunteer
- STARS- Star Making a Reader Today- contributor and volunteer
- Portland Impact- Contributor
- Leukemia Lymphoma Foundation
- Janis Youth Services / Harry's Mother – transition for teenage girls leaving Hillcrest

d. Are you subcontracting any element of your proposal? Describe your firm's plan for obtaining maximum utilization of certified M/W/ESB firms on this project. Include in your response:

Cascade contracts out the following services:

- Response to Critical Incident Stress Debriefing
- Onsite Training
- Counseling Services/Treatment Facilities
- Printing and Promotional Materials
- Computer Services
- Wellness Services
- Translation Services

- Subcontracting opportunities your firm has identified in the scope of this project.

In order to maximize the use of women and minorities, Cascade has identified all of the eligible certified firms that provide counseling services and has included them as subcontractors for this project.

Firm	Address	Owner	Certification	Services Used
Brain Development	22741 W Bluff Ct. West Linn, Or	Joseph Christensen	ESB	Counseling
Lakeview Center for Change LLC	PO Box 948 Lakeview, OR	Barbara Vandenburg	WBE	Counseling
Life Guide N.W., LLC *	2309 SE 139 <sup>th</sup> Ave. Portland, OR 97233	Stevie B. Hoggans	ESB MBE (African American)	Counseling
Lucrecia V. Suarez, LCSW, Conexiones	2325 E. Burnside Suite 200 Portland, OR 97214	Lucrecia V. Suarez	MBE WBE ESB	Counseling
Montesi & Associates	PO Box 19734 Portland, OR 97280	Jonath Colon	MBE, ESB	Translations

Preskenis Perrin Associates, Inc.	801 O'Hare Pkwy, Suite 101 Medford, OR 97504	Guy Preskenis Perrin	ESB	Counseling
Rock Education*	1999 High St. SE Salem, OR	Phyllis Rock	ESB	Counseling
Siloam International, Inc.*	PO Box 6828 Portland, OR 97217	David A. Jones	DBE ESB MBE (African American)	Counseling Training

**\*New provider added for this project**

- Efforts made relating to outreach and recruitment of certified M/W/ESB firms. Did your firm advertise contracting opportunities in the *Daily Journal of Commerce*, *Skanner*, *Oregonian*, *Observer*, *El Hispanic News*, *Asian Reporter*, and/or other trade publications? Did your firm conduct any outreach meetings? Did your firm use the State's OMWESB certification list, or other source, as a basis for direct outreach? What were the actual results of any of the above efforts?
  - Cascade reviewed the State of Oregon's OMWESB certification list for new additions. This proposal reflects the inclusion of all eligible certified firms that provide counseling services in Oregon.
  - Cascade provides supervision for providers that need technical supervision in order to be licensed in the State of Oregon. Persons that have received this supervision have included women and minorities. This supervision has enabled them to establish their private practice. Without the supervision, they would not be eligible for a private practice.
  - Cascade actively recruits new providers of counseling and training through colleges and universities and other professional industry organizations.
  - Cascade has a good working relationship with diverse trainers and counselors throughout Oregon as a result of its extensive network of diverse providers. The diversity of providers is crucial for providing culturally appropriate counseling/training for our clients statewide.
  - Cascade announces employment opportunities through the Hispanic Chamber's network. Cascade also announces in the *Oregonian*, *Statesman-Journal*, and other local newspapers statewide.
- Any proposals received from certified M/W/ESB firms. If any such proposals were rejected, provide reasons for rejection.
 

We have not received proposals from certified M/W/ESB firms.
- Other efforts your firm used or proposes to use in relation to this project.

Cascade will continue to monitor the State's OMWESB certification list of counselors and invite those individuals to be a part of the network of providers used by Cascade.

e. If your firm will be utilizing certified M/W/ESB firms on this project, please list those firms and detail their role within your proposal. In addition, **all Proposers must submit Exhibit A – First Tier Subconsultant Disclosure Form 1** in their proposal, which requires Proposers to identify the following:

- The names of **all** subconsultants to be used on this project with subcontracts greater than or equal to \$10,000.

The following organizations are used as subcontractors throughout Cascade's entire book of business, each receiving more \$10,000 per year. Cascade anticipates the costs will not exceed \$10,000 for the work to be done for the City of Portland.

CLC – Legal and Financial services  
 Life Advantages – Interactive Internet services  
 Wellcall, Inc. – Wellness Services  
 Protocol – Afterhours phone services  
 AllTech 1 – IT services

- The names of all State of Oregon certified MBE, WBE and ESB firms. If firms have more than one certification (i.e., ESB and MBE, and/or ESB and WBE) note that on the form so that proper credit can be given for the ESB goal and for tracking MBE and WBE utilization.

Firm	Address	Owner	Certification	Services Used
Brain Development	22741 W Bluff Ct. West Linn, Or	Joseph Christensen	ESB	Counseling
Lakeview Center for Change LLC	PO Box 948 Lakeview, OR	Barbara Vandenburg	WBE	Counseling
Life Guide N.W., LLC *	2309 SE 139 <sup>th</sup> Ave. Portland, OR 97233	Stevie B. Hoggans	ESB MBE (African American)	Counseling
Lucrecia V. Suarez, LCSW, Conexiones	2325 E. Burnside Suite 200 Portland, OR 97214	Lucrecia V. Suarez	MBE WBE ESB	Counseling
Montesi & Associates	PO Box 19734 Portland, OR 97280	Jonath Colon	MBE, ESB	Translations
Preskenis Perrin Associates, Inc.	801 O'Hare Pkwy, Suite 101 Medford, OR 97504	Guy Preskenis Perrin	ESB	Counseling
Rock Education*	1999 High St. SE Salem, OR	Phyllis Rock	ESB	Counseling
Siloam International, Inc.*	PO Box 6828 Portland, OR 97217	David A. Jones	DBE ESB MBE (African American)	Counseling Training

- The proposed scope or category of work for each subconsultant.

**CLC Incorporated** provides the financial and legal referral services. CLC Incorporated (CLC) is a leading provider of legal and financial programs for Employee Assistance Programs, corporations, insurance companies and national marketing entities throughout the United States and Canada.

**Enhanced Benefits Group** provides homeownership services including mortgage, moving, and real estate services.

**ProtoCall Services** provides our after hours crisis service. All services are provided by Masters level, qualified mental health professionals who must meet strict academic and professional requirements.

**Life Advantages** provides Cascade Personal Advantage, Cascade's advanced interactive Internet. Founded in 2000, Life Advantages has quickly become a premier provider of Life Event Solutions. Their mission is to produce products that meet the needs of their customer in ways that exceed their expectations.

**WellCall** provides the services for Cascade's wellness program. WellCall is the nation's leading provider of accessible and personalized health management services, promoting better-balanced and more productive lives for over 17 years

**If Proposers will not be using any subconsultants that are subject to the above disclosure requirements, Proposers are required to indicate "NONE" on the First Tier Subconsultant Disclosure Form 1.**

The City expects thoughtful consideration of all of the above Diversity in Employment and Contracting criteria in the preparation of proposals. The City will enforce all diversity in workforce and MW/ESB commitments submitted by the successful Proposer, and the successful Proposer will be required to submit a completed Monthly Subconsultant Payment and Utilization Report to ensure that subconsultants are utilized to the extent originally proposed and submitted in its proposal. The successful Proposer will not be permitted at any time to substitute or add a subconsultant without the prior written approval of the Purchasing Agent. ALL subconsultants, including MW/ESB firms, and first tier subconsultants shall be reported on the Monthly Subconsultant Payment and Utilization Report as well as agreement amounts and payments. For reference, a copy of this form may be obtained at:  
<http://www.portlandonline.com/shared/cfm/image.cfm?id=119851>.

**6. Proposed Cost Supporting Information – Proposed Cost**

The proposal shall include the Proposer's true estimated cost or fixed-price estimate for the proposed project approach irrespective of the City's anticipated cost.

Short-term face-to-face counseling (up to six or eight visits) per employee per year; including both self and supervisory referrals

6 visits per employee per year  
\$2.25

6 visits per employee, per incident, per year  
\$2.42

8 visits per employee per year  
\$2.64

8 visits per employee, per incident, per year  
\$3.05

**7. A Completed First Tier Disclosure Form**

None

**CITY OF PORTLAND  
HIS FIRST TIER SUBCONSULTANT DISCLOSURE FORM  
(FORM 1)**

This Request for Proposal requires submission by the Proposer of the First Tier Subconsultant Disclosure Form. When the agreement amount of a first tier subconsultant furnishing services, labor or labor and materials would be greater than or equal to \$10,000, the Proposer must disclose the following information about that subconsultant.

Proposer Name: \_\_\_\_\_ Proposed Cost: \_\_\_\_\_

RFP Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

SUBCONSULTANT INFORMATION (Please Print)	M/W/ESB	SCOPE/TYPE OF WORK	SUBAGREEMENT AMOUNT
Firm Name: Phone #: Fax #:			\$
Firm Name: Phone #: Fax #:			\$
Firm Name: Phone #: Fax #:			\$
Firm Name: Phone #: Fax #:			\$
Firm Name: Phone #: Fax #:			\$
Firm Name: Phone #: Fax #:			\$

**NOTE:**

- 1) If the Proposer will not be using any subconsultants that are subject to the above disclosure requirements, the Proposer is required to indicate "NONE" on this form.
- 2) All subconsultants with agreements \$10,000 or over must be listed on this form. Leave M/W/ESB column blank if firm is not confirmed certified through the State of Oregon Office of Minority, Women and Emerging Small Business: <http://egov.oregon.gov/DCBS/OMWESB/index.shtml>.

## **Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**

### **Background and Administrative Information**

#### **Introduction**

The City of Portland ("The City") is soliciting proposals from EAP firms to provide a broad-spectrum Employee Assistance Program to its approximately 5,800 employees and their family members. Proposals are due from interested and qualified vendors by December 22, 2010; the contract effective date is 7/1/2011. Proposal responses must include a comprehensive list of services provided, a Geo Access analysis, the completed RFP questionnaire (Note: please be sure your responses are concise and brief), and a competitive financial proposal. In addition, proposers must agree to the Hold Harmless language specified and include an officer's certification of the proposal contents.

#### **Organization Description**

The City currently employs approximately 5,600 individuals. In 2009, approximately 12% of the employees participated in the face-to-face counseling portion of the Employee Assistance Program (EAP). While a majority of the employees work in the downtown business district (zip code: 97204), other groups of employees work at various locations within the city limits but outside of the main zip code.

Additional information about this municipality can be obtained by accessing their web site at [www.portlandonline.com](http://www.portlandonline.com)

#### **Aon Compensation**

The City does not pay any commissions to Aon Hewitt for EAP services. The City has retained Aon on a fixed fee-for-service basis to prepare these specifications, analyze all proposal results and to make recommendations to The City.

#### **Proposal Objectives**

The City wants to accomplish the following objectives through this bid process:

- \* Review the marketplace for service and fee options that will best meet The City's EAP program goals:
  - ~ Maintain and improve employee satisfaction with The City's program
  - ~ Support employee work/life challenges
  - ~ Increase employee productivity
  - ~ Improve employee resiliency and health
- \* Ensure that the EAP vendor provides the best value available to The City employees and their families
- \* Ensure competitiveness of vendor pricing



**Bidding Criteria**

To have your proposal reviewed, the following criteria must be met and affirmed in the Officer's Verification statement (*If certain criteria cannot be met, please identify deviations*):

- \* Telephone intake staff and counselors are master's level prepared or higher.
- \* If counselors or intake staff refers participants to a mental health provider outside of the EAP, they must refer in consideration of the individual's medical benefit network.
- \* Your organization must have experience working with "large" clients (2,500 or more employees) and government employers.
- \* The EAP provider will provide Substance Abuse Professional Services consultations in compliance with the Department of Transportation Rules 49CFR in coordination with The City's DOT Drug and Alcohol Testing policies and procedures and for any other program(s) that The City may institute during the life of this contract.
- \* Permit individuals who have had one or more EAP counselor sessions prior to June 15, 2011 to continue seeing that provider through the end of 2011; (even though they may not be in your network) and reimburse them as an in-network provider.

**Proposal Process and Format**

Proposal responses must include a comprehensive list of services provided, a Geo Access analysis, the completed RFP questionnaire and a competitive financial proposal. In addition, respondents must agree to the Hold Harmless language specified and include an officer's certification of the proposal contents and affirmation of meeting the bid criteria.

The City reserves the right to:

- \* Reject any or all proposals tendered.
- \* Negotiate exclusively with one or more vendors of choice.
- \* Select a bidder that is not the lowest cost.
- \* Terminate or modify the process at any time.

*Do Not contact The City or City employees directly regarding this RFP or the vendor selection process. All questions regarding this proposal should be directed to:*

<b>Consultant's Name</b>	Seanne Isaly, Associate
<b>Company</b>	Aon Hewitt
<b>Address</b>	851 SW Sixth Avenue, Suite 385
<b>City, State, Zip</b>	Portland, OR 97223
<b>Phone Number</b>	503.306.2332
<b>Fax Number</b>	503.228.7447
<b>E-mail Address</b>	seanne.isaly@aonhewitt.com

~ OR ~

<b>Consultant's Name</b>	Paige Sipes-Metzler, AVP
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<b>Company</b>	Aon Hewitt
<b>Address</b>	851 SW Sixth Avenue, Suite 385
<b>City, State, Zip</b>	Portland, OR 97223
<b>Phone Number</b>	503.306.2891
<b>Fax Number</b>	503.228.7447
<b>E-mail Address</b>	paige.sipes-metzler@aonhewitt.com

**Timetable**

The following timetable is expected to apply during this marketing effort:

<b>Event</b>	<b>Target Date</b>
RFP mailed to selected vendors	12/8/2010
Deadline to submit any questions to Aon	12/10/2010
Question responses emailed to all recipients	12/14/2010
Deadline for RFP responses	12/22/2010 by 2:00 pm
Notification of finalists	1/24/2011
Finalist Interviews/Site Visits	Week of 1/24/2011
Selection of Vendor	2/15/2011
Plan Effective Date	7/1/2011

**Proposal Format**

Your completed proposal will consist of 3 parts, all of which must be received in a single electronic submission by the deadline **12/22/2010** to be considered for this marketing. Below is an overview of what each of these three parts is intended to address.

**Part 1 Questionnaire File:** The Questionnaire and a sheet to provide Explanations are contained in this Excel file. You are expected to respond to the Questionnaire by entering your responses in this file. The majority of the questions in the Questionnaire have been structured to elicit declarative responses through the use of drop down boxes.

To record your response:

- \* Click on the response cell in the Response column;
- \* Click on the down arrow which appears directly to the right of the cell;
- \* Click on the response that best describes your answer.

To enter your responses where a numeric, percent or ratio value is indicated as the answer format, simply enter the value in the corresponding response cell.

Next to each response cell, additional space is available for a brief text explanation. However, if the length of the explanation is greater than 400 characters, you must go to the "Explanation" worksheet to provide your detailed explanation. All explanations must be numbered to correspond to the questions to which they pertain and **should be brief**.

**Part 2 Financial File:** A worksheet(s) to enter your financial quotation is contained within the companion Excel file. Generally, the type of information that you will be entering into this file is your financial quotation, if requested. You are expected to provide the requested information by completing this workbook. In addition, this file may also contain reference information (rate history, enrollment data, etc.) that will assist you in putting together your quote. **Any deviations must be clearly marked.**

**Part 3 Electronic File Attachments:** Any attachments that you are being asked to provide about your organization must also be submitted electronically. An explanation of each attachment that you are required to provide appears in the Questionnaire; please be sure to follow the naming conventions that are provided for each attachment.

In order to help you organize your proposal and ensure that it is complete, please review the following list to ensure that you have provided each required item.

**Part 1. Questionnaire File:**

Worksheets
Questionnaire (RFP)
Explanations, if necessary
Services

**Part 2. Financial File:**

Worksheets
Financial
Hold Harmless Language
Officer Certification

**Part 3. Electronic File Attachments**

Attachments
Geo Access
Annual Report
Financial Statement
Sample Collateral Materials / Mailings
Sample Employer Contract

**Submission Format**

As noted in the preceding Proposal Format section, your completed proposal must be submitted electronically, in a single submission. You are requested to submit your proposal on either a CD to the address noted above OR a zipped file sent to the email address noted above.

**Evaluation Format and Content**

Your proposal will be scored based on each answer provided. Do not refer to attachments or exhibits. Responses should reflect data specific to the market(s) to which you are responding. Do not default to nationally collected data or statistics unless the information or processes are identical. You must clearly identify any qualifications or contingencies on your proposed fees, plan design and rate guarantees/performance guarantees.

**The City's Proposal Requirements**

**Cost of Submitting Proposal**

All costs associated with your proposal, including its preparation and presentation, will be borne by your organization and not The City or Aon Hewitt.

**Confidentiality**

All information contained in this RFP is **confidential** and may not be used for any other purposes than preparation of your proposal.

**Vendor's Errors/Omissions**

Neither The City nor Aon Hewitt will be responsible for errors or omissions made in your proposal. You will be permitted to submit only one proposal. You may not revise or withdraw a submitted proposal after the applicable deadline. After submission, revisions to your original submission will not be allowed, except as requested by Aon Hewitt or The City. Therefore, please take care to make your bid sound and competitive.

**Completeness**

We ask that your proposal be complete and that it comply with all aspects of these specifications. Any missing information could disqualify your proposal. ***Unless you note to the contrary, we will assume that your proposal conforms to our specifications in every way.***

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

I.

Employee Assistance Program RFP		Answer Format	Response	Explanation
<b>PLAN IDENTIFICATION/CONTACTS</b>				
1.	Organization Name	text	Cascade Centers, Inc.	
2.	Street Address	text	7180 SW Fir Loop, Suite 1A	
3.	City	text	Portland	
4.	State	text	OR	
5.	Zip	text	97223-8023	
6.	Web Address	text	www.cascadecenters.com	
7.	If EAP program service center address is different, please provide.	text	NA	

Contacts		Answer Format	Response	Explanation
<b>Please indicate the contact who can answer questions related to this RFP.</b>				
8.	<b>Primary Contact</b>			
a.	Name	text	Anthony Brown	
b.	Title	text	Vice President	
c.	Address	text	7180 SW Fir Loop, Suite 1A	
d.	City	text	Portland	
e.	State	text	OR	
f.	Zip	text	97223-8023	
g.	Phone Number	text	503-214-2635 (direct)	
h.	Fax Number	text	503-214-2636	
i.	E-mail Address	text	abrown@cascadecenters.com	
9.	<b>Secondary Contact</b>			
a.	Name	text	Julie Marshall, PhD	
b.	Title	text	Clinical Director	

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

	Employee Assistance Program RFP	Answer Format	Response	Explanation
c.	Address	text	7180 SW Fir Loop, Suite 1A	
d.	City	text	Portland	
e.	State	text	OR	
f.	Zip	text	97223-8023	
g.	Phone Number	text	503-214-2641 (direct)	
h.	Fax Number	text	503-214-2642	
i.	E-mail Address	text	jmarshall@cascadecenters.com	

II.	HEDIS INFORMATION	Answer Format	Response	Explanation
1.	If your EAP program has produced HEDIS (Plan Year 2009) reports for any of the network locations being considered, please send it (them) with your proposal. Name the file: <b>Your Organization's Name_Hedis Report</b> .	drop down box		NA

III.	GENERAL VENDOR INFORMATION	Answer Format	Response	Explanation
1.	Company operational date	Month Day, Year	August 1, 1977	
2.	Number of years providing EAP services	# of years	32	
3.	Corporate tax status	drop down box	For-Profit	
4.	Company ownership/controlling interest	text	Privately held, Cascade Centers Inc.	
5.	Home office/headquarters location	text	7180 SW Fir Loop, Suite 1A Portland, OR 97223-8023	
6.	NCQA accreditation status	text	NA	
7.	Identify how many employer clients you currently serve. List the number of covered lives (employees + dependents) this represents.	number, 0	276 Employer Clients -- 317,052 covered.	

**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire**

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

	Employee Assistance Program RFP	Answer Format	Response	Explanation
8.	Indicate the number of clients and participants that are serviced by your EAP program service center.	number, 0	13,346	
9.	Provide your organizations EAP philosophy and mission statement.	drop down box		Please see explanation
10.	<b>Geo-Access report.</b> The City would like to determine the availability of key EAP care providers to the local employee population. Please prepare a "Geo-Access" report using the parameters in the table below. Note that it is important that you follow the exact parameters. Be sure to list zip codes where access standards are not met.			
	<b>a. Psychiatrists</b>			
	Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
	Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
	<b>b. Clinical Psychologists (PhD)</b>			
	Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
	Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
	<b>c. Masters Level Psychologists</b>			





## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP	Answer Format	Response	Explanation
Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
<b>d. Masters Level Licensed Medical Social Workers</b>			
Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
<b>e. Masters Level Other</b>			
Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
<b>f. Other Licensed Counselors</b>			
Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP	Answer Format	Response	Explanation
Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
9. Lawyers			
Number of Providers Available	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
Miles From Residence	number, 0	Please see completed "Geo-Access" report located in Excel Documents_RFP No. 2010-EAP-001	
11. List the average and minimum experience for each professional category above.	text	Clinical Psychologists: Average experience 15 years, minimum experience 7 years; Masters Level Psychologists: Average experience 12 years, minimum experience 7 years; Masters Level Licensed Medical Social Worker: Average experience 12 years, minimum experience 7 years; Masters Level Other: Average experience 12 years, minimum experience 7 years; Other Licensed Counselors: Average experience 12 years, minimum experience 7 years; Lawyers : Average experience 7 years, minimum experience 5 years;	
12. Please note the geo-mapping method used:	drop down box	Center of zip code	

## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
13.	<b>Total mental health/chemical dependency membership in the following metropolitan area networks.</b>			
a.	Portland	number, 0		
14.	Please attach a copy of the company's most recent annual report. Name the file: <b>Your Organization's Name Annual Report.</b>	drop down box	Not Attached	Cascade Centers, Inc. is privately held and an Annual Report does not apply.
15.	Provide your company's most recent financial statement. If your company will not release this information, provide proof of ongoing financial stability. Name the file: <b>Your Organization's Name_Financial Statement.</b>	drop down box	Attached	
16.	Do you have ownership interests in any facility or program providers of mental health, substance abuse care or any other covered by your EAP RFP?	drop down box	No	
a.	If so, please describe these relationships and attach the organization's audited financial statements and annual reports for 2008 and 2009. If you need more space, please use the "Explanation" column and/or worksheet. Indicate the question answered.	text		NA
17.	Is the organization licensed to provide an Employee Assistance Program?	drop down box	Yes	

IV. 

Capabilities Benchmarks	Answer Format	Response	Explanation
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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
<p><b>"Yes" or "No" responses are elicited in this section. We encourage you to explain the reasons for "No" answers. Please use the "Explanation" column and/or worksheet. That should be used for any explanations. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed one page.</b></p>				
1.	There is a behavioral health triage system in place, operational 24-hours/7-days a week and staffed by behavioral health professionals with at least a master's degree, to direct members to appropriate levels of mental health or substance abuse care.	drop down box	Yes	
2.	Upon request, your company provides a description of how behavioral health practitioners are paid and all financial risk arrangements with providers. This would include the level of risk involved, the size of the organization accepting the financial risk and the minimum and maximum amounts or percentages at risk.	drop down box	Yes	
3.	The network has a multidisciplinary mixture of board-certified psychiatrists, independently licensed doctoral psychologists, and master's-level clinicians.	drop down box	Yes	

V.

QUALITY MANAGEMENT Program Structure	Answer Format	Response	Explanation
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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

**To Vendor:** Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program REP		Answer Format	Response	Explanation
<p>"Yes" or "No" responses are elicited in this section. We encourage you to explain the reasons for "No" answers. Please use the "Explanation" column and/or worksheet. That should be used for any explanations. Explanations should be numbered to match with "No" responses and must be brief. They cannot exceed one page.</p>				
1.	Your organization has a written quality improvement (QI) program that outlines the program structure and content.	drop down box	Yes	
2.	The program description specifies the role, structure, function, and frequency of meetings of the QI Committee and other relevant committees.	drop down box	Yes	
3.	The annual QI work plan, or schedule of activities, includes the following:			
a.	Objectives, scope, and planned projects or activities for the year	drop down box	Yes	
b.	Planned monitoring of previously identified issues, including tracking of issues over time	drop down box	Yes	
c.	Planned evaluation of the QI program.	drop down box	Yes	
4.	Designated EAP practitioners with management and clinical experience have substantial involvement in QI program implementation.	drop down box	Yes	
Program Operations		Answer Format	Response	Explanation
5.	The quality improvement program is fully operational.	drop down box	Yes	
6.	Contemporaneous (i.e. created at the time the activity is conducted), dated and signed minutes reflect all QI Committee decisions and actions.	drop down box	Yes	

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
7.	The QI program coordinates with utilization management credentialing, monitoring and resolution of member complaints and appeals, assessment of member satisfaction, and clinical records review.	drop down box	Yes	
EAP Contracting		Answer Format	Response	Explanation
8.	Contracts with practitioners specifically require that the practitioner cooperate with QI activities and that your organization has access to clinical records to the extent permitted by State and Federal laws.	drop down box	Yes	
9.	The organization establishes standards for the number and geographic distribution of EAP practitioners including; psychiatrists, psychologists, clinical social workers, psychiatric nurses, and other behavioral healthcare specialists.	drop down box	Yes	
Accessibility of Services		Answer Format	Response	Explanation
10.	You have established standards for timeliness of routine and urgent care, behavioral healthcare appointments, and access to after-hours care.	drop down box	Yes	
11.	The organization monitors responsiveness of member services or appointment telephone lines.	drop down box	Yes	
Member Satisfaction		Answer Format	Response	Explanation
12.	<b>You assess member satisfaction at least annually by:</b>			
a.	Surveying member satisfaction with the organization's services	drop down box	Yes	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
b.	Evaluating member complaints	drop down box	Yes	
c.	Evaluating requests to change practitioners and/or facilities	drop down box	Yes	

Practice Guidelines		Answer Format	Response	Explanation
13.	The organization adopts and disseminates practice guidelines, practice parameters, consensus statements, or specific criteria for providing acute and chronic behavioral healthcare services.	drop down box	Yes	

Access to Care and Services		Answer Format	Response	Explanation
14.	Telephone callers reach a live voice within 30 seconds.	drop down box	Yes	
	Identify professional qualifications of your 24-hour telephonic intake and referral staff.	drop down box	Yes	
15.	Telephone abandonment rates (the percentage of callers who terminate a call before reaching a representative) do not exceed five percent at any time.	drop down box	Yes	
16.	Emergency member visits are available within four hours or less of a referral call.	drop down box	Yes	

**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is **greater than 400**  
characters, you must use the "Explanation" worksheet to provide  
your detail explanation.

	Employee Assistance Program RFP	Answer Format	Response	Explanation
17.	How is EAP counselor scheduling handled for callers? Does intake staff <b>schedule</b> appointments? Does intake staff provide names of potential counselors for <b>members to schedule</b> ?	text	Yes	Masters level counselors answer all calls, schedule appointments, and conduct intakes. Employees have one access point; they make only one call for all services and will talk with a live person within 20 seconds. Cascade ensures prompt service and follows up 100% of the time within 24 hours with providers to confirm that an appointment has been set.
18.	Urgent problem visits are available within 24-hours.	drop down box	Yes	
19.	Non-urgent office visits are offered within five business days.	drop down box	Yes	
20.	Triage clinicians are trained in one of the core behavioral healthcare disciplines at the masters level (or have equivalent licensure).	drop down box	Yes	
21.	Triage clinicians are supervised by an experienced behavioral healthcare clinician with a minimum of a master's degree and five year of post-master's clinical experience.	drop down box	Yes	
22.	The triage function is reviewed and supervised by a board-certified psychiatrist with an active unrestricted license and a minimum of five years of clinical experience.	drop down box	No	

	Members' Rights And Responsibilities	Answer Format	Response	Explanation
23.	<b>You have a written members' rights policy that states:</b>			
a.	Members have a right to receive information about the organization, its services and members' rights and responsibilities	drop down box	Yes	

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
24.	b. Members have a right to be treated with respect and recognition of their dignity and need for privacy	drop down box	Yes	
	c. Members have a right to voice complaints or appeals about the organization or the care provided	drop down box	Yes	
	You distribute the policy on members' rights and responsibilities to all participating providers.	drop down box	Yes	

VI.

REFERENCES/CONTACTS AND REQUESTED ATTACHMENTS		Answer Format	Response	Explanation
1.	Provide requested information for four EAP clients who may be contacted for references.			
	a. Name 1	text	Wendy Edwards, MPA:HA	
	Title 1	text	Director of Operations with Public Employees' Benefit Board	
	Phone 1	text	(503) 378-2798	
	b. Name 2	text	Lorna Bradley-Cook	
	Title 2	text	Benefit Consultant with Legacy Health System	
	Phone 2	text	503-415-5223	
	c. Name 3	text	Valerie Weekly	
	Title 3	text	Benefits Analyst with Washington County	
	Phone 3	text		
	d. Name 4	text	Les Brown	

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
2.	Title 4	text	Benefits Manager with City of Salem	
	Phone 4	text	503-588-6162 ex: 7241	
	<b>Number of clients that terminated their contracts in the last three years (2007, 2008 and 2009).</b>			
a.	Number of clients 2007	number, 0	16	
b.	Number of clients 2008	number, 0	15	
c.	Number of clients 2009	number, 0	11	
3.	<b>Identify how many employer clients you currently serve. List the number of covered lives (employees + dependents) this represents.</b>	number, 0	276 Employer Clients - - 317,052 covered.	
4.	<b>List all current EAP clients with 5,600 or more employees.</b>	text	State of Oregon- 40,239; Legacy Health System- 9,000; Orchard Brands-7078; University of California-Irvine - 7,000	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation.  
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Employee Assistance Program RFP		Answer Format	Response	Explanation
5.	List all government clients regardless of size.	number, 0	City of Canby; Beaverton School District; David Douglas School District; State of Oregon; North Clackamas School District; West Linn Wilsonville School District; East Valley School District (WA); Grandview School District (WA); Naches Valley School District (WA); Education Service District (WA);  Washington County; Polk County; Marion County;  Buckley(CO) AFB; Bureau of Reclamation - Mid-Pacific; Bureau of Reclamation - Great Plains; Bureau of Reclamation-Pacific NW; Bureau of Land Management -Eugene, OR; National Parks; Environmental Protection Agency	

Other Issues		Answer Format	Response	Explanation
Please indicate if your proposal conforms to our specifications in every way.				
1.	No internal or external communications material that mentions City of Portland's benefit plans may be circulated without written approval from The City of Portland. This includes internal sales publications, newsletters, and publications to agents, brokers, and consultants.	drop down box	Agree	

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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
<b>Indicate if you Agree Or Disagree with the following provisions desired by The City of Portland</b>				
2.	Fees have been guaranteed as indicated in the quotes provided in the Financial Considerations section.	drop down box	Agree	
3.	Vendor agrees to place City of Portland logo on various printed material, if requested, meeting color and placement requirements. Any additional charges for customized logos must be disclosed within one week of the request.	drop down box	Agree	
4.	Vendor agrees to monitor federal and state legislation affecting the plans.	drop down box	Agree	
5.	The City does not provide the current vendor with employee eligibility information; they accept all City of Portland calls as legitimate. Indicate your willingness and agreement to continue this practice.	text	Agree	
6.	The vendor fulfills the insurance requirements as indicated in the "EAP Insurance Requirements 2010" document attached to this RFP (Do not fill out the form at this time)	drop down box	Agree	
7.	Please complete and return the "Equal Benefits DPs and Spouses Declaration" document attached to this RFP.			
8.	Please complete and return the "WMBE Outreach Plan" document attached to this RFP.			

VIII.

LEGAL/CONTRACTUAL/COMPLIANCE Liability/Regulatory	Answer Format	Response	Explanation
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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

	Employee Assistance Program RFP	Answer Format	Response	Explanation
1.	Vendor has complied with all state insurance department filing requirements for all plans/products being offered in this quote in each state in which the Client has employees.	drop down box	Yes	
a.	If the answer to the preceding question is "no", for all plans/products quoted in this RFP for which the required state insurance department filing requirements have not been met, please specify the applicable plan/product and corresponding state.	text		NA
2.	Vendor is bonded.	drop down box	Yes	
3.	Vendor maintains a fidelity bond as required by ERISA.	drop down box	Yes	
4.	The vendor maintains executed contracts with all providers participating in the network.	drop down box	Yes	
5.	The vendor provider contracts do not provide for any type of remuneration to your organization, such as commission, finder's fee, rebate, or other financial benefit.	drop down box	Yes	
6.	Your organization is not a creditor of any provider in the network.	drop down box	Yes	
7.	For this proposal, confirm that the risk is held entirely by your organization.	drop down box	Yes	
a.	If it is not, indicate the percentage of the risk passed on to other firms.	percentage, 0	0%	
b.	Provide treaty details of any ceded risk. If you need more space, please use the "Explanation" column and/or <b>Worksheet</b> .	text	NA	



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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

**To Vendor:** Use **Column Q** to provide a brief explanation.  
However if the length of the explanation is **greater than 400 characters**, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
8.	Vendor agrees to indemnify and hold The City of Portland harmless for Vendor's negligence or for Vendor's failure to perform under the Agreement. The City shall not provide any indemnity in favor of the Vendor. Vendor agrees to language contained in worksheet "Hold Harmless".	drop down box	Yes	

Contractual		Answer Format	Response	Explanation
9.	7/01/2011 is to be the contract effective date.	drop down box	Yes	
10.	The contract is to be issued in Oregon unless you obtain permission from Aon Hewitt to use an alternative situs.	drop down box	Yes	
11.	7/1/2012 will be the first contract anniversary date.	drop down box	Yes	
12.	The vendor agrees not to appoint any agent, general agent, or broker, nor authorize payment of any kind to a party not approved in writing by The City.	drop down box	Yes	
13.	We understand that terminology and contract provisions may vary among the involved vendors. We will permit such alternative language provided benefit payment levels are not adversely impacted.	drop down box	Yes	
14.	There will be no restrictions or benefit limitations for pre-existing conditions applied to any members enrolled in the plan/program at any time.	drop down box	Yes	
15.	<b>Waiver of Actively at Work Provisions:</b> Any participants not actively at work due to disability on the program effective date will be covered.	drop down box	Yes	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation.  
However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
16.	Any disabled employees (or enrolled dependents) or other leave-of-absence employees who are inadvertently not disclosed in these specifications or who later are identified as eligible for benefits with the incumbent vendor will become the liability of the vendor selected through this marketing.	drop down box	Yes	
17.	Please include a copy of a sample employer contract that includes all exclusions and limitations that the vendor expects will apply to The City of Portland. Name the file: Your Organization's Name_Sample Employer Contract.	drop down box	Provided	

Compliance, General		Answer Format	Response	Explanation
18.	The vendor agrees to comply with the Department of Labor's final claims procedure regulations, including the appropriate timeframes for adjudicating claims and notice of appeal decisions.	drop down box	Yes	

Compliance, HIPAA		Answer Format	Response	Explanation
19.	You maintain a dedicated individual or staff responsible for resolving HIPAA issues.	drop down box	Yes	
20.	Vendor certifies that it will comply with the interim final rules on nondiscrimination in the group health market, including:			
a.	Coverage for self-inflicted injuries for persons who suffer from medical conditions (such as depression)	drop down box	Yes	
b.	Coverage for persons who are hospital-confined or not actively at work when coverage would otherwise take effect.	drop down box	Yes	



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## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland Questionnaire

**To Vendor:** Use **Column Q** to provide a brief explanation.  
However if the length of the explanation is **greater than 400 characters**, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
21.	Vendor certifies that, if it conducts Standard Transactions, it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI).	drop down box	Yes	
22.	Vendor will not require that enrollment and eligibility information electronically transmitted by The City to Vendor comply with EDI.	drop down box	Yes	

Compliance, Privacy and Confidentiality		Answer Format	Response	Explanation
23.	The vendor agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization's compliance with the privacy rules.	drop down box	Yes	
24.	The vendor adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.	drop down box	Yes	
25.	The vendor will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.	drop down box	Yes	
26.	The vendor agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Vendor agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI.	drop down box	Yes	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

To Vendor: Use Column Q to provide a brief explanation. However if the length of the explanation is greater than 400 characters, you must use the "Explanation" worksheet to provide your detail explanation.

	Employee Assistance Program RFP	Answer Format	Response	Explanation
27.	The vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.	drop down box	Yes	
28.	The vendor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the vendor agrees to the same restrictions and conditions that apply to vendor with respect to such information.	drop down box	Yes	
29.	The vendor agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.	drop down box	Yes	
30.	The vendor agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.	drop down box	Yes	
31.	The vendor agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.	drop down box	Yes	

**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Questionnaire**

**To Vendor:** Use **Column Q** to provide a brief explanation. However if the length of the explanation is **greater than 400 characters**, you must use the "Explanation" worksheet to provide your detail explanation.

Employee Assistance Program RFP		Answer Format	Response	Explanation
32.	The vendor agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI.	drop down box	Yes	
Officer	Answer Format	Response	Explanation	
33.	Vendor's completed proposal contains the form (included in the worksheet, "Officer"), signed by a company officer, attesting to compliance with RFP specifications and the accuracy of all responses.	drop down box	Officer Worksheet Completed and Faxed	

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Explanation**

This worksheet should be used to provide additional explanations for any questions for which a "See Explanation" response was given. Explanations must be numbered to correspond to the question to which they pertain and they must be brief.

State the number of questions you addressed with further explanation:

Section/ Question #	Explanation
III - 9	<p>Cascade Centers, Inc.'s (Cascade) mission is to provide comprehensive, "high touch", and leading edge services to organizations and individuals through employee assistance, counseling, education, training, and resource referrals. Cascade provides member groups' employees and family members a full service EAP with a focus on customer service. The following is Cascade's focus for a successful EAP:</p> <p><b><u>Collaboration and Integration</u></b></p> <p>Ensuring understanding and utilization of resources and benefits available and offering guidance on increasing utilization.</p> <p>Raising employee awareness of services.</p> <p>Encouraging consultation whenever possible regarding employee or organizational issues.</p> <p>Encouraging groups to provide immediate feedback with concerns towards products and/ or service delivery, so they can be addressed immediately.</p> <p><b><u>Flexible and Responsive Service</u></b></p> <ul style="list-style-type: none"> <li>• Exceeding the expectations for client care and customer service.</li> <li>• Responding to the unique needs of industries, organizations and individuals.</li> <li>• Developing services based on an organizations expressed interests.</li> </ul> <p><b><u>Providing a Holistic Program with Innovative Avenues of Access</u></b></p> <ul style="list-style-type: none"> <li>• Cascade is a leader and innovator in the evolution of EAPs.</li> <li>• Cascade listens to our organizations and their employees.</li> <li>• Cascade knows as times change, so does an organization and its members and the way they access information. By offering diverse avenues of access for services and assistance. Members can utilize Cascade for any life issue, large or small.</li> </ul>
V - 17	<p>How is EAP counselor scheduling handled for callers? Masters level counselors answer all calls. These counselors also schedule appointments for callers.</p> <p>Does intake staff schedule appointments? Our Masters level counselors conduct intakes.</p> <p>Does intake staff provide names of potential counselors for members to schedule. Employees have one access point; they make only one call for all services. Cascade does not employ an automated telephone system that places callers in a queue, on hold or into a voice mail system. When a person calls in they will talk with a live person within 20 seconds – no wait time.</p> <p>Cascade is committed to ensuring that all members accessing services are connected to their provider and set an appointment in a timely manner.</p> <p>This enhanced process ensures that members receive prompt service and do not "fall through the cracks" of the referral process.</p> <ul style="list-style-type: none"> <li>• Cascade follows up 100% of the time within 24 hours to make sure the provider has contacted the client and that an appointment has been set.</li> </ul>



**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**  
**Explanation**

This worksheet should be used to provide additional explanations for any questions for which a "See Explanation" response was given. Explanations must be numbered to correspond to the question to which they pertain and they must be brief.

**State the number of questions you addressed with further explanation:**

Section/ Question #	Explanation

**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**

**EAP Questionnaire (NOTE: YOUR RESPONSES SHOULD BE BRIEF)**

Questions	Short Vendor Name
1. Name the two designated account representatives who would be responsible for this account. List professional experience, qualifications and physical location. Indicate whether these individuals also provide professional services such as CISD response, employee training sessions and departmental seminars.	1. Anthony Brown, Vice President, Primary contact, located at 7180 SW Fir Loop, Tigard, OR, 97223: Manages successful transition from the incumbent contractor for all program elements (e.g. website, call center, face-to-face counseling, etc.). Oversees a team of account managers. Directs the development of EAP products and services. Professional services provided include conducting
2. Identify key administrative staff that would be responsible for this account. List each person's professional experience and qualifications.	Mary Hennesey, MA, LPC, senior EAP Consultant, 12 years of EAP experience; Cascade's specialist in management consultation, case management, and substance abuse services. Professional services
3. Describe how you typically interface with your clients' management team.	Cascade works most effectively with client accounts when we create strong partnerships. Our best partnerships develop when we have
4. Submit a copy of all standard statistical reports and your reporting schedule. List the cost to obtain other reports not included in the standard package.	Reports are provided monthly or quarterly. They are also available any time through Cascade's secure database. There are no costs associated with receiving additional reports. Please appendly for a
5. Provide the number of professional clinical staff you employ and the number with whom you contract.	Cascade has 13 professional clinical staff and 8430 with whom we contract.
6. What percentage of your clinical staff has the designation of Preferred Provider in the ODS network in Oregon and SW Washington?	86% of clinical staff has the designation of Preferred Provider in Oregon. 78% of clinical staff has the designation of Preferred
7. Describe your selection, credentialing and re-credentialing process and criteria for EAP professional clinical providers.	<p>The screening and credentialing process includes the following stages:</p> <ul style="list-style-type: none"> <li>• Each provider applicant completes and submits an application and credentialing form to Cascade EAP.</li> <li>• Provider applications are screened for completeness of data, active professional licensure/certification and current liability coverage.</li> <li>• Primary-source verification of the applicant's qualifications and professional experience.</li> <li>• Provider application is referred for to the Cascade EAP Credentialing Committee for consideration.</li> <li>• The Credentialing Committee weighs the applicant's clinical experience, areas of clinical specialization, and ability to provide continuity of care through insurance and managed-care panel affiliations</li> <li>• The Cascade EAP Credentialing Committee authorizes or declines a provider's participation in the Cascade EAP Network</li> </ul> <p>In considering whether or not to renew the provider's "active" status in the Cascade EAP Network, along with verifying license and insurance levels, we review member satisfaction results, complaints,</p>
8. State the number of your clinical providers who specialize and list all specialties (such as alcohol and drug treatment, treatment of adolescents and treatment of families).	Cascade has 8443 providers specializing in one of the following: Addictions, ADHD, Adolescents, Adoptions, Adults, Affective Disorders, AIDS/HIV, Anger Management, Anxiety, Brief Therapy,
9. Submit your professional requirements for culturally competent intake and counseling skills.	EAP counselors must meet the following minimum standards:
10. The City requires the successful bidder to mail a "Welcome" packet containing a letter, a brochure and a refrigerator magnet to all employees' homes. Identify and provide samples of additional or substitute information that could be included in this packet.	Cascade will also include an 8 1/2 X 11 summary of service flyer and a wallet card promoting the wellness program. See samples
11. List your standard communication materials to promote understanding and use of the EAP. Provide samples including regular informational mailings to employer client homes.	Service Summary; EAP Brochures; EAP and Wellness Wallet Cards; Posters with Tear off Cards; Individual Services Flyers; Individual Presenting Problem Flyer; Monthly Service Flyers; "E-blast"; Seasonal Wellness Campaigns; Monthly "EAP Navigator" Newsletters; Online Orientation Video; Webinars
12. List titles of potential workplace educational programs and delivery methods. State how you evaluate effectiveness.	Follow is a list of potential workplace educational programs available on-site or via webinar. Effectiveness is evaluated with evaluation forms at the end of each session and by follow up calls conducted.
13. Describe how you would deliver training to workites with small and/or remote employee populations.	Cascade will make attempts to deliver training to small or remote populations. Cascade can also provide live or recorded webinars.
14. Describe suggested training topics and formats for new managers and supervisors to help manage the impact of personal problems in the work place and in the use of the EAP.	Suggested topics for managers and supervisors would be "EAP Supervisor Orientation", "Identifying and Responding to Troubled Employees", and "Drug and Alcohol Awareness Training". These trainings can be done on-site, via live webinar, and available on our website for viewing at any time via video file and/or archived webinar.
15. Describe your client employee website contents and submit web address.	Cascade's brochure www.cascadecenters.com website is designed for the end user - the employee, family member, or supervisor/manager. It contains: 253 total pages, 165 pages devoted to the member under the "Employee Assistance" section, 76 pages are dedicated to specific topics/ services such as career development or identity theft, 221 images, documents, or videos, 148 links.
16. Describe your critical incidents debriefing program following violent and/or catastrophic events, a serious injury, illness or death of an employee and distressing events that attract unusual media or public attention.	Cascade's Personal Advantage ( <a href="http://cascade.personaladvantage.com/">http://cascade.personaladvantage.com/</a> ) is Cascade's interactive website with more than 10,000 resources into an easy-to-use website. Cascade Personal Advantage can be customized with the City's logo, colors, benefit information, and uploaded documents.
16. Explain your critical incidents debriefing program following violent and/or catastrophic events, a serious injury, illness or death of an employee and distressing events that attract unusual media or public attention.	<p>Cascade tailors response to critical incidents based on the nature of the incident, timing, and needs of the organization and employees. Typically we will conduct an on-site Critical Incident Debriefing 24-72 hours after the event for affected employees, with follow up for groups and individuals as needed. However, at times we will respond to critical incidents less than 24 hours after the event, work with individuals as well as groups, or provide multiple sessions or counselors for large groups or groups require more intensive or ongoing support.</p>

**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**

**EAP Questionnaire (NOTE: YOUR RESPONSES SHOULD BE BRIEF)**

17. What assistance do you routinely provide to employers with regard to the Federal Drug-Free Workplace Act (DFWA)?	Cascade routinely provides policy consultation, consultation to managers, supervisors, and HR regarding policy implementation and testing, drug testing, and reasonable accommodations for
18. Describe how you will work with The City's Drug and Alcohol Testing Coordinator to ensure employees and The City receive required services from a qualified, experienced and fully trained Substance Abuse Professional as defined in Department of Transportation Rules 49CFR.	Cascade maintains a panel of qualified SAP providers, and has on staff a designated SAP coordinator who will work with the City's testing coordinator to arrange services for employees needing a Substance Abuse Professional Evaluation. Cascade's SAP coordinator will partner with the City's coordinator to ensure that our process fits with the City's procedures when there is a DOT violation, will arrange the SAP evaluation for the employee, and will assure that all information is relayed back to the designated employer representative regarding recommendations, return to work, and follow up testing.
19. The City would like to continue the relationship with its current SAP. Describe your willingness to contract with the individual for SAP services.	Cascade would be very willing to contract with any Qualified Substance Abuse Professional who is willing to accept a contract with Cascade EAP to provide SAP services in the event that the
20. Describe the referral process when a client requires services beyond the scope of the EAP.	In the case of the member being referred for services to a provider other than the EAP counselor, an assisted referral is made. The counselor will contact the client's insurance entity to insure that the recommended specialist for the client will be covered by insurance and that any appropriate authorization needed is in place. Through case management we follow all referrals to their successful completion to ensure that members access all necessary services. In addition, this process of assisted referrals helps to motivate and support the member to follow through with treatment recommendations.
21. State the intake and referral process between the client's benefits programs and the EAP. Describe mechanisms to coordinate with the client's health plans. How do you ensure that members are not referred directly to medical benefits?	All calls are answered live by a masters level counselor who obtains general identifying information including who their health plan provider is. The employee is then matched with a specific counselor based on specialty, geographic location, and health care provider.
22. Describe how you would handle the EAP client who has exhausted available EAP sessions but still requires one or two more sessions to successfully complete the counseling process.	In the event that a client exhausts the EAP benefit before treatment is completed, Cascade would transition the client into their insurance benefit to complete their counseling or invite the client to continue on a self-pay basis if the issue was one that was not reimbursable under health insurance (ie no billable diagnosis exists). In certain situations we have authorized one or two more additional sessions to complete treatment under special circumstances, this would be evaluated on a case-by-case basis.
23. Briefly describe the Legal Services component of your work/life services. What is unique about your program?	Each covered employee is entitled to one initial 30 minute office or telephone consultation at no cost with a network attorney. If the
24. Briefly describe the Financial Services component of your work/life services. What is unique about your program?	Each covered member is eligible for 30 days of unlimited financial coaching at no cost. Coaches provide members with a needs analysis and an online written action plan to help members achieve
25. Briefly describe the Childcare Referral component of your work/life services. What is unique about your program?	Cascade's Childcare service provides resources and assistance with childcare, education issues, behavioral difficulties, development concerns, and adoption information. Information is sent to the caller
26. Briefly describe the Elder Care Referral component of your work/life services. What is unique about your program?	Cascade's Elder Care services provides assistance in finding solutions to the aging needs of older adults and the family members caring for them such as housing, alternative living, home health,
27. Briefly describe programs available in support of chronic conditions/disease management.	Cascade's wellness program included in the proposed rate addresses support for chronic conditions/ disease management with services such as unlimited wellness coaching and online programs. Health coaches provide support for a variety of medical conditions and offer referrals to professionals and programs to help you manage chronic conditions such as arthritis, asthma, back and neck pain, heart health, and diabetes.
28. Briefly describe programs available in support of employee wellness initiatives; specifically obesity.	Wellness services included in the proposed rate include: Unlimited access to wellness coaches, online programs and tutorials, online competition tools, free tip sheets and books, seasonal wellness campaigns, and customizable promotional materials. For obesity, Cascade recommends promoting different activities throughout the year that are available through the included wellness program. Activities such as: "WellWalk" walking program with free pedometer, Online "WellWeight" (providing an incentive for those who participate recommended) "Biggest Loser" style competition after the first of the year, steps competition during the spring, and "Maintain Don't Gain" campaign during the holidays. Cascade has provided the following additional services to other Cities and can do so for the City of Portland: Onsite biometric screenings, City wide health risk assessment with executive reports and plan of action based on data, and wellness committee attendance/ guidance.

184655

## Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland

### Cost Analysis

For an effective date of July 1, 2011

EAP SERVICES / PRICING COMPONENTS	<INSERT VENDOR NAME>
<b>INDICATE WHETHER YOUR PEPM QUOTE MEETS THE FOLLOWING DESIRED SPECIFICATIONS:</b>	
<b>CORE EAP SERVICES</b>	
Toll free telephone consultation available 24/7 (unlimited)	Yes
Face-to-face EAP consultation up to 8 sessions per employee per year; includes supervisor referrals	Yes
Provide continuity of care to those seeing non-network providers prior to June 15, 2011	Yes
Telephonic Supervisor/Manager Consultation (unlimited)	Yes
On-site Supervisor/Manager Consultation (up to 35 hours per year)	Yes
On-site "New Supervisor/Manager Training" classes with manuals (4 per year, 1 hours each)	Yes
On-site Wellness classes/seminars (up to 50 hours per year)	Yes
On-site CISD (up to 30 hours per year)	Yes
SAP service consultations (up to 6 cases per year)	Yes
<b>REFERRAL SERVICES</b>	
Legal referral, including 30 minute consultation and follow up at a discount	Yes
Financial planning referral, including 30-minute consultation and follow up at a discount	Yes
Elder Care provider/service referrals	Yes
Child Care provider/service referrals	Yes
<b>EMPLOYEE COMMUNICATIONS/IMPLEMENTATION MATERIALS</b>	
Welcome packet for all City employees (letter, brochure, magnet) mailed to employee homes	Yes
Provide up to 8 (1-hour / on-site) "Open House" seminars during the 1-month prior to and 2 months after the contract effective date to launch EAP services	Yes
Semi-annual reminder postcards mailed to employee homes	No
Up to \$5,000 communications allowance for City to apply toward joint Wellness program communication to all employees (printing, mailing costs)	No
Robust web site for employees and their families	Yes
Provide staff for Wellness Fairs (3), Benefits Fairs (4)	Yes
Provide up to 6, 1-hour, on-site general EAP information/marketing sessions (such as Safety Camps, Benefit Representatives)	Yes
<b>ACCOUNT MANAGEMENT</b>	
Designated account manager and team	Yes
Quarterly utilization and management reports, showing contract and excess work	Yes
Semi-annual meetings with City staff	Yes
Services to support the wellness program, such as:	
Exercise trackers	Yes
Nutritional planners	Yes
Online weight loss component	Yes
Wellness coaching	Yes
Social media capabilities	Yes
Provide interactive videos that employees can access via the website	Yes



**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**

**Cost Analysis**

For an effective date of July 1, 2011

RATE PROPOSAL	
PEPM rate for the above services for the first <b>12 months</b> of the contract (July 1, 2011 through June 30, 2012)	\$2.64
PEPM rate guarantee for plan year 2012-2013	Yes
PEPM rate guarantee for plan year 2013-2014	Yes
PROPOSED HOURLY OR CASE RATES FOR NON-OR-OVER-THE-CONTRACT SERVICES	
Face-to-face EAP consultation (per hour)	\$90.00
SAP service consultations (per case)	\$600.00
CISD (per hour)	\$200.00
On-site management consulting (per hour)	\$200.00
Wellness training sessions (per hour)	\$200.00
<b>Commission</b>	<b>Net of Commission</b>

See the attached City of Portland RFP 2010-EAP-001 for a general description of the services currently being provided.

## **Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland**

### **Hold Harmless Language**

Vendor agrees to the following Hold Harmless language:

a) Vendor shall indemnify and hold harmless The Client, its respective directors, officers, employees (acting in the course of their employment, but not as claimants) and agents, against any and all liability or expense (including the cost of legal defense or settlement) which was caused by the malpractice of health care professionals under (vendor), which was caused by the professional services provided or not provided by health care professionals under (vendor), or which was caused by (vendor's) negligent or intentional misconduct, breach of this Agreement, fraud, or its breach of fiduciary responsibility in the case of an action under ERISA, related to or arising out of this Agreement or The Client's role as employer or Plan sponsor.

b) The indemnification obligations of (vendor) shall terminate upon the expiration of the Agreement except as to any matter concerning which a claim has been asserted by notice to the other party at the time of such expiration or within 365 days after effective date of Agreement termination.

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Please see completed "Geo-Access" report located in Excel Documents\_RFP No. 2010-EAP-001

**Network Access**

Type of Access Report to be provided by carrier/vendor

Geo-Access Report

**Parameters for Geo-Access Reporting**

**EAP Providers**

**Criteria/Standards**

**Psychiatrist**

Number of Providers Available

2

Miles from Employees Residence

10

**Ph.D. Psychologist**

Number of Providers Available

2

Miles from Employees Residence

10

**Masters level Psychologist**

Number of Providers Available

2

Miles from Employees Residence

10

**Masters level clinical social worker**

Number of Providers Available

2

Miles from Employees Residence

10

**Masters level - other**

Number of Providers Available

2

Miles from Employees Residence

10

**Other licensed counselors**

Number of Providers Available

2

Miles from Employees Residence

10

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**Request for Employee Assistance Program (EAP) Proposal (RFP) for The City of Portland  
Officer Certification**

Please have an Officer review and sign this worksheet to confirm the information is valid.  
Please include the completed form with your proposal.

OFFICER'S STATEMENT	
EAP Vendor Legal Name	Cascade Centers, Inc.
EAP Vendor Marketing Name	Cascade Centers, Inc.
Street Address	7180 SW Fir Loop
City	Portland
State	Or
Zip	97223
Phone Number	503-639-3009
Fax Number	503-620-3453
Web Address	<a href="http://www.cascadecenters.com">www.cascadecenters.com</a>
Name of Officer completing statement	Gale Castillo
Title of Officer completing statement	President
Phone Number of Officer completing statement	503-639-3009
Email Address of Officer completing statement	<a href="mailto:gcastillo@cascadecenters.com">gcastillo@cascadecenters.com</a>

I certify that our proposal meets the Bidding Criteria listed in the Introduction of the RFP. I certify that our response to The City of Portland's RFP (Request for Proposal) is complete and accurate to the best of my knowledge and contains no material omissions or misstatements. I acknowledge that The City of Portland will rely upon the information included in our response to make decisions concerning the EAP benefits that are offered to their employees.

Officer's Signature

*Gale Castillo*  
12/22/10

12/21/2010

Date Signed



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Elliott Powell Baden and Baker Inc. 1521 S.W. Salmon Street Portland OR 97205-1783		<b>CONTACT NAME:</b> Nikki Cottingham <b>PHONE (A/C No, Ext):</b> (503) 227-1771 <b>FAX (A/C, No):</b> (503) 274-7644 <b>E-MAIL ADDRESS:</b> ncottingham@epbb.com <b>PRODUCER CUSTOMER ID #:</b> 00008942	
<b>INSURED</b> Cascade Centers Inc, DBA: Cascade EAP; Cascade 7180 SW Fir Loop, Suite 1-A Portland OR 97223		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES** CERTIFICATE NUMBER: 2010/11 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PHPK592883	8/1/2010	8/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK592883	8/1/2010	8/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 15,000 Uninsured/Underinsured \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			PHPK592883	8/1/2010	8/1/2011	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Professional Liability Claims Made			PHPK592883	8/1/2010	8/1/2011	Aggregate Limit \$3,000,000 Each Incident Limit \$1,000,000

APPROVED AS TO FORM  
*[Signature]*  
CITY ATTORNEY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional insured status applies for the General Liability per the terms outlined on the attached form CG 20 26 07 04.

<b>CERTIFICATE HOLDER</b> (503) 823-3522 Vicki.Arch@portlandoregon. City of Portland Benefits Office Attn: Vicki Arch 1120 SW 5th Ave, Room 404 Portland, OR 97204	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE F Baccellieri/NIKKI <i>[Signature]</i>
--	--

POLICY NUMBER: PHPK592883

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Portland Benefits Office 1120 SW 5th Ave, Room 404 Portland, OR 97204
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



# OREGON WORKERS COMPENSATION CERTIFICATE OF INSURANCE



**CERTIFICATE HOLDER:**

CITY OF PORTLAND  
BENEFITS OFFICE  
1120 SW 5TH AVE  
ROOM 404  
PORTLAND, OR 97204

The policy of insurance listed below has been issued to the insured named below for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

POLICY NO.	POLICY PERIOD	ISSUE DATE
410761	01/01/2011 to 01/01/2012	04/07/2011

**INSURED:**

CASCADE CENTERS INC  
7180 SW FIR LP #1-A  
PORTLAND, OR 97223-8023

**BROKER OF RECORD:**

**LIMITS OF LIABILITY:**

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	each employee
Body Injury by Disease	\$500,000	policy limit

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:**

**IMPORTANT:**

The coverage described above is in effect as of the issue date of this certificate. It is subject to change at any time in the future.

This certificate is issued as a matter of information only and confers no rights to the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies above.

**AUTHORIZED REPRESENTATIVE**

*Brenda JP Rocklin*

President and CEO

400 High Street SE  
Salem, OR 97312  
P: 800.285.8525  
F: 503.373.8020