
What Do EAP Services Look Like in North Carolina?

Substance Abuse Task Force
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Definition of EAP

- “A worksite based program designed to assist in the identification and resolution of productivity problems associated with employees whose performance / conduct is adversely affected by personal concerns.”
 - Employee Assistance Professionals Association
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EAP Core Technologies

- Consultation with and assistance to work organization leadership seeking to manage the troubled employee, enhance the work environment, and improve employee job performance; outreach to employees and their family members about availability of EAP services.
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EAP Core Technologies

- Confidential and timely problem identification/assessment for employee's personal concerns that may affect job performance
 - Use of constructive confrontation, motivation, and short-term intervention with employee clients to address problems that affect job performance.
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EAP Core Technologies

- Referral of employee clients for diagnosis, treatment, and assistance, plus case monitoring and follow-up services.
 - Assistance to work organizations in managing provider contracts and in forming relations with service providers, managed care organizations, insurers and third-party payers.
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EAP Core Technologies

- Assistance to work organizations to support employee health benefits covering medical and behavioral problems including but not limited to alcoholism, drug abuse and mental/emotional issues
 - Identification of the effects of services on the work organization and individual performance.
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EAPS ARE WORKPLACE BASED: THERE ARE ALWAYS TWO CLIENTS

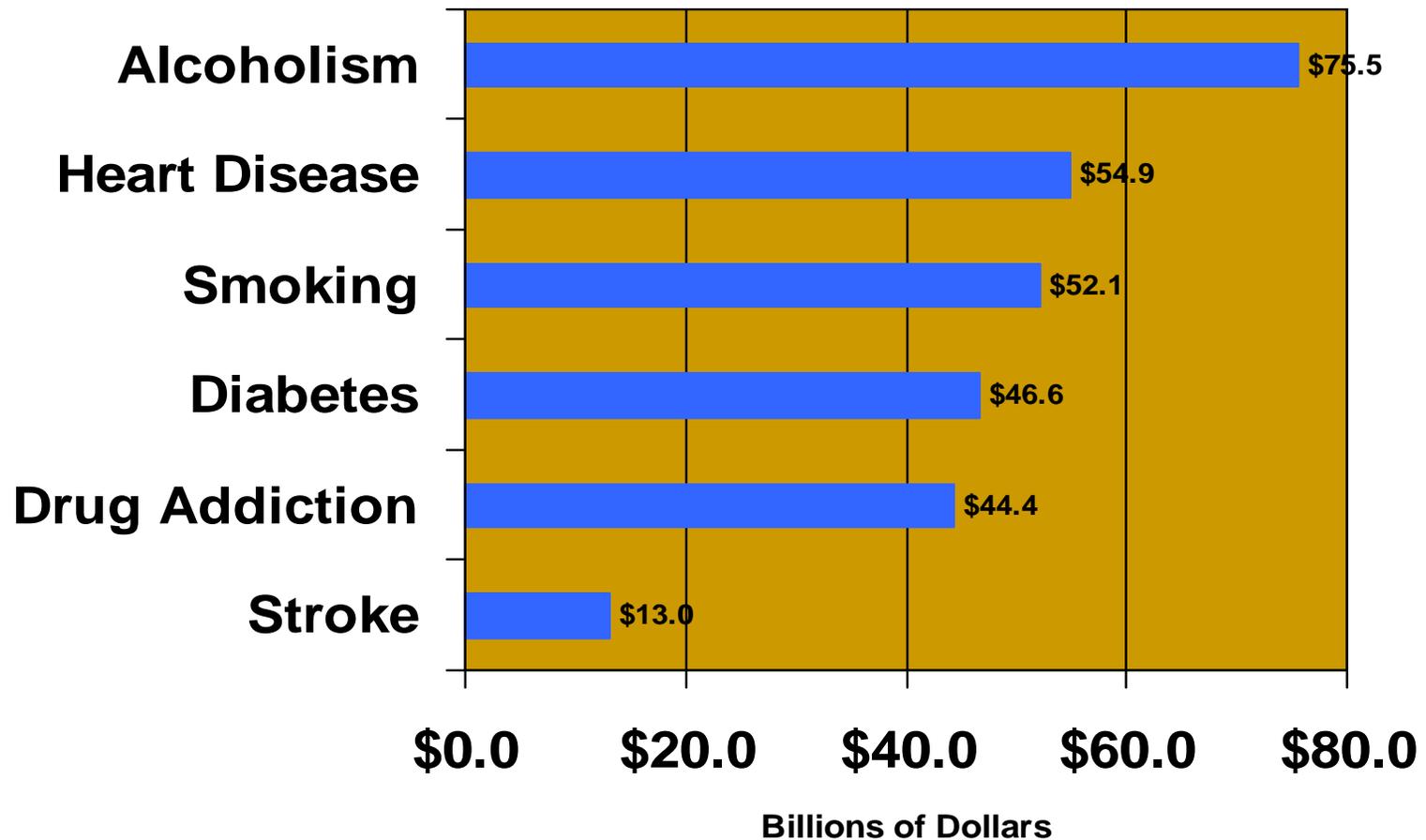
WORKPLACE/EMPLOYER

- The employer is the long term, on-going client because the purpose of an EAP is to identify and resolve productivity and performance problems caused by employee's personal concerns.

EMPLOYEE/DEPENDENT

- The employee/dependent is the short term client because here the purpose of the EAP is to identify and assess the problem, refer for treatment, monitor the outcomes, and provide follow-up.
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Productivity Losses Due to Major Chronic Behavioral Health Problems



History and Evolution of EAP

- Occupational alcoholism program
 - Internal model
 - Constructive confrontation based on job performance
 - ALMACA
 - Broad brush – infusion of clinicians
 - External consultants
 - Drug free workplace
 - EAPA – certification
 - Managed care and network models
 - Work/Life and Wellness services
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The Cost of Behavioral Health Problems – Workplace Impact

- Absenteeism
 - Presenteeism
 - Diminished productivity
 - Increase in FMLA/Disability
 - Accidents and related workers comp claim costs
 - Increased health care claim costs
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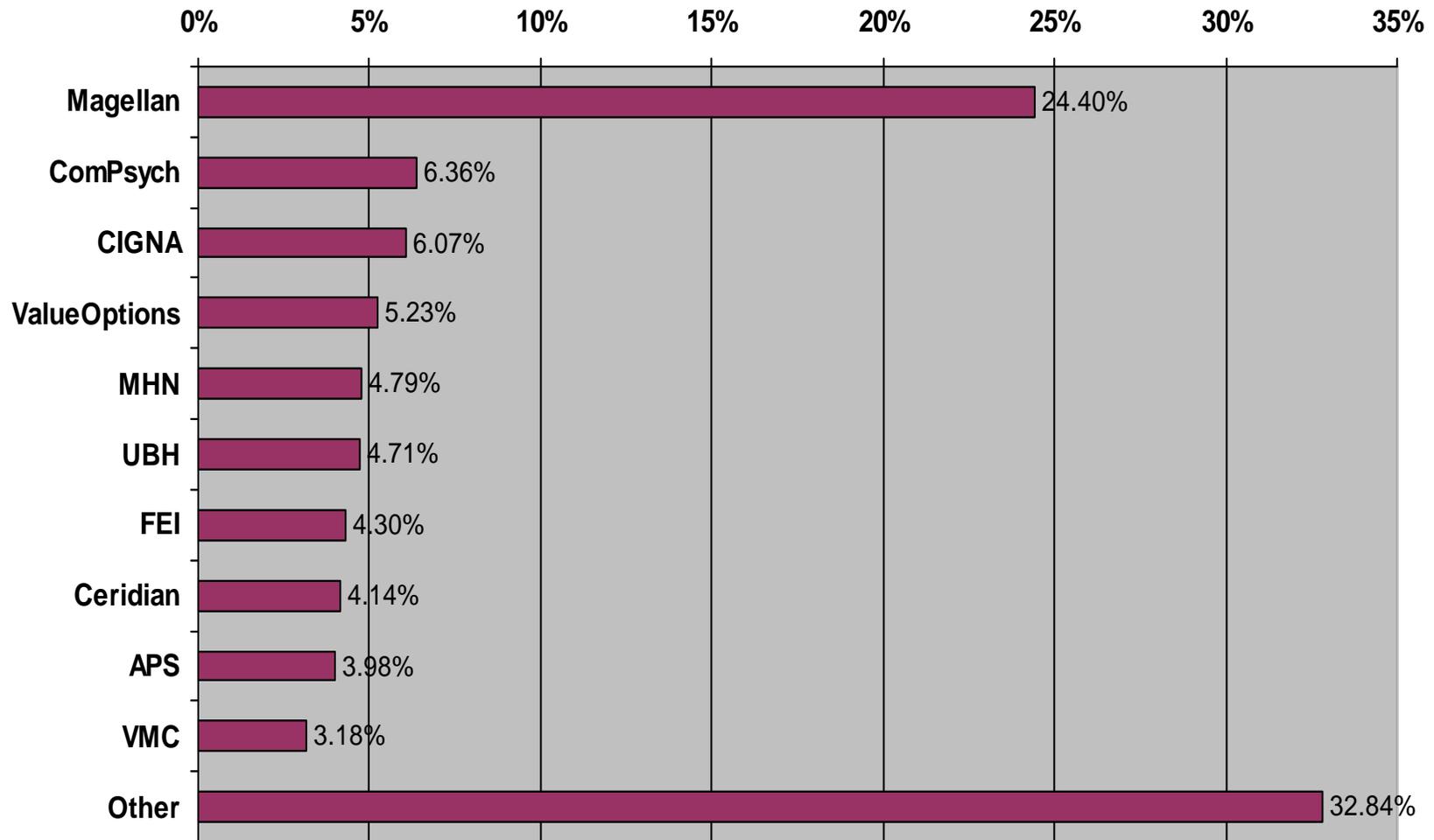
The Cost of Behavioral Health Problems - Dollars

- \$287 billion loss in productivity yearly
 - \$120 billion due to alcohol and drug addiction
 - \$43.7 billion due to depression
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Organizational Risks

- Increased use of health benefits
 - Increased incidence of psychiatric disability
 - More worker's comp claims
 - Increase in sexual harassment/general harassment claims
 - Higher incidence of workplace violence
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Market Share 70/30



Medical / Network Model EAPs

- Usually offered by a managed care or insurance company, mental health, hospital or treatment center
 - Focus is on clinical aspects of program service rather than the workplace
 - Critical core EAP workplace functions are minimal
 - Offered at reduced fees to “buy” new accounts or use EAP business to generate more patients for their services
 - Some insurance companies offer “free” EAP with the cost of EAP bundled into the overall premium
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Medical / Network Model EAPs

- Assessment is usually done telephonically or via computer by clinician based in regional call center.
 - Referrals to local clinicians for face-to-face assessment is often uneven because of limited knowledge of local resources.
 - “Call these three providers and call us back for three more referrals if you cannot be seen within a week”
 - Local clinicians have a counseling, individual client focus.
 - Often have little or no EAP worksite experience or knowledge of the employee’s particular employer.
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Medical / Network Model EAPs

- ❑ Little incentive to assess and refer so may end up segueing into treatment; mental health benefits are accessed.
 - ❑ Employee/dependent really does not want to have to tell their story a third time – they want help NOW!
 - Clinician is not connected to the workplace so treatment recommendations may be unrealistic.
 - Clinician may not have SA background
 - Management referrals are difficult to manage due to disconnect between clinician and employer
 - Little to no follow-up or case management
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The Human Resources / Worksite Model

- Offered by a dedicated EAP service organization
 - Embraces the core technology of EAP
 - Reduces behavioral risks
 - Addresses productivity issues
 - Improves employee retention
 - Provides managers with tools for proactively addressing issues of declining job performance
 - Provides employees with prevention skills for resolving personal problems prior to a decline in job performance
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The Human Resources / Worksite Model

- Management consultation and training on organizational issues
 - Programs are usually customized to the organization
 - Regular on-site presence for outreach and training builds familiarity and trust for employees.
 - On-going partnership with Management and Human Resources
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Measuring EAP Value: Human Resource / Worksite Model

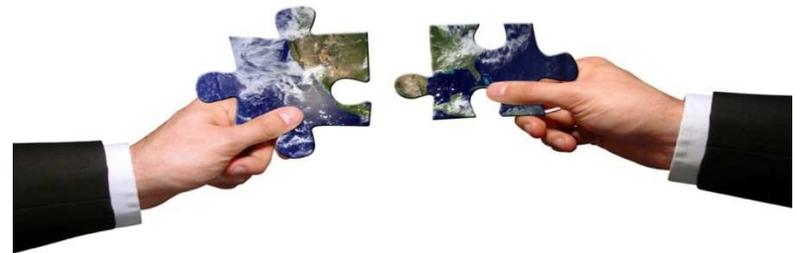
- Worksite EAPs have *one third more* overall utilization
 - Worksite EAPs received *500% more* supervisory referrals
 - Worksite EAPs identified *300% more* employee substance abuse cases
 - EAP staff visibility bears a direct relationship to utilization by both managers and employees
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Measuring EAP Value: Network / Medical Model

- May cost less than worksite model
 - Not designed to identify and influence performance-based referrals
 - Clinical referral service with less than 50% of callers to 800 # following through with appointment
 - “It’s a horse, but it’s not a car”
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When does HR really need the EAP?

- Crisis Management – people turn to HR: e.g. 9/11
- Critical Incident Debriefing
- Worksite changes:
 - New Owners
 - Downsizing
- Quick Access to EAP Services in an Emergency
- When an onsite presence is needed NOW!



Challenge of Providing EAP Services in NC

- Difficulty in finding trained EAP providers
 - Urban versus rural: two different realities
 - Private versus Public resources
 - Small Business challenges and costs
 - Larger employee populations is where the money is
 - Contracts versus only paying for services accessed
 - Avoided costs difficult to quantify and justify
 - Community Mental Health Centers change to LMEs
 - Provided non-profit, accessible EAPs in underserved areas
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What does HR really need from the EAP on an ongoing basis?

- Response to positive drug/alcohol screen results
 - SAP Assessments
 - Comply with regulations
 - Drug Free Workplace : workers comp discount if EAP is in place
 - Resources for work/family issues
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What does HR really need from the EAP on an ongoing basis?

- Resources for work/family issues
 - Supervisor/Manager consultations
 - QA oversight of MBHC vendor
 - Broad organizational knowledge
 - Understanding of ROI and other business realities – business “savvy”
 - Workplace real time/life experience
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What does HR really need from the EAP on an ongoing basis?

- EE trust = confidence + safety
 - Crisis and emergency planning
 - Consultation and regular contact
 - Ability to talk to “bottom line” folks
 - Engineers, Finance, Managers
 - Understanding of union and union-free issues
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EAP Role in Behavioral Risk Management

- Staff integration with organization means relationship building and acquired trust
 - Regular on-site presence for training and interventions
 - Prevention and education programming
 - Crisis management
 - Ability and accessibility to manage the case
 - STRATEGIC PARTNERSHIP
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For HR: What Really Counts!

- Dependability
- Accessibility 24/7
- Trust/Relationship
- Consistent Consultation
- Ongoing Contact
- Understanding of unique organization aspects
- One size does NOT fit all
- The organization is the client



Trends

- Many workers cannot afford cost of behavioral health services or co-pays
 - EAPs are being utilized as only an employee benefit; no recognition of its potential as a consultant to the employer
 - Decreased emphasis on constructive confrontation and performance-based referrals
 - Employees violating substance abuse policy are terminated; at risk for ADA violations.
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What Makes the Difference?

- EAP specific training and certification ensures that the EAP services are provided by someone who understands the difference between EAP services and treatment or counseling services.
 - CEAP certification by EACC/IEAPA:
 - Exam, degree, supervision/advisement, and continuing education requirements
 - CEAP tests core EAP domains:
 - EAP Design, Administration, and Management
 - EAP, organizational, and HR management , QA, regulatory issues
 - EAP Services to the Organization
 - EAP/HR consultation, strategic /operational change management and communication; behavioral risk management; EAP processes, evaluation training, regulatory compliance.
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What Makes the Difference?

- EAP Services to Employees/Family Members
 - SA/other addictions; personal, emotional, psychological problems; assessment/referral skills; short term problem resolution; confidentiality, EAP ethics

 - North Carolina has a “title” licensure law that requires those who hold themselves out as Licensed Employee Assistance Professionals in NC to be licensed (LEAP).
 - Masters degree
 - CEAP
 - Code of Ethics

 - Purpose is to protect the public (EAP’s two clients)
 - Law defines the practice of EAP as a “program designed to assist in the identification and resolution of job performance problems in the workplace.”
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What Makes the Difference?

- NCBEAP is the entity established by law in 1996 (NC779) to license LEAPs. The Board has the authority to investigate complaints and discipline LEAPs who violate the Code of Ethics. Board's consulting attorney is from NC Attorney General's Office.
 - Other disciplines can provide EAP services without EAP specific training and certification because the law is not a "practice" law. The Board does not have the authority to investigate complaints and discipline these providers for ethical violations or malpractice.
 - Human Resources Professionals and the organizations they work for must be able to rely on their EAPs – they rarely call them just to chat....
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What is a Partnership?

- Alliance
- Fusion
- Collaborating Units
- Cooperation
- On-going
- Alignment of Goals

HR & EAP



Hand in Hand
