EAP UTILIZATION

We are frequently asked if EAPA maintains statistics on EAP utilization by industry or company size or for that matter any stats at all on EAP utilization standards.

The utilization question seems like a simple one, but unfortunately, it isn’t simple. Utilization statistics are difficult to come by in any systematic way that can be compared because:

1) many internal programs and external vendors treat them as proprietary.
2) various internal and external programs calculate their statistics differently, making them inappropriate to average or compare with each other.
3) every program is different – even those provided by a common vendor – because every workplace is different in terms of its structure, culture, environmental and historical situation, outlook, and the demographic mix of its employees. No EAP can exist or operate independently of the particular workplace it serves.

That being said, we know there are certain trends that usually hold true:

- Female employee populations usually have higher utilization than male employee populations.
- Smaller groups usually have higher rates than very large groups (probably because of better communication).
- Helping professionals tend to have high utilizations.
- More educated populations usually have higher utilization than less educated populations. Utilization is usually higher where company management is trusted than where it is mistrusted.

For these and other reasons, EAPA does not publish statistics on utilization rates. However, EAPA does have a position statement on the calculation of utilization rates. It is included in the EAPA Standards and Professional Guidelines for Employee Assistance Programs, but we are publishing it below for your convenience:

Addendum to “EAPA STANDARDS AND PROFESSIONAL GUIDELINES FOR EMPLOYEE ASSISTANCE PROGRAMS”

TOWARD THE STANDARDIZATION OF EMPLOYEE ASSISTANCE MEASURES

The Employee Assistance Program (EAP) field has existed for fifty years and has experienced significant change and maturation. The early focus was to identify, intervene with, and assist alcoholic employees. Early intervention, by observing, documenting and confronting individuals on the basis of job performance, became the most effective means of solving a very costly problem for employers. The “job performance/early intervention" paradigm has evolved into a service
greatly demanded by employers and unions because it is a fair and neutral way to address a wide variety of human issues in the workplace.

Today, EAPs address not only alcohol and drug problems, but also emotional issues, depression, stress, relationships, marital difficulties, compulsive gambling, career issues, financial and legal concerns, child and elder care, health and wellness, critical incidents, violence, and many other contemporary problems. The vast majority of Fortune 500 companies and a growing number of small to medium sized employers have established EAPs.

As demand for services has grown, so too has the variety of service delivery models available. EAP services are provided by as many as 10,000 individuals who are employed by organizations such as community mental health centers, managed care companies, hospital corporations, labor unions, specialty EAP vendors, and Employee Assistance Professionals working directly for employers. Employee Assistance professionals are represented by membership organizations such as the Employee Assistance Professionals Association (EAPA - the largest, with over 7,000 members), the Employee Assistance Society of North America (EASNA) and the Occupational Program Consultants Association (OPCA). About 5,000 individuals have earned the designation Certified Employee Assistance Professional (CEAP) through EAPA. Program and provider accreditation processes have been undertaken by the Council on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) and EASNA. States, such as Tennessee and North Carolina, have begun to explore and legislate licensure processes for EAP professionals and services. The profession has become highly sophisticated and has proven to provide a very positive impact on the productivity of employees, resulting in savings to employers and improved lifestyles for employees.

Employee Assistance Programs have assumed an important role in the North American workplace and EAP concepts are rapidly expanding throughout the world. Thus, it is amazing, that in this age of quality process improvement, there are no universal definitions for measuring significant aspects of EAP activity. At present, there is no standard definition of EAP utilization, yet employers see utilization as one of the most critical measurements in determining the effectiveness of the EAP services for which they are paying. External EAP vendors are selected and evaluated and internal EAP effectiveness is measured on the basis of program utilization, yet there is no standard definition by which the profession operates.

It is hoped that through the work of this Committee and the support of both employers and vendors standard definitions for key terms can be accepted and used nationally and internationally.

**BACKGROUND DISCUSSION**

The traditional definition of EAP utilization is the number of new EAP cases opened during a given time period, usually 12 months, divided by the total number of employees eligible for EAP services. However, utilization measurement in the EAP field is inconsistent. Lacking standard definitions, each Employee Assistance Program itself must answer the following:
What constitutes a case? Are an employee and his family members counted as one case or several cases?

Is a case opened at the point of first telephone contact or at the point of receiving in-person service?

When is a case closed?

When is a case reopened?

If an EAP client comes three different times during the year for three different problems, is that one case or three?

These and similar ambiguities in definition have resulted in widely varying utilization rates, making it impossible to compare programs and conduct benchmarking surveys. The issue is more complicated when one considers the importance of many EAP activities which are not case-related, such as supervisory consultations, training sessions and contacts during which information is provided but for which a case is not opened. As EAPs have expanded into areas such as health promotion, childcare and eldercare and legal and financial counseling, questions have arisen as to how to include these services in a utilization rate.

EAP activity must be counted accurately and fully so that both employers and EAP professionals can understand the value of their Employee Assistance Programs. UTILIZATION CANNOT BE SUMMARIZED INTO ONE NUMBER. Moreover, utilization rates are not the sole measure of EAP activity. Several different activities must be measured simultaneously.

Employers and EAP professionals need to discuss the variety of standard measures and select which ones will be used to assess any given EAP. This process should begin at the stage in which the employer selects the EAP model to be used (internal/external/combination) and develops program descriptions and/or Requests for Proposal from vendors. In the latter case, all prospective vendors could be asked to provide the same standard data based on the measures described below. Once the EAP is established, the EAP stakeholders must determine at the beginning of each evaluation period exactly which activities they want to measure and agree on the units of measurement.

DEFINING THE ACTIVITIES: DIRECT SERVICE TO INDIVIDUALS AND FAMILIES

EAP direct service activities fall into three categories:

**EAP Information-only contact** - The participant or user requests information, but receives no assessment.
**EAP Life management contact** - The participant receives information about, and possibly referrals for, services that include but are not limited to childcare, eldercare, financial, wellness and other services. A minimal level of assessment is involved.

**EAP case** - A documented record of contact between an EAP counselor and an eligible user that includes a comprehensive assessment according to EAPA Standards, a plan of action, including, but not limited to advice, information, short-term counseling and/or referral(s) and a follow-up plan.

An EAP case record is opened for the family unit, that is, one case may contain information about several individuals in that family. Exceptions might be made to open separate cases if it is clinically indicated (for example, in cases of divorce, possibility of abuse). Regardless of how the record is kept, for definitional purposes, an EAP case involves services to a family unit. If two or more members of a family unit are employees of the same organization, each may be counted as a case in utilization calculations.

An EAP may count the number of individuals served as a separate statistic. For example, a large family may constitute one case but nine individuals served. See section below on population definition for further explanation.

A case may present multiple problems and result in multiple referrals. This should be reflected in program statistics to give 'credit' for the level of EAP activity and to assist in monitoring an EAP's internal operations. However, for the purposes of determining utilization, multiple problems and multiple referrals do NOT constitute multiple cases. In fact, in an annual report, the number of problems identified may well exceed the number of cases.

Finally, for the purpose of utilization, a family unit is counted once in a reporting year. Someone seeking assistance at three different times of the year is not counted as three different EAP cases, regardless of the problems presented each time. The nature and extent of this "repeat business" should be counted by the EAP in a separate statistic but not be included in the utilization rate.

The criteria for opening a new case must be clearly documented and agreed to by all stakeholders in the EAP. The following defines the EAP case status. In each annual reporting period, an EAP case can be counted only once.

**New Case**  
A case never opened before, regardless of reporting period.

**Closed Case**  
The EAP counselor and the user agree that all clinical and follow-up services have been offered and/or used and no further services are needed or unsuccessful attempts at follow-up have occurred over a period of no less than one month.
**Reopened Case**

A previous user contacts the EAP for assistance with a new or reoccurring problem. A reopened case must meet the criteria of an EAP Case.

**Active Case**

A case that had some activity during a given annual reporting period. In some cases, such as addiction treatment, a case may remain opened for long-term follow up. A case should be considered active unless it was closed during a previous reporting period. A case closed during a given annual reporting period will be counted as both active and closed.

For the purpose of calculating utilization, a case closed and reopened in the same annual reporting period is only counted once.

The goal is to have a non-duplicated account of active cases as a basis for determining utilization.

**DEFINING THE ACTIVITIES: DIRECT SERVICE TO THE ORGANIZATION**

The above definitions apply only to EAP utilization by individuals. Many of EAP’s most valuable services are provided to the organization rather than to individual employees and family members. These services have been historically undercounted. While they should NOT be included in the utilization formats that follow, such important services to the organization need to be defined and measured nevertheless. The following are examples of organizational services.

- **Workplace Consultation** - Specialized technical consultation provided to a supervisor(s), work groups, union official(s) or other appropriate individuals in the organization regarding employee performance issues, recommended approaches to specific situations, progress toward achieving objectives with specific cases, etc.

- **Policy Consultation** - Specialized technical consultation provided to the work organization regarding developing organizational policies to address human factors in the workplace. Examples include policy regarding threats of violence, drug testing, the psychology of self-directed work teams and managing an aging workforce

- **Training** - Skill building for groups of supervisors, managers, union officials and executives on topics such as conflict management, managing performance, communication skills, DOT regulations, AIDS, preventing violence in the workplace and diversity

- **Information and Education Activities** - Sharing information proactively with the covered population through brown bag seminars, employee orientations, home mailings and e-mails

- **Critical Incident Management** - Response to a traumatic event may include the following services: situation assessment, debriefing, defusing, family information management
Special Situations - This could include a package of services offered during a downsizing or merger, attendance at a health fair and participation in company or union celebratory events.

Program Implementation and Management - EAP professionals often manage programs provided by other staff and/or vendors. They promote the efficient, cost-effective implementation and ongoing operation of EAP and relate workplace activities.

The topic of direct services to the organization represents the second of the two major branches of EAP service. While recognizing this as a central component of service, the measurements subcommittee has thus far focused on defining the first, direct services to the individual, as the remainder of this document evidences. Work on further defining the second branch remains to be done.

**POPULATION DEFINITION**

The next point of clarification is to define the population. As noted above, the traditional definition of EAP utilization was calculated by dividing the number of EAP cases by the number of eligible employees. Problems arose when the numerator (cases) included family members counted individually, but the denominator did not.

It is also possible to divide by the number of employees and their covered family members (covered lives). In this case, one would use the number of individuals seen (not cases) as the numerator.

“Covered lives” refers to the total number of individuals who are eligible for EAP services. Each employer and EAP may have different criteria for EAP eligibility, thus it is imperative to define eligibility for each EAP contract.

One cannot assume that “eligibility” is defined as “employees and dependents enrolled in the organization’s health benefit plan(s)”. Eligibility for EAP benefits may be very different than for health benefits. For example, part-time employees or significant others may not be eligible for health benefits, however may be eligible for the EAP.

Once eligibility is defined, a “real” number of total covered lives can be obtained. If a “real” number is not obtainable, (i.e. the employer does not maintain a list or actual number of individuals eligible) a multiplying factor needs to be defined in order to provide an “estimated” number of covered lives. Typically, this factor ranges from 2.3 to 2.5 times the number of “eligible” employees.

In order to compare utilization consistently, both the numerator and denominator used to achieve the percentage must be defined and applied consistently.
One of the most important points in measuring EAP activity is that more than one utilization rate can and should be used for evaluation purposes.

We hope that the following six utilization measures will be accepted as standard throughout the field and that those responsible for managing and implementing EAPs will at last have common measures for EAP utilization.

Having defined "EAP Cases" as well as two other types of EAP activity, "EAP Information Only Contacts" and "EAP Life Management Contacts", utilization can be calculated for each of these activities. In addition, utilization can be calculated for each of the two population groups identified above.

**Category A:**
Utilization = activity by employees or employee family units divided by the number of eligible employees.

\[ U = \frac{\text{activity by employees or employee family units}}{\text{number of eligible employees}} \]

**Category B:**
Utilization = activity by employees and family members counted individually divided by number of covered lives.

\[ U = \frac{\text{activity by employees and family members counted individually}}{\text{number of covered lives}} \]

Within each category, the Committee recommends three definitions, one each for EAP Information-Only Contacts, EAP Life Management Contacts and EAP Cases. Thus, the Committee recommends the adoption of six standard measure of utilization as follows:

**Definition A.1**
Utilization = EAP Information Only Contacts by employee family units divided by number of eligible employees.

\[ U = \frac{\text{EAP Information Only Contacts by employee family units}}{\text{number of eligible employees}} \]
Definition A.2
Utilization = EAP Life Management Contacts by employee family units divided by number of eligible employees.

\[ U = \frac{\text{EAP Life Management Contacts by employee family units}}{\text{number of eligible employees}} \]

Definition A.3
Utilization = Active EAP Cases divided by number of eligible employees.

\[ U = \frac{\text{active EAP Cases}}{\text{number of eligible employees}} \]

Definition B.1
Utilization = EAP Information Only Contacts when employees and family members are counted individually divided by number of covered lives.

\[ U = \frac{\text{EAP Information-Only Contacts (employees and family counted individually)}}{\text{number of covered lives}} \]

Definition B.2
Utilization = EAP Life Management Contacts when employees and family members are counted individually divided by number of covered lives.

\[ U = \frac{\text{EAP Life Management Contacts (employees and family counted individually)}}{\text{number of covered lives}} \]

Definition B.3
Utilization = Active EAP Cases when employees and family members are counted individually divided by number of covered lives.

\[ U = \frac{\text{active EAP Cases (employees and family counted individually)}}{\text{number of covered lives}} \]

Not all six measures are necessarily used. For example, an EAP may choose not to capture information-only contacts.

The following chart summarizes the six utilization measures described above.
UTILIZATION MEASURES

EAP Information                      EAP Life Mgt. Active EAP
Only Contacts (1)                    Contacts (2) Cases (3)

Employees (A)                       A1    A2    A3
Covered lives (B)                   B1    B2    B3

Finally, the case status of each of these cells must be defined. The most inclusive and representative ratio is for active cases to be counted during a standard 12-month period. However, the number of new and reopened cases also has meaning when analyzing the EAP activities and different reporting periods, such as quarterly reports, can provide useful information. Once again, it is vital that purchasers and providers of EAP services agree in advance on the definitions and terms to be used.

PROBLEM CATEGORIES

Since the primary objective of this Committee was to focus on utilization, we only touched on the issue of analysis of problem type or inquiry type. We noted previously that the number of problems or reasons for contacting EAP may well exceed the number of family units and may even exceed the number of total individuals contacting EAP, if several problems are recorded per person. We have not proposed a standardized list of problems nor a method for counting them, but we do offer the following general observations.

There are several ways to measure and analyze presenting problem and referrals:

a) Cumulative for the period. This method may present more than one problem or referral per case.
b) Request counselors to list primary and secondary (possibly tertiary) presenting problems and/or assessed problems.
c) Audit multiple problem/referral cases to determine trends and program improvements.

RECOMMENDATIONS

The EAPA Measurements Subcommittee proposes the above definitions as six possible methods for measuring utilization. Each EAP purchaser and vendor would be responsible for identifying which of these and other measures would be used for the purposes of program analysis and evaluation. Our objectives are to encourage purchasers and providers of EA services to use of the above formulas and definitions to achieve more universal and specific indicators of calculating EA utilizations rates.