

STATE OF TEXAS                   §   **EMPLOYEE ASSISTANCE PROGRAM**  
   §   **AGREEMENT BETWEEN THE COUNTY**  
 COUNTY OF BEXAR               §   **OF BEXAR AND DEER OAKS EAP**  
   §   **SERVICES , LLC.**

This Employee Assistance Program Services Agreement (the "Agreement") is made and entered into effective **January 1, 2019** by and between **Bexar County ("Employer Group")**, and **Deer Oaks EAP Services**, a Limited Liability Company, hereinafter referred to as "Company".

**WITNESSETH:**

**WHEREAS**, the Employer Group desires to retain a contractor to provide an Employee Assistance Program ("EAP");; and

**WHEREAS**, Bexar County solicited requests for proposals for said EAP; and

**WHEREAS**, Company submitted a proposal which the Employer Group has selected.

**NOW, THEREFORE**, upon and in consideration of the mutual promises and covenants contained herein and for other valuable consideration, the receipt, adequacy and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **Scope of Work and Services.** In consideration for the "per employee per month" fee described in Section 2 below, Company agrees to provide to Employer's employees and their dependents and anyone residing in their household (collectively, "participants") all the services described in this Agreement, and in Company's proposal to Employer, including, but not limited to, the services described below. Services shall be provided for all employees and their families for up to six months post-employment and persons residing in the household.
  - a. **Intake (Telephonic Triage):** This service will be immediately available during regular business hours and in emergency situations via the 24-hour, 7 days a week emergency on-call system. Basic demographic information will be gathered. Client needs will be assessed. Those in crisis will be connected to a counselor.
  - b. **Initial Diagnostic Assessment:** Following the intake, a Face-to-Face or Telephonic consultation appointment is offered. During the assessment the counselor will gather information regarding

the presenting problem in order to create a diagnosis and develop a treatment plan for short-term counseling. This session counts as one of the EAP visits included in the plan. Telephonic Assessments in lieu of face-to-face assessments will only be conducted at the request of the participant.

- c. **Short-Term Therapeutic Counseling:** Company will offer up to **six (6)** visits for short-term EAP counseling benefit per participant, per issue, per calendar year (including the initial appointment). The Company will be fully responsible for the clinical care provided to participants. The specific number of sessions and treatment plans will be determined by the Company's counselor and will be based on clinical presentation, need, and suitability for a short-term counseling model of treatment. Telephonic counseling can be made available in lieu of face-to-face counseling only at the request of the participant. If a participant possesses clinical symptomatology that requires longer-term and/or a different psychotherapeutic approach to treatment, the Company will work with the employers medical benefit plan to either make a referral to another provider and/or provide these services under the umbrella of the employee's medical benefit.
- d. **Range of Counseling Types:** Counseling may include individual, family, and/or marital interventions for issues suitable for a short-term counseling approach. Common presenting problems include, but not limited to stress, family problems, marital problems, sadness/grief, worrying, parent/child problems, work-related difficulties, interpersonal problems with co-workers and supervisors, anger management problems, drug or alcohol use, workplace violence, single parenting problems, legal and financial difficulties, coping with medical problems, and crisis counseling.
- e. **Case Management & Follow-Ups:** Company shall attempt to follow-up with all participants accessing services to ensure their satisfaction. Additionally, Company shall conduct comprehensive case management and follow-up for any participants referred to the EAP on a mandatory basis due to a job performance concern, work-place violence, sexual harassment, or suspicion of substance abuse or other employer group policy violation or concern. Any DOT SAP referrals will be charged on the fee for service rate of \$550.00 per case.

- f. **Referrals:** For cases requiring medical or longer term/more intensive behavioral health intervention, referrals will be made by the Company to the employer's Medical Plan when indicated, or to another qualified professional that is within the financial means of the participant if the participant is not covered by the major medical plan. Low cost and free community referrals are also available to EAP participants.
- g. **Education & Prevention:** The Company offers Supervisor and Employee Wellness Training via webinars. An extensive array of education and prevention seminars are available to employees and supervisors dealing with a wide variety of topics including wellness, stress management, coping with change, motivating employees, recognizing substance abuse, other personal or work-related concerns. Electronic Newsletters for employees and supervisors are designed by the Company for distribution by the employer to provide additional educational and preventative tips and activities. Additionally, many training seminars are available to download via the Company's website. PEPM includes **unlimited** Employee and Supervisor Training Seminars that may be used at the Employer Groups discretion for supervisory training/orientation, employee orientations, wellness/brown bag seminars, and health fairs.
- h. **Work/Life Services:** Company will assist participants with balancing personal and work life concerns, coping with maternity and return to work, time management, childcare/eldercare services, and other work/life issues such as assistance with referrals for adoptions, relocations, college planning, and adjusting to retirement. Company will provide participants with Identity Recovery services which offers a thirty (30) minute consultation with an Identity Recover Professional that will aid in the recovery process by assessing the situation, creating and implementing an action plan.
- i. **Employer Group Services:** Company will provide assistance to the Employer Group as needed. These services include immediate Critical Incident Stress Debriefing (CISD) response to any employees coping with a trauma or critical incident in the workplace within 24 hours of the request of the Employer Group or at a time and place of Employer Group's choosing. **Unlimited CISD assistance is included in the contract.** Contract includes unlimited Account Management services and telephonic management consultations by assigned Company Account Manager.

- j. **Online Services:** Company will maintain comprehensive online services at [www.deeroaks.com](http://www.deeroaks.com), available 24/7 to employees and their family members seeking tools, tips, articles, videos, and resources to help cope with improving overall wellbeing, balancing personal and work-related issues. Health and Wellness topics, a Chat Room, Discussion Board, on-line Library and over one hundred (100) legal forms are available through the website. Trainings regarding Orientation to the EAP benefit as well as access to the work-life services and legal/financial services are available online as well.
- k. **Legal and Financial Services:** Company shall offer legal and financial counseling and resources to employees and their family members, a free (up to 30 minute) initial assessment and a 25% reduction on legal counseling rates with an in person attorney following any retainer. Free unlimited telephonic financial counseling and education. Company will also provide participants with Control Your ID which will aid in free online identity monitoring. Online legal and financial resources will also be available. Company will provide credit report review by a financial counselor and tips for improvement.
- l. **Confidentiality:** Issues of confidentiality will be handled with the utmost sensitivity and protection for the employee's rights to privacy. The Company is fully HIPAA compliant. Where appropriate, consent forms will be obtained to provide written authorization to exchange information with any Employer Group benefits director or supervisor.
- m. **Utilization Reports:** The Company will provide confidential Utilization Review Reports to the Employer Group on a quarterly basis. The reports may include: the number of EAP participants seeking assistance, the reasons for accessing the EAP, basic demographics for the EAP participants, in-services, participant survey results and community referrals. These reports will be provided quarterly to the Employer Group.
- n. **Implementation and Program Promotion:** The Company will provide Initial Promotional Materials including an electronic introductory letter to the employees on the new EAP provider, wallet cards, brochures and informational posters as well as one Employee Orientation and one Supervisor Orientation DVD. The Employer Group will be responsible for reproduction and distribution of direct mailing and other promotional materials requested beyond the Initial

Promotional Materials. Company will provide ongoing electronic promotional materials (e.g. flyers, payroll stuffers, e-mail articles, newsletters) as needed throughout the duration of the contract term as well as a CD-ROM containing additional flyers and posters that may be used as needed by the Employer Group. The Employer Group will assume responsibility for the reproduction and distribution of these promotional articles/notices to participants (with the exception of the initial promotional materials listed above, which shall be reproduced by the Company, at the Company's expense and distributed by the Employer Group). Company will complete a Comprehensive Needs Assessment to ensure Program is customized and tailored to meet Employer Group's expectations.

2. **Fees.** All of the services provided hereunder by Company to Employer Group, the Employer Group (Bexar County) shall pay to Company (Deer Oaks EAP Services) an amount per month equal to the Per Employee Per Month (PEPM) rate of reimbursement multiplied by the number of Employer Group's Employees for such month. For the term of this Agreement, that is, from **January 1, 2019 to December 31, 2021** and two one-year optional renewal years. The PEPM rate of reimbursement shall be **\$1.17** PEPM per the term year. Payment of such fees shall be due **monthly in arrears** on or before the first day of the first month in which services are rendered, commencing **January 1, 2019**. Any fees for other optional add-on services will be applied per the terms of Company's proposal to Employer Group, if and when Employer Group elects to add these services to the contract.

**Employee Assistance Program, Work/Life, & Health & Wellness Preventions Services**

Full Service up to 6 (six) visits per issue:

**\$1.17 PEPM per Year 1: January 1, 2019- December 31, 2019**

**\$1.17 PEPM per Year 2: January 1, 2020- December 31, 2020**

**\$1.17 PEPM per Year 3: January 1, 2021- December 31, 2021**

Optional Add-On Services:

Fitness-for-Duty Evaluation Referral

DOT/SAP Evaluation                      **\$550.00** each

### 3. Definitions.

- a. The term "participant" for purposes of this Agreement shall mean (i) the spouse or any child (natural or adopted) of an Employee, regardless of where such spouse or child resides; and (ii) any child for whom an Employee (or his or her spouse) is a court-appointed guardian; and (iii) any person residing in the household of an Employee.
- b. The term "counselor" shall mean a Company employee or contractor with master's degree or doctoral degree in an appropriate mental health care related field.
- c. The number of sessions shall include appointments made and kept as well as appointments made and late cancelled (less than 24 hours' notice by participant) or no shows.

4. Term. The term of this Agreement shall be for a **three (3)** year period beginning January 1, 2019 through December 31, 2021 with two (2) additional one (1) year optional renewal years thereafter. This Agreement may be terminated earlier (i) by Company, if Employer Group fails to pay the monthly fee owing hereunder to Company and such failure shall continue for thirty days after Employer Group receives written notice to cure for such failure from Company; (ii) by Company, if Employer Group shall have received three delinquency notices under Section 4 (i), immediately above, in any year; (iii) by Employer Group, if Company fails to perform any of its obligations hereunder or if Company is in breach of any of its covenants hereunder, and such failure or breach continues for thirty days after Company receives written notice to cure for such failure or breach from Employer Group; and (iv) by Employer Group, with or without cause, by providing Company with ninety (90) days written notice of termination. This Agreement shall also be cancelable by Employer Group (i) at the end of any fiscal year of Employer Group in the event that sufficient funds have not been budgeted for the following fiscal year for the purposes of this Agreement; and (ii) in the event that Employer Group is required by law to competitively bid or submit requests for proposals in connection with the subject matter of this Agreement during its term.

5. Access. Employees and participants may contact the EAP via the toll free access number (1-866-EAP-2400) to Employer Group's employees and their dependents 24 hours a day, seven days a week, throughout the term of this Agreement. Routine appointments are offered generally within three (3) business

days, urgent appointments within 48 hours, and emergency appointments are arranged same day. Company offers a nationwide network of affiliate providers in multiple locations shall make every effort to participant's specific request for an appointment time or location. Bilingual counseling services are also available.

6. **Service Locations:** Company shall provide counseling services at the Company's and Affiliates' office locations. Onsite services at the workplace will also be provided at the request of the Employer Group according to the terms contained herein.

7. **Eligibility Determination.** Company will provide services to all participants without requiring a specific verification process of each employee's current employment status. COBRA participants as well as employees whom need support during their transition following their termination of employment with Employer Group will also be eligible for short-term EAP counseling services. Employer Group will verify the numbers of employees eligible for the EAP benefit each month, and adjust the reimbursement to Company accordingly. Company will contact Employer Group if there appears to be significant access of the EAP benefit by anyone who is not eligible.

8. **Company Representative.** The Company will assign a primary representative at the discretion of Company. Alicia Barrera, the Company's EAP Account Manager, shall be the primary representative of Company for the purposes of this Agreement (the "Company Representative"). Mrs. Barrera address, telephone and fax numbers are as follows: 126 E. Main Plaza, Suite 8, San Antonio, TX. 78205; Telephone No. (210) 615-3415; Fax No. (210) 615-2279. The Company may also assign additional Account Management Specialists to the team handling the account at the Company's discretion or as needed. Employer Group may contact the Company Representative (or designated assistant) directly regarding any questions, problems, or concerns Employer Group may have which are related to this Agreement. Company may change the person designated as the Company Representative by prior notice to the Employer Group; provided, however, that Company shall appoint a replacement Company Representative at any time within thirty days after the receipt of a request from the Employer Group.

9. **Relationship of Parties.** It is understood by the parties that the Company is an independent contractor, and not an employee of the Employer Group. Employer Group will not provide fringe benefits, including health insurance benefits, paid vacation, or any other employee benefit, for the benefit of the Company.
10. **Entire Agreement:** This agreement supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof, and no other agreement, statement, or promise relating to the subject matter of this Agreement is binding unless in writing signed and duly executed by both parties.
11. **Communications with Employees.** No promotional or informational materials shall be disseminated to Employer Group's employees without the prior written approval of Employer Group's Representative. The Company Representative in connection with Employer Group's Representative shall prepare an initial, explanatory packet for distribution by Employer Group.
12. **Extended Services.** Referrals to the health plan for extended service will be made based on symptom severity and the client's best interests. Company will be able to continue counseling services under Employer Group's current health plans, if Company is a participating provider and if such services are covered under such plans. If the participant requires additional counseling, but such counseling is not covered under an applicable health plan, then Company shall refer such participant to appropriate community health services, or if the participant prefers, the participant may continue to use the services of the Company on a private pay basis.
13. **Standard of Care.** Company shall perform its duties and obligations under this Agreement as a fiduciary of Employer Group Employees and their respective dependents; and Company shall use the care, skill, prudence, and diligence in the performance of its duties and obligations under this Agreement as required by all applicable professional standards and laws.



14. **Equal Employment Opportunity.** Company shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or handicap and shall otherwise comply with all applicable requirements set out in Executive Order 11246, entitled "Equal Employment Opportunity", as amended by Executive Order 11375, and as supplemented in Department of Labor Regulations 41 CFR Part 60.

15. **Notices.** Notices provided hereunder must be in writing to be effective, and shall be deemed received upon the earlier to occur of (i) actual receipt; or (ii) three days after the same are mailed by U.S. certified or registered mail, postage prepaid and return receipt requested, to the following address, or to such other address as shall have been provided by notice:

If to Employer Group: County Judge  
101 West Nueva Street, Suite 1019  
San Antonio, Texas 78205-3482

With a copy to: Geana Brown  
Bexar County Benefits Coordinator  
(210)335-2849 Office  
(210)335-2558 FAX  
San Antonio, TX 78205  
[Rita.Campos@Bexar.org](mailto:Rita.Campos@Bexar.org)

If to Company: Alicia Barrera  
Director of Account Management  
Deer Oaks EAP Services, LLC  
126 E. Main Plaza, Suite 8  
San Antonio, Texas 78205  
(210) 615-3415 Office  
(210) 615-2279 Fax  
[abarrera@deeroaks.com](mailto:abarrera@deeroaks.com)

16. **Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party.

17. **INDEMNIFICATION.** COMPANY HEREBY ASSUMES ALL RISK OF LOSS AND RESPONSIBILITY FOR AND HEREBY AGREES TO INDEMNIFY AND HOLD EMPLOYER GROUP, ITS ELECTED OFFICIALS AND EMPLOYEES (COLLECTIVELY, THE "INDEMNITIES") HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTIONS, DEMANDS, SUITS, LIABILITIES, RECOVERIES, JUDGMENTS, COSTS AND EXPENSES (INCLUDING REASONABLE ATTORNEYS'

**FEES) WHICH ARE ASSERTED BY A PARTY OTHER THAN COMPANY AGAINST ANY OF THE INDEMNITIES, TO THE EXTENT CAUSED OR RELATED TO THE PERFORMANCE OR FAILURE TO PERFORM OF COMPANY UNDER THIS AGREEMENT, EXCEPT TO THE EXTENT CAUSED BY THE NEGLIGENCE OF ANY OF THE INDEMNITIES.**

**18. Insurance.** Company shall procure, pay for, and maintain during the term of this Agreement:

- (a) Comprehensive general liability insurance of ONE MILLION DOLLARS (\$1,000,000.00), aggregate coverage, with ONE MILLION DOLLARS (\$1,000,000.00) for bodily injury, each occurrence, and ONE MILLION DOLLARS (\$1,000,000.00) for property damage, each occurrence. COUNTY shall be named as an additional insured on this policy.
- (b) Comprehensive automobile liability insurance of ONE MILLION DOLLARS (\$1,000,000.00), aggregate coverage, with ONE MILLION DOLLARS (\$1,000,000.00) for bodily injury, each occurrence, and ONE MILLION DOLLARS (\$1,000,000.00) for property damage, each occurrence. COUNTY shall be named as an additional insured on this policy.
- (c) Professional Liability Errors and Omissions insurance of ONE MILLION DOLLARS (\$1,000,000.00) each claim and ONE MILLION DOLLARS (\$1,000,000.00) aggregate. The policy shall have an extended reporting period (or tail coverage) extending for a minimum of two (2) years following immediately upon the effective date of the policy expiration.
- (d) Statutory worker's compensation insurance for all employees of Company with a waiver of subrogation in favor of COUNTY.
- (e) Company shall provide COUNTY with the Certificates of Insurance and endorsements prior to the execution of this Agreement evidencing that the stated coverages have been obtained and COUNTY has been named as an additional insured on the comprehensive general liability insurance coverage and the comprehensive automobile liability insurance coverage. Company shall provide, upon request by COUNTY, copies of all policies related to the Project.

Company is responsible for all premiums and deductibles under all of the insurance policies required by these specifications.

The insurance that is required must be written so that COUNTY will be notified in writing in the event of cancellation, restrictive endorsement or non-renewal at least thirty (30) days prior to such action. Company shall be responsible for obtaining Certificates of Insurance from any subconsultants, and upon request, furnish copies to COUNTY.

All subconsultants on the Project shall carry the same insurance and coverage as listed above and COUNTY shall be an additional insured. The subconsultant's statutory worker's compensation insurance shall have a waiver of subrogation in favor of COUNTY.

When there is a cancellation, non-renewal or material change in coverage that is not made pursuant to a request by COUNTY, Company shall notify COUNTY not less than thirty (30) days prior to the change if Company knows of the change in advance or ten (10) days' notice after the change if Company did not know in advance. The notice must be accompanied by a replacement Certificate of Insurance. All notices must be delivered to COUNTY at the following address:

Bexar County Risk Management  
Bexar County Management & Finance Department  
101 W. Nueva, Suite 901  
San Antonio, Texas 78205

If Company fails to maintain the required insurance, or fails to secure and maintain the aforementioned endorsements, COUNTY may obtain such insurance and deduct and retain the amount of the premiums for such insurance from any sums due under this Agreement; however, procuring of said insurance by the COUNTY is an alternative to other remedies COUNTY may have, and is not the exclusive remedy for failure of Company to maintain the insurance or secure such endorsement. In addition to any other remedies, COUNTY may have upon Company's failure to provide and maintain any insurance or policy endorsements to the extent and within the time required, COUNTY shall have the right to order Company to stop work and/or withhold any payment(s) that become due to Company until Company demonstrates compliance with the requirements.

Nothing in this Agreement will be construed as limiting the extent to which Company may be held responsible for payments of damages to persons or property resulting from Company's, or its subconsultants', performance of the Services covered under this Agreement.

Company's insurance will be primary with respect to any insurance or self-insurance carried by COUNTY for liability of Company arising out of operation under this Agreement.

**19. Compliance with All Laws.** In the performance of its duties and obligations hereunder, Company shall ensure that it is in compliance with all applicable federal, state, and local laws, rules, and regulations, including, but not limited to, all applicable rights and regulations of the appropriate licensure board(s), and all laws, rights, and regulations applicable to patient confidentiality. It shall be the duty of Company, and not Employer Group, to ensure that no information shall be provided by Company to Employer Group that would constitute a violation of the privacy rights of a participant, even if such information is requested by Employer Group, both parties acknowledging that Company, and not Employer Group shall have the obligation under this Agreement to be aware of the most current version of such confidentiality laws, rules, and regulations. Affiliate providers nationwide will uphold their professional and ethical responsibilities according to their particular state rules and regulations.

**20. Governing Law.** This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of Texas, and venue is proper in Bexar County

21. **REQUIRED CERTIFICATIONS.** By execution of this Agreement, the undersigned representative of and duly authorized agent for COMPANY verifies and represents and warrants that:

a) In accordance with Texas Government Code § 2270, COMPANY does not boycott Israel currently and will not boycott Israel during the Term of this Agreement; and

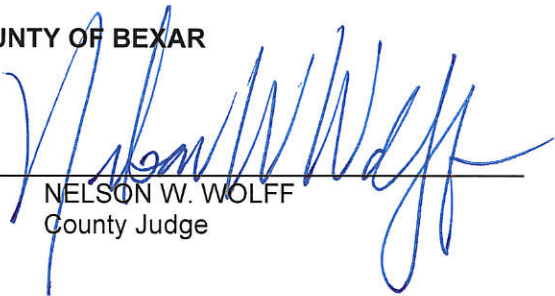
b) In accordance with Texas Government Code § 2252, COMPANY is not entered on the list prepared pursuant to Section 2252.152 of the Texas Government Code and does not enter into contracts, provide goods or services, or otherwise do business with any company identified on the list prepared under the provisions of Section 2252.153 of the Texas Government Code.

**EXECUTED IN DUPLICATE ORIGINALS, EACH OF WHICH SHALL HAVE THE FULL FORCE AND EFFECT OF AN ORIGINAL, ON THIS THE 9, DAY OF November, 2018.**

COUNTY OF BEXAR

DEER OAKS EAP SERVICES, LLC

By:

  
NELSON W. WOLFF  
County Judge

BY:

  
LAURA DAVIES

Chief Financial Officer

Date:

10/24/18

**ATTEST:**

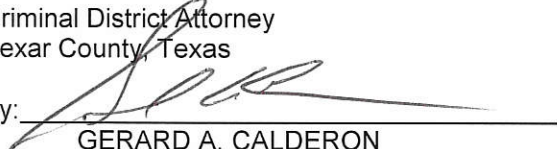
By:

  
FOR: GERARD RICKHOFF  
County Clerk

**APPROVED AS TO LEGAL FORM:**

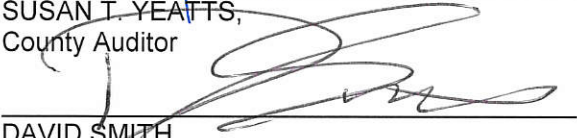
Criminal District Attorney  
Bexar County, Texas

By:

  
GERARD A. CALDERON  
Assistant Criminal District Attorney  
Civil Section

**APPROVED AS TO FINANCIAL CONTENT:**

  
\_\_\_\_\_  
SUSAN T. YEATTS,  
County Auditor

  
\_\_\_\_\_  
DAVID SMITH,  
County Manager



Company 0100 - Bexar County  
Inventory

Cost Default Vendor 10819 - DEER OAKS  
MENTAL HEALTH

Requesting Location PMB - BEXAR COUNTY  
HUMAN RESOURCES

Requisition Description Deer Oaks

Requisition 142017 - Unreleased  
Purchase From

Requester jg38640 - JIM GONZALES  
Deliver To

Buyer ASM - Anthony San Miguel

Item	Item Type	Quantity Ordered	UOM	Unit Cost	Extended Cost	Distributions	Activity / Account Category	Distribution Allocation	Requested Delivery Date	Sourcing Event Required
DEER OAKS ENCUMBRAN CE FY 18-19	AmountService	1.00	YR	71099.000	71099.000	9910-050236-0000		100.0%	Oct 29, 2018	No
<b>Vendor: Deer Oaks Mental Health</b>										
Vendor : DEER OAKS MENTAL HEALTH										
Encumbrance FY 18-19										
Funding: 100-9910-50236										

Totals: 1 Lines 1.00 71099.00 USD

Requester **1938640** **JIM GONZALES**

USD

Requisition Number **142017** *Unreleased*

Total

**71099.00**

Miscellaneous

**Lines** Template Drop Ship PO Bill To User Fields

Line	Item	Quantity	UOM	Unit Cost	Curr
1	DEER OAKS ENCUMBRANCE FY 18-19	1.00	YR	71099.000	USD