

2021DWS02 EAP Capability Questionnaire

Service	Available Y/N	Subcontracted Y/N	Included in Basic Fee Y/N	Additional Cost
Financial Counseling				
Legal Counseling				
Family/Marriage Counseling				
Wellness Programs/ Health Education				
Chemical Dependency Counseling				
Child Care Referrals				
Eldercare Referrals				
Supervisor Training				
Critical Incident Debriefing				
Employment Issues Counseling				
Counseling for Drug Testing Programs				
Other (Describe)				

Describe your staffing with regard to serving the Ho-Chunk Nation (the Nation) throughout Wisconsin/ Please identify the number and diversity of your staff, their credentials, experience levels, and tenure with your organization:

EAP Counselors –

Social Workers –

Psychologist –

Psychiatrist –

Medical Doctor –

Provide the following information regarding customer service for The Nation.

- a. Availability of a toll-free telephone number (Nationwide)
  
- b. Hours of Operation
  
- c. Provisions for after hours calls
  
- d. Who is responsible for taking telephone inquires from Nation employee/families?

Complete the following chart with your call center statistics:

Measurement	Your Standard	Actual 2019 Results
Average speed to answer		
Average time on hold		
Average length of call		
Abandonment rate		

Complete the following table with the expected results of calls to the EAP from your experience:

Result	Percentage
No Referral	
Referral for Service other than MH/CD Treatment	
Referral for emergency MH Treatment	
Referral to Community Resources	
Referral for any CD Treatment	

Provide any additional charges or costs (e.g., implementation fee) associated with the EAP program.

Describe the fee guarantee you are willing to provide for years 2 and 3. What would cause you to void the fee guarantee for years 2 and 3?

Describe the performance guarantees you are willing to offer the Nation in the following areas:

- a. Account Management
- b. Implementation
- c. Member Satisfaction
- d. Other (Explain)