



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

A Special Report

Employee Assistance Society of North America

2009

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Suggested Citation: Attridge, M., Amaral, T., Bjornson, T., E., Herlihy, P., McPherson, T., Routledge, S., et al. (2009). *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide*. Arlington, VA: Employee Assistance Society of North America.

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CONTENTS

FORWARD.....5

EXECUTIVE SUMMARY.....6

INTRODUCTION.....7

PART 1 – The Case for EAP.....8

 1.1 Why Are EAPs Needed?.....8

 1.2 What are EAPs?.....9

 1.3 What Do EAPs Do?.....9

 1.4 How Popular Are EAPs?.....10

 1.5 Are EAPs Effective?.....10

 1.6 What is the ROI for EAPs?.....11

PART 2 – How to Select an EAP.....13

 2.1 Kinds of EAP Services.....13

 2.2 EAP Delivery Models.....15

 2.3 Understanding Utilization.....16

 2.4 Pricing Options.....16

 2.5 The EAP “Core Technology”.....19

 2.6 Professionalism.....20

 2.7 EAP Network Affiliates.....21

 2.8 Selection Tools.....22

PART 3 – How to Strengthen an EAP.....24

 3.1 Effective Implementation.....24

 3.2 EAP Business Value Model.....26

FINAL COMMENT.....30

APPENDICES

 A.1 History of EAP, Work-Life, Wellness.....31

 A.2 Resources: Reports and Publications.....33

 A.3 Resources: Organizations.....34

 A.4 Sample RFP Questions.....35

 A.5 Sample Audit Questions.....40

 A.6 Glossary of Terms.....42

REFERENCES.....49

FORWARD

Forward (Barb Veder)

EXECUTIVE SUMMARY

This guide has been designed to help clarify important issues and to assist employers in the purchase process of employee assistance program (EAP) services. It is intended for those in corporate business, small business, non-profit organizations or government groups who are involved in purchasing and working with EAPs.

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 the making the business case for EAP services in general.
- The second part of the guide provides practical advice to support the process of selecting an EAP.
- The third part of the guide presents advice on how to effectively implement and promote an EAP program as well as considerations for how to strengthen and revitalize the role of EAP in the organization.

A final part of the guide offers some resources for further reading and guidance in the area of EAP and workplace mental health and substance abuse.

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

-- Benefits & Compensation Digest (2008)¹

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.

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. There are also several kinds of operating models for EAPs - some that involve primarily staff who work for the company, some that rely on external staff who work for another company or more commonly some combination of internal and external resources. Thus, selecting the right EAP provider and effectively implementing its programs can prove challenging. The purpose of this guide to purchasing an EAP strives to provide information and advice on how to get the most from employee assistance services.

PART 1

The Case for EAP

This part of the report provides answers to many of these kinds of questions, including understanding the need for EAP services, the history of the field, the prevalence of EAPs among other companies, the level of program use, the outcomes typically provided by EAPs, and the research evidence for a return on investment or ROI. In essence, this part of the guide examines the business case for why companies purchase EAP services.

1.1 Why Are EAPs Needed?

There are many factors that either support or sabotage the ability of employees to work to 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 on 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.

They also note the unique role that the workplace provides for being able to reach the largest group of people who have mental health issues (the employed) and for offering opportunities for preventing problems and encouraging the use of services through offering easy access to services (such as EAPs) and reducing the stigma often associated with mental health and substance abuse through creating a company 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:^{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.
- Many people with mental health disorders and substance abuse problems also suffer from chronic medical conditions and diseases (e.g., 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., depression and drinking, smoking and drinking, prescription drug abuse and alcohol; gambling and illicit drugs).

- 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 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.

An EAP is an “employment-based health service program designed to assist in the identification and resolution of a broad range of employee personal concerns that may affect job performance. These programs deal with situations such as substance abuse, marital problems, family troubles, stress and domestic violence, as well as health education and disease prevention. The assistance may be provided within the organization or by referral to outside resources.”

International Foundation of Employee Benefit Plans (2008)¹⁶

“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

1.2 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 and outpatient counseling for mental health concerns and substance abuse problems as part of their basic services offered to client organizations. 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.

Today there are many types of EAPs and therefore many variations 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. [See Appendix 1 for a brief history of EAPs.]

1.3 What Do EAPs Do?

Arguably, the most essential function of a successful EAP is its ability to provide confidential 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.

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 supervisors with their management and work team

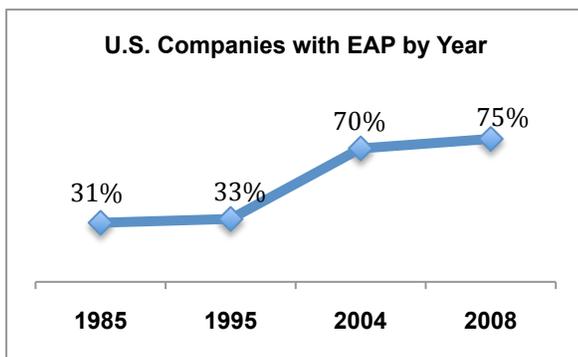
problems – these are called “management consultations” – as well as more strategic consulting around organizational change and workforce development issues.¹⁹ EAPs offer preventative and immediate response services for crisis and workplace critical incidents.²⁰

Certainly, most EAPs function in ways that are highly dependent on the culture of the company that they serve. Those who work for EAPs come from many different professions including social workers, psychologists, counselors, substance abuse specialists, occupational nurses, and others.

1.4. How Popular Are EAPs?

EAPs have been widely adopted across North America. It is estimated that well over 100 million American workers now have access to an EAP.²¹ Much of the growth in the number of employers offering EAPs came in the late 1990s and early 2000s.²² In 1985, about 31 percent of companies in the U.S. 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 Finally, the 2008 *SHRM* survey found that 75 percent of businesses offered an EAP.²⁶ Thus, in the last twenty years the number of companies with EAP has more than doubled (see Figure 1).

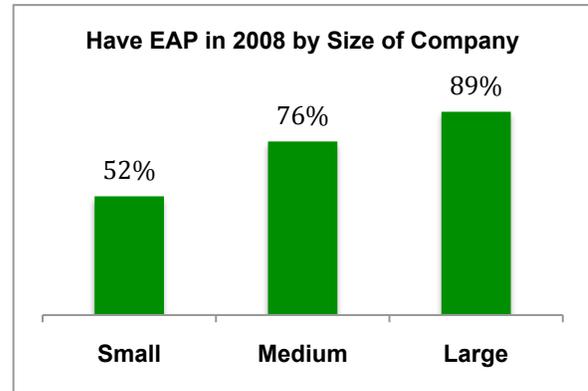
Figure 1



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 U.S. In the province of Ontario during the period of 1989 to 2003, the number of organizations with an EAP has doubled – going from 28 percent to 67 percent.²⁷ Also similar to the U.S., EAPs in Canada are most popular in government and unionized environments and in medium to larger size private sector organizations.²⁸

1.5 Are EAPs Effective?

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

EAP service outcomes typically are found in the areas of clinical symptom relief and work performance improvement among counseling clients.^{32,33,34,35} Some 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} The financial savings from improved employee productivity (reduced presenteeism) associated with EAP use makes up the largest and most immediate part of the overall cost savings to the purchaser.^{3,38} See below for examples employee work performance outcomes after EAP use:

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

61% of cases had improved work performance.³⁰

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.⁴⁰

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

EAP Outcomes Case Study

The EAP for the Federal Occupational Health program supports all 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

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 simple question of whether or not the EAP is expected to be able to provide enough business of economic value to cover the cost of purchasing the service. In other words, is the financial return on investment (ROI) a positive ratio?

The Cost of EAP. For perspective, the fees charged for EAPs in the last decade have mostly been in the range of \$12 to \$32 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} The most recent and most comprehensive national study (over 3,000 employers of all sizes were surveyed) found that U.S. 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 spend at most companies. Thus, EAPs are one of the smallest areas of costs for employee benefits. And because of this fact, they also are potentially one of the most cost-effective as well, given the relatively small return that is needed to exceed the 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 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 Water & Power, Marsh & McLennan, McDonnell Douglas, NCR Corp, New York Telephone, Orange County (Florida), Southern California Edison, the US Postal Service, and the U.S. Federal Government.^{37,51}

The typical analysis produces an ROI between \$3 and \$10 dollars in return for every \$1 dollar invested in the EA program.^{30,38,52,53} This level of ROI is

consistent with what is found in analyses of other kinds of worksite health-promotion programs.^{3,54,55}

A Caveat. It must be noted that these studies of EAP outcomes and ROI analysis are not without their critics, who point out the lack of classic controlled experimental research designs and standardized metrics.^{40,56,57,58} However, there are few studies in the entire field of workplace-based health promotion that have the opportunity to use true experimental research designs.^{55,59,60} In addition, the sheer number of EAP outcome studies (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 the most to positive 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. The 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.

“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 EA providers, and several tools for comparing providers of EAP services.

2.1 Kinds of EAP Services

There are four general types of services that EAPs can provide, including those for individuals, for managers, for the organization, and administrative services (see Table 1 on next page).

Individual Services. Services that are 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 counseling, either conducted in-person or by telephone. Studies comparing the two channels and examining the experience of cases who self-selected to use either in-person sessions or phone counseling sessions have found few meaningful differences between them.^{62,63} However, the cases were not randomly assigned to experience either the phone or in-person channels and the cases in the phone only condition had to meet clinical criteria for appropriateness and severity level.

Managerial/Supervisory Services. The second type of EAP services are those that are 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. The third type of EAP services are those that are delivered at the organizational level and to business units within the organization. Some of these services include planning and immediate response for various kinds of crisis events (e.g., accidents, violence, natural disasters), leading group interventions and support groups, company-wide educational programs, supporting other internal areas with planning and implementing changes.⁶⁴ Other organizational roles for EAP involve interacting with 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.⁶⁵

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, search tools for services, and links to other resources.^{66,67}

Administrative Services. The fourth area of delivery involves basic administrative services in support of the EAP program operations. Some of these kinds of 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 services. The actual mix of which services are delivered by a particular EAP depends on many factors and most significantly on the delivery model of the program.

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

2.2 EAP Delivery Models

Perhaps the most important question guiding the search for an EAP provider is to figure out which type of EAP delivery model is the best for the organization. Most of the variability 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). Of course, there are many forms of combining internal and external model features (which are called blended programs).

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. The use of face-to-face counseling sessions for EAP clinical cases tends to be emphasized and the number of clinical sessions allowed per person tends to be higher than other delivery models. 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 tends to be high. The cost of the program may also be high. 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 that support the organization with some degree of onsite presence for the EAP. The use of phone-based EAP counseling sessions for clinical cases tends to be emphasized. Telephonic 24-hour triage is available as needed. The use of the EAP for management consultations and other organizational services is low compared to other program models. Website information and services for the EAP is often integrated into part of the company's own website. Promotion of the EAP is low or moderate, often with limited local worksite events and educational trainings, and use of multiple mailings. The overall level of EAP utilization tends to be low to moderate. The cost of the program is variable, but tends to be moderate.

The "Free EAP." An extreme version of the External Program Model is called the "Free EAP." The cost of the program is presented as being free, but it is actually hidden in the fees of the other insurance product(s) that are also purchased by the organization from the same affiliated vendor that provides the EAP. The onsite presence of the EAP is minimal, if any. Telephonic 24-hour triage and telephonic counseling services are the most common form of counseling provided by the EAP. The overall level of utilization tends to be very low.

Delivery Model 3: Blended Programs

Probably the most common form of EA program delivery is a mix of the internal and external kinds of models. This model features a small staff that are employed by the organization that directs the EAP and provides some onsite clinical and management related services. In this model, most of the clinical services are provided by counselors from an external EAP vendor, who work in coordination with the company staff.

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 in their service.^{69,70} 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 less information on other aspects of the service.⁷²

Sample Utilization Reports

It is recommended that usage rates provided in the selection process should be based on the EAP provider's “book-of-business” average utilization rates based on all of the organizations they provide services or more specifically from the market that fits the organization (if available). Actual reports from other organizations that are similar to the purchasing organization can also be examined as case examples (if permission is given to share the reports).

Three Key Utilization Rates

Given the lack of standardization of reporting metrics in the industry, it may help to better understand the utilization of EAP services by focusing on three simple measures of what happens at EAPs.^{40,70,73,74}

Clinical Case Use Rate. The first and most important utilization rate is also the most conservative number. It is the *clinical case* rate. This metric counts the number of people or cases who received a clinical assessment and one or more counseling sessions from the EAP for the reporting period. This count of cases is then divided by the total number of employees at the organization with access to the EAP benefit to yield a rate. This rate of use thus tracks the kinds of cases that

are likely to yield the most business value in areas of outcomes from the counseling. Clinical case utilization rates can range from anywhere from 1 percent to 5 percent or more.

People Use Rate. The second basic utilization metric counts the total number of *people* who used the EAP. This measure adds up all of the unique people who used the EAP, either for clinical counseling, information and referral, management and organizational services, attendees of worksite trainings, crisis management events and so on. This number is then divided by the total number of employees at the organization with access to the EAP benefit to yield a rate. This rate of use can be double or triple the size of the clinical case rate (perhaps, 5% to 15%).

Activity Use Rate. And finally, the metric of total *activity* rate for EAP utilization. This rate is the most inclusive and the highest of the three measures. It adds up all of the contact events with the EAP, including all calls, website hits, training attendees, management consults, clinical counseling sessions and so on. This number is divided by the total number of employees at the organization who have access to the EAP benefit to yield a rate. It is helpful to know the total activity with the EAP, as it shows the general level of awareness of the EAP in the organization and how much it is being accessed in any way. As long as this 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 useful information on the overall level of use of the EAP.

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.

Capitated Pricing

For many years the most widely used pricing approach by external EAP program vendors is based on a capitated or *per capita* financial structure (i.e., per

employee per year -- PEPY or per employee per month -- PEPM). This approach uses some version of a total fee that is determined to support all of the services offered by the EAP to the organization and then this fee is divided by the number of covered employees at the organization. This approach is simple 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, etc).

Many employers prefer a capitated pricing structure because it provides a consistent budget for EAP services, it 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 used in setting the price in advance. However, some in the EAP field are concerned with the "commoditization" of the 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 impact from one vendor to another.⁷⁵ This perspective has resulted in purchasing decisions that are driven primarily by price, rather than scratching beneath the surface and carefully examining the level of quality and effectiveness of the program.⁷⁶

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 their service contract is not renewed.

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 companies and EAP providers, with a range of 1 to 6 sessions (or more). EAPs with a telephonic-based external program model tend to have an average number of contacts per case that is lower than for face-to-face models of employee and counselor contact. One study found that the average number of counseling sessions used by an employee with access to a six-session maximum model is 4.2.⁷⁷ A recent survey found that the clients who were referred to network affiliate counselors from EAPs tended to average about 4 sessions per case.⁷⁸

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 number for the limit of clinical sessions is only important for those individuals who are appropriate for 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 receives. 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

disadvantages 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 (PEPM) captivated 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 or other specific services.

In this model, the combined PEPM and per visit fee can result in substantially 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 use of the service (e.g., employee productivity, absence, health care cost savings, reduced disability claim costs). 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, but rather it augments 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 in an opposite fashion, is the pricing practice of designating certain aspects of EAP use and operations as performance standards that benefits the purchaser financially if they are not achieved during the course of service delivery. Performance guarantees are thus financial penalties for poor performance by the EAP rather than giving additional pay for good performance. Commonly used operational metrics for EAPs are the average speed of answer, the percentage of calls into the service that abandoned before being answered, the average length of time for waiting 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.

2.5 The EAP “Core Technology”

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.^{79,80,81} There are seven components to the model as it was originally proposed (See Table 2). The Employee Assistance Professionals Association also has a similar model of core technology.

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)^{79,80} and Roman (1990).⁸¹

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.

Workplace Integration. 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.

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.⁸² EAPs have a long history of being specialists in this area. 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 a

financial ROI, as these kinds of problems are very costly when they are not addressed.⁸²

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.⁸³ 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

Three areas of professionalism of the EAP also should be considered when selecting employee assistance services.⁸⁴ These areas include following industry standards for ethical conduct, certification of individuals, and the accreditation of entire programs and providers.

Ethics

A high quality EAP provider should embrace and follow the ethical guidelines for field.^{85,86} 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

The Employee Assistance Professional Association has developed independent certification procedures for individual EAP providers.⁸⁷ The Certified Employee Assistance Professional (CEAP) is a voluntary credential that identifies to the public and the profession those 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.

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.⁸⁸ In 2001, the

Employee Assistance Society of North America (EASNA) in conjunction with the Council on Accreditation (COA) established accreditation standards for EAPs.⁸⁹

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).⁹⁰

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. As can be seen in Table 3, the current accreditation review encompasses many areas, with a dozen major domains and more than 50 sub-areas.

With this knowledge it is important that EAP service providers being considered for selection be asked about issues of accreditation of the EAP as a provider and also how many of their employees 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.

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

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 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.⁷⁸ The main distinction is that cases from EAPs have fewer visits than cases from the general mental health benefit plans -- an average of about 4 vs 11 sessions, according to the one study.⁷⁸ However, this difference is due more to the shorter maximum number of session limits for EAP cases than it is due to the clinical needs of the client. In fact, some EAP cases who use all of their allotted sessions provided through the EAP benefit and still need care, will be referred back into the same network or sometimes even the same counselor for additional sessions that are then paid for through the employee's health care insurance benefit of paid out-of-pocket directly by the employee.

The reason that this concerns some in the industry is that affiliate counselors may not take as much interest in the workplace performance aspects of the problem or know about company specific resources and organizational issues (i.e., the EAP Core Technology) compared to trained EAP specialists. So, when evaluating a particular EAP provider, it may be of interest to ask how much of the time are their network affiliate counselors actually working with EAP clients versus working with non-EAP clients. In addition, it is important to discover how many of the network affiliates have the CEAP industry certification. The higher the rate of having CEAP trained counselors at the EAP, the more likely that the services from the EAP will follow the core practices of the employee assistance profession.

2.8 Selection Tools

After learning about what is desired in an 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 surveys and using an external audit of the provider company or vendor.

Using an RFP to Compare EAPs

There are a variety of themes to include in a request for information (RFI) or request for proposal (RFP) for EAP services. See Appendix 4 for a complete set of 50 questions from a sample RFP for EAPs. The areas 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 there are no standardized client reporting and operational benchmarks that are required 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 and led by Dr. Eric Gopelrud. 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.⁹¹

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.⁹²

Using an Audit to Evaluate An EAP

It is also common for some employers to 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 25 questions used at the consulting company Watson Wyatt Worldwide for conducting an audit of an EAP provider. Some of the key areas of EAP function that are examined in an independent 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

The main reason for hiring an expert third party to conduct an audit is that the purchaser is provided 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.

Other EAP Buyer Guides

In addition to this guide from EASNA, there are other selection tools available for assisting those interested in purchasing EAPs. These include guides that were developed by the Employee Assistance Professionals Association (2005), the U.S. federal government's Substance Abuse and Mental Health Services Administration (SAMHSA, 2006), the National Business Group on Health (2008), and Employee Benefits News (2008). These guides range in length from just 2 pages to 40 pages. All of these reports are available at no cost and are listed in Appendix 2.

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 programs 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.

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 an EAP. This model can be used in a proactive fashion to help determine the kind of practice model and operational features that correspond to the level of value desired by the purchaser of the EAP.

3.1 Effective Implementation

Once the right EAP program and delivery partners have been selected, the question becomes how should it be set up and promoted so that it will be used? The initial planning process to guide the implementation should include a review of current 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 for the EAP. 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 theatre 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. It is best when a senior executive officer 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 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.

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.⁹³ 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.^{70,71}

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.⁹⁴

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, then 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.⁹⁵ Part of the appeal of OM 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 anyone of them could need to use the service at sometime. 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 OK 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)⁹⁶

The Internet. Recent years have witnessed an increasing use of the Internet in the promotion and delivery of EAP.^{66,67} 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.⁹⁷ Offering clinical services and prevention over the Internet, where it can be accessed at anytime 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 a doubling in the use of the EAP and of the Work-life services – from 8% and 12%, respectively to a combined 25% annually.⁹⁸

Although still a small fraction of all cases, 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.⁹⁹ With careful attention to ethical and privacy issues,¹⁰⁰ the online method of counseling is being used successfully at some EAPs and its use is likely to only increase in the

future for certain segments of the population who are already comfortable with using the Internet.

Manager Training. A successful implementation should also 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 there are 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.¹⁰¹

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.^{70,71}

“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)¹⁰²

Summary of Implementation

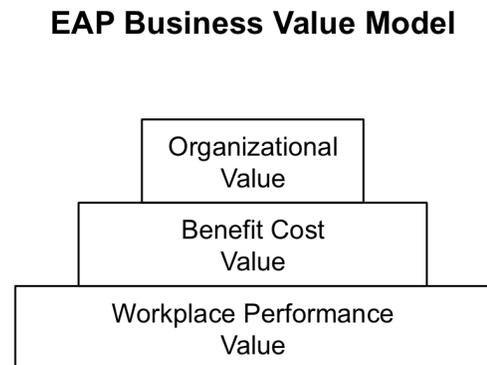
Implementing EA services is an important final step after the employee assistance provider and program have been selected. After the initial review of organizational records and resources, the EAP should be promoted with the support of company leadership. Company policy and other HR/benefits materials 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

Given the wide range of outcomes that have been examined in outcomes and ROI studies on EAP services and the variability in the nature and quality of services offered by different EAP programs and providers, it can be confusing as to which elements are the most important for judging the potential value of EAP. To address this need, the “EAP Business Value Model” was developed.^{36,73,103,104,105} 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 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 organizational development. These areas are hierarchical in that one builds upon the other to deliver increasing 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 or 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. There are also smaller number of EAP clinical cases with more severe conditions that are potentially relevant for even 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 go 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.¹⁰⁶ Much of the savings in this area for 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) disability 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 (55.7 days vs 72.6). Similar findings were found for differences in shorter duration periods for musculoskeletal claims (54.6 days vs 67.5) and cancer claims (45.3 days vs 64.4). Another analysis compared the percentage of employees who returned to work after being on a 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, with 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 have LTD benefits.

SOURCE: *The Hartford Group* (2007).¹⁰⁷

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 cost savings associated with workplace safety risk management, legal liability risk prevention from crisis events, positive changes in organizational culture, improved morale and recruitment, and secondary impacts on health costs and human capital costs. The purpose of this collaboration is to prevent regularly occurring and preventable situations with employees from becoming workplace issues. And when they do occur, to stop the progression toward a more serious situation. This area of outcomes reflects the potential financial benefits from EAP services delivered at the work-team and organizational levels. Examples of some of these different kinds of organizational value from EAP are described below.

Example: Security, Threat Management and Crisis.

Incorporate EAP into threat management response strategy. EAP case handling should be part of conflict resolution efforts, which can become an aspect of an organization's violence avoidance plan. In addition, consultation helps facilitate the pre-incident and incident external response team effort. 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.¹⁰⁸

Example: Drug Tests. Support the resolution of positive drug test cases 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.¹⁰⁹ 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 people 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. It is also useful to add screening items to HRAs for mental health and substance abuse problems. According to a recent survey, the 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%).⁸³

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. Money problems can also be related sometimes to gambling or other substance abuse issues.^{18,96}

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 when such issues are not handled properly.

Example: Organizational Development.

Organizations can receive more value from EAPs if the business role of EAPs is broadened to be more than just a counseling benefit for individual employees. The highest goal for an EAP is to be a positive process that is embedded in the organizational culture.¹¹⁰ 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 and opportunities.

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.⁹⁷ Employees will not use the EAP if they have fears that their use will be held against them later as 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 to Evaluate an EAP Provider

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 cost and externally managed EAPs are likely to provide value in just the workplace

performance level. As one moves up from the workplace performance savings to the next level of employee benefit claims and then again to the highest level of organizational health, it gets progressively harder for an EAP to show more business value. In order to do so, the EAP must be allowed by the purchaser 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.

Thus, 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 employee assistance program.

Summary of Part 3

After the employee assistance 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 how the EAP, creating communication materials, taking advantage of online tools, and training supervisors and managers. The goals for strengthening an EAP can be based on an understanding of the three primary sources of business value. An EAP that is designed with maximum value can provide value to the organization in all three areas, with outcomes that affect employee work performance benefit claim costs, and organizational risks.

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 who are curious about this area, 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 report offered guidance for how to select an EAP provider. Determining what kind of EAP is needed and which aspects of service delivery are important decisions that lead to defining the program model that best supports the organization.

There is much that can be done to implement and promote the EAP. The organization can create conditions that can strengthen an EAP once implemented. It is up to the purchaser to share their vision for how the EAP should support the organization and then to partner with the EAP to realize this potential. It is important to invite internal staff and other programs within the organization to collaborate with the EAP so that it can assist the entire organization and not just individual employees.

“The general business case for EAPs has been made many times over. There is little doubt today that identifying workers with substance abuse and emotional problems and providing interventions has a positive payoff.”

-- Journal of Employee Assistance (2007)⁴⁷

APPENDIX - 1

A Brief History of EAP, Work-Life and Wellness

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 (Trice, Harrison & Schronbrunn, 1981). 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 U.S. 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 U.S. 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 U.S. 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% (Blum & Roman, 1988). Data from 1994, estimates the number of internal EAP programs in the U.S. to be less than 20% (French et al., 1997). 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 (Burden, 1987; Jankorski, 1988).

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).

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 (Friedman, 1990), Work/Family Programs themselves trace their development to the Great Society policies of President Lyndon Johnson. During the 1960s, the U.S. 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 (Burud, 1984). 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 (Gornick, 2002). For a more detailed history of Work/Family refer to Rose (2000).

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. 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 (1990) began conducting cardiovascular-oriented blood pressure screenings of employees in the auto industry. They were among the first to promote annual health screenings and to coordinate linkages between wellness programs and EAPs. The U.S. 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).

APPENDIX – 2

RESOURCES: Reports and Publications on EAP for Employers

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

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

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

Don't Mix It: A Guide for Employers on Alcohol at Work. (2009). Health and Safety Executive. 12 pages. Free.
<http://www.hse.gov.uk/pubns/indg240.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>

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>

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

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

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

APPENDIX - 3

RESOURCES: Organizations on EAP and Workplace Health

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 Council on Accreditation – Canada	www.coastandards.org 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 and 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 American Psychiatric Association	www.workplacementalhealth.org
Psychologically Healthy Workplace Awards American Psychological Association	www.phwa.org

APPENDIX - 4

Sample Request for Proposal (RFP) for EAP

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 am 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 are handled by your EAP clinicians? Also, describe any specialized EAP counseling services you offer (e.g. 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?
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

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 of RFI

APPENDIX - 5

Sample Audit Questions

Sample Set of 25 Questions Used by External Evaluators in Conducting an Audit of an EAP

SOURCE: 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 intake staff have at least a Bachelor's degree in a psychosocial discipline with special training in crisis recognition (Masters degree is best practice)?
15. Is the average industry experience of counselors greater than 10 years?
16. What percentage of EA counselors is certified with CEAP?
17. For a Social Worker to be an EAP counselor for substance abuse, the following clinical experience is required:
 - 1,400 hours of clinical experience
 - One year of clinical experience under supervision of a substance abuse practitioner
 - Three graduate-level hours
 - Four continuing education units
 - 40 clock hours
 - Certified Alcoholism or Addiction Counselor (CAC or CADC)
 - Certified Employee Assistance Professional (CEAP)
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 6 percent of eligible employees? How is this utilization rate defined and calculated?
20. Does the EAP provide client organization with aggregate quarterly reporting, including:
 - Number of members using service
 - Utilization percent of total employee population
 - Demographics of users
 - Type of enrollee (e.g., employee vs. 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 working towards or already has Council on Accreditation (COA) or other industry accreditation?
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 of AUDIT

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, as they apply to the Federal community through the Rehabilitation Act of 1973, as amended, 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.”

Accreditation – The formal evaluation of an organization against generally accepted criteria or standards. A professional society, non-governmental organization or a governmental agency may conduct accreditation activities.

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 Federal employees.”

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.

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.

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 agency’s expectation of the employee’s performance, conduct and attendance.

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.

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 agency 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 agency 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 agency's employees and covered family members.

Capitated Risk – The assumption of responsibility by a clinician or an organization for providing specific services to clients under a pre-established reimbursement agreement,⁸ and where the contractor assumes the financial risk should the EAP services delivered exceed the contractor's cost projections.

Case – Represents a discrete unit of contact as defined by the sponsoring Federal EAP (host organization). A case may be defined by agency policy and/or within the parameters of an EAP contract. Thus, an agency 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 EAP counselor for the EAP client and Federal agency, 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 increased tolerance and withdrawal symptoms when the chemical is removed.

Client – An individual who is eligible to receive EAP services, as defined by agency 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.

Client Satisfaction Survey – An anonymous and confidential measurement solicited from the EAP client, by the EAP contractor or sponsoring Federal agency, which reflects client satisfaction with EAP services received. A Federal agency may design its own survey instrument or have the contracted EAP design one as part of its contract requirements, with or without the Federal agency'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 agency's culture.

Clinical – Of or pertaining to examination, assessment, and direct counseling or treatment, as opposed to experimental or laboratory study.

Clinical Personnel/Staff – Those persons the Federal agency 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 both licensed and non-licensed professionals (as permitted by the sponsoring Federal agency) with the purpose of identifying and mitigating or resolving clients' personal, professional, financial, mental health, or substance abuse problems or challenges.

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) agency. A Federal agency might define covered lives as employees and their family members, while another agency 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.”

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.

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.

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.

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)

Drug Free Workplace – Those laws, regulations and policies emanating from Executive Order (EO) 12564 of September 15, 1986, and subsequently the Drug-Free Workplace Act of 1988, that ordered Federal employees to refrain from using illegal drugs, whether on or off duty. It mandates that the head of each Executive agency shall develop a plan for achieving the objective of a drug-free workplace. Elements of the plan include establishing a program to test for the use of illegal drugs by employees in sensitive positions; training for managers and employees; and establishment of EAPs that emphasize high-level direction, education, counseling, referral to rehabilitation, and coordination with available community resources.

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.

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 agency staff person responsible for managing all EAP related policies, procedures and services. This may include acting as the contracting officer's technical representative (COTR), supervising staff, providing information about the EAP to agency employees and managers, and ensuring the quality of all services provided. The Administrator is usually a Federal employee entrusted to look out for the Government's best interest and may also act as the EAP Liaison.

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

EAP Model – The method of delivering EAP services. While the types of services offered through the EAP may vary in breadth from agency to agency, they are typically delivered through one of three basic staffing models. These are: 1. **Internal** model, where the EAP staff is comprised of Federal employees and there are no contractors involved. 2. **External** model, where the sponsoring Federal agency has entered into a contract for an outside vendor to provide all EAP-related services. 3. **Blended** model, where both Federal and contract personnel are involved in the delivery of EAP services. The Federal employees usually have the role of monitoring the EAP contractor's services, billing, and performance, while also providing counseling and other administrative services.

Consortium Model - Where a group of Federal agencies contracting with one agency or contractor to provide employee assistance services.

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, which are not employees of contractors. This count is usually the number used in tabulating the agency's EAP utilization rate. (Also see 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.

Fee-for-Service – Payment to providers/contractors, by a Federal agency, 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 Federal law.

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.

Host Organization – The Federal agency or sub-agency 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.

Last-Chance Agreement – A signed agreement between an employee and the employing Federal agency, usually drafted by the employing agency'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 agency'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, the agency 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 agency. 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 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, agency, 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.

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

Peer Support Personnel – Federal employees who have volunteered to participate in an agency'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 a Federal agency can evaluate its EAP costs relative to the market place. Current information on pricing norms can usually be found through EAP professional associations such as the Employee Assistance Professional Association.

Presenting Problem – The personal concern or issue as described by the EAP client prior to assessment by the EAP professional.

Primary Problem – (See Assessed Primary Problem)

Program Audit and Evaluation – The process conducted by experienced EAP counselors to review a Federal 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 Federal agency's internal audit system or by an external EAP vendor. Federal agency audits and evaluations must ensure, at a minimum, the confidentiality of client records and conform to 42 CFR part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records."

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 Federal agency, the requirements of an EAP contract, or as may be developed by the contractor and sponsoring Federal agency.

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.

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.

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.

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. Some agencies may also be covered by HIPAA requirements.

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. It 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 agency'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 must contain those reflected in 42 CFR part 2, subsection 290.ee-3, the Health Insurance Portability and Accountability Act (if applicable to the agency), and other unique circumstances about the EAP that should be disclosed to the employee.

Supervisory Referral – See *Referral*

System of Records Notice – A notice published in the Federal Register by a Federal agency with an EAP records system, announcing it has established and will retain EAP records. The Privacy Act (5 U.S.C. 552a) and OMB Circular A-130 require a Federal agency to alert the public that it has established a system of records about individuals. “The term ‘system of records’ means any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.” (Source: The Privacy Act of 1974; 5 U.S.C. ss 552a, as amended The notice must explain what records are retained, how long they are retained, who the records holder is, and how EAP clients may access their EAP records, among other things.)

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 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 can raise liability concerns.

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, treatment and counseling are interchangeable terms, since mental health counseling also is designed to resolve mental health and/or substance abuse problems. (See also Counseling Services).

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 services are being utilized by those eligible for 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). There are formulas for determining utilization rates in each of these areas. In the first example (individual employee utilization), the formula would be: Number of employee cases opened in this reporting year divided by the number of employees who were eligible to participate in the EAP during this reporting year x 100. These rates are typically compared to benchmarks in the EAP industry.

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