



Selecting and Strengthening Employee Assistance Programs: A PURCHASER'S GUIDE

A Special Report

Employee Assistance Society of North America

2009

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About EASNA

The Employee Assistance Society of North America is an international association whose members consist primarily of individuals, organizations, employers, and students in Canada and the United States interested in advancing knowledge, research, and best practices toward achieving healthy and productive workplaces, with a specific focus on workplace behavioral health.

EASNA provides a forum for continuous educational and networking opportunities that promote professional development. We share topical news and information that affect the health and performance of individuals and organizations and encourage and promote the sharing of employee assistance and behavioral worksite wellness best practices and technologies. We are committed to encouraging high standards of quality and professionalism through a unique accreditation program, research efforts, educational events, online training and resources, the annual EASNA Institute (which is generally held in the month of May at sites in Canada or the US on alternating years), and valuable publications for the industry -- like this Purchaser's Guide.

FOREWORD

August 2009

As a leading employee assistance professional association, EASNA is focused on advancing knowledge, research, and best practices toward achieving healthy and productive workplaces. In that tradition, we are delighted to introduce the first edition of *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide*.

The guide has been developed to empower prospective, re-tendering, and re-contracting EAP customers with the industry information they need to make educated decisions about which services and service provider will best serve the needs of their organization, by explaining the key features of an EAP and highlighting the unique aspects of this type of employee benefit.

Purpose of the *Guide*

This guide has been developed to support all employers, be they large or small for-profit companies, non-profit organizations or government groups. It reviews the benefits of having an EAP, lists what to look for and to consider when choosing an EAP provider, cites ways to evaluate your current EAP, and discusses how to get the most out of your selected programs. It highlights the need for and offers tools for the organization or company to interact more with the EAP to get a full and robust program in return.

Additionally, the appendices provide very useful resources for both the employer organization and the EAP provider and professionals—external links and websites, a sample request for proposal, a sample audit, a glossary of terms, as well as many references to the primary research and thought in the field.

Who Will Benefit from the *Guide*?

The guide can be a uniquely useful tool for many different individuals and organizations that purchase or advise on the purchase of EAP services, including brokers and benefits consultants, human resource professionals, procurement managers, EAP professionals, researchers, and students in the field of behavioral healthcare. The business case for EAP and the data and research to support having an EAP at all will be informative for the CEO, CFO or the person who may know little about EAPs in general but who makes the hard business decisions for the corporation or employer organization.

Additionally, EAP service providers will find the guide helpful in ensuring that they have a good understanding of what their customers are looking for and require.

Keeping Current on EAP

EASNA encourages customer and client input, and actively pursues industry updates. We are committed to keeping this document up to date with future reviews and thus welcome your input, feedback, and comments.

Acknowledgements

This guide was conceptualized and developed by the members of the EASNA Knowledge Transfer and Research Committee (KTR) and others over a period of several years. Using a process of thoughtful and collegial collaboration between US and Canadian experts and researchers in the EAP field, this committee has provided a valuable service to the EAP industry by creating this guide. Special thanks are offered to Dr. Patricia Herlihy for her investment in the project as past chair of KTR, to Dr. Diane Stephenson for her excellent project leadership skills as the chair of KTR, and to Dr. Mark Attridge for his skilled and proficient writing and editing abilities. We also want to acknowledge several other members of EASNA and of the EASNA Executive Board for their insightful comments and edits on this guide: Michael Brooks, Phil Evans, David Goehner, Eddie Haaz, Chris Hylton, François Legault, George Martin, Julie McClatchey, Fran Pilon, and Judith Plotkin.

For readers of this guide who would like to learn more about EAP and stay aware of changes in this continuously evolving field, I encourage you to consider joining our association and attending our annual conference, the EASNA Institute. Information on membership and the Institute are available at our website (www.easna.org) or by contacting our headquarters office by phone (703-416-0060) or e-mail (info@easna.org).



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EXECUTIVE SUMMARY

This EASNA publication, *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide*, provides education, guidelines, data and inside information on employee assistance programs (EAPs). It is intended for purchasers and funders of EAPs; for human resources, finance, occupational health, labor/management, human capital, and other leadership staff of companies and organizations that work with EAPs; for brokers and other sellers of EAP services; and for all those within the employee assistance, workplace wellness and health promotion communities.

Key points from the Guide include the following:

- What are EAPs? EAPs are employer- or group-supported programs designed to alleviate workplace issues due to mental health, substance abuse, personal and workplace issues. The goal of these programs is to have a positive effect on employee productivity and organizational performance. They are sometimes called employee and family assistance programs (EFAPs) or member assistance programs (MAPs).
- The business case for why organizations purchase EAPs is well-supported by many research studies documenting the prevalence and consequences of mental health and addictions disorders that affect employees and their family members, the general success of mental health and EAP treatments in addressing these issues, and the simple fact that so many organizations already offer EAP services and more do so each year.
- Many investigations have demonstrated that EAPs have a positive impact on organizational resources, staff time, worker absence, presenteeism (employee productivity), and employee benefit costs in general. The typical level of financial return on investment (ROI) is \$3.00 or more in return for each \$1.00 invested in the EAP.
- In selecting an EAP, there are several different management models of EAPs to consider: Internal, External and Blended Models. Delivery of EAP services may be from resources that are staffed from within the organization (internal EAP programs), or by EAP services purchased from EAP providers outside of the organization (external EAP programs), or by a blending of the two types. These choices are defined by their scope and breadth of services they offer, the degree of integration and onsite contact of the EAP with the workplace, the kinds of counseling modalities used to provide EAP clinical services, and their ability to support the workplace for critical incidents and other difficult situations. EAPs that are embedded into other insurance offerings are also becoming available. These kinds of “Free EAPs” are bare-bones versions of the external model that tend to offer only minimal levels of immediate access to counseling or crisis event response services.
- A comprehensive EAP not only offers personal and immediate support to individual employees with mental health or workplace problems, but also provides consultation to management and leadership on a wide range of workplace issues impacting employee, organizational, and management health and performance. The range of EAP services includes consultation to management on behavioral aspects of

the workplace; behavioral risk management; educational information on emotional, work-life, and workplace issues; assessment, support, short term counseling, referral, and follow-up for employee and/or family member issues; support for preventive health and wellness presentations; awareness training and critical incident interventions; and website and online kinds of assessments and information.

- How often the EAP is used for various kinds of individual and organizational services can be an indirect measure of value of the program. How utilization is counted varies slightly between different EAP providers. Without industry standards for defining utilization reports, it is important for the purchaser to request that the EAP produce use reports that measure separate counts of the different major kinds of EAP services, including clinical cases (those who use EAP counseling services), participants who use all of the EAP's services (trainings, education, counseling, worksite events, website use, etc.), and use of organizational activities (critical incidents, management consultations, organizational wellness and security committees, and related worksite support activities).
- Whatever kind of model is selected, the impact of the program will be determined largely by the success of the initial implementation and ongoing promotion of the EAP and its multiple services and resources. EAPs that work closely with the organization and other related programs often are able to increase the awareness of their services and thus can deliver high usage of the program.
- There are also opportunities to strengthen an EAP after it is implemented. Based on research in the field, the *EAP Business Value Model* describes three major ways that EAP's can provide value to organizations: Workplace Performance Value includes cost savings from improvements in employee productivity, absence and other human capital areas after employees use the EAP; Benefit Cost Value includes cost savings from reduced claims costs in health care, disability and other employee benefits after high-risk individuals use the EAP and are referred or co-managed with other programs, and Organizational Value cost savings from safety and risk management, critical incidents, management consultations, and improved organizational development.
- EAPs yielding the most business value are those that include all three conceptual areas from the value model. This level of value is achieved when the EAP is set up so that it is able to share operational data and larger organizational goals and objectives with other programs, such as work-life, disease management, disability management and return to work, workers' compensation, wellness and preventive services, occupational health, human capital, absence management, and organizational development. Ideally, the EAP is encouraged to have a more proactive and strategic role within the organization as well as a reactive role in responding to individual and workplace problems.
- EAPs differ greatly in their integration with and support of the workplace. When purchasing an EAP, make sure to identify the level of workplace support, the degree of program integration, and the range of services that will yield the most benefit to the organization, management, and employees.
- In the Appendices, the *Guide* offers a brief history of EAPs, identifies many EAP resources (recent reports and supportive organizations), questions from a sample request for proposal (RFP) for EAP, questions from a sample external audit of an EAP provider, and a large glossary of terms.

INTRODUCTION

Employers are under pressure to be successful in an increasingly competitive and changing social and economic landscape. Not only must employers strive to deliver a product or service of value in the marketplace, or to fulfill their mission as an organization, but they also must establish a workforce that is healthy and productive. Many employees suffer from emotional issues, family and home life conflicts, mental health concerns, substance abuse problems, and other health disorders that can interfere with doing their work effectively. The nature of work itself can sometimes contribute to employee performance problems. In addition, societal changes and community problems (such as natural disasters, violence, economic distress) can influence employee health and behavior. Whether the source of problems are from the individual employee, the workplace itself, or greater society, many employers have turned to employee assistance programs to help respond to these concerns. When it is done right, an EAP can provide a great value to the organization.

The nature of employee assistance programs (EAPs) has changed dramatically since they were first introduced many decades ago. Today, EAPs are complex models that often combine work-life and other behavioral health services to address a host of mental health, substance abuse issues and workplace performance problems among employees and their family members. EAPs can reach employees through a combination of different channels, including face-to-face visits with counselors, 24/7 telephone calls, Internet resources and onsite workplace events. Several kinds of operating models are available for EAPs - some that involve primarily staff who work for the same organization for which they provide EAP services, some programs that rely on external staff who work for a different company (a vendor of EAP services) or more commonly some combination of internal and external resources. Thus, selecting the right EAP provider and effectively implementing the program can prove challenging when taking into account all of these factors.

The guide **features three primary sections** that support different challenges for purchasers of EAP services:

- The first part of the guide focuses on presenting information on making the business case for EAP services in general. Research and industry information is reviewed on why organizations have EAPs and what kinds of outcomes and returns on investment (ROI) are typically provided to the organization.
- The second part of the guide provides practical advice to support the process of selecting an EAP. Many components of EAP delivery and practice should be considered when deciding on which kind of EAP service best fits the needs of the organization and what is the best arrangement to provide the EAP services desired. A checklist for selecting an EAP is provided that summarizes many of the key areas to consider.
- The third part of the guide presents advice on how to effectively implement and promote an EAP program as well as many specific considerations based on a conceptual model for how to strengthen and revitalize the role of EAP in the organization.

The five appendices at the end of the guide offer practical selection tools and other resources for further reading and guidance in the area of EAP and workplace mental health and substance abuse.

PART 1

The Case for EAP

This first part of the report describes the business case for why organizations have an EAP. This position includes understanding the need for EAP services, the basic functions of an EAP, the prevalence of EAPs among other companies, the outcomes typically provided by EAPs, and the research evidence for a return on investment or ROI.

“To help employers manage nonhealth and mental health presenteeism problems, companies should encourage utilization of employee assistance programs.”

-- Benefits & Compensation Digest (2008)¹

1.1 Why Are EAPs Needed?

Several factors can either support or sabotage the ability of employees to work at their full potential. Personal and family relationship problems, conflicts among co-workers, difficulties with managers, depression and other psychological conditions, substance abuse, financial issues, legal problems, and child and elder care needs are just some of these factors. The severity of these kinds of personal and workforce issues can negatively impact an employer's bottom line.

Fortunately, many in business now recognize the role of these kinds of issues in determining the productivity of their workforce and other indirect human capital costs. For example, a survey of senior human resources (HR) executives found that mental health is now considered the number one driver of indirect business costs, such as lost productivity and absence.² This is important because research has consistently shown that indirect costs are actually typically far greater than the direct costs -- like health care treatment costs and disability insurance claims -- that often get more attention from employers.^{3,4}

Literature Reviews. There now exist over one thousand research studies in the area of workplace mental health and substance abuse.⁵ Comprehensive reviews of the literature on workplace mental health issues have been done by variety of highly credible sources, including university researchers,^{6,7} the American Psychiatric Association,⁸ the National Business Group on Health,⁹ health benefits consultants,¹⁰ the Canadian government,¹¹ the United States government,^{12,13} the European Union,¹⁴ and the World Health Organization.¹⁵ The conclusions from these reviews all support the need for providing more services to address the mental health and substance abuse problems of employees and their family members.

These reports also note the unique role that the workplace provides for being able to reach the largest group of people in the general population who have mental health issues (the employed). The reviews suggest offering more opportunities for preventing problems and for encouraging the use of services (such as EAPs) through the workplace. There is also a need to reduce the stigma often associated with mental health and substance abuse by creating a workplace culture that is supportive of employee health.

Key Research Findings. Important facts from the literature reviews of workplace mental health and substance abuse problems include the following findings:^{6,7,8,9,10,11,12,13,14,15}

- Mental health disorders and substance abuse problems are widely experienced among working-age populations. An estimated 1 in 4 (25%) adults have a diagnosable mental disorder, 1 in 5 (20%) adults have an alcohol use problem, and 1 in 8 (12%) adults have a drug or other kind of substance abuse problem.

- Many people with mental health disorders and substance abuse problems also suffer from chronic medical conditions and diseases (e.g., comorbidities with heart disease, asthma, diabetes, and hypertension).
- Over a third of people with alcohol and drug substance abuse problems have a high rate of also having another kind of substance abuse problem or a mental health disorder (e.g., dual disorders of depression and drinking, gambling and illicit drugs, etc.).
- Untreated mental health disorders and substance abuse problems can damage the individual in many ways, such as an increased risk of illness, personal problems, incidents at work or school and even family breakdown.
- Employees with untreated mental health issues and substance abuse problems can lead to a host of difficulties for their employers, such as poor customer relations, absenteeism, diminished work quality and performance, on-the-job accidents and disability claims, workgroup morale issues, and turnover.
- Many kinds of psychotherapy and drug treatments have been proven to be both clinically effective and cost-effective, but sadly most people with mental health issues or substance abuse problems never see a professional care provider for treatment.

1.2 What Are EAPs?

EAPs are employer-sponsored programs designed to alleviate and assist in eliminating a variety of workplace problems. EAPs typically provide screening, assessments, brief interventions, referrals to other services and case management with longitudinal follow-up for mental health concerns and substance abuse problems.¹⁶ The source of these employee problems can be either personal or work-related. Those who work for EAPs come from many different professions including social workers, psychologists, counselors, substance abuse specialists, occupational nurses, and others. In Canada, the services are called Employee and Family Assistance Programs (EFAPs).

Many types of EAPs are available today and there are thus some differences on the definition of what is an EAP. Regardless of the specific definition, what ultimately distinguishes the EAP profession from other forms of mental health counseling, coaching, and occupational health services, is that it emphasizes *employee work performance* as a central theme guiding all program practices and services to the organization.

For a brief history of the EAP field, and of the related fields of Work-Life and Worksite Wellness, see Appendix 1.

THE HIGHLY EFFECTIVE EAP -- A DEFINITION

“Employee Assistance Programs provide strategic analysis, recommendations, and consultation throughout an organization to enhance its performance, culture, and business success. These enhancements are accomplished by professionally trained behavioral and/or psychological experts who apply the principles of human behavior with management, employees, and their families, as well as workplace situations to optimize the organization’s human capital.”

National Business Group on Health (2008)¹⁷

1.3 What Do EAPs Do?

Arguably, the most essential function of a successful EAP is its ability to provide confidential support services, on demand when it is needed, free of charge to the user. EAP services are voluntary and most employees who use EAP services do so through self-referrals. However, some of the employee users of EAP services are referrals from others in the organization, such as their supervisor, union stewards, human resources staff, safety officers, medical personnel, disability case managers, and other areas. Depending on how the program is designed, use of the EAP by spouses and by other family members of employees is encouraged. EAPs typically report that about 1 in 10 users of the service are non-employees.

The primary activities performed by EAP professionals include meeting privately with employees or their

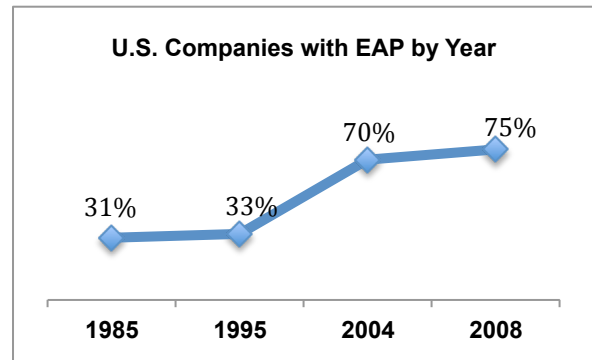
family members to identify and/or resolve workplace, mental health, physical health, marital, family, substance abuse or alcohol problems, or emotional issues that affect a worker's job performance. These kinds of individual cases typically comprise the majority of all activity for most EAPs. This is accomplished through a combination of different service delivery channels, including office visits, phone and web-based technologies.

Most EAPs also offer consultative and educational services around legal and financial issues that affect employees.¹⁸ Other EAP services support individual leaders and supervisors with their management and work team problems – these are called “management consultations” – as well as more strategic consulting around organizational change and workforce development issues.¹⁹ EAPs also offer preventative and immediate response services for crisis and workplace critical incidents.²⁰ For some EAPs, this kind of organizational level activity makes up the majority of the total mix of EAP services compared to individual employee cases contact. Certainly, most EAPs function in ways that are highly dependent on the culture of the company that they serve and the customer expectations for their EAP.

1.4. How Many Organizations Provide EAPs?

EAPs have been widely adopted across North America. In 2002, well over 100 million American workers were estimated to have access to an EAP.²¹ Much of the growth in offering EAPs happened in the late 1990s and early 2000s.²² In 1985, about 31 percent of companies in the US had an EAP and in 1995 this had risen slightly to 33 percent.²³ But by 2002-2003, a majority of full-time workers (60%) were employed in settings with an EAP.²⁴ In 2004, *SHRM* reported that 70 percent of employers had an EAP.²⁵ According to a national survey by *Employee Benefit News*, about 75 percent of all businesses in 2007 had an EAP.² The 2008 *SHRM* survey also found that 75 percent of businesses offered an EAP.²⁶ Thus, in the last twenty years the number of companies with EAPs has more than doubled (see Figure 1).

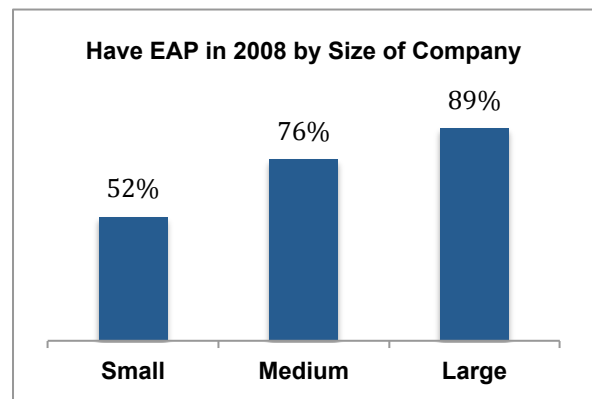
Figure 1



SOURCE: SHRM (2008).²⁶

However, having an EAP varied substantially based on company size (see Figure 2), ranging from 52% for small employers (1-99 staff), 76% for medium employers (100-499 staff), and 89% for large employers (500+ staff).²⁶

Figure 2



SOURCE: SHRM (2008).²⁶

The figures on market penetration in Canada are similar to those in the US. In the province of Ontario during the period of 1989 to 2003, the number of organizations with an EAP doubled – going from 28 percent to 67 percent.²⁷ As the US, EAPs in Canada are more commonly provided in government and unionized environments and in medium to larger size private sector organizations.²⁸

1.5 How Effective Are EAPs?

EAPs typically measure user satisfaction with their program services and most find it to be very high.^{29,30} For example, one national study used an independent firm and random sampling techniques to conduct follow-up interviews of over 1,300 cases and it found that 95 percent of EAP users reported being satisfied with the service.³¹

The outcomes for individual users of EAP clinical services typically are found in the areas of clinical symptom relief and work performance improvement.^{32,33,34,35} Dozens of applied research studies show that EAP services can produce positive clinical change, improvements in employee absenteeism, productivity and turnover, and savings in medical, disability or workers' compensation claims.^{36,37}

Often the largest area of financial savings associated with EAP use comes from improved employee productivity (reduced "presenteeism") and reduced work absence.³⁸ See below for examples of employee work performance outcomes after EAP use:

57% of cases had improvement in ability to work productively after use of the EAP.³⁹

50% of cases had improved absence and/or productivity at work.³⁴

64% of cases with work issues as primary problem had improvement after EAP use; and 46% of all types of cases had improved work productivity.⁴⁰

Number of "work cut-back" days in past 30 days was reduced from 8.0 to 3.4 days after EAP use.⁴¹

1.6 What's the ROI for EAPs?

To purchase an EAP often includes justifying the cost of the service to those in charge of the budget at an organization. This is a question of whether or not the EAP provides enough business value to cover the cost of purchasing the service. In other words, is the financial return on investment (ROI) a positive ratio?

EAP Outcomes Case Study

The EAP for the Federal Occupational Health program supports federal government agencies in the United States. It recently published a study of EAP outcomes based on almost 60,000 clients. The project examined the extent of EAP client improvement in workplace performance and overall health and functioning. Data were collected over a three-year period using a standardized procedure involving the use of validated self-report instruments and counselor-assessed measures. The results showed that the number of employees who reported having "quite a bit" of difficulty performing their work was reduced from 15% to 5% of all EAP cases. There also was a significant reduction in absenteeism and tardiness. Before beginning use of the EAP, clients reported an average of 2.37 days of unscheduled absences or tardy days in the prior 30-day period, but after completing their use of the EAP sessions, this average was reduced to 0.91 days. The clients' perception of their own health status also increased significantly after using the EAP, even though the EAP did not directly address physical health issues. This study provides evidence for the positive impact of EAPs on employee work productivity, absence and overall health.

SOURCE: Selvik et al (2004).⁴²

The Cost of EAP. For perspective, the fees charged for EAPs in the last decade have mostly been in the range of \$12 to \$40 per employee per year and have remained fairly stable during this period despite large increases in other areas of employee health care benefits spending by employers.^{23,43} Costs are based on anticipated and actual utilization of the program and such usage varies by industry, by size of employer, and by program model. In Canada, fees for EAPs are generally higher and also vary more widely across different providers.

The most recent and most comprehensive national study (over 3,000 employers of all sizes were surveyed) found that US companies paid an average total health benefit of \$7,983 per employee.⁴⁴ When compared to this cost, the cost for an EAP represents less than a third of one percent of the total employee health care benefit spent at most companies. Thus, EAPs are one of the smallest areas of all employee benefits costs. And

because of this fact, they also are potentially one of the most cost-effective as well, given the relatively small amount of financial return that is needed to exceed the company investment in EAP services.

The ROI for EAP. Most researchers and industry experts now believe that there is enough solid evidence from high-quality research studies to “make the business case” for providing greater access to mental health services in general and to workplace-based services in particular.^{8,9,10,45,46,47,48,49,50} This general conclusion is supported specifically for EAPs by many case studies of outcomes (i.e., absence, productivity, health care costs, disability) associated with EAP use at companies such as Abbott Laboratories, America On Line (AOL), Campbell Soup, Chevron, Crestar Bank, Detroit Edison, DuPont, Los Angeles City Department of Water & Power, Marsh & McLennan, McDonnell Douglas, NCR Corp, New York Telephone, Orange County (Florida), Southern California Edison, the US Postal Service, and the US Federal Government.^{37,51} The typical analysis produces an ROI of between \$3 and \$10 dollars in return for every \$1 dollar invested in the EA program.^{30,38,52,53} The ROI for EAPs is consistent with what is found for other kinds of worksite health-promotion and wellness programs.^{3,54,55}

A Caveat. These studies of EAP outcomes and ROI analysis are not without their critics, who point out the lack of controlled experimental research designs and standardized metrics.^{40,56,57,58} However, few studies in the entire field of worksite health promotion have used true experimental research designs.^{55,59,60} In addition, the sheer number of outcome studies on EAPs (over 80 by one count)⁵³ with mostly consistent findings suggests that real outcomes and ROI are occurring for organizations with EA services. What is a legitimate concern is that more research needs to be done on determining which kinds of EAP practices and programs contribute most to outcomes and ROI.

Summary of Part 1

This part of the guide provided answers to many of basic questions about EAPs. The high rates of mental health concerns, substance abuse problems, other life issues, and workplace stressors among employees and family members supports the general need for EAP services. The field has seen a rise in popularity in the

last twenty years. Today EAPs are found in almost all of large employers, about three-fourths of medium-sized employers and about half of small employers. Research studies consistently show that EAPs provide high levels of user satisfaction, significant clinical symptom relief for many cases, substantial improvements in work productivity for about half of the cases and reductions in absenteeism for some cases. The research evidence for a positive ROI is also found in many case studies, scientific studies and current vendor reporting processes.

In review, most organizations with an effective EAP can experience the following benefits to their business:

- More productive employees
- Less absence among employees
- Reduced overall health care claims costs
- Reduced disability claims costs
- Better job climate and organizational morale
- More engaged employees and supervisors
- Less inter-group conflicts and team problems
- Better preparedness and immediate response for on the job crises and other critical events
- Less turnover of employees and avoidance of the many associated costs of replacement
- Greater ability to attract new employees

“While benefit managers once struggled to show the return on investment for such programs, a collection of current research is giving pros the evidence they need to show that EAPs - long known as the right thing to do for workers - also is the right thing for business.”

-- Employee Benefit News (2008)⁶¹

PART 2

How to Select an EAP

This part of the guide presents information on what EAPs do, how they are accessed, different models for how they are delivered, utilization issues, major pricing options, the characteristics of high-quality employee assistance providers, and several tools for comparing providers of EAP services.

2.1 Kinds of EAP Services

There are four major types of EAP services: Those for individuals, for managers, for the organization, and administrative kinds of services (see Table 1).

Individual Services. Services delivered to individual employees at the organization and their covered family members are by far the most commonly provided EAP services. Some of these services include conducting clinical case assessments, providing short-term problem solving and counseling, making referrals, ensuring follow-up, suggesting educational resources for self-help, and collaboration with other areas. The most common single kind of service provided by EAPs is individual assessment and referral with brief problem-focused counseling.

EAP clinical services are most often delivered in-person or over the telephone, with web chat or e-mail exchanges over the Internet also used in some circumstances. Only a few studies have examined the experiences of EAP cases from in-person sessions compared to telephone sessions with counselors. The results of these studies found few meaningful differences between the two delivery channels.^{62,63} However, in these studies the cases were not randomly assigned to use the in-person or phone conditions and the cases in the phone condition had to meet clinical criteria for appropriateness and problem severity level. The differences between in-person and phone delivery modalities for EAP contact thus appear to depend more

the goals and purpose of the program than on the delivery channel involved in the client to counselor contact. For example, some EAPs feature brief assessment of the employee's problem in one or two sessions and if needed, a referral to other resources whereas other EAPs feature the use of multiple sessions of traditional psychological counseling. The role of the Internet and website-based services has increased dramatically in the delivery of EAP. Online resources from EAPs commonly include information about the program, screenings, mental health and work-life education and trainings, search tools for services, and links to other resources.^{64,65}

Managerial/Supervisory Services. EAP services can also be delivered to managers and supervisors at the organization. Some of these services include providing guidance about how to appropriately support employees, supporting return-to-work and work accommodation efforts, offering performance management guidance for managers concerning their employees, training and education and other management consulting and coaching.

Organizational Services. EAP services are also provided at the organizational level, either to the entire company or to smaller business units within the organization. Some of these services include advance planning and immediate response services for crisis events (e.g., accidents, violence, natural disasters), leading group interventions and support groups, company-wide educational programs, and supporting other internal areas with planning and implementing changes.⁶⁶ Other organizational roles for EAPs involve interacting with unions and other benefit programs and services, such as work-life, health and wellness, drug-free workplace training and mandatory referrals, outplacement services, disability management, and risk management.⁶⁷

Table 1
Types of Services Provided by EAPs

| | |
|---|--|
| <p>Type 1. Individual Services</p> <p>Assessment of the problem or need for EAP use</p> <p>Short-term problem solving and brief counseling</p> <p>Treatment planning for individual clinical issues</p> <p>Referral to community or benefit providers for clinical mental health or specialty services</p> <p>Referral to legal and financial assistance services</p> <p>Referral to work-life resources</p> <p>Referral to other health benefit programs/services</p> <p>Follow-up with users of EAP</p> <p>Collaboration with treatment facilities, managed care organizations, managers, HR staff, and others regarding case planning and outcomes</p> <p>Education and information for self-help resources</p> | <p>Type 3. Organizational Services</p> <p>Violence prevention and response</p> <p>Crisis and disaster preparedness management</p> <p>Traumatic and critical incident services</p> <p>Group interventions and support groups</p> <p>Employee orientation</p> <p>Educational services and programs, health and wellness presentations</p> <p>Organizational change management (e.g., layoffs, reorganization, downsizing, mergers)</p> <p>Organizational development (e.g., leadership, work culture, employee engagement, inter-group conflicts)</p> <p>Specialty and auxiliary services (e.g., work-life, drug-free workplace, outplacement services, disability management, disease management, etc.)</p> |
| <p>Type 2. Managerial/Supervisory Services</p> <p>Supervisor training and education</p> <p>Assistance in how to refer employees to the EAP</p> <p>Guidance on appropriately supporting employees with personal or work issues</p> <p>Assistance with employees with return-to-work and work accommodation needs (e.g., disability, workers' compensation)</p> <p>Guidance on employee work performance review, disciplinary issues, and drug testing results</p> <p>Management consulting and skills development</p> <p>Dealing with work-teams and group dynamics</p> | <p>Type 4. Administrative Services</p> <p>Program structure and design (e.g., budget, advisory committees, leadership)</p> <p>Development of and adherence to organizational policies and procedures, and regulations</p> <p>Outreach, marketing and publicity for EAP</p> <p>Evaluation, reporting, and quality improvement</p> <p>Website development and maintenance</p> <p>Staffing and professional development/HR</p> <p>Referral resources development and maintenance</p> <p>Involvement with other committees, groups, and administrative teams within the organization</p> |

SOURCE: Adapted from United States Office of Personnel Management (2008).⁶⁸

Administrative Services. The fourth area of delivery involves basic administrative services that directly support the EAP program operations. Some of these kinds of administrative and account management services include the development of related policies and procedures, promotions, account management, customer service, website materials, staffing, professional development, clinical quality assurance, budgeting, referral resource development and maintenance, program reporting and involvement with various teams within the organization.

Of course, not all EAPs deliver all of these different kinds of services. The actual mix of services delivered by a particular EAP depends on many factors and most significantly on the delivery model.

2.2 EAP Delivery Models

Perhaps the most important question guiding the search for an EAP provider is to determine which type of delivery model is the best for the organization. Most of the variability in this area is around the dimension of whether or not the program has dedicated EAP staff and management who are paid by the organization it serves (called Internal programs) or has staff and management who are paid by an outside vendor (called External programs). Many EAPs also combine different aspects of internal and external model features (which are called Blended or Hybrid programs).⁶⁹

Delivery Model 1: Internal Programs

Internal EA programs are defined primarily by having program management and most of the clinical staff who work full-time for the organization that the EAP serves. Internal programs often have a full-time program director, one or more clinical professionals, and some administrative staff to coordinate the program. The onsite presence of the EAP is high. Walk-in contact between employees and counselors is possible with the EAP office staff at one or more worksite locations. Telephonic 24-hour support and counseling services are also available as needed, particularly for work locations without EAP staff counselors. The use of the EAP for management consultations and other organizational services is substantial compared to other program models.

Website information and services for the EAP is often integrated into the company's own intranet website. Promotion of the EAP is high, often with many local worksite events and educational trainings, multiple mailings and shared communication channels with other company departments and programs. The overall level of EAP utilization for Internal programs is variable as is the cost for the program.

Internal EAP programs tend to be set-up slightly differently for the kind of organization that they serve. The four major types of organizations with internal EAP models are large corporations, government functions, hospitals, and universities and colleges. This model is also called a Member Assistance Program (MAP) when it is purchased by a union or by other types of member-based organizations.

Delivery Model 2: External Programs

External programs are defined primarily by having a vendor that is external to the organization that is hired to provide all or most aspects of the EA program. An external vendor company employs the clinical staff who provide the support to the organization. Depending on how it is arranged, the degree of onsite presence for the External EAP is variable – but often lower than with Internal programs. The use of phone-based EAP counseling sessions for clinical cases may be emphasized. Telephonic 24-hour access and triage is available as needed. The use of the EAP for management consultations and other organizational services tends to be low compared to other program models. Website information and services for the EAP may be integrated into part of the company's own website or may be established by the external vendor and utilized by all the vendor's customers, though often with separate branding. Promotion of the EAP is low or moderate, often with limited local worksite events and educational trainings, and use of multiple mailings.

Delivery Model 3: Blended Programs

Another common form of EA program delivery is a mix of the internal and external kinds of models – often called a blended or hybrid model. This model features a small staff who is employed by the organization that directs the EAP and provides some onsite clinical and

management related services. In the blended model, most of the clinical services are typically provided by affiliate counselors who work for an external EAP vendor but coordinate their activities through the internal EAP staff.

Another common form of a blended EAP is called a Joint EAP Model. It is associated with the EA program supporting the organization in general and also the union in particular. Unions have long history of working closely with EAPs as unions were some of the early adopters of the workplace alcohol programs that preceded the modern EAP (See Appendix 1).

Delivery Model 4: The “Free EAP”

Another type of EAP model has become available in the last decade. In this model, the cost of the EA program is presented as being “free” to the purchasing organization. In actuality, its operating costs are just embedded in the fees paid for other insurance product(s) that are purchased by the organization from the same vendor that offers the EAP. Little is known from a research perspective about the quality of service and outcomes from these kinds of “free” EAP programs.⁷⁰ Preliminary investigations reveal that the onsite presence of the EAP is usually minimal, with telephonic 24-hour triage and telephonic counseling services being the most common services provided by the EAP. The overall level of utilization tends to be much lower than the other three EAP models. Often the goal for having this kind of EAP is simply to provide access to emergency counseling and critical event response resources and to at least be able to offer a minimal level of counseling services as an employee benefit.

Summary of EAP Models. Organizations work with EAPs for different reasons and thus there are different delivery models for how EAPs provide their services. Consequently, there is no one model that is superior to others. Experience, however, does show that there are some distinct pros and cons of each type of delivery model. For example, there is no denying the higher levels of program utilization by employees that an Internal program typically experiences. Yet, utilization by family members of employees is not as high in Internal programs as it tends to be in External

programs. Further, the internal model EAP staff does typically not provide the 24-hour immediate access for an Internal program, but rather this function is outsourced. In contrast, 24/7 access is readily available directly from the staff at External programs. Handling client confidentiality is a more difficult challenge for Internal programs than for External programs. Worksite trauma response services can be more immediately facilitated in an Internal program, and on-going/follow-up services are generally more substantial in an Internal program. The sophistication of web-based materials and the depth and breadth of educational and community resources tend to be greater in External EAP programs than for Internal programs. What is most important for the purchasing organization is to determine which aspects of the different delivery models are most needed and then to find out which kind of model can offer these services.

2.3 Understanding Utilization

Utilization reports seem to be a good method for assessing the effectiveness of an EAP provider and its services. However, the lack of standard metrics for reporting on EAP utilization in the industry can result in differences between how various providers and programs count the activities of their service.^{71,72} For example, some EAPs consider a “case” to be any call that comes into the EAP whether it involves additional services or not; while other EAPs define a case only when the call turns into a face-to-face interview or use of other services with a counselor or associate. Consequently, utilization rates can vary depending on how the company defines key parts of what is included in measures of utilization.⁷¹ In addition, most reports tend to include a great deal of information about the nature of the clinical issues that characterize the individual users of the service and provide less information on other aspects of the service.⁷⁴

Sample Utilization Reports

Program use rates considered in the selection process for an EAP provider should be based on the provider’s entire “book-of-business” or more specifically from the business market that fits the interested organization (e.g., retail business, education, public sector). Actual reports from other organizations that are similar to the

interested organization can also be examined as case examples (if permission is given to share the reports). Some EAPs participate in pooling their data with other providers through third-party database services and this allows the utilization of the EAP to be compared to benchmark data from other EAP providers.^{40,71}

Three Key Utilization Rates

Given the lack of standardization of reporting metrics in the industry, it may help to understand the utilization of services by focusing on three simple measures of what happens at EAPs.^{40,72,75,76}

Clinical Case Use Rate. The first and most important utilization rate is also the most conservative number. This measure is the *clinical case* usage rate. This metric counts the number of people or cases (employees and family members) who received a clinical assessment and have one or more counseling sessions from the EAP during the reporting period. This count of cases is divided by the total number of employees at the organization with access to the EAP benefit. For example, 50 clinical EAP cases out of a population of 1,000 employees yields a rate of 5.0%. Clinical case utilization rates can range from between 1 to 5 percent or higher. For example, one national data warehouse of operational information from over two dozen different EAP providers has a benchmark average in 2007 of 3.9% for the annual utilization rate for clinical cases opened.⁴⁰ This rate of use is important because it tracks the kinds of cases that are the most likely to yield high business value in cost-related outcomes from the counseling.

People Use Rate. The second basic utilization metric counts the total number of *people* who used the EAP for any reason – not just for assistance with clinical problems. This measure adds up all of the unique people (including employees and family members) who used the EAP, either for clinical counseling, information and referral, management or organizational services, attendees of worksite trainings, crisis management events and so on. This number total is divided by the total number of employees at the organization with access to the EAP benefit. The people use rate is often double or triple the size of the clinical case use rate (perhaps, 5% to 15%). Thus, EAPs are being used by many people for a wide variety

of reasons – not just for clinical issues – and many of these clients use EAP services in a preventative manner when their issues are not severe enough yet to merit clinical treatment from the EAP counselors.

Total Activity Use Rate. The metric of total *activity* rate for EAP utilization is also useful to know about. This rate is the most inclusive of all of the services offered by the EAP and thus is the highest level of the three use measures. It adds up all of the contact events and discrete services provided by the EAP, including all calls, website hits, attendees at worksite trainings, management consultations, sessions with clinical counselors, sessions with the EAP's legal or financial consultants, and so on. This total number is divided by the total number of employees at the organization who have access to the EAP benefit. As long as this measure is not the only rate presented the purchaser (as it is biased toward high rates – 15% to 30% are common), a total activity rate provides information on the overall level of use of the EAP. Knowing the total activity with the EAP is helpful, as it shows how much it is being used and thus indicates the general level of awareness of the EAP among those in the organization.

For example, a data warehouse of different EAP providers has a benchmark average of 4.6 services provided per each clinical case.⁴⁰ Thus, when their benchmark average of 3.9 clinical cases per 100 employees is multiplied by the 4.6 services per each case, the total activity rate is 17.9% - which is about 18 EAP services delivered per year per every 100 employees. Note that this example is for the clinical cases only and does not include all of the other kinds of non-clinical cases (e.g., users of management consultations, trainings, critical events, and so on).

According to the EAPA Professional Standards Committee,⁷⁷ although there are many differences among EAP providers in how and why their services are used, certain patterns in overall program utilization are commonly observed in the industry. These usage trends include that there is often higher use of employee assistance services by female employees, by employees with higher educational attainment, at smaller size companies, at companies where the management is trusted by the employees, and among employees working in the helping professions (e.g., health care providers, medical care, counseling, etc.).

2.4 Pricing Options

Another key aspect of selecting an EAP is determining what is the proper price to pay for the services. The three most common approaches to pricing are described next in this guide, including the capitated approach, the utilization-based approach, and the “pay for performance” approach. In most contexts the employer pays for the EAP, but in some organizations the union or other organizations within the company share the cost of the program.

Capitated Pricing

For many years the most widely used pricing approach by External EAP program vendors is the capitated or *per capita* financial structure (i.e., per employee per year -- PEPY or per employee per month -- PEPM). This approach uses a total fee for all EAP services to the organization and simply divides the fee by the number of covered employees at the organization. This pricing approach is easy to understand from the purchaser's perspective and perhaps more importantly, it mirrors the insurance-based pricing model used to purchase many other employee benefit services (e.g., health insurance, life, disability).

Some of the reasons why many employers prefer a capitated pricing structure is because it provides a consistent budget for EAP services, the price can be lower than other pricing approaches and it forces the EAP to take the financial risk for the program if the level of use exceeds what was anticipated in setting the price in advance. However, many EAP providers are now concerned with the marketplace consequences of this pricing approach and what has been called the “commoditization” of the EAP industry.⁴³ The main concern is that some purchasers and benefits brokers may view the EAP marketplace as offering an indistinguishable product that does not change much in quality or business value from one provider to another.⁷⁸ This perspective has resulted in purchasing decisions for selecting EAPs that are driven primarily by price, rather than carefully examination the kinds of usage, the range of services, and the quality and effectiveness of the program.⁷⁹

The EAP is profitable on the contract to the extent that it correctly anticipated the level of use of the EAP and how much it costs to provide that level of use. If the level of use is at or below the level used to set the capitated price, then the EAP makes a profit or breaks even. But if the use ends up being higher than the target level used to set the pricing, then the EAP loses money in servicing the organization. Thus, with capitated pricing it is very important for the EAP to be able to make the right guess for how much the service will be used during the contract period.

Capitation pricing can also be perceived as creating a financial incentive for the EAP provider to deliver as little service as possible. This is because the price for the service is fixed and the only part of the price-to-service cost equation that can vary is the amount of services that are used and the associated operating costs for the EAP to deliver those services. Thus, the lower the use of the EAP, the more money the EAP will make from the contract. This criticism breaks down, however, at some point when there is so little use of the EAP that it is then considered ineffective and the purchaser does not renew the service contract.

Pricing and Session Limits. Many purchasers are concerned about the contractual limits for the maximum number of sessions per treatment case for counseling sessions provided by the EAP. The specific number of sessions for the limit varies considerably across EAP providers, with a range of 1 to 6 sessions (or more). A recent survey found that clients who were referred to network affiliate counselors from EAPs with a variety of session limit models tended to average about 4 sessions per case.⁸⁰ According to data from several sources, there was a range of between 3.5 and 4.5 EAP counseling sessions used per case when there was a six-session maximum limit model.^{81,82,83} More generally, EAPs with a telephonic-based program tend to have fewer average contacts per case than what is typically found with face-to-face programs.

The purchaser should keep in mind that it is the level of clinical need and assessed severity of the problem that primarily dictates when an individual user of the EAP will get referred to a more intensive and specialized provider. This determination can usually be made after a thorough assessment and one or two clinical sessions with an EAP counselor. The most

serious cases will get referred out to more appropriate care (perhaps for clinical psychotherapy, psychiatric medications, substance treatment, or group therapy, etc.) before using the maximum number of clinical EAP visits. Thus, having a higher to the limit of clinical sessions is most important for those individuals who are appropriate for receiving brief therapy and action planning from EAP counselors.

Utilization-Based Pricing

In contrast to the capitation model, the utilization approach to pricing EAP services is a concept that ties the EAP's fee to the level of EAP use. The advantage of this model for the employer is that it only pays for the EAP services that it or its employees actually receive. If utilization is low, the employer pays less. Conversely, if the EAP handles more cases and provides more services, the employer will pay more. This pricing model thus shares the financial risk of the program between the employer and EAP. It has the disadvantage of being more difficult to plan ahead for budgeting the cost for the EAP and it requires well-defined reports of utilization that both the EAP and the organization trust as being accurate. Some of the utilization metrics that should be considered for this kind of pricing include the (a) number of EAP clinical sessions provided by telephone; (b) number of EAP clinical sessions provided in-person; (c) total number of clinical cases provided; (d) number of management consultations provided; and (e) other services (e.g., critical incident support, training events, management consultations, and so on).

In practice, however, a utilization-based model typically is structured as two parts and is not purely based on use. The first part is a base fee that is determined from a per-employee per-month capitated rate (but one that is lower than in a full capitated contract) and a second part that includes various per-event fees for each clinical counseling session and/or other specific services.

In this model, the combined PEPM and per visit fee can result in substantial variability in cost compared to standard fixed capitated pricing rates that are based on estimated average utilization. For example, if clinical utilization is low (1 to 3 percent), then the resulting fee will be lower; and if clinical utilization is high (6 to 8

percent), then the resulting fee will be higher than the typical capitated pricing model.

Purchasers interested in this pricing approach need to recognize that a high level of EAP utilization should result in higher levels of positive outcomes for the organization. Thus, higher EAP fees are offset by the correspondingly higher levels of business return from greater use of the service (e.g., employee productivity, absence, health care cost savings, reduced disability claim costs – see later in this report Part 3.2). The utilization-based pricing model is built on a belief that EAPs should be judged on program results and not just on price.

Pay for Performance Pricing

The newest and least commonly used pricing model is called Pay for Performance (P4P). This approach is borrowed from the medical care environment and it provides clinicians and facilities with limited financial incentives (essentially bonuses) for demonstrating improved treatment outcomes. P4P arrangements tie an agreed-upon set of metrics (e.g., quality of care, patient satisfaction, clinical outcomes) to financial incentives. The specifics of these programs can vary, including the clinical areas targeted, the type of sponsor providing money for the financial incentives, the size of the incentive, and the formulas used for determining the incentive amount. P4P models are not full pricing approaches that cover all of the fees needed to purchase an EAP. Instead they augment the more basic pricing model with additional fees that can be earned with certain behaviors.

In many ways, however, P4P models are affected by the same concerns that plague utilization-based pricing models. Generally, there is a lack of accepted methods, across vendors and program models, for evaluating performance. For instance, employers that require "report cards" from their vendors typically ask for measures that are not important or relevant to outcomes, such as telephone response times in a call center or the level of client satisfaction with EAP counseling. A high performance rating on either of these measures does not indicate whether the troubled employee who accessed services actually experienced improved emotional health or productivity.

Fees at Risk

Conceptually related to P4P, but an opposite fashion, is the pricing practice of designating certain aspects of EAP use and operations as performance standards that must be met by the provider and can benefit the purchaser financially if they are not achieved during the course of service delivery. Commonly used operational metrics for EAPs are the average speed of answer, the percentage of calls into the service center that are abandoned before being answered, the average length of waiting time to see an EAP counselor, and the level of satisfaction for service users. The EAP provider can designate some portion of the total contract fee (e.g., 5%) that is linked to meeting the performance objectives. Employers increasingly expect to have some fees “put at risk” in this manner by EAP providers, as this has become commonplace in the purchasing of other kinds of employee benefit services. Anecdotal evidence indicates that most EAPs meet such criteria for performance. Performance guarantees are thus financial penalties for poor performance by the EAP rather than giving additional pay for good performance.

2.5 The “Core Technology” of EAP

The delivery and pricing models should be considered in light of the quality of services that are offered from the EAP. But just how is the quality of service determined? One approach is to consider how much the program follows what is considered the core or fundamental functions of an EAP. The EAP Core Technology represents a set of practices that defines the distinguishing properties of delivering employee assistance programming.^{84,85,86} Developed in the late 1980s from a review of research in the field, the model originally featured seven components (See Table 2). A decade later, the Employee Assistance Professionals Association produced a similar model of EAP core technology.

Work-Performance Focus. The most critical component is for the EAP counselor to assess how an employee’s problems are affecting his or her ability to function at work and the performance of the workplace. EAP counselors are trained to help the employee to identify the stressors that impact work and

determine how the person can better cope with the situation. Because this area is so important, when the service is evaluated it should be judged on the changes in client employee work performance.

Table 2

Components of EAP Core Technology

| | |
|---|--|
| 1 | The identification of employees’ behavioral problems includes assessment of job performance issues (tardiness, absence, productivity, work relationships, safety, etc.) |
| 2 | The evaluation of employee’s success with use of EAP service is judged primarily on the basis of improvement in job performance issues. |
| 3 | Provision of expert consultation to supervisors, managers and union stewards on how to use EAP policy and procedures for both employee problems and for management issues |
| 4 | Availability and appropriate use of constructive confrontation techniques by EAP for employees with alcohol or substance abuse problems |
| 5 | The creation and maintenance of micro-linkages with counseling, treatment and other community resources (for successful referral of EAP cases) |
| 6 | The creation and maintenance of macro-linkages between the work organization and counseling, treatment and other community resources (for appropriate role and use of EAP) |
| 7 | EAP has a focus on employees’ alcohol and other substance abuse problems |

SOURCE: Adapted from Roman and Blum (1985, 1988)^{84,85} and Roman (1990).⁸⁶

Manager Awareness. Another core component is to have the EAP staff work closely with the company in order to train managers and supervisors on how to successfully engage the EAP and to understand the larger issues of importance to the organization. This is another component that has often seen active engagement from union leaders.

Linkages to Internal and External Resources. The EAP should know the range of resources available to assist employees from within the company (called micro linkages) and also from the surrounding local communities as well (called macro linkages). A EAP should be able to offer direction to troubled employees for what to learn about, where to go and what to do in order to improve their situation. Offering this kind of information that is tailored to the individual's problem and local environment is very empowering and can thus spur confidence and self-efficacy that is needed to make behavioral changes and effectively respond to the situation. A thorough assessment process and having a rich database of current and accurate resources are needed by the EAP to fulfill this core component.

Substance Abuse Focus. The workplace offers a useful context for the identification and referral for individuals with drinking and drug abuse problems.⁸⁷ EAPs have a long history of being specialists in this area.²¹ The EAP can provide confidential services to management and staff workers with substance abuse and misuse problems and associated mental health disorders. A high-quality EAP should have staff and specialists who are trained and certified in working with substance abuse problems. The EAP should routinely screen all cases for substance abuse issues. Several brief validated screening instruments are now available for this purpose, such as the AUDIT and GAIN tools (see Resources section). The ability to find and intervene with substance abuse and misuse cases is one of the best ways for an EAP to deliver savings, as these kinds of problems are very costly when they are not addressed.⁸⁷

Even though it was introduced over twenty years ago, a survey conducted in 2008 found that the most of the professionals in the EA field today (85%) are familiar with the Core Technology.⁸⁸ Research on outcomes and ROI supports the argument that enacting these core technology components provides substantial business value to purchasers of EA services.^{36,51}

2.6 Professionalism

The professionalism of the EAP also should be considered when selecting employee assistance services.⁸⁹ Three important areas include following industry standards for ethical conduct, certification of

individuals, and the accreditation of entire programs and providers.

EAP PERSONNEL RECOMMENDATIONS:

Employers should require their EAPs to adopt clear professional standards, including that EAP staff maintain the following qualifications:

- (a) A minimum of a master's degree in human services from an accredited institution;
- (b) An active specialty credential, such as the Certified Employee Assistance Professional (CEAP);
- (c) An active clinical license that reflects competency in activities such as individual assessment, short-term problem resolution, crisis intervention, threat of violence and related EAP tasks; and
- (d) Appropriate credentials and/or sufficient experience for persons who perform organizational assessment and consultation services.

SOURCE: *National Business Group on Health's Employer's Guide to EAP* (2008).¹⁷

Ethics

A high quality EAP provider should embrace and follow the ethical guidelines for the field.^{90,91} This is especially important regarding maintaining client confidentiality for users of the program so that employees feel safe in coming to the EAP and managers can trust making referrals to the service.

The CEAP Certification

The Employee Assistance Professional Association has developed independent certification procedures for individuals.⁹² The Certified Employee Assistance Professional (CEAP) is a voluntary credential that identifies individuals who have met established standards for competent, client-centered practice, and who adhere to a professional code of conduct designed to ensure the highest standards in the delivery of employee assistance services. Over 5,000 individuals have earned the CEAP designation through EAPA.⁷⁷

In Canada, the CEAP designation is not a program standard. Instead Canadian EAPs have relied upon the credentialing and professional standards enforced by the professional associations to which EAP providers belong, supplemented by a higher level of participation in program accreditation.

Program Accreditation

As in most professions, accreditation in the EAP industry ensures that the vendor organization meets a specific set of standards and certification ensures that individual practitioners have the appropriate training and experience to conduct EAP work.⁹³ In 2001, the Employee Assistance Society of North America (EASNA) in conjunction with the Council on Accreditation (COA) established accreditation standards for EAPs.⁹⁴

COA accreditation is a comprehensive process by which an organization goes through a thorough self-study and on-site review by trained peer reviewers in order to achieve the highest recognition for delivering quality services that comply with nationally recognized standards of best practice. These standards are now in their 8th edition. As seen in Table 3, the accreditation review encompasses many areas, with a dozen major domains and more than 50 sub-areas.

To date there is a total of 57 EAP programs that have been accredited by COA: 13 organizations that provide primarily EAP services and 44 multi-service organizations that offer EAP services as well as other kinds of services.

Summary. EAP service providers being considered for selection can be asked about issues of accreditation of their staff and network affiliate counselors are CEAP certified. Although the value of these standards is sometimes debated within the industry, there continues to be a need to verify validated training and operation of all EAP models. Also, while EASNA has passed on direct responsibility for accreditation to COA, the association remains active and focused on advancing knowledge, research, and best practices toward achieving healthy and productive workplaces.

Table 3
COA Accreditation Components

| | Component | Elements |
|----|--|-----------------|
| 1 | Access to Service | 5 |
| 2 | Internal EAP and Parent Company Relations | 1 |
| 3 | Program Implementation and Contract Management | 6 |
| 4 | Contractor Accountability | 4 |
| 5 | Record-keeping | 4 |
| 6 | Assessment | 4 |
| 7 | Service Planning and Monitoring | 3 |
| 8 | Service Elements | 11 |
| 9 | Critical Incident Reporting | 1 |
| 10 | Work-Life Services | 3 |
| 11 | Case Closing | 2 |
| 12 | Personnel | 9 |

SOURCE: The Council on Accreditation Employee Assistance Program Accreditation Process (2008).⁹⁵

2.7 EAP Network Affiliates

Another indicator of program quality involves the area of who actually provides the clinical care to employees who use the EAP for individual problems. Most of the in-person counseling sessions that are generated from an external vendor delivery model, or from a blended internal-external partner delivery model, are delivered by counselors that support the EAP as paid contractors. These professionals are part of a network arrangement and live in the same geographic areas where the staff for the organization is located. In most contexts these counselors are not full-time employees of the EAP.

These “affiliates” as they are called, are typically licensed clinical social workers, counselors, psychologists, or marriage and family therapists. Affiliates perform EAP work on behalf of EAP vendors in a variety of settings offsite from the organization’s workplaces, such as private practices, health care agencies and hospital-based mental health clinics.

Generally, only a small portion of the typical affiliate’s individual practice caseload is for EAP work and thus the majority of affiliates consider themselves general practitioners in counseling or psychotherapy, as opposed to EAP practitioners. For example, a recent survey of affiliate counselors found that about three-fourths of these practitioners reporting treating clients from EAP sources pretty much the same as those people from non-EAP referral sources.⁸⁰ The main distinction is that cases from EAPs have fewer visits than cases referred from the general mental health benefit plans -- an average of about 4 vs. 11 sessions, according the one study.⁸⁰ However, the difference is this study was due more to the shorter maximum number of session limits for EAP cases (often capped at 6 sessions or less) than due to the clinical needs of the client.

A concern among some in the industry is that affiliate counselors may not take as much interest in workplace performance issues or know as much about company specific resources and the specific client organizational issues compared with trained and dedicated EAP specialists. However, to address this issue some EAPs have developed a first tier or premier level of affiliates that are more focused on the core technology and workplace performance.

2.8 Selection Tools

After learning about what is desired in the EAP, a final step is to conduct the selection process and specifically evaluate one or more EAP provider companies. Two popular tools to consider for this part of the selection process are using structured information gathering instruments and conducting an independent audit of the EAP provider or vendor.

Using an RFP to Compare EAPs

Various themes are included in a request for information (RFI) or request for proposal (RFP) for EAP services. See Appendix 4 for a complete set of questions from a sample RFP for EAPs. The themes included in this RFP include the following:

- 24-Hour phone access, intervention, and intake
- Assessment and short-term counseling
- Workplace assistance
- Network development and management
- Data management and reporting
- Account management and communication
- Quality improvement and evaluation
- Staffing
- Fee proposal

Some of the difficulty in comparing providers and selecting an EAP vendor is that standardized client reporting and operational benchmarks are not required yet for the EAP industry. Although certain aspects of this issue are addressed through the programs for certification of individuals (the CEAP) and for external providers and internal programs (COA accreditation), these remain *voluntary* elements and are not required standards. Thus, any company can claim that they are providing “employee assistance program” services and it is up to the purchaser to determine exactly what that means.

But help for this problem may be on the way. A research project to develop a standardized RFI tool is being conducted by the National Business Coalition on Health (NBCH) and The George Washington University. The goal for the project is to extend the kinds of questions asked of EAP vendors beyond the process and outcome metrics to also collect descriptive and program model information to enable purchasers to compare programs, populations, and services.⁹⁶

There is also a related effort lead by the National Business Group on Health (NBGH) to develop recommendations for strategically defining and measuring EAPs. The Business Group created an employee assistance work group comprised of 25 Business Group members and many EAP professionals to discuss the strategic role of EAPs, develop metrics for measuring EAP effectiveness, and examine how companies currently use EAPs.⁹⁷

Using an Audit to Evaluate An EAP

Some employers hire an outside consultant to conduct a formal audit of their EAP provider. This process typically involves the review of business documents and records, interviews with key staff and a site visit to the main operations of the EAP. See Appendix 5 for a list of such questions used at Watson Wyatt Worldwide. Some of the key areas of EAP function examined in an audit include the following:

- Observation of intake functions
- Examination of physical space for counseling
- Review of reports, billings, utilization
- Assessment of client satisfaction surveys
- Evaluation of follow up and client outcomes
- Structured interviews of EAP staff

Hiring an expert third party to conduct an audit provides the purchaser with an unbiased and objective evaluation of the overall functioning and quality of the EAP. Audits also can suggest areas of improvement and ways to fine-tune the operations of the provider.

2.9 Global EAP

It should be noted that almost all of the content and associated research featured in this report generally applies best to services and programs in the US and Canada. However, in the last decade there has been significant expansion and adaptation of employee assistance services in other countries.^{98,99} Qualitative research projects have been conducted on the progress of EAP

development in Australia,^{100,101} Europe,^{102,103,104} Germany,^{105,106} India,¹⁰⁷ Ireland,^{108,109} Israel,¹¹⁰ and South Africa.¹¹¹ In addition, a 2009 book now in its fourth edition features information on EAPs in 35 countries.¹¹² With this growing global expansion of EAP, it has become evident that a simple adoption of practices and models from EAPs in North America is not effective and there are many important contextual aspects of workplaces other countries that must be taken into account to properly develop EAP services to best meet these unique needs.¹¹³

Summary of Part 2

How to select the most appropriate provider or program for EA services involves many steps. One must consider the many ways that EAPs can vary in the kinds of services that are offered, and the type of operational delivery model. These elements tend to dictate the level of overall utilization of the program and it is key to properly understand how this use is measured to compare programs and providers. There is also the issue of how to pay for the EA services that must be decided upon. Indicators of higher quality EA service providers can be found in the program's adherence to the Core Technology of the field, to its experience with ethical guidelines, counselor certification, program accreditation and the training and participation of affiliates in its counselor network. Finally, many purchasers find value in using structured information gathering tools such as the request for information and request for proposal questionnaires and using a formal audit of a particular provider of employee assistance services.

To include all of these factors in the selection process for an EAP will yield a thorough examination of key aspects that should help to reveal which program or provider is the best fit with the needs of the purchasing organization. To assist the reader, we offer a *Selection Considerations List* that summarizes key decisions in this process (see Table 4).

Table 4

Key Considerations for Selecting an EAP

| Selection Component |
|--|
| <p>1) Which kinds of EAP Services are needed at your organization?</p> <ul style="list-style-type: none"> • Individual services • Managerial services • Organizational services • Administrative services |
| <p>2) Which Model of EAP Service Delivery is best for your organization?</p> <ul style="list-style-type: none"> • Internal model • External model • Blended model |
| <p>3) What level of Utilization of the EAP is desired and what types of use rates will be evaluated?</p> <ul style="list-style-type: none"> • Clinical cases use (most conservative) • All people use • All activity use (most inclusive of all kinds of services) |
| <p>4) Which kind of Pricing is best for paying for the EAP services at your organization?</p> <ul style="list-style-type: none"> • Capitated or fixed rate pricing • Utilization-based pricing • Pay for performance pricing • Pricing with fees at-risk |
| <p>5) How well is the program able to deliver its services in ways that fulfill the Core Technology of the EAP field?</p> <ul style="list-style-type: none"> • Emphasize employee work performance • Specialize in alcohol abuse and other addiction problems • Promote awareness of the EAP among managers and supervisors and their role in the referral process • Develop and update available resources from inside and outside of the organization |
| <p>6) What level of Professionalism is desired?</p> <ul style="list-style-type: none"> • Certification of individuals (CEAP) • Accreditation of the program (COA) • Other state or topic specific licensure and training requirements |
| <p>7) What kinds of Tools will be used to evaluate the EAPs considered for your organization?</p> <ul style="list-style-type: none"> • Request for Proposal (RFP) • External formal audit of program |

PART 3

How to Strengthen an EAP

This part of the guide addresses how to effectively implement employee assistance services in an organization. It also presents a conceptual model for understanding the major kinds of business value that are possible from EAPs. This model can be used in a proactive fashion to help determine the practice model and operational features that correspond to the level of business value desired by the EAP purchaser.

3.1 Effective Implementation

Once the right EAP program and delivery partners have been selected, the next question becomes how should it be set up and promoted so that it will be used. The initial planning process to guide the implementation of an EAP should include a review of current company data, reports, and costs. The key stakeholders for the EAP should be identified, engaged, and then asked to collaborate on tailoring a plan to implement the EAP. Specific goals, metrics, and analytics should be developed for each of the defined areas of management focus. These results need to be measured, reported upon, and then will become the basis for making improvements and changes in how the program operates.

The implementation planning process is similar to setting up a sophisticated home theater system. There must be specific “cabling” and compatible “connectors” for each component of the system to achieve potential and play its unique role. Varied functions need to be coordinated and integrated to create a high quality output. The following are suggestions for the implementation and promotion of an EAP.

Leadership Support of EAP. Senior executives at the organization can announce the availability of EAP services and help to define management’s motives for offering these programs. A joint announcement can be made if there is union involvement in the EAP. The

announcement should emphasize the organization’s interest is maintaining a healthy workforce and outline the steps it has taken in terms of offering an EAP. This act favorably introduces the EAP into the organizational culture and encourages its use.

Case Study of EAP Implementation

When Heritage first implemented its EAP, all employees were notified of the new service through a letter of introduction from the CEO. As a follow-up, training sessions, which were supported by the EAP vendor, were also conducted at each of the company’s 27 locations to explain the benefit and how to use the EAP. This training was supported with ongoing distribution of informational flyers and business cards, as well as by posting the EAP’s toll-free phone number in break rooms.

The EAP vendor also provided training sessions at each location for the company’s managers and supervisors. Getting the “buy-in” from the supervisors was the most important factor in the implementation process. Part of the reason that supervisors were supportive of the new EAP is because it was positioned as an avenue of referral for those employees who were struggling on the job because of non-job related reasons. In fact, the supervisory referral has turned into the most beneficial feature of the EAP.

Connie Hoselton
Senior Vice President of Human Resources
Heritage Enterprises, Inc.

SOURCE: Interview conducted for this *Guide*.

Company Policy. Part of the implementation process involves formalizing the availability and role of the EAP by including it in the written HR practices and policies

for the organization. The purpose is to establish a specific practice guideline regarding how the EAP will operate and function internally. Within the guideline, all goals and responsibilities for the EAP should be clarified.¹¹⁴ In addition, leave of absence, progressive discipline, sick leave and disability management, Equal Employment Opportunity (EEO), Americans with Disabilities (ADA), and threat management policies should each reference the availability of EAP as a problem solving resource to be utilized at defined times and conditions. Research has shown that there is increased use of the EAP when the company policy features the EAP.^{72,73}

Utilization Targets. Merely offering an EAP does not mean it will be used. The company should develop a specific target level of utilization and then create a realistic plan to promote the EAP in order to achieve the utilization desired. High utilization of the EAP is best achieved through repeated promotional efforts and, most importantly, through positive word of mouth from managers and satisfied employee users of the service. The organization could even conduct a survey to determine what specific kinds of EAP services and topics are of most interest to the employees.¹¹⁵

A novel approach for seeing the results of good EAP use is for employers to share their organizational chart with the EAP. When this organizational level information is linked to the HR employee eligibility database that is shared with the EAP, it can create customized reporting that shows the utilization of the EAP by each part of the organization. This kind of EAP reporting is called Organizational Mapping.¹¹⁶ Part of the appeal of this approach is that it provides a snapshot of the current status of the EAP's relationship with the organization and shows where it can seek to improve and have more interaction in the future.

Promotional Communications. A necessary component of implementation is to maintain regular communications with employees and family members regarding the availability the EAP and the importance of being proactive concerning its use. All of the staff in the organization should be encouraged to approach the EAP with an attitude that any one of them could need to use the service at some time. From an employer perspective, offering the EAP sends the message to employees that "Your individual well-being is

important." Communications can note that the EAP offers self-help tools and educational resources, which can and should be used. Some places see the EAP as a resource of last resort, when it is much better to create expectations that no problem is too small or too big to get help. Employees should be encouraged to have a "low-threshold" for deciding when it is appropriate to use the EAP.

Communication is a key component in helping employees correctly utilize the EAP resources and benefits that are available to them. Periodically remind employees and managers about the services your company has available.

-- Employee Benefit News (2008)¹¹⁷

The Internet. Recent years have witnessed an increasing use of the Internet in the promotion and delivery of EAP.^{64,65} Web-based services have allowed many employees to become more familiar with the purpose of EAPs. Websites for EAPs are becoming more elaborate and offering access to provider lists, tip sheets, online health and wellness presentations, live Webinars, and self-assessment tools. Some EAP websites are embedded within the larger company intranet or HR website.

One advantage of a web-based approach is a lessening of the reluctance some people have about using EAP services.¹¹⁸ Offering clinical services and prevention over the Internet, where it can be accessed at any time with relative anonymity and complete privacy, might also reduce the stigma normally associated with mental health concerns and substance abuse problems. For example, at Ernst & Young, when they combined the website functions for the EAP, Work-Life and HR/benefits into one website, the result was an increase in the use of the EAP and of the Work-Life services – from 8% and 12%, respectively as separate services, to a combined 25% annually versus 20% for the year before when combining both services.¹¹⁹

The use of online or web-based tools for the delivery of *clinical* counseling between EAP clinicians and employees is advancing as new practice model.¹²⁰ With

careful attention to ethical and privacy issues, the online method of counseling is being used successfully at some EAPs and its use is likely to only increase in the future.^{121,122}

Manager Training. A successful implementation should provide trainings to encourage managers to make both formal referrals to the EAP when certain events occur and to also make informal “positive” referrals for employees where there are indications of personal issues or other needs. Managers should be alert to changes in behavior or information indicating the presence of individual issues regarding relationships between colleagues or among subordinates. Supervisors can be taught how to establish a proactive approach to identify personal and behavioral issues and take appropriate action to involve the EAP.¹²³

Managers sometimes just accept problem employee situations, because “that’s just the way it is, and there’s nothing I can do about it.” This failure to address problems can negatively impact the workplace. Research has shown that there is increased use of the EAP when there is greater training provided to managers and supervisors about the EAP.^{72,73}

“Employers can teach managers to watch for signs of mental illness and provide resources for employees. They can improve employee assistance programs by offering assessment, counseling and referral to mental health services.”

-- *Canadian HR Reporter* (2008)¹²⁴

Summary of Implementation

Implementing EA services is an important final step after the employee assistance provider and program have been selected. After the initial review of organizational records and resources, the EAP should be promoted with the support of company leadership. Company policy and other HR/benefits materials need to be updated to include the EAP. The organization should also set utilization targets for how much the EAP is expected to be used and what components of the program are emphasized. Another critical task for implementation is to create a range of promotional

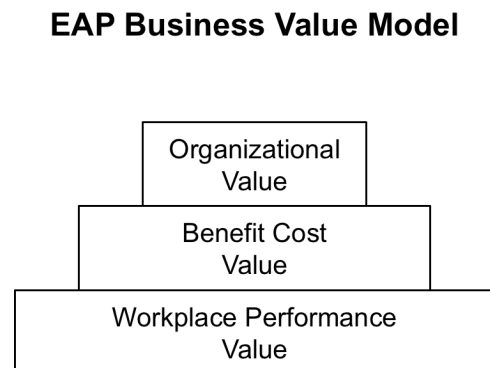
communications and other visibility tactics to inform others about the EAP service. The Internet and company websites can be valuable tools for both promoting the EAP and for encouraging its use. The endorsement of supervisors and management is critical to the success of an EAP and thus trainings should be designed and delivered to all supervisors and managers.

3.2 EAP Business Value Model

To those not familiar with the research literature in this industry, it can be difficult to know which elements are the most important to use in judging the business value of employee assistance services. This task is further complicated by the range of outcomes that have been examined in past studies and by the variability in the nature and quality of the services offered by different EAP programs and providers. To address this need, the “EAP Business Value Model” was developed.^{75,125,126,127} It identifies and prioritizes the primary sources of business value that EAPs -and their allied mental health and workplace service partners- are capable of providing to purchasers and organizations.

The model features three major categories or levels of value: *Workplace Performance Value* – which has cost savings from employee productivity, absence and other human capital areas; *Benefit Cost Value* – which has cost savings from health care, disability and other employee benefits; and *Organizational Value* – which has cost savings from risk management and improved organizational development. These categories are hierarchical in nature, such that one builds upon the other to deliver increasingly more value (see Figure 4).

Figure 4



Value Component 1: Workplace Performance

The first part of the value model reflects savings in the area of indirect business costs that occur at the level of individual employees through their workplace performance. These costs are considered the domain of human capital management practices. These are cost savings that an organization receives when effective prevention and intervention services from the EAP result in improvements in work performance areas central to the EAP mission: Less employee absenteeism, less presenteeism, less turnover and enhanced employee work engagement. All EAPs should be able to show value in this area and thus it is depicted at the base of the value hierarchy in Figure 4. The evidence for these kinds of EAP outcomes has been reviewed earlier in this report (see Part 1.5).

Value Component 2: Benefit Costs

The second component of the value model includes the impact of the EAP program on the employer paid claims costs for employee benefits in the areas of medical and pharmacy, mental health, disability, and workers' compensation for users of the EAP. These are considered direct costs to the business

Example: Health Care Benefits. A primary source of claims savings comes from the many clinical counseling sessions provided by the EAP. If not for the EAP, many of these sessions would likely have taken place in the outpatient benefits system for which the employer often pays the claims costs. Certain EAP clinical cases with more severe conditions can be potentially relevant for greater claims cost savings. EAPs can identify employees with high-risk psychiatric or substance abuse problems and then facilitate the proper referrals and follow-up support for treatment and management programs available in the larger benefits system. For these types of high-risk cases, it is commonly found that mental health and substance abuse treatment costs and associated medication costs may appropriately increase in the short term, but the health improvements derived from the treatment avoids future higher total health care benefit costs.^{49,50,51,52}

Example: Disability, Workers' Compensation and RTW. Only those EAPs who work collaboratively with other departments and benefits programs at the company that focus on absence management, disability management, return to work (RTW) programs, injury rehabilitation and disease management programs are able to potentially contribute to cost savings in these small volume but high cost per case areas.¹²⁸ Much of the savings in disability and workers' compensation claims comes from the prevention of even larger losses among current cases on disability or work compensation benefits and also the prevention of new cases entirely who were at risk for such claims. An example of how EAP can provide disability benefit cost value is described below.

Research Highlight: EAP and Disability

A study from The Hartford Group (2007) shows that employers with EAP services had better outcomes for short-term disability (STD) claims. The study examined all companies in the Hartford book of business and compared the two companies with the highest levels of overall EAP use (about 11% annual EAP use rate) with companies that did not have any EAP. The results showed that disability claims for psychiatric concerns were 17 days shorter at the high-use EAP companies than at the non-EAP companies (56 days vs. 73). Similar findings were found for differences in shorter duration periods for musculoskeletal claims (55 days vs. 68) and cancer claims (45 days vs. 64). Another analysis compared the percentage of employees who returned to work after being on an STD leave. The employees who had used the EAP were about twice as likely to return to the workforce compared to employees who did not use the EAP (33% returned vs. 16%). The same study showed significant cost savings associated with disability claims: Only 2% of employees using the EAP had a disability claim that converted to long-term disability (LTD) benefits, whereas 9% of those who did not use an EAP had gone on to use LTD benefits.

SOURCE: *The Hartford Group* (2007).¹²⁹

Example: Disease Management. EAPs can partner with other programs that address chronic conditions and disease management. The EAP's proactive workplace outreach can be linked to these other efforts (often from specialty providers or health plans) to

improve treatment access and case management. The real value of the EAP staff can be to help identify and intervene with the co-morbid mental health and substance abuse disorders that are so commonly found with other medical problems and chronic diseases and which can interfere with medical care compliance when not properly addressed.

Value Component 3: Organizational Risk

The final EAP value component includes the cost savings to the organization associated with EAP outcomes in the areas of workplace safety risk management, legal liability risk prevention from crisis events, positive changes in organizational culture, improved morale and recruitment. The goal of the EAP when collaborating with these other areas is to get involved early with employee problems and thus prevent regularly occurring and preventable situations from becoming workplace issues. And when they do occur, to stop the progression toward a more serious situation. These outcomes reflect the potential financial benefits from EAP services that are delivered at the work-team and organizational levels. Examples of some of these kinds of organizational level value from EAPs are described below.

Example: Security, Threat Management and Crisis.

It is recommended to incorporate the EAP into the organization's threat management response strategy. EAP case handling should be part of conflict resolution efforts, which can be included in the organization's violence avoidance plan. In addition, consultation with the EAP helps to facilitate the pre-incident and incident response efforts. EAPs are trained in how to respond appropriately to critical incidents that affect the workplace. Examples of traumatic incidents include bullying and violence, on-the-job accidents, injury and death, and natural disasters.¹³⁰

Example: Drug Tests. EAPs can support the resolution of positive drug test cases at the company by providing EAP counseling, as needed.¹³ Most EAPs have special training and experienced staff that can assist employees and managers in responding to substance abuse problems. Often substance abuse problems take more effort and persistence to properly

address than other counseling issues and the EAP can assist in coordinating the care and follow-up processes usually associated with chemical dependency treatment.

Example: Prevention and Wellness. EAP counselors and programs can be used to support many company-wide wellness initiatives.¹³¹ For example, when Health Risk Appraisal (HRA) surveys of employees are used to identify those who are at highest risk for health problems, the EAP could be offered as a resource to help change lifestyle issues and other personal and work conditions that may be involved. Often what holds employees back from changing to a healthier lifestyle is not a lack of facts and knowledge, but rather the practical behavioral changes that allow it to happen. Adding screening items to HRAs for mental health and substance abuse problems is also effective. According to a survey conducted in 2008, the kinds of prevention services provided most often by EAPs to their client organizations, on at least a quarterly basis, are alcohol/drug screening and training (40%), team building (32%), and depression screening (25%).⁸⁸

Example: Employee Financial Problems. HR staff and others working with employee financial benefits programs should be made aware of the EAP as a potential resource for employees who exhibit distressed financial behavior, such as wage garnishments, 401(k) early withdrawals or loans, early selling of company stock options, and so forth. This area is a growing problem for many employers and it can cause significant work performance issues if it is not addressed. Employee money problems can also be related sometimes to gambling or other substance abuse issues.^{18,117}

Example: Management Skills Training. The EAP can be integrated into management skills training and other staff development efforts. This can be accomplished by referencing the EAP as a management tool that is available to solve problems that managers are responsible for addressing at work, employee discipline, dealing with difficult people, managing work teams, firings and layoffs, and so on. The EAP can then help managers to improve their employee's performance issues. When collaborating with an EAP professional, HR staff and other managers can achieve firm, fair, and consistent individual performance management practices, which ensure due process and

reasonable accommodations between the employee and the organization. All of this can help to avoid potential legal problems for the organization when such issues are not handled properly.

Example: Organizational Development. If the role of EAPs is broadened to be more than just a counseling benefit for individual employees, then the organization can receive more value from EAPs. The highest goal for an EAP is to be a positive process that is embedded in the organizational culture.¹³² When the EAP is given opportunities to integrate into the larger organizational structure and company culture then it can better empower the employer and employee stakeholders to act. This will generate greater “ownership” of the internal outreach and early intervention efforts. Many EAPs already work closely with HR staff and company leadership to assist with large-scale organization change initiatives. For example, the EAP can provide or support the organization in using some of the many kinds of tools now available for assessing the type of culture and health climate of an organization.¹³³

Example: Reducing Stigma. For the EAP to be successful, though, the organization must overcome the stigma and discrimination that so frequently follow those with mental health and substance abuse problems.^{10,12,118} Employees will not use the EAP if they have fears that their use will be held against them later as a personal flaw or work impairment issue. The workplace can positively address such issues and promote a psychologically healthy environment. One of the best ways to reduce negative attitudes about mental health and other difficult issues is to provide substantial and continuous support for raising awareness of the issues through the involvement of EAP stakeholders. This includes managers, human resources staff, individual employees, and family members. Collaboration with these groups ensures a mutually supportive effort that ensures utilization of the EAP and enhances overall outcomes.

Using the Value Model as EAP Needs Assessment Tool

This conceptual model can be used to better align purchaser expectations for business value from the EAP

with the level and breadth of services provided. Not all of these kinds of value are provided by all EAPs. Many of the lower priced and externally managed EAPs are able to provide value at only the base level of the model in the area of improved workplace performance. As one moves up from this to the next level of employee benefit claims savings, and then again up to the highest level of savings from organizational risk and development, it gets progressively harder for an EAP to show their business value. This is because the EAP must be allowed by the purchasing organization to have greater access into the company (as many internally managed EAP programs do) and to collaborate with company staff in other parts of the organization and with other benefits providers.

Create an Action Plan for Business Value. If a purchaser is interested in getting full value from an EAP in all three areas of the conceptual model, it will need to negotiate a higher level of service from the EAP. The business will also need to devote more of its own internal resources (HR and benefits staff) to work with the EAP on setting up and managing activities that serve the benefits claims and organizational value areas. The desire by an employer for a more comprehensive EAP service should be reciprocated by getting more business value in return from the program.

Summary of Part 3

After the provider and program have been selected, the final step is to implement the program and introduce it to the organization. This effort is best accomplished through involving the leadership of the organization, updating relevant policies and procedures, setting utilization targets for the EAP, creating communication materials, taking advantage of online tools, and training supervisors and managers. The goals for strengthening an EAP can follow various tactics at three different levels of EAP business value that focus on supporting individual employees and their family members, proactive collaboration with other benefits programs and assisting the company with organizational level culture change and human capital development initiatives.

FINAL COMMENT

The case for EAPs is strong, as witnessed by the fact that most organizations already have employee assistance services and the abundant research documenting the burdens caused by a wide range of individual and workplace issues. For those interested in the general business value of EAPs, the facts and information presented in Part 1 can be shared with others to support further discussion about whether EAP services are right for the organization.

The practical advice featured in Part 2 of this *Guide* offers guidance on how to select an EAP provider. Determining what kind of EAP and which aspects of service delivery are needed are important decisions that lead to defining the program model that best supports the organization.

Once the purchaser shares the vision for how the EAP should support the organization, the EAP can be properly set up to realize this potential. Much can be done to implement and promote the EAP to make it flourish. After the EAP has been implemented, there are many things the organization can also do to create the conditions that further strengthen the EAP. It is important to invite internal staff, union representatives and other programs within the organization to collaborate with the EAP on an ongoing basis. In this collaborative way, the EAP is given the opportunity to assist the entire organization and not just its employees. It is at this highest level of interaction between the EAP and the entire organization, that the full business value of employee assistance is possible.

APPENDIX - 1

A Brief History of EAP, Work-Life and Wellness

SOURCE: Adapted from Herlihy, P. A., & Attridge, M. (2005). Research on the integration of employee assistance, work-life and wellness services: Past, present and future. In M. Attridge, P. Herlihy, & P. Maiden (Eds.), *The integration of employee assistance, work/life and wellness services* (pp. 67-93). Binghamton, NY: Haworth Press.

Employee Assistance Programs

Early EAP services initially arose out of a need for a stable and skilled workforce during WWII. The severe shortage of male workers in New York City prompted some corporations to recruit workers from the Bowery district, resulting in the hiring of numerous alcoholics. Corporate medical directors postulated that it might be more cost effective to rehabilitate problem drinkers than to have a revolving door employment policy.¹³⁴ This corporate approach led to the emergence of Occupational Alcoholism Programs (OAPs). These workplace-based programs grew in acceptance and number throughout the 1950s and 1960s.

The US federal government promoted OAPs through legislation such as the Hughes Act of 1970, which required all federal agencies and military installations to have an OAP and its amendment in 1972 to include drug abuse. In the early 1970s, the US government established the National Institute on Alcohol Abuse and Alcoholism (NIAAA) with the mission of promoting the growth and diffusion of EAPs throughout the United States. Also emerging at this time was the Association for Labor—Management Administrator and Consultants on Alcoholism (ALMACA). During the mid 1970s, private EAP consulting firms such as Human Affairs International and Personnel Performance Consultants began to offer an alternative option for the delivery of EAP services from an internal model to an external model.

During the 1980s, EAPs became more popular in North America. At this point in time, the mix of services offered by EAPs expanded to feature more comprehensive elements. The drug-free workplace legislation was passed in 1988 in the US. This event spurred further growth of EAPs as they offered expertise and guidance to employers regarding the management of employees with substance abuse problems. In 1985, it was reported that approximately 68% of EAPs were provided through internal programs. By 1988, this number of internal EAPs had decreased to 58%.¹³⁵ Data from 1994, estimates the number of internal EAP programs in the US to be less than 20%.¹³⁶ Unfortunately, there is no more recent empirical data that has addressed the question of the prevalence of different models of EAPs. Another trend that began in the late 1980s was the expansion of EAP services to family members.^{137,138}

In the 1990s, EAPs became a standard component of employee benefits at the majority of large companies. EAPs responded to this growth by broadening their services to address issues such as work-life balance, elder care, workplace violence, and supporting company-wide changes, such as mergers and downsizing. In the early 1990s managed mental health care also made its entrance into the health care arena, with EAP being a source of referral into these counselor networks.

The EAP field has been nurtured over the years by the support of its two major professional organizations, the *Employee Assistance Professionals Association* (EAPA; which evolved from ALMACA) and the *Employee Assistance Society of North America* (EASNA; which has a strong Canadian influence). Today, the number of members in these two associations exceeds 5,000 people and is growing worldwide. For a more detailed history of EAPs refer to Davidson and Herlihy (1999).¹³⁹

Work-Life Programs

Although there are reports of On-Site Child Care Programs during the Civil War and over 3,000 Child Care Centers during World War II, Work/Family Programs themselves trace their development to the Great Society policies of President Lyndon Johnson.¹⁴⁰ During the 1960s, the US Federal Government sponsored the formation of county-based “child care coordinating councils” (4-Cs). These programs were specifically designed to coordinate childcare resources for preschool children so that Head Start Centers would be in close physical proximity to targeted children. The 4-Cs spawned the formation of childcare resource and referral programs that emerged in the corporate sector during the early 1980s. The creation of these employer sponsored child-care resource and referral services is credited with the beginnings of the Work/Family and later the Work-Life industry.¹⁴¹ By 1985, several private companies began administering referral networks for large multi-site employers. This field grew throughout the early 1990s and eventually evolved into offering services focusing on helping today’s workers deal with the multiple demands of careers, care of their children, and care of their aging parents.

Today, the Work-Life Field continues to evolve in two main areas: First, programmatic focus on supporting workers to balance the demands of both their work and personal life; and second, consultation to corporations on how to provide a family friendly supportive environment aimed at increasing creativity and productivity in the workplace.¹⁴² For a more detailed history of Work/Family refer to Rose (2000).¹⁴³

Wellness

Wellness programs began in the 1970s as worksite-based offerings that focused on physical fitness centers and related health activities. One of the first fitness-oriented books, Kenneth Cooper’s *Aerobics* (1968), had a major influence on this movement.¹⁴⁴ The healthy living focus led to the spread of corporate fitness centers and then to modern, state-of-the-art corporate fitness facilities. Many of these now offer a range of occupational, physical therapy, rehabilitative, and alternative medical services. Another major development occurred when Erfurt, Foote and Heirich began conducting cardiovascular-oriented blood pressure screenings of employees in the auto industry.¹⁴⁵ They were among the first to promote annual health screenings and to coordinate linkages between wellness programs and EAPs.¹⁴⁶ The US government, through the Department of Health and Human Services, has also played a major role in the spread of wellness and health promotion programs through its series of “Healthy People” reports. Together, these developments and influences set the stage for today’s portfolio of comprehensive health management services, including fitness centers, health screenings, health risk appraisals, educational activities, behavior change programs, and high-risk interventions. The focus of health and wellness programs is expanding toward a total population approach including high-risk individuals, low-risk individuals and the chronically ill. Increasingly, health and wellness programs will become integrated with a variety of health and productivity programs including disease management, demand management (self-care), disability management, EAPs, work-life initiatives, health care coverage and other key employee benefit programs. Health and productivity initiatives are becoming a major corporate strategy to improve employee health and to engage employees at a high level of workplace functioning. For a more detailed history of the Wellness field refer to Mulvihill (2003).¹⁴⁷

APPENDIX - 2

RESOURCES: Reports and Publications

14 Short Employer Cost Savings Briefs on Substance Abuse. (2008). National Institutes of Drug Abuse (NIDA). 28 pages. Free.
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17943>

A Mentally Healthy Workforce – It's Good for Business. (2006). The Partnership for Workplace Mental Health – American Psychiatric Association. 28 pages. Free.
<http://www.workplacementalhealth.org/pdf/POPartnershipBrochure05.pdf>

An Employer's Guide to Behavioral Health Services. (2005). National Business Group on Health. 100 pages. Free.
http://www.businessgrouphealth.org/pdfs/fullreport_behavioralHealthservices.pdf

Depression in the Workplace. A Special Issue of Managed Care Magazine. (2006). 22 pages. Free.
<http://www.managedcaremag.com/workplace>

Employee Assistance Programs: Wellness/Enhancement Programming, 4th Edition. (2009). Springfield, IL: Charles C Thomas. Richard, M. A., Emener, W. G., & Hutchison, W. S., Jr. (Eds.). 408 page textbook.

How Much Does Quality Mental Health Care Profit Employers? (2005). Journal of Occupational Environmental Medicine. 11 pages. Free.
http://www.workplacementalhealth.org/Nov_JOEM.pdf

Keeping Good Company: An Employer's Guide to Understanding and Avoiding Alcohol Liability. (2006). Mothers Against Drunk Driving and Canadian Centre on Substance Abuse. 20 pages. Free.
http://www.madd.ca/english/research/liability_employer.pdf

Mental Health at Work...From Defining to Solving the Problem: 3 Booklets. (2005). Université Laval. 64 pages total. Free.
<http://www.cgsst.com/eng/publications-sante-psychologique-travail/trousse-la-sante-psychologique-au-travail.asp>

The Council on Accreditation Employee Assistance Program Accreditation Process. (2008). COA. 12 pages. Free.
<http://www.coanet.org/files/EAQ-AccreditationProcess.pdf>

The Importance of EAPs in Population Health Management. (2008). Benefits & Compensation Digest. 5 pages. Free.
<http://www.curalinc.com/documents/TheImportanceofEAPsinPopulationHealthManagementBenefitsCompDigestv1008.pdf>

Workplace Screening and Brief Intervention: What Employers Can and Should Do About Excessive Alcohol Use. (2008). Ensuring Solutions. 22 pages. Free.
http://www.ensuringsolutions.org/usr_doc/Workplace_SBI_Report_Final.pdf

You Are the Key: 10 Steps for Employers to a Drug-Free Workplace. (2007). Sunshine Coast Health Centre. 11 pages. Free.
<http://www.sunshinecoasthealthcentre.ca/key-guide.pdf>

Other Purchaser's Guides to EAPs:

An Employer's Guide to Employee Assistance Programs. (2008). National Business Group on Health (NBGH). 40 pages. Free.
http://www.businessgrouphealth.org/pdfs/FINAL%20EAP_report_2008highres.pdf

The EAP Buyer's Guide. (2005). Employee Assistance Professionals Association (EAPA). 10 pages. Free.
<http://www.eapassn.org/public/articles/EAPBuyersGuide.pdf>

EAP Shopping Checklist / Not Just Luck of the Draw. (2008). Employee Benefit News. 2 pages. Free.
<http://ebn.benefitnews.com/asset/article/669331/not-just-luck-draw.html>

Provide Assistance: Employee Assistance Programs. (2006). SAMHSA. 6 pages. Free.
<http://www.workplace.samhsa.gov/wpworkit/eap.html>

APPENDIX - 3

RESOURCES: Organizations and Weblinks

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|--|--|
| Alberta Gaming Research Institute - University of Alberta | www.abgaminginstitute.ualberta.ca |
| Join Together & Boston University | www.alcoholscreening.org |
| Alliance for Work-Life Progress | www.awlp.org |
| British Columbia Business & Economic Roundtable on Mental Health | www.bcmentalhealthworks.ca |
| Canadian Centre on Substance Abuse | www.ccsa.ca |
| Canadian Mental Health Association | www.cmha.ca |
| Centre for Addiction and Mental Health - University of Toronto | www.camh.net |
| Center for Applied Research in Mental Health and Addiction - Simon Fraser University | www.carmha.ca |
| Centre for Mental Health in the Workplace - Great-West Life | www.gwlcentreformentalhealth.com |
| Council on Accreditation – United States | www.coastandards.org |
| Council on Accreditation – Canada | www.coacandianstandards.org |
| Employee Assistance Professionals Association | www.eapassn.org |
| Employee Assistance Society of North America | www.easna.org |
| Ensuring Solutions to Alcohol Problems | www.ensuringsolutions.org |
| Global Business and Economic Roundtable on Addiction & Mental Health | www.mentalhealthroundtable.ca |
| Health and Productivity Management Center American College of Occupational and Environmental Medicine | www.acoem.org/healthandproductivity.aspx |
| National Institutes of Mental Health | www.nimh.nih.gov |
| National Registry of Evidence-Based Programs and Practices | www.nrepp.samhsa.gov |
| Partnership for Workplace Mental Health | www.workplacementalhealth.org |
| Psychologically Healthy Workplace Awards | www.phwa.org |
| SAMHSA Workplace Programs | www.workplace.samhsa.gov |
| Working Partners for an Alcohol- and Drug Free Workplace | www.dol.gov/workingpartners |

APPENDIX - 4

Sample RFP Questions

SOURCE: Adapted from Chestnut Global Partners, 2007.

The following formal sample request for proposal (RFP) can be used for review or serve as a template for conducting an in-depth interview or review. Please note that this sample is comprehensive in scope and may be adapted to fit individual and organizational needs.

RFP Part I: 24-Hour Telephone Access, Intervention, and Intake

1. Describe your telephone access and intake system, including how you handle calls after regular business hours and on weekends. What is your average speed of answer (ASA) for telephone intake? What is your call abandonment rate?
2. What are the role and the qualifications of the person who answers the initial call?
3. Can your access system provide 24-hour telephone crisis counseling, emergency triage, and schedule routine appointments? How is this accomplished?
4. What are your typical timeframes for scheduling routine, urgent, and crisis appointments?
5. Describe what would happen if one of our employees accessed the EAP at 3:00 a.m. with symptoms of suicidal ideation requesting to meet with an EAP clinician immediately.
6. Under what circumstances would you provide telephone counseling or intervention in lieu of face-to-face services? When is telephone counseling considered a replacement, rather than a supplement, to in-person counseling?

RFP Part II: Clinical Assessment and Short-Term Counseling

1. Describe your process for providing in-person clinical assessment and short-term counseling (generally, up to six sessions per episode of care).
2. What type of personal and behavioral health problems do your EAP clinicians handle? Also, describe any specialized EAP counseling services you offer (e.g., financial, credit, career, legal).
3. What percentage of EAP cases is handled within your EAP (e.g., a six session model), and what percentage is given referrals beyond the EAP for long-term counseling or specialized care? What is your average number of sessions provided per case in a six-session model (or the number of sessions in your model)?
4. What are the qualifications of EAP clinicians who conduct assessment and short-term counseling?
5. How do you determine that a referral beyond the EAP is indicated? What is the EAP clinician's role in facilitating appropriate referrals? How do you match clients with referral resources?

6. How do you review and monitor the progress of referrals beyond the EAP?
7. Discuss your EAP's role in helping an employee return to work following an extended episode of intensive treatment.
8. How does your EAP interface with insurance benefits and managed care requirements when referrals beyond the EAP are made?
9. List any treatment programs, facilities, or practices in which your EAP (or parent organization) has a vested financial interest. What referral policies do you have in place to prevent inappropriate steering of clients to these affiliated agents and programs? Under what conditions, if any, can EAP clinicians refer to themselves for ongoing counseling beyond the EAP?
10. Provide historical data across all EAP accounts, for at least a one-year period, which specifies: (a) the number of referrals made beyond your EAP to internal, affiliated agents/programs; and (b) the number of referrals made beyond the EAP to external, non-affiliated referral resources.

RFP Part III: Workplace Assistance

1. Describe your ability to offer consultation to supervisors attempting to manage employees with job performance problems caused by unresolved personal or behavioral/medical problems.
2. Describe your training program for teaching managers/supervisors on how to conduct job performance-based EAP referrals for marginally performing employees.
3. Provide historical data across all EAP accounts, for at least a one-year period, which specifies: (a) the percentage of self-referrals to the EAP and (b) the percentage of supervisory or company referrals to the EAP.
4. Do you offer workshops to employers that help prevent or mitigate the occurrence of behavioral and organizational health problems? If so, list examples of workshops you can provide.
5. What organizational consultation services can you provide which fall within the role and expertise of an EAP and support the human resource development efforts of companies? Does this consultation include expertise in helping to design policies and programs to address substance abuse, harassment, or aggression in the workplace?
6. Indicate your experience and services for handling critical incidents and violence in the workplace.

RFP Part IV: Network Development and Management

1. Describe your current network of EAP affiliates and other contracted providers and the method used to develop the network.
2. List the criteria for EAP clinicians to be included in the network. How are credentials verified?
3. List all active EAP affiliates within (geographical location). How long have these contractual relationships existed? If one of your members preferred to receive EAP counseling in Denver, for example, how would that member access an EAP affiliate in Denver?

4. List the office locations that your EAP (or parent organization) owns and operates. List the locations that your EAP contracts with network affiliates and provide a geo-access table if available.

RFP Part V: Data Management and Reporting

1. Provide sample copies of standard EAP utilization reports prepared for client companies and examples of ad-hoc reports. Is there a change for requesting ad-hoc reports?
2. Describe your EAP information system, database, and reporting capabilities.

RFP Part VI: Account Management and Communication

1. What are the name, credentials, and experience of the individual who would be responsible for coordinating and implementing your EAP?
2. What is your plan for EAP promotion and employee communications? Provide examples of printed communication, if available. Explain if your fee includes the printing and production of these materials.
3. How would you effectively service "one account" with a multi-location employer? What experience does your EAP have in servicing a multi-location account? Provide a list of multi-location employers with contact information for references.

RFP Part VII: Quality Improvement and Evaluation

1. Describe quality measures for maintaining and improving customer friendly service.
2. Specify EAP-related quality indicators that your program is capable of measuring and monitoring. Do you have a formal quality management structure and program? If yes, describe.
3. Provide any return-on-investment (ROI) data your program has analyzed for other employers. How would you work with an organization to measure the effectiveness of your services?
4. Identify any external audits that have been conducted on your EAP. What was the outcome of these audits? What is your policy about third-party external auditors reviewing the business or clinical practices of your EAP? [NOTE: See next Appendix for an example of external audit questions.]
5. What professional standards, if any, does your EAP adhere to?
6. How do you typically evaluate the success of your EAP?

RFP Part VIII: Staffing, Vendor Information and Other Services

1. Describe the roles and responsibilities of various EAP staff that would be involved in servicing and managing your EAP.
2. Provide an organizational chart for those staff involved in EAP, either full- or part-time.
3. What are the minimum qualifications for "face-to-face" EAP assessments and counseling?

4. How and when did your EAP originate? Briefly describe the ownership structure and organization of your company.
5. Provide a list of EAP accounts where your firm is the primary contractor, the number of employees in each account, and terminated EAP accounts. Note reason(s) for termination.
6. Provide letters of reference from at least five client company liaisons. Include name, position, telephone number, and nature of relationship.
7. What is your average EAP utilization rate across all active accounts, as defined as the percentage of employees and families members where one or more members are seen by an EAP clinician one or more times?
8. Enclose verification of professional liability insurance.
9. Describe any service enhancements your EAP is able to provide (e.g. online education, work-life benefits, gate keeping models, etc.)
10. Do you have a dedicated website for the EAP? What content does it contain (e.g., emotional, wellness and work-life educational information; children and eldercare resource search capability; online health and wellness training materials; self assessments and screening tools).
11. Describe the legal consultation benefits offered with the EAP.
12. Describe the financial consultation benefits offered with the EAP.
13. Describe the work-life benefits offered with the EAP.
14. Describe the wellness and health promotion activities offered by the EAP.

RFP Part IX: Fee Proposal

1. Propose a capitated rate based upon a “per employee per year” (PEPY) fee that includes: (a) one to six session model on a per incident basis; (b) serving eligible dependents of the employee; (c) covering the cost of promotional materials and mailing; (d) annual supervisory training, quarterly organizational workshops, consultation, and critical incident response when requested; and (e) all account management and administrative services, including quarterly and ad-hoc reports.
2. Itemize the full range of services that will be provided for this capitated rate.
3. Describe other type of pricing options considered by your business.

END

APPENDIX - 5

Sample Audit Questions

SOURCE: Adapted from Routledge, S. – Watson Wyatt Worldwide. (2008, June). *Strutting your stuff: An auditor's view of employee assistance best practices*. Presentation for EAPA Learning Center Webinar Series. Arlington, VA: Employee Assistance Professionals Association.

1. Has the EAP been in business as a provider of EAP/Behavioral Health programs for more than five years (includes subcontractor relationships)?
2. Does the EAP have Toll-free 24 hours/365 days a year availability to EAP/Behavioral Health services, live person call answer?
3. For routine cases, is an EAP client able to be scheduled to meet with a counselor in less than 48 hours following the intake process?
4. For emergency situations, is an EAP client able to be scheduled to meet with a counselor in less than 4 hours following the intake process?
5. What are the EA provider policies and procedures to maintain anonymity and confidentiality of clients? Also, how are the policies and procedures implemented?
6. Does the EAP have a website that includes online counseling, educational information, resources and referral information?
7. Which of the following core services for individual client counseling cases are provided by the EAP:
 - Initial screening
 - Assessment/referral
 - Up to five counseling sessions with EAP counselor
 - Follow-up
8. Which of the following ad hoc or additional services does the EAP offer?
 - Behavioral risk (fitness for duty) evaluations
 - Critical incident stress management
 - Childcare and Eldercare resource search
 - Educational seminars
 - EAP website
 - Financial consultation
 - Legal consultation
 - Management consultation
 - On-site supervisor/management training
 - On-site employee orientations
 - Return-to-work mediation

9. Does the EAP offer a team of specially trained consultants to consult with managers who are dealing with difficult workplace issues?
10. Is there a formal follow-up program in place to prevent relapse for EAP cases with addictions and substance abuse issues?
11. Does the EAP offer case management for EAP cases involving compliance with corporate or organizational policy (e.g., substance abuse) and with federal regulations (e.g., DOT substance abuse), as well as for cases requiring aftercare and follow-up?
12. Does EAP review at least a third or more of the counselor staff in their provider network during the annual re-credentialing process?
13. Does the EAP obtain primary source documentation in-house for EAP staff or EAP affiliate that requires applicable professional licenses, Board certifications, malpractice coverage, etc.?
14. How many of the EAP counselor staff have at least a Bachelor's degree in a psychosocial discipline with special training in crisis recognition (Masters degree is best practice for counselor staff)?
15. Is the average industry experience of counselors greater than 10 years?
16. For US markets, what percentage of EA counselors is certified with CEAP?
17. Are professionals working in a clinical capacity for the EAP formally trained and currently licensed in their field?
 - Psychology
 - Social Work
 - Substance Abuse and Addictions
 - Other
18. Is the rate of EAP staff turnover less than 15 percent on annual basis?
19. Is the average utilization rate of EAP services for the entire book-of-business of the EAP greater than six percent of eligible employees (6%)? How is this utilization rate defined and calculated?
20. Does the EAP provide client organization with aggregate quarterly or annual reporting, including:
 - Number of members using the service
 - Utilization percent of total employee population
 - Demographics of users (such as employee or dependent)
 - Referral source
 - Depression screening
 - Problems presented
 - Actual problems identified
 - Average number of sessions per person
 - Number of new cases, Re-Access same problem, Re-Access new problem
 - Functional Outcomes
 - Client satisfaction

21. What kinds of data elements are collected specific to counseling to determine program success?
22. Does the EAP offer customizable communication materials (i.e., brochures, posters) as part of its standard fee?
23. Does the EAP perform internal (quarterly) and external (bi-yearly) audits of operational quality practices?
24. Is the EAP program working towards or already has Council on Accreditation (COA) or other industry accreditation, such as National Quality Institute (NQI) or the International Organization for Standardization (ISO)?
25. Is the EAP aligned or integrated its services with Human Resources and these other areas of the organization?:
 - Disability Management
 - Health Care Benefits
 - Diversity Policies
 - Occupational Health & Safety
 - Organizational Development
 - Security
 - Training and Development
 - Work-Life
26. How is the EAP promoted to the organization and to individual employees?

END

APPENDIX - 6

Glossary of Terms for EAP

SOURCE: Adapted From *Federal Employee Assistance Programs: Guiding Principles and Standardized Definitions* (2008, p. 10-22).

http://www.opm.gov/employment_and_benefits/worklife/officialdocuments/handbooksguides/EAPGuiding/EAPGuidingPrinciples.pdf

Accessibility – Those provisions as stipulated by the Americans with Disabilities Act of 1990, providing disabled consumers physical and communications access to services. In addition, it also relates to “the opportunity of consumers to obtain services based on the location of service, hours of operation, and affordable fees.” (from Council on Accreditation (COA) Glossary, 7th Edition/Version 1.1)

Accreditation – The formal evaluation of an organization against generally accepted criteria or standards. A professional society, non-governmental organization or a governmental organization may conduct accreditation activities. (from Council on Accreditation (COA) Glossary, 7th Edition/Version 1.1)

Affiliates – “An individual or group of professional mental health practitioners,” or *other service oriented entities* “who, through a contractual relationship with the prime Contractor, provide EAP services to employees and covered dependents.” (from Federal Occupational Health (FOH) definitions, as modified by the subcommittee.)

Assessment – An ongoing process or evaluation in which professional expertise and skills are exercised to collect and analyze data, which in cooperation with the client, results in identifying, defining and prioritizing the client’s physical, mental, and social issues, problems or challenges. An assessment provides for an accurate diagnosis of the client and the basis for a treatment or problem-solving plan. (from COA Glossary, 7th Edition/Version 1.1 and FOH subcommittee language)

Assessed Primary Problem – An issue or problem determined by the EAP counselor to be the core issue (such as a mental health concern, work-life issue, and/or medical manifestations) that, once addressed, should result in the resolution or mitigation of the symptoms and/or problems of the client.

Assessed Secondary Problem – Additional issues that directly affect the primary problem and are often a consequence of the primary problem.

Assessed Tertiary Problem – Additional problems or issues may need to be addressed, which may be related to, or be independent of, the primary or secondary problem.

Assessment and Referral EAP – An EAP that offers services *limited* to providing assessment and information and referral to its respective clients. Sessions are limited to conducting the assessment and providing that information to the client including a treatment or problem-solving plan.

Authorization to Use or Disclose Protected Health Information (AUD). See *Release of Information*

Back-to-Work Conference – A conference usually arranged by the EAP counselor with the prior consent of the employee/client, to meet with the client’s supervisor, EAP counselor, union representative and other appropriate management and treatment personnel as may be pertinent to the situation, to facilitate the employee’s successful return to work. (Before involving a union representative the employee’s supervisor should contact the labor relations office to determine what, if any, obligation exists to notify/invite representation.) Such a conference is scheduled following an extended hospitalization or other long-term medical treatment. The conference agenda usually considers the employee’s ongoing treatment and aftercare needs in coordination with the organization’s

expectation of the employee's performance, conduct and attendance. (from Sub-committee language and Employee Assistance Professionals Association (EAPA) Glossary of Employee Assistance Terminology, 1994, page 4.)

Biopsychosocial Assessment – An assessment based on a model of health and illness that links the nervous system, the immune system, behavioral styles, cognitive processing, and environmental factors. (from American Psychological Association (APA) definition of Psychosocial Model.)

Blended EAP Model – See *EAP Model*

Brief/Short-term Counseling/Treatment – Services provided by the EAP counselor to the employee/client for approximately 1 to 6 sessions. The basis for the number of sessions is often determined by the philosophy of the organization and/or financial considerations. When counseling is required beyond the number of sessions originally provided, the EAP counselor is expected to ensure the employee is referred out and the linkage to the new counselor is made.

Capitation Rate – A per-employee dollar amount per year, paid by a Federal organization to an external EAP provider for EAP services, under the terms of a contract. In exchange for the payment, the EAP vendor usually provides all contracted services regardless of the level of use (utilization) by organization's employees and covered family members. (from EAPA Glossary of Employee Assistance Terminology, 1994, page 4, and subcommittee modification.)

Capitated Risk – The assumption of responsibility by a clinician or an organization for providing specific services to clients under a pre-established reimbursement agreement, and where the contractor assumes the financial risk should the EAP services delivered exceed the contractor's cost projections. (from COA Glossary, 7th Edition\Version 1.1, page 2.)

Case – Represents a discrete unit of contact as defined by an organization's policy and/or within the parameters of an EAP contract. Thus, an organization can have a *counseling (clinical) case*, a management/supervisor consultation case, an *assessment and referral only case*, or an *information & referral only case*. When determining utilization, the reporting EAP should identify what type of cases they are reporting and report each as an individual incident rate (i.e.: Counseling cases = 6%, I&R only = 4%, etc.)

Case, Opened – A formal documented client relationship between an EAP counselor and an employee or covered family member, in which a written or electronic record is established after contact has been made between the counselor and the client. As an example, an EAP can report having a specified number of opened "counseling cases," "I&R cases," or "assessment and referral cases."

Case Management – The coordinating, monitoring and discharge planning of overall services, by the counselor for the EAP client and the organization, to ensure treatment gains are realized and that the employee makes the most benefit of the resources at hand. This is usually a standard component of the EAP vendor's service and may or may not be provided at an additional charge, when provided by a contractor.

Chemical Dependency – Physiological and psychological dependence on a chemical, such as alcohol, tobacco, barbiturate, or narcotic, which results in a number of physical and emotional symptoms such as an increased tolerance and withdrawal symptoms when the chemical is removed. (from COA Glossary, 7th Edition\Version 1.1, page 3 and committee modification.)

Client – An individual who is eligible to receive EAP services, as defined by organizational policy or contract requirements. A client might include an employee or the employee's spouse, dependent child, parent, or domestic partner, or a retiree.

Client Record – A written and authenticated compilation of information that describes and documents the assessment and present, prospective, and past services to the consumer. (from COA Glossary, 7th Edition\Version 1.1, page 4.)

Client Satisfaction Survey – An anonymous and confidential measurement solicited from the EAP client, by the EAP contractor or sponsoring organization, which reflects client satisfaction with EAP services received. The organization may design its own survey instrument or have the contracted EAP design one as part of its contract requirements, with or without the organization's input. Such measurements should be routinely taken by an acceptable and easily administered means. Whenever possible, the survey instrument should allow for easy tabulation and review. Client satisfaction assessments may include, but are not limited to, such

items as timeliness of initial contact, timeliness of service delivered, follow-through, and effectiveness in resolving the client's issues, confidentiality, accessibility, and conformity with the organization's culture.

Clinical – Of or pertaining to examination, assessment, and direct counseling or treatment, as opposed to experimental or laboratory study. (from COA Glossary, 7th Edition\Version 1.1, page 3 and modified by including the word “counseling.”)

Clinical Personnel/Staff – Those persons the organization has designated to provide assessment and counseling services through its EAP. Such personnel are usually licensed mental health practitioners or otherwise qualified and trained professionals who provide the treatment or counseling services.

Clinical Services – Those services offered by an EAP counselor in which an assessment and counseling are provided.

Counseling Services – Specialized services and therapeutic interventions provided by professionals (as permitted by the sponsoring organization) with the purpose of identifying and mitigating or resolving clients' personal, professional, financial, mental health, or substance abuse problems or challenges. (from COA Glossary, 7th Edition\Version 1.1, page 4 and committee modification.)

Counselor, EAP – A specially trained individual, usually licensed in the field of mental health and substance abuse, who operates in an occupational setting and whose clients may be both management and employees in general.

Covered Lives – The total universe of persons who are eligible for EAP services as defined by the sponsoring (host) organization. A organization might define covered lives as employees and their family members or dependents or household members, while another organization may offer services only to employees.

Crisis Intervention – A brief type of therapy or counseling, offered to persons involved in a highly emotional or traumatic event, to prevent long-term psychological harm, with the intention of restoring the clients to at least their pre-crisis level of functioning, and referring to long-term treatment resources as may be warranted.

Critical Incident – An event, usually sudden, unexpected and potentially life threatening, “in which a person experiences a trauma, i.e., feels overwhelmed by a sense of personal vulnerability and/or lack of control. Examples of a critical incident are a natural disaster, serious workplace accident, a hostage situation or violence in the workplace.” (from EAPA Glossary, 1994, page 7, and committee language.)

Critical Incident Stress Debriefing (CISD) – A structured group or individual intervention that encourages the expression of thoughts and feelings about the incident, followed by identification and normalization of symptoms, familiarization with the process of recovery, and referral to appropriate services. The EAP (in cooperation with the host organization) usually schedules a CISD at the worksite with a group of employees directly affected by a critical incident as soon as possible following the traumatic event. (from EAPA Glossary, 1994, page 7, and committee language and with “in cooperation with the host organization” added. A CISD is a concept coined by Jeffrey T. Mitchell, Ph.D.,¹⁵ and has become an integral part of the International Critical Incident Stress Foundation (ICISF). It was originally meant to be applied among public safety, disaster response, and military and emergency service personnel by a skilled intervention team. The ICISF contends that a CISD can also be used with virtually any population, including children, when employed by a skilled intervener. Some researchers contend that “scientific studies have resulted in numerous calls for caution and restraint in the use of CISD.”)

Critical Incident Stress Management – The constellation of services or activities that may be used by an organization to respond to and manage a critical incident (core concept was developed by the International Critical Incident Stress Foundation). Services and activities include, but are not limited to, debriefings, outreach to the workforce, psycho-educational activities related to trauma, anniversary responses, etc. (from FOH Definitions.)

Diagnosis – The process by which a social, physical, emotional, or mental problem and its underlying causes are identified by the treating physician, counselor, etc. The process involves collection and analysis of relevant information and should be performed by a qualified licensed professional. (from COA, 7th Edition\Version 1.1, page 5, (modified with the additional phrase “by the treating physician, counselor, etc.”)

Drug Abuse – An individual's excessive use of substances (either legal or illegal) that are consumed in amounts hazardous to the health or safety of the person and/or community.

Drug Addiction – A state of physiological dependence that results from the abuse of chemical substances. In the absence of the substance, an individual experiences symptoms of withdrawal. See also *Chemical Dependency (from COA)*

Drug Free Workplace – Elements of the drug-free workplace plan include establishing drug-free workplace policy, supervisor training, employee education, employee assistance and drug testing. (from U.S. Executive Order 12564 and committee language.)

Employee Assistance Professional – An individual who assists the organization, its employees and their family members with personal and behavioral problems including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, or other personal concerns which may adversely affect employee job performance and productivity. The specific activities of an EA professional may include any of the services described under the definition of Employee Assistance Program (below). EA Professionals providing clinical services must be licensed or certified in their state to provide these services. (from U.S. Executive Order 12564, pages 8-9, and committee language.)

Employee Assistance Program – An EAP is a worksite-based program designed to assist in the identification and resolution of work-related and non-work-related productivity problems associated with employees impaired by personal concerns including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, or other personal concerns which may adversely affect employee job performance. The specific core activities of EAPs include (1) services for individuals (such as identification and resolution of job-performance issues related to an employee's personal concerns, and assessment, referral, and follow-up); (2) services for managers and supervisors (such as assistance in referring employees to the EAP, supervisor training, and management consulting); (3) services for organizations (such as violence prevention/crisis management, group interventions, and employee orientation); and (4) administrative services (such as the development of EAP policies and procedures, outreach, evaluation, and referral resources development).

Employee Assistance Program Administrator – The organization's staff person responsible for managing all EAP related policies, procedures and services. This may include acting as the contracting officer's program advisor, supervising staff, providing information about the EAP to organization employees and managers, and ensuring the quality of all services provided.

EAP Liaison – Those individuals employed by the sponsoring organization (host) who are responsible for ensuring that the EAP contract is administered in accordance with established policies and procedures. (from FOH Definitions.)

EAP Model – The method of delivering EAP services. While the types of services offered through the EAP may vary in breadth from organization to organization, they are typically delivered through one of three basic staffing models. These are: 1. **Internal** model, where the EAP staff is comprised of the organization's employees and there are no contractors involved. 2. **External** model, where the sponsoring company or organization has entered into a contract for an outside vendor to provide all EAP-related services. 3. **Blended** model, where both host organization and contract personnel are involved in the delivery of EAP services.

EAP Consortium Model - Where a group of organizations or companies, often smaller-size organizations, contract together with one organization or contractor to provide employee assistance services.

EAP Peer-Based Programs (or Peer Support Program) – An in-house program, typically delivered through trained peer/coworker volunteers. Usually offers education, training, and referrals.

Employee Population – Those employees who are full-time, part-time, wage-grade, term, and other directly compensated employees, receiving a W-2 for tax purposes, though generally not contracted employees unless otherwise specified. This count is usually the number used in tabulating the organization's EAP utilization rate. See also *Covered Lives*

Ethics – Formal principles or values for evaluating practices that are right or wrong, good or bad. Most professional organizations have ethical codes of conduct that define general standards of appropriate professional conduct.

Ethical Standards – A specific set of professional behaviors and values (code of ethics) the employee assistance professional must know and abide by, including confidentiality, accuracy, privacy, and integrity. A non-licensed EAP professional or counselor should, at a minimum, abide by the Employee Assistance Professionals Association (EAPA) Code of Ethics and Employee Assistance Certification Commission (EACC) Code of Professional Conduct.

Evaluation – A qualitative or quantitative measure of EAP performance related to program goals. A **process** evaluation measures the activities associated with the daily operation of the program, such as number of employees seeking services, the waiting time between initial contact and help, and the number of consultation services resulting from supervisory referrals. An **outcome** evaluation measures the results of EAP activities, such as return on investment and supervisor rating of employee's performance after EAP intervention. (from EAPA Glossary, 1994, page 9)

Fee-for-Service – Payment to providers/contractors, only for those EAP services rendered. Usually based on an hourly fee for services actually performed, such as counseling time, training hours performed, or time spent providing information.

Fitness for Duty (FFD) – An employer's determination of an employee's preparedness to work. Fitness-for-duty policy and procedures are often associated with the use of alcohol or illegal drugs, yet may also deal with an employee's general physical or mental readiness to perform in a particular position. FFD procedures may require medical and/or psychological evaluation of an employee, or drug testing of an employee exhibiting unusual or bizarre behavior. FFD procedures may be regulated by law. (from EAPA Glossary, 1994, page 10 with committee narrative added at end.)

Follow-up – One or more contacts with an EAP client to monitor progress and/or the impact of the EAP recommendations or referrals to treatment resources and to determine the need for additional services. Follow-up may consist of telephone contact, in-person interviews, written satisfaction and progress surveys/questionnaires, and a review of job-performance and attendance records. Follow-up is a monitoring process, not a therapeutic process such as aftercare. (from EAPA Glossary, 1994, page 10 with committee narrative added at end.)

Host Organization – The company or organization or sub-organization that provides the resources to establish and support EAP services.

Information and Referral – Data addressing specific subjects or community services a client has requested (e.g., psychologist, elder care, child care, legal referrals) and that the EAP has researched and provided to the client.

Intake – The entry point at which *a potential EAP client's* eligibility is assessed against established criteria and a preliminary evaluation of the presenting problem occurs. (from COA Glossary, 7th Edition\Version 1.1, page 7, with the additional words "*a potential EAP client's*" were added.)

Last-Chance Agreement – A signed agreement between an employee and the employer, usually drafted by the employer's Employee Relations unit, that specifies management's expectations regarding the employee's performance, conduct and attendance over a defined period. The agreement may require EAP participation and other treatment requirements and certain reporting requirements to management to demonstrate adherence to the agreement. Any failure to meet all the requirements of the agreement on the part of the affected employee may result in the employee's termination. While such an agreement may mandate the employee to work with the organization's EAP, an employee cannot be forced to accept EAP services. In the event an employee signs a last-chance agreement and later refuses to work with the EAP as the agreement requires, some organizations determine they may separate the employee for non-compliance.

Management Consults – Expert advice given to leaders, supervisors, human resources, and/or union representatives regarding the management of potential or actual performance and conduct concerns. One example is coaching a supervisor on how to refer an employee to the EAP.

Management Referral – Referrals to the EAP that are initiated by an employee's manager/supervisor because of performance or conduct concerns. Such referrals can be oral or in writing and are not considered disciplinary actions.

Mandatory Referral – A referral by the supervisor to the EAP for an employee's positive drug test or other events designated by the organization. While this referral to the EAP is mandatory, there is no authority or requirement to compel an employee to partake of EAP services, which are voluntary. Failure to do so, however, may have adverse consequences for the employee.

Non-Clinical Staff – EAP staff who typically are not certified, licensed or authorized to provide assessments, diagnosis or counseling services. They provide other types of support to the EAP such as answering service center phones, conducting triage, providing referral information to clients, and providing training.

No Show – A failed appointment, where the client failed to meet with the counselor as was previously agreed to. Usually in fee-for-service contracts, a “no show” may not be billed by the counselor/vendor.

Opened Case – See *Case*

Organizational Development – A professional process or activity designed to assist an organization, company, or office to move from one level of performance or mode of operation to another in the shortest time possible.

Outcome Goals – Expected results related to EAP services. (from EAPA Glossary, 1994, page 13.)

Outcome Measures – Standards by which outcome goals can be evaluated to determine whether goals have been attained.

Peer Support Personnel – Employees who have volunteered to participate in an organization's Peer Support Program. Peers are non-professionals who usually have a limited role in assisting their peers when there are traumatic events at work or other personal challenges. See *EAP Model*

Per-Employee Cost – The total cost of operating an EAP divided by the number of persons eligible for services. Total costs would include salaries, benefits, travel, rent, and other operational costs including contract costs. This is a measure by which an organization can evaluate its EAP costs relative to the market place.

Presenting Problem – The personal concern or issue as described by the EAP client prior to assessment by the EAP professional. (from EAPA Glossary, 1994, page 13.)

Primary Problem – See *Assessed Primary Problem*

Program Audit and Evaluation – The process conducted by experienced EAP counselors to review an EAP to ensure that it is performing according to law, regulation, policy, procurement regulations and accepted standards of clinical practice. Such audits may be initiated by the EAP itself, by the organization's internal audit system or by an external EAP vendor.

Quality Improvement – The process that assures an EAP has the means to evaluate its performance and improve that performance in order to deliver a quality service or product. The quality improvement plan is defined by the sponsoring organization, the requirements of an EAP contract, or as may be developed by the contractor and sponsoring organization.

Self-referral – voluntary and confidential use of the EAP by an employee who suspects that he or she has an alcohol, other drug, emotional, and/or other personal concern. (from FOH Definitions)

Formal or informal referral – referral to the EAP by a supervisor or other management official of any employee who has deteriorating job performance, time, attendance and/or conduct problems, either orally or in writing. (from FOH Definitions)

Other referral - referral to the EAP of an employee by a union official, medical review officer, health unit, or through any means other than a self-referral or a supervisory referral. (from FOH Definitions)

Release of Information – A document signed and dated by a client, giving the EAP (counselor) permission to release specific information about the client, to a person outside the EAP. This may be called an Authorization to Use of Disclose Protected Health Information (AUD).

Return to Work Agreement – An agreement among an employee, the employee's supervisor, the EAP, treatment provider and other parties as may be appropriate, to establish a set of conditions for the employee's return to work. An agreement is usually issued following extended leave for treatment for substance abuse or physical or mental illness. The conditions found in the agreement are usually related to duties, conduct, attendance and treatment scheduling. The agreement also states any consequences, if agreed-upon conditions are violated and what action the supervisor may take. A Return to Work Agreement should be drafted in consultation with the organization's Employee Relations staff.

Risk Management – A systematic process for evaluating and reducing potential harm that may befall personnel, consumers of service, an organization, or a facility.

Session – A meeting between an EAP counselor and client, usually lasting 45 to 50 minutes.

Short-Term Counseling – See *Brief/Short-term Counseling/Treatment*

Statement of Understanding – A document that describes *the limits of confidentiality* and the services available through the EAP. It is given to the employee at the beginning of the first session and must be signed prior to the employee receiving counseling. The elements of the statement may be required to contain those reflected in Health Insurance Portability and Accountability Act (as applicable), and other unique circumstances about the EAP that should be disclosed to the employee.

Supervisory Referral – See *Formal Referral*

Telephonic Counseling – Counseling performed over the telephone either at the request of the EAP client, due to situational circumstances, or based on the EAP model offered by the organization. NOTE: Telephonic counseling allows for quick and timely services, but lacks face-to-face interaction. Licensing may be an issue when the client being served is out of state and the license held by the counselor is issued by a different state. (Telephonic counseling allows for quick and timely services, but lacks human interaction and fails to assess body language which can affect clinical conclusions. When licensing is an issue it raises additional confusion when the client being served is out of state and the license held by the counselor is issued by a different state. This is more of an issue when the EAP client is not an employee (family member or significant other) and raises liability concerns for the Federal agency and other affected entities.)

Treatment – The process through which a patient receives services designed to resolve mental health and/or substance abuse problems. Treatment is the application of some form of intervention to mitigate or eliminate some identified ailment. Traditionally, in mental health it is in the form of medication or talk therapy (counseling). In the EAP context, “counseling” is generally the preferred term. (from EAPA Glossary, 1994, page 6.)

Unit Cost – A calculation of the price or value of a fixed amount or unit of service that takes into account the sum of all organizational expenditures involved in the provision of that service.

Utilization Rate – The annual rate at which EAP those eligible for services are utilizing services. There are separate utilization rates for each of the services offered by the EAP (such as assessments of individuals, family member use, training attendance).

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EASNA is an association focused on advancing knowledge, research, and best practices toward achieving healthy and productive workplaces. Comprised of thought leaders and change agents, EASNA focuses on ensuring that the employee assistance field continues to grow and flourish by broadening its base of engaged and committed stakeholders.

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