

A New Research-Driven Approach to Workplace Behavioral Health Services: Does This Present an Opportunity or a Challenge for EAPs?

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Agenda for Today

- Basis for the new approach and its potential business value
- Services and practices involved in the new approach
- Implications for EAPs
- Open Q&A and Audience Dialogue

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Research Evidence Points to “Pareto” Path for Most Effective Method to Yield ROI

- The highest per-case financial value of outcomes in multiple areas (e.g., disability claims, health care claims, work absence, turnover) comes from helping the small number of employees with more severe levels of substance abuse and mental health disorders.
- The trick is how to find these kinds of cases. Can use assessment of all cases and referrals from supervisors and other health programs.
- Need to emphasize work performance during treatment, return to work and long-term relapse prevention.

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Pareto Group Concept in Population Distribution of Health Costs

Risk Group:
those who will become high cost in future

Pareto Group:
Few people now & majority costs

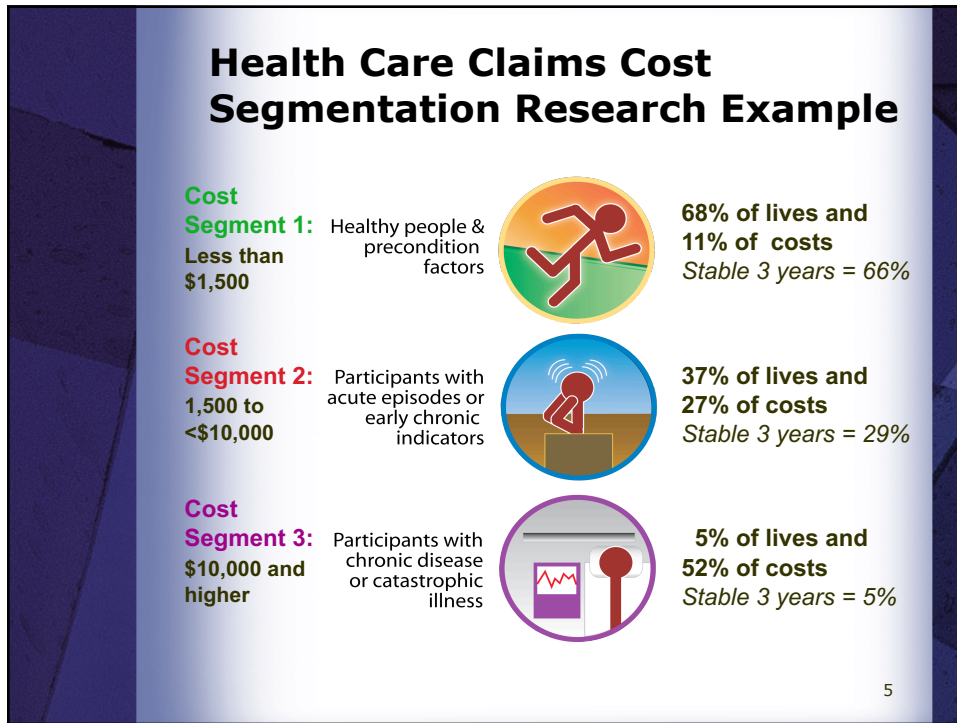
% of Total People

% of Total Dollars

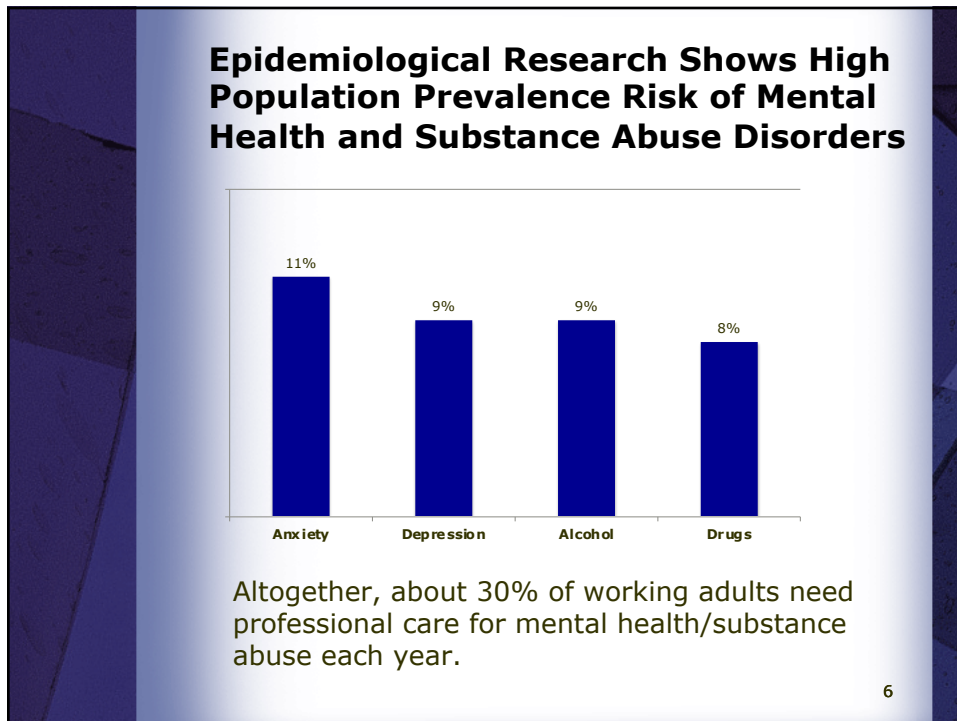
Health <<< Continuum >>> Illness

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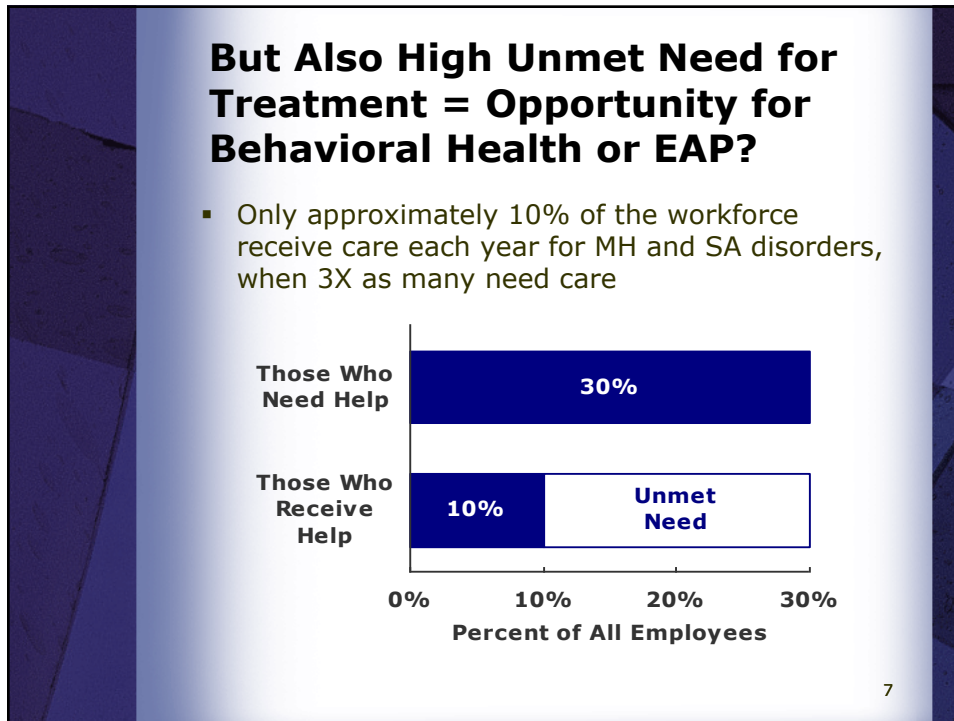
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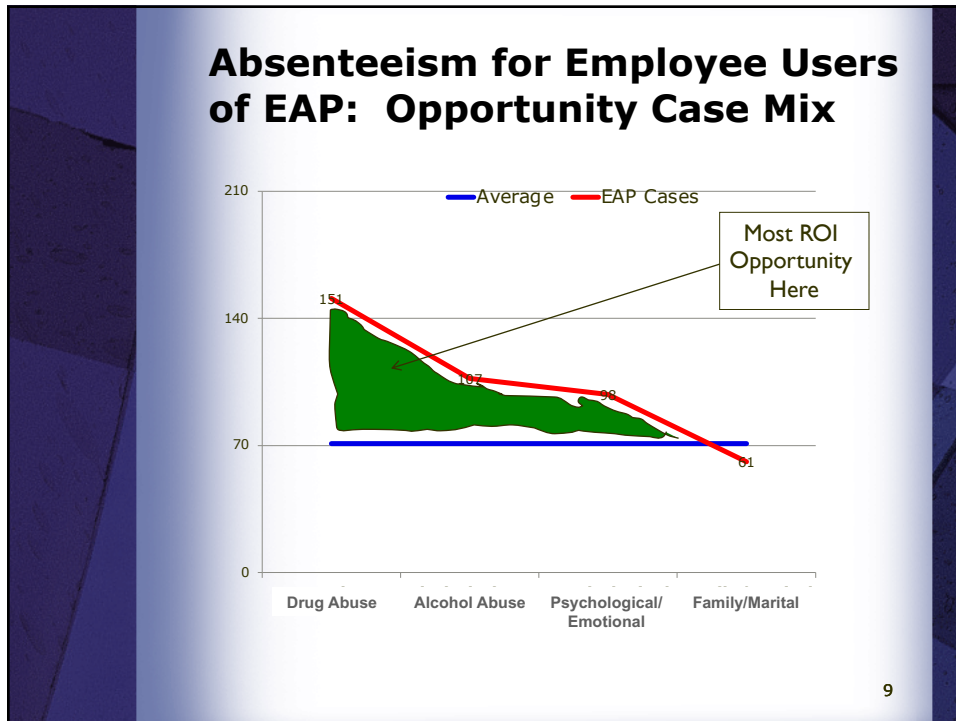
Typical Absenteeism for Employee Users of EAP

Type of Problem	Average for EAP Users* (Hours)	Average for Company Non-EAP* (Hours)	% EAP Users Above Company Average
Alcohol Abuse	107	71	51%
Drug Abuse	151	71	112%
Psychological/Emotional	98	71	38%
Family/Marital	61	71	(15%)

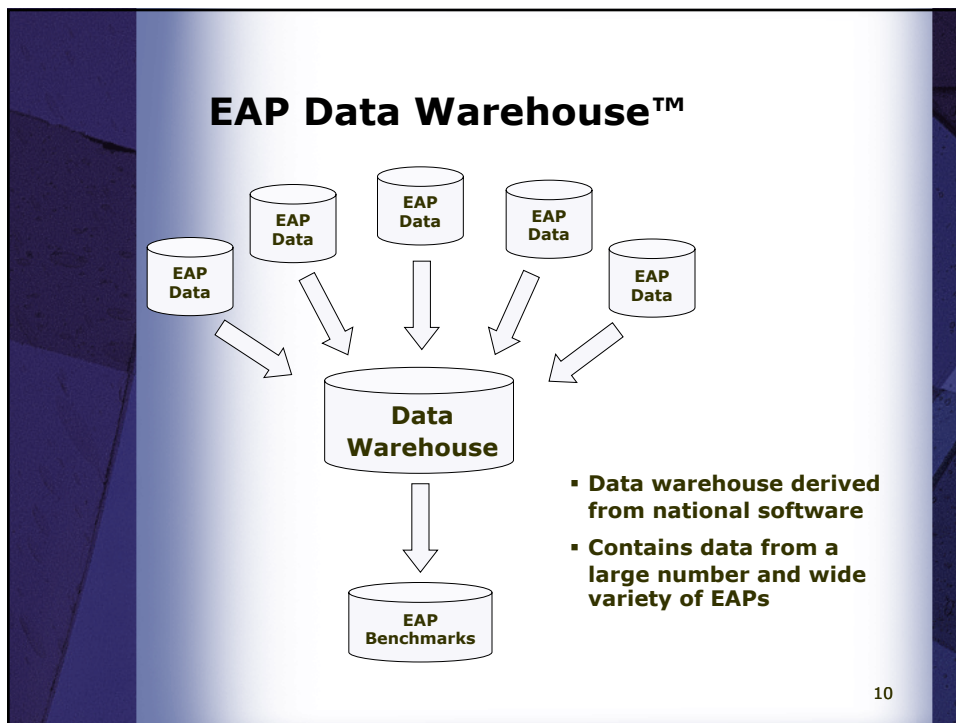
* Absenteeism measure includes total hours of sick leave, short-term disability, time off due to injuries, and suspension-related time-off, for twelve months prior to use of the EAP.

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Norms on EAP Use and Outreach Rates from EAP Data Warehouse

<i>Type of EAP Cases</i>	<i>per 1000 Employees</i>
All Types of Clinical Cases Opened Rate	44.0
<i>Outreach Rates</i>	
Alcohol	1.6
Drug	0.5
Depression	9.5
Anxiety	8.2
Work Issues	11.8

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- ### Practices that Identify High-Risk Employees
- Program promotion and outreach activities that specifically focus on the serious behavioral health problems, such as alcohol abuse, drug misuse, depression and so forth.
 - Education programs that target employees who might be at risk for serious mental health and substance abuse issues.
 - Training of supervisors and other gatekeepers on early identification and referral of employees who might have personal problems that are affecting work performance.
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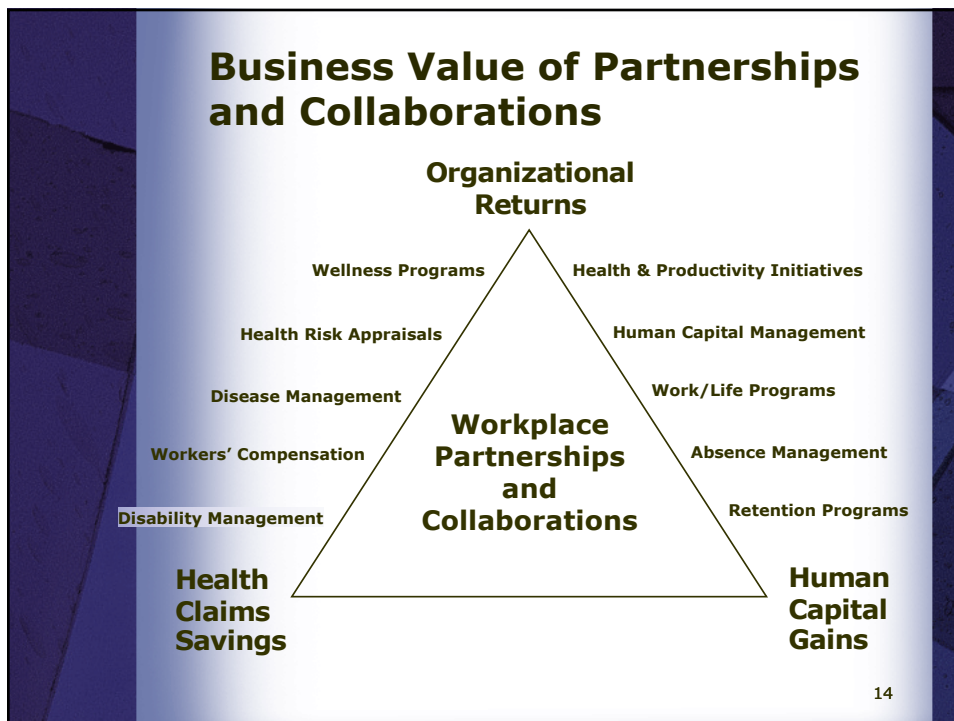
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Relationship between Referral Source and Kinds of Problems

	Self Referrals	Informal Supervisor Referrals	Formal Supervisor Referrals
Alcohol Abuse	4%	10%	22%
Drug Abuse	8%	9%	24%
Psychological/Emotional	24%	31%	12%
Family/Marital	41%	24%	16%
Work-Related	16%	18%	23%
Other Problems	7%	8%	3%
	100%	100%	100%

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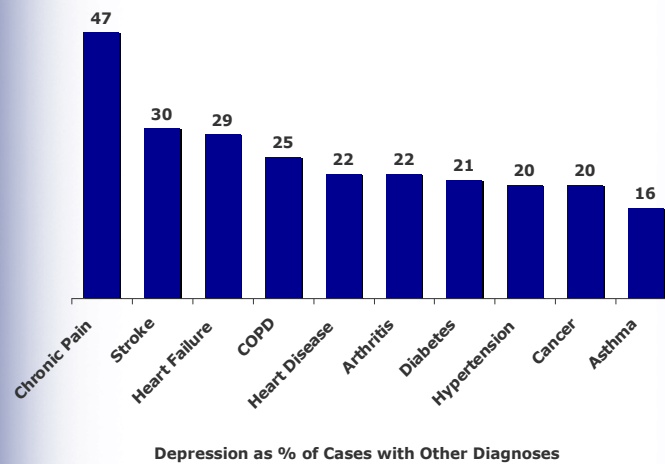
Partnerships and Collaborations that Yield High-Risk Cases

- Training of personnel who are providing an organization’s health risk appraisals (HRAs) on how to refer employees identified as high-risk for behavioral health problems.
- Consulting with the disability benefits office on those disability cases that might have behavioral health involvement.
- Collaborating with absence management programs to identify and refer employees who have excess absenteeism that might be related to personal problems.
- Participating in disease management cases that have co-morbid mental health or substance abuse disorders.

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Example of Comorbidity Rates for MH and SA with Medical Conditions



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Essential Clinical Steps in the New Approach

- Assessment, screening and treatment planning
- Brief interventions and motivation for treatment
- Referral to treatment based on assessed level of care needed
- Long-term follow-up and monitoring

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Standardized Assessment Tools

- Standardized interview protocols with targeted MH and SA questions
- AUDIT, AUDIT-C — alcohol
- MAST — alcohol
- DAST — drugs
- PHQ-9 — depression
- PHQ-4 — depression and anxiety
- GAIN-SS — mental health disorders and substance abuse

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Brief Interventions and Referral for Treatment

- Motivation for treatment was a key determinant of success for early occupational alcohol programs
- Research work by Karen Chan Osilla at Rand Corporation on “Brief Interventions” (BI) and “Motivational Interviewing” (MI) for employees with alcohol problems
- Research work by Eric Goplerud and Tracy McPherson at George Washington University on alcohol SBIRT (screening, brief intervention and referral to treatment)

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Follow-up Strategies

- A quick follow-up to check whether the client followed through on referral recommendation(s)
- At least one-month and three-month follow-ups with every formal gatekeeper referral
- Monthly follow-ups with substance abuse cases for the first year and quarterly follow-ups until problems resolved
- Regular follow-ups and monitoring with severe mental health disorders for as long as necessary

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Opportunities for EAPs

- The need is there and a comprehensive solution does not presently exist
- Early in their history, EAPs were the primary solution for these kinds of issues, especially alcohol
- The newly-enacted Parity Act can enhance support for treatment of mental health issues and substance abuse
- EAPs have existing workplace relationships on which to build

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Challenges for EAPs

- Limitations on workplace relationships for external programs
- Staff training on the clinical skills
- Building a comprehensive, diverse and effective treatment provider network
- Capitated fee structures create a counter initiative to focusing on high-risk cases; utilization-based or value-based pricing models will likely be necessary to support the new approach

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Open Audience Dialogue

- The operator will now open up all phone lines. Please place your phones on mute when not speaking.
- Questions on today’s presentation?
- Open dialogue among presenters and audience members. Please refer to the questions on the sheet you completed earlier for possible discussion items.

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