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THE NATIONAL BEHAVIORAL CONSORTIUM BENCHMARKING STUDY: INDUSTRY PROFILE OF 82 EXTERNAL EAP PROVIDERS

Mark Attridge

Terry Cahill

Stanford W. Granberry

Patricia A. Herlihy

ABSTRACT. It is common practice in many professions, fields and industries to disseminate benchmarking information. Absent this vital resource an individual company cannot accurately evaluate their performance against a similar cohort and therefore must rely upon anecdotal information. The findings of this study address this deficiency in the external Employee Assistance Program (EAP) field by reporting publicly available empirically derived benchmarking data for external providers of EAP services. During 2012 the National Behavioral Consortium conducted a survey that collected data from 82 external EAP vendors primarily located in the United States and Canada. The survey included a total of 44 items organized into eight categories: (1) Company Profile; (2) Staffing; (3) Customer Profile; (4) Utilization Metrics; (5) Survey Tools and Outcomes; (6) Business Management; (7) Business Development; and (8) Forecasting the Future of EAP. The survey respondents included companies that

ranged in size from local providers to global business enterprises. The combined customer base represented by these vendors included over 35,000 client companies and over 164 million total covered lives. Results reveal a wide range between vendors on almost all of these factors. Primary findings for utilization include an average case level utilization rate of 4.5% of the covered employee population using the EAP for counseling in the past year (median of 3.6%), with an average of 2.5 counseling sessions delivered per each case. Counseling services were also the most common type of service provided by EAPs, accounting for over 90% of all EAP-related services provided when also considering the use levels for organizational services. In addition to EAP services, 75% of vendors also offered work/life and 49% also offered workplace wellness as “primary” services. Comparisons between smaller and larger market vendors revealed some differences whereas comparisons between countries had few differences. Select benchmarks were also explored between vendors with different pricing models. The role of the Human Resources department at client organizations and product pricing were important themes for business management. Implications for operational practices are discussed along with considerations for future research.

KEYWORDS. benchmarks, counseling, EAP, utilization, workplace wellness, work/life

This paper is co-authored with each author contributing equally to this project and the order of authorship determined alphabetically.

Author contact information:

Mark Attridge, Ph.D., M.A., President, Attridge Consulting, Minneapolis, MN, USA.

Terry Cahill, L.C.S.W., Principal and Vice President, Perspectives Ltd., Chicago, IL, USA.

Stanford W. Granberry, Ph.D., Executive Director, National Behavioral Consortium, Baton Rouge, LA, USA.

Patricia Herlihy, Ph.D., R.N., Visiting Scholar, Boston College Cornell School of Nursing, Chestnut Hill, MA, USA.

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Address correspondence to: Stanford W. Granberry, National Behavioral Consortium, Executive Director, Baton Rouge, LA, USA. E-mail: stan_granberry@yahoo.com

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INTRODUCTION

In September 2010 the Employee Assistance Research Foundation (EARF) issued its first call for abstracts of original research study proposals to advance the “Understanding the Current State of the EAP Field” (Sharar, Maynard, Christie, Derr, & McLean, 2011). In March 2011 the Foundation announced that ISW Limits / University of Leuven (located in Belgium) and the National Behavioral Consortium (located in the United States) were selected to each receive a \$40,000 grant.¹ This study reports the primary findings for this research project. The findings provide empirically derived benchmarking data for external providers of EAP services. It addresses many of the key metrics and characteristics that define the external EAP field (Jacobson & Jones, 2010).

A total of 82 external EAP companies participated in the online survey. The respondent companies included organizations that range in size from local providers to global business enterprises. The customer base represented by these 82 vendors includes over 35,000 client companies with over 69 million covered employees and over 164 million total covered lives in the US, Canada and ten other countries.² This is the first study to provide publicly available benchmarking information based on such a large and diverse sample of providers.

The Need for Benchmarking

Roman (2012) recently discussed the dearth of peer-reviewed research in general in the field of EAP over the past 15 years. He observed that the field is more accurately regarded as an “industry” rather than a true “profession” due to the lack of a solid foundation in research-based best practices.

One example of this analysis is the emphasis in the field of EAP on private business demands over shared research data resulting in an absence of industry-wide comparative metrics on core aspects of operational practices and service delivery. Although EAP vendors, purchasers and consultant advisors desire benchmarking information most vendors are reticent to share the necessary data. This reluctance is understandable as many EAP vendors regard their data as proprietary and some view sharing benchmarking data as irrelevant to their corporate goals. This view is in stark contrast to other disciplines, which are aggressively creating data warehouses of aggregated research to accelerate advances in new discoveries in such fields as medicine to discover the next generation of cures and treatments.

The present study addressed these barriers by offering respondents anonymity as in any other form of research when responding to the survey. The credibility of the project also benefited from endorsements of both major professional organizations in the field – The Employee Assistance Professionals Association (EAPA) and The Employee Assistance Society of North America (EASNA) – as well as the endorsement of trusted and respected individuals. Also, it is believed that the funding source (EARF; see Maiden, 2008) added a measure of reliability and trust.

Potential Sources of EAP Benchmarking

Currently there is no agency or resource that routinely conducts and publicly reports data that describes the characteristics and basic metrics for EAP vendors. Certain for-profit businesses are a potential source of EAP industry information. For example, *Open Minds*, an industry newsletter, periodically conducts a survey to catalogue the number of Managed Behavioral Health Organizations (MBHO's) and EAP

providers and their associated total covered lives in the US market. Findings from the 2004 version of this report showed that large health insurance vendors dominate the EAP market, with the largest six firms covering about 70 percent of the cumulative market share (Oss, 2004). According to the author, these firms offered EAP services in addition to offering other services such as Managed Behavioral Health care, work/life services, and emerging integrated products in health and wellness that function as a “one-stop shop” for employers and benefits purchasers. The most recent *Open Minds* inquiry of over 700 firms in 2011 again found significant consolidation at the provider level, with three-fourths of the total US market for external EAP services being controlled by ten large firms (Morgan, Miller & Oss, 2011).

While *Open Minds* is a useful resource concerning Managed Behavioral Health and EAP services it is not a scholarly publication. Also, the *Open Minds* reports are only available by purchase and the reports do not provide information that allows industry comparable benchmarking.

Other EAP provider benchmarking data is regularly compiled by the major consulting companies that collect general information through requests for information (RFI) instruments to profile EAP vendors and then incorporate this information to advise their employer clients on which vendors to purchase services from (Taranowski & Mahieu, 2012). However, this information is proprietary and typically shared only within the consulting firm and with their clients.

Similarly, the three major data warehouse and reporting service providers in the EAP field have substantial benchmark data available, but it is restricted for use by their customers. One of these companies, EAP Technology Systems, has begun to release

select benchmark metrics for the EAP industry through research presentations at industry conferences (Amaral, 2005, 2008, 2010).

Scholarly Studies of EAP Benchmarking

The research literature in this area has either advocated for best practices in how benchmarking should be done (Amaral, 1999, Csiernik, 2003) or has collected descriptive data on the experiences of external and internal EAP programs at different sponsoring organizations (Csiernik, 1999; Csiernik & Csiernik, 2012; Hartwell, Steele, French, Potter, Rodman & Zarkin, 1996; McCann, Azzone, Merrick, Hiatt, Hodgkin & Hornak, 2010; Rothermel, Slavitt, Finch, et al., 2008; Straussner, 1988). However, only a few investigations are available with data that was collected from the EAP vendor perspective.

In one study, Moto, Fujimori and Suzuki (2004) provided a descriptive profile of a five-year span of activity for a single external EAP in Japan. In another similar study, Prottas, Diamante and Sandys (2011) provided a descriptive profile of a 10-year span of activity for a single external EAP in the US.

One of the few studies of multiple EAP vendors was conducted in 2002 (Herlihy, Attridge & Turner, 2002; Herlihy & Attridge, 2005). This study included 213 provider companies of EAP, work/life and/or workplace wellness services located primarily in the US with a few from Canada. Each company completed a short survey on the topic of historic and future trends in the integration of these three service areas. Data relevant to benchmarking metrics was not the focus of this study and therefore was never published. However, a conference presentation provided some of the findings relevant to benchmarking, including the market size, number of covered lives, service offerings

and the levels of program utilization at these vendors (Attridge, Herlihy & Turner, 2002).

A recent doctoral dissertation study by Sandys (2012) also offers relevant industry profile information garnered from in-depth interviews with a small sample of senior executives at external EAP providers in the US. This study had a convenience sample of 26 providers that included a mix of market sizes (state/regional = 26%; national = 48%, and international = 26%), who had been in the business of providing EAP services for an average of 28 years, had an average of 21 staff (of which only 22% had the Certified Employee Assistance Professional [CEAP] designation), and had customer profile of 149 total number of client companies that represented an average of almost 350,000 covered total lives (employees and family or dependents). The present study answers Sandys' call for a large national descriptive study of the prevalence and attributes of non-MBHO EAPs in the US to help confirm some of the descriptive information obtained in his study.

Overview of the EAP Field

Employee Assistance Programs (EAPs) typically provide individual counseling to employees and family members and also historically offered a wide range of organizational and workplace support services. The field of EAP has evolved considerably from its origins in the United States (US) in the 1940s as Occupational Alcohol Programs (Trice & Schonbrunn, 1981) and prior to that in Welfare Capitalism initiatives (Brandes, 1976). Modern EAPs are complex programs that often feature integration or collaboration with work/life, wellness 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. Employees can access EAP

services through a variety different options, including face-to-face visits with counselors, 24/7 telephone calls, Internet resources and onsite workplace events.

In 1985, less than a third of companies in the US had an EAP (Dickman & Challenger, 2009). In year 2012, more than 25 years later, the market penetration for EAPs has more than doubled. Based on the most recent national study of employers with health plan benefits (Mercer, 2012), 83% of large employers in the US (i.e., those with over 500 staff) sponsor an EAP benefit. However, this varies by company size, with EAPs being offered more often by larger than smaller companies. According to a national survey of private sector companies conducted in 2008, EAPs are provided by 89% of large employers (500+ staff), 76% of medium employers (100-499 staff) and 52% of small employers (1-99 staff; Society for Human Resources Management, 2009). In Canada, these programs are often called EFAPs – Employee and Family Assistance Programs. EFAPs are popular in unionized environments and in most medium- to larger-size organizations (Csiernik & Csiernik, 2012). The most recent national survey found that EFAPs were present in 68% of Canadian employers with at least 100 employees (Macdonald, Csiernik, Durand, Rylett & Wild, 2006). This market penetration data affirms the field of employee assistance has matured into a well-established industry in North America. By comparison, only 10% of the employed population in the United Kingdom has access to workplace counseling EAP services (McLeod, 2008).

The External EAP Market

As noted above, a majority of large corporations in North America offer EAP services as an employee benefit. However, after beginning as programs staffed

exclusively by full-time internal EAP staff that provided all of the needed services (i.e., the internal model of EAP service delivery) now only a minority of organizations use this delivery approach. Instead, most purchasers select one of two basic options: either an EAP delivery model that combines the advantages of an internal program partnered with external providers (i.e., a hybrid model) or, alternatively, contracts for services from an external vendor provider or combination of vendors. The latter approach is called the external model, which is defined as having contracts with business entities (i.e., EAP providers or vendors) that contract with an employer to provide EAP services (Attridge et al., 2009a). Over the past 20 years the external model, when viewed in terms of total covered lives, has grown substantially. The present study focused exclusively on external EAP vendors.

External vendors deliver an array of EAP services through a sub-contracted network of clinical “affiliates” supplemented by internal staff that perform specific functions, such as 24-hour telephone access, tracking of data and reporting, and account management. These vendors usually offer a menu of options for the number of sessions for short-term counseling within a defined EAP benefit, and frequently offer wrap around services beyond or attached to EAP such as work/life, managed behavioral health, and health coaching.

Currently, there is no precise census of external EAP vendors in the US since there is no industry-wide registry of vendors. However, estimates range from 925 to 1,530 total vendors with subgroups of 100 to 250 union-based EAP programs, 300 to 400 local and regional EAP vendors, 375 to 600 vendors in the hospital and health care segment, and 30 to 40 national EAP vendors (Amaral, 2008).

Despite the growth and success of the external EAP industry, it lacks a publicly available benchmarking resource that provides comparable data on the key metrics and characteristics of EAP vendors. Absent this resource EAP vendors cannot evaluate their performance against a set of similar companies and the purchaser decision process is similarly weakened. This knowledge dampening effect directly impacts key external EAP business decisions concerning capitalization of quality initiatives, deployment of outcome measures and strategic planning decisions. Therefore, access to publicly available benchmarking data is regarded as essential for both the vendor and purchaser and the vitality of the field's continued future growth.

RESEARCH QUESTIONS

Given the sparse literature available on EAP benchmarking, the present study focused on documenting the basic company characteristics and metrics that describe external EAP vendors and their provision of services. The following research questions (RQ) were examined.

- RQ1: Company Profile – What are the most common descriptive characteristics of external EAP vendors as a company (e.g., location, corporate structure, tax status, and so on)?
- RQ2: Company Size – What is the size of external EAP vendors in terms of the number of customer contracts, covered populations and staff?
- RQ3: Quality Profile – How often are industry-defined indicators of quality of service (program accreditation and individual certification) present at external EAP vendors?

- RQ4: Contracts Profile – What are key features of the business contracts for EAP services with customers of external EAP vendors?
- RQ5: Counseling Profile – What is the clinical activity profile for counseling services provided by external EAP vendors?
- RQ6: User Profile – What is the user profile (demographic factors and referral sources) for services provided by external EAP vendors?
- RQ7: Utilization Rates – What is the level of utilization for EAP counseling, EAP organizational and work/life services provided by external EAP vendors?
- RQ8: Surveys – How are follow-up surveys conducted at external EAP vendors and what are the average levels of user satisfaction and key outcomes?
- RQ9: Group Differences – Do these benchmark measures differ appreciably between certain sub-groups of external EAP vendors (such as by country or market size or pricing model)?

Several other questions go beyond the focus on benchmark metrics to explore the personal opinions and experiences of these vendors concerning the business practices associated with promoting, managing and selling EAP services in the external market.

- RQ10: Business Practices – How often are key business practices used at external EAP vendors (e.g., promotional practices, managing internal operational objectives, and managing client company focused objectives)?
- RQ11: Business Development – Which factors are perceived to have had the most impact on retaining current customers and new sales and also on lost business at external EAP vendors?

RQ12: Future of the Field – How optimistic (or pessimistic) are external EAP vendors about the future of the field and why?

METHOD

PROCEDURE

Ethical research practice. An Institutional Review Board for research approved the study methodology and the appropriate documentation was submitted to the Employee Assistance Research Foundation. All participants in the survey had the option to complete a survey with complete anonymity. In addition participants were offered assistance via e-mail or a phone call if they chose to do so. The first question in the survey required informed consent in order to proceed to the next item.

Sampling strategy and data collection. The data collection occurred in two phases. The first phase focused on large external vendors of EAP services in the US and Canada. The authors defined large carriers for the US as having greater than 2 million covered lives in their book of business across all clients and in Canada as having greater than 1 million covered lives. During this phase the authors created sampling frames specific to the large carriers in both countries. In early 2012, a series of respected industry leaders or “warm contact” individuals were personally contacted to seek their endorsement and also to encourage others to participate in the study. The second phase of the survey deployment utilized a convenience sampling approach with a “snowball” or self-referral component. A wide range of prominent trade associations, industry organizations, businesses and highly respected individuals in the EAP field helped to create awareness of the study by distributing a press release concerning the goals and benefits to the EAP field.³ The press release included a description of how to

participate anonymously or alternatively how to contact the principal investigator for assistance. The press release also included web links to the online survey. The participation engagement strategy relied on the advantage of contact from a respected, trusted colleague. A limitation of this sampling approach was that the specific number of potential study participants who received the participation announcement is unknown.

The e-mail invitation and online survey process was repeated a second time during the final quarter of 2012. This additional time period was designed to boost the number of participants following a favorable response from presentation of preliminary findings at an international industry conference (Granberry & Cahill, 2012).

Respondent anonymity. All potential participants were provided a direct link to the study website which allowed each participant to anonymously access the survey. Two participants requested to complete the survey in hardcopy version rather than online.

Survey development and validation. Cahill (2009) created the first version of the external EAP vendor survey as part of a National Behavioral Consortium quality initiative. The authors along with input from a variety of leaders in the field of EAP refined and expanded Cahill's version to create a more comprehensive survey instrument. In addition, a panel of 10 industry experts from the US and Canada were invited to contribute to the survey development.⁴ A total of 71 draft items were identified and then critically reviewed and pared down to 44 items by the study authors. The 44 items were then organized into eight categories: (1) Company Profile; (2) Staffing; (3) Customer Profile; (4) Utilization Metrics; (5) Survey Tools and Outcomes; (6) Business Management; (7) Business Development; and (8) Forecasting the Future of EAP.

Respondents were instructed to answer these questions based upon their entire “book of business” across all of their customers for the year 2011. The survey was pilot tested in both print and online versions with member companies of NBC resulting in several revisions according to test user feedback. The full survey instrument is publicly available on the NBC website (www.nbcgroup.org).

Excluded cases. Approximately 50 potential participants who visited the survey website were excluded due to the following reasons: (1) visiting the website but did not complete any of the items; (2) completion of only the opening page or two of the survey and abandoning it; or (3) providing duplicate responses in which the survey was started at one visit and then completed the survey more fully on a second attempt.

Missing data. Not all of the participants included in the final sample completed every item on the survey. However, their partial data was included if it addressed three or more sections of the survey. For example, almost half of the final sample did not provide data on the utilization of services. Yet most who began the survey (85%) did continue through to complete other questions at the end of the survey even if other sections were not answered. One potential contributory reason for the lack of complete data from all respondents may have been the length of the survey, which included 157 total unique data points within the 44 questions. Regarding completion time to finish a survey the median was 27 minutes, the mean was 45 minutes and the range was 6 minutes to 4.5 hours; $n = 78$).

Data analysis. For each period of data collection, the responses were downloaded from the website tool into an Excel format file, cleaned for data integrity and then converted to SPSS file format for statistical analyses. The data from the two

sampling phases were merged into one master file for analysis. The majority of the analyses featured descriptive statistics, although some sections included inferential statistical tests of group differences on benchmark measures and exploratory factor analyses on several multi-item measures.

SAMPLE

A total of 82 external EAP vendor companies were included in the final sample. This count was based on combining cases from the first period of data collection in May to July of 2012, which yielded usable responses from 66 participants and from the second period of data collection from October to November of 2012, which added another 16 participants. The study succeeded in getting participation from 73% (8 of 11) of the largest national carriers targeted in the US and from 100% (5 of 5) of the largest national carriers targeted in Canada.

MEASURES

The survey instructions and items are presented in the Appendix. For the purposes of this analysis, the various items on the survey were grouped into the following sections. The item number from the Appendix is provided after each measure below.

Company profile measures. Nine measures were used for assessing attributes of the company. These included questions on the company tax model (see Appendix item #4), the company category type (#8), the company ownership type (#7), years in business for the company (#9), the marketing area (#11), the primary services offered (#10), recent experience with mergers and acquisitions (#13), membership in professional associations (#16), and staff development (#18).

Company size measures. Four aspects of the size of the company were measured, including the count of client companies (#19), the count of covered total employees (#28), the count of covered total lives (#30), the estimated ratio of covered lives to covered employees (#29) and the count of EAP staff (#17).

Quality profile measures. Two areas of quality were measured. These included program accreditation from the Council on Accreditation (COA) (#14) and certification of individuals with the Certified Employee Assistance Professional (CEAP) designation (percentage of both EAP staff and network affiliates) (#15a and #15b). The CEAP is provided to qualified individuals who have completed the certification process from EAPA.

Contract features measures. Four features of client contracts were measured. These aspects include what percent of all contracts featured various pricing models, allowance of continuation of the EAP clinical client with the counselor after a contract limited number of sessions was reached (#23), a gatekeeper role for the EAP (#24), and also which departments at clients had the most authority over managing the contract (#20).

Counseling activity measures. Several aspects of providing EAP counseling were assessed, including the number of EAP counseling cases (#31), the number of sessions of EAP counseling provided (by staff and by network affiliate counselors) (#25), and the counselor case internal completion rate (#36).

Organizational services provided. The volume of organizational EAP services provided in 2011 was assessed with in five subtypes (#26).

Work/life services provided. The volume of work/life services provided in 2011 was assessed with four subtypes (#27).

User profile measures. Demographic aspects gender (#32) and employee status of users (#33) were assessed as well as the referral sources to the EAP as reported by users (#35).

Survey measures. Questions in this area concerned annual volume of surveys completed (#37), if standardized and research-validated measure(s) were used on the survey (#38), if so, which particular validated measures (#39) and their average book of business survey results across all customers and service users in the four key areas of the level of satisfaction with the EAP service overall (#40a) and outcomes areas of the level of improvement due to counseling (#40b), level of improvement in work performance or productivity (#40c) and level of improvement in work absence (#40d).

Business management measures. Another set of items focused on several aspects of business management, including the use of different promotional practices to raise awareness of the EAP (#34), operational objectives for managing the EAP (#21), client company-focused objectives (#41), factors affecting business development leading to renewed contracts and new sales (#42) and factors contributing to business erosion through contracts that were not renewed (#43).

Forecasting the future of the EAP field. The survey ended with two items of a more general nature. The first item asked about the respondent's optimism or pessimism for the future of the field of EAP (#44) and the second item allowed an "open field" comment opportunity.

RESULTS & DISCUSSION

The results are presented in the same order as the list of the research questions. Each set of results is summarized and then briefly discussed to highlight key findings. Some of the key results are also compared with findings from other studies of similar measures (if available).

Part 1. Company Profile

The first research question asked: What are the most common descriptive characteristics of external EAP vendors as a company? This was answered with data on profile features of the country of company headquarters, tax model, company type, ownership type, number of years in business, market size, primary services offered, merger and acquisition history, and participation in industry association memberships (Table 1).

Table 1

Company Profile of External EAP Providers

<i>Measure</i>	<i>Count</i>	<i>Percentage</i>
Country of Company Headquarters		
United States	58	70%
Canada	12	15%
Other Countries	12	15%
Tax Status		
For Profit	56	68%
Not for Profit	26	32%

Company Type		
Free Standing EAP	49	60%
Hospital or Health Care System	12	15%
Insurance Company or Health Plan	7	9%
Community-Based Behavioral Health or Social Service Agency	6	7%
Managed Behavioral Health Organization (MBHO)	6	7%
Third Party Administrator (TPA)	1	1%
Disability Insurance Plan	0	-
Ownership Type		
Corporation – Other	21	26%
Corporation – Private Closely Held	18	22%
Corporation – Publicly Traded	14	17%
Limited Liability Company (LLC)	13	16%
Corporation – S Corporation	9	11%
Sole Proprietorship	5	6%
Partnership	2	2%
Years in Business		
1 – 4 years (start-ups)	3	4%
5 – 10 years	7	9%
11 – 19 years	11	13%
20 – 29 years	33	40%
30 – 40 years	28	34%
Market (Size)		
Local: within a single state/province/locale	16	20%
Regional: within multiple States/Provinces/Areas	20	24%
National: within one country	28	34%
International: 2 to 4 countries	6	7%
Global: 5 or more countries	12	15%
Primary Services Offered (Choose up to 3)		
Employee Assistance Program	81	99%
Work/life	61	74%
Wellness	40	49%
Other	22	27%
Managed Behavioral Health Organization	16	20%
Mergers and/or Acquisitions (Yes in Past 3 Years)	24	29%

Association Memberships

Employee Assistance Professionals Association (EAPA)	85%
Society for Human Resource Management (SHRM)	44%
Employee Assistance Society of North America (EASNA)	32%
Brief Intervention Group (BIG) for Screening, Brief Intervention and Referral for Treatment Initiative (SBIRT)	18%
National Behavioral Consortium (NBC)	16%
National Business Group on Health (NBGH)	13%
Alliance for Work Life Progress (AWLP)	9%
World at Work (W@W)	7%
Canadian Employee Assistance Program Association (CEAPA)	6%
Institute for Health and Productivity Management (IHPM)	6%
Employee Assistance Roundtable (EAR)	5%
Association for Behavioral Health and Wellness (ABHW)	5%
Employee Assistance Collaborative (EAC)	4%
Risk and Insurance Management Society (RIMS)	1%
International Association of EA Professionals in Education (IAEAPE)	1%

Staff Development

Attend local conferences	68%
Attend regional conferences	60%
Attend national conferences	62%
Attend international conferences	34%
Tuition reimbursement for further formal education	43%

Note. $N = 82$ vendors for all items.

Country. The company headquarters for these vendors were located in a dozen different countries. Eighty-five percent of the sample came from either the US (70%) or Canada (15%). The remaining 15% of the sample included vendors from 10 other countries.

In the US surveys were received from participants located in 28 different states. The sample had representation within most of the four major geographical regions identified by the US Census Department, including 6 of the 8 states in the Northeast region (75%); 5 of the 16 states in the South Region (31%); 10 of the 13 in the Midwest

Region (77%); and 6 of the 13 states in the West Region (46%). Canada had vendors from each of the four most populated provinces, including Alberta ($n = 2$), British Columbia ($n = 3$), Ontario ($n = 4$) and Quebec ($n = 3$). Responses from the other countries included one respondent each from Argentina, India, Ireland, Netherlands, New Zealand, Philippines, Russian Federation, Singapore, Turkey and three respondents from the United Kingdom.

Tax model. A majority of the respondents indicated “for profit” (68%) and the remainder indicated “not for profit” (32%). The “for profit” finding is consistent with the results for “ownership type” which included a variety of for profit business models.

Company type. The type of company included seven variations (see Table 1). The majority of vendors were free-standing EAP providers (60%) followed by being a hospital or part of a health care system as the next most common (15%). These findings demonstrate a wide range of business types were represented.

Ownership type. The majority of the sample was some form of a corporation (65%). Several other specific types of ownership for these companies were also present (Table 1).

Years in business. The number of years of being in business for these companies ranged from 1 to 40 (Table 1). However, almost three-fourths of the sample had been in business for 20 years or more (74%). In contrast, there were very few start-up companies with less than five years tenure (4%). On average (calculated using the mid-points of the categories), the average external EAP has been in business for 24.6 years.

Market. The size of the marketing area for these vendors varied considerably with the sample (Table 1). The sample was comprised of a mix of vendors operating in local markets (20%), regional markets (24%), national markets (34%), international markets (7%) and global markets (15%).

Primary services offered. Results for the primary kinds of services offered by these companies reveal a product mix that featured more than just EAP services (Table 1). As expected, all but one company offered EAP services (99%). More interesting is that almost three-fourths (74%) also offered work/life services and almost half also offered wellness services (49%). Managed behavioral health organization services were offered by 1 in 5 companies (20%). Various “other” services were also offered by about 1 in 4 companies (27%) and included workplace trainings, organizational development, support services for addictions, clinical psychological services, coaching and others. When examined together, most companies offered three different kinds of services (66%), about 1 in 4 offered two different kinds of services (27%) and only 7% offered only service type.

Mergers and acquisitions. Slightly more than 1 in 4 (29%) vendors had experienced a merger or acquisition in the past three years.

Membership in industry associations. Of the 15 associations included, the average vendor was a member of only two ($M = 2.52$, $Mdn = 2.00$, range = 1-10). Only one association – EAPA – was found among a majority of vendors (85%). Two other associations also had a high level of participation, including The Society for Human Resource Management (SHRM; 44%) and EASNA (32%). Much lower participation levels were found for remaining 12 other associations (Table 1).

Staff development. Almost all of these vendors (95%) provided financial assistance to at least some of their staff for professional development in at least one of the five areas assessed (Table 1). More specifically, a majority of companies sponsored their staff to attend local, regional and national conferences. About a third of companies provided support for their staff to attend international conferences. Less than half of vendors offered tuition reimbursement for their staff pursuing further formal education.

Summary and Discussion of Company Profile. Most vendors were a for-profit corporation and had an ownership type that was some form of a corporation. The most common company type was a free standing EAP. The study findings reveal a mature market with most vendors being in business for between 20 and 40 years. Vendors range in size based on market area, from local to global. About a third of vendors had recently been involved in a company merger or acquisition involving another business. This profile of external provider companies is further evidence in support of the observations that EAP field in North America is highly competitive and in a period of significant transition (Masi, 2011; Sharar, 2009). Most vendors were members of at least two industry associations with EAPA and SHRM being the most popular. Most vendors offered multiple forms of financial contribution toward the professional development of their staff through sponsorship of attending conferences and further education.

Perhaps the most striking discovery in the company profile results is that only 7% of the vendors offered EAP as their sole primary service. The other 93% of vendors offered a combination of EAP and other services, with 74% of vendors also offering

work/life services and 49% also offering wellness services. These findings chronicle the sea change that has occurred over the last 25 years concerning the trend toward greater integration of workplace behavioral health services (Zullo, Herlihy, & Heirich, 2010). This is indeed a dramatic shift in the field, considering that in 1994 only 10% of the top 100 family friendly companies had integrated programs that combined EAP, work/life and wellness related services (Herlihy, 1997) and that in 2002 roughly half of EAP vendors offered integrated programs with multiple services (Attridge, Herlihy & Turner, 2002). For comparison, a recent study of 142 Canadian organizations (Csiernik & Csiernik, 2012) found that 66% of the EAP programs at these organizations offered wellness programming initiatives as well as offering a wide range of other workplace support services. These findings in the literature are consistent with our benchmark study findings.

Part 2. Company Size

The second research question asked: What is the size of external EAP vendors in terms the number of contracts, covered populations and staff? This was answered with findings on the number of client companies, the number of covered employees, the number of covered total lives, and the number of EAP staff. Items in this section had some missing data (Table 2).

Table 2

Company Size of External EAP Providers

<i>Measure</i>	<i>n</i>	<i>Mean</i>	<i>Median</i>	<i>Range</i>
<i>Customer Book of Business</i>				
Total customers (contracts)	64	453	165	1 – 6,500
Total covered employees	65	957,207	128,978	4,752 – 10,476,190
Total covered total lives	65	2,260,432	333,003	8,098 – 24,500,000
Ratio of covered lives to employees	65	2.43	2.50	1.50 – 4.00
<i>Staff</i>				
Total No. staff for EAP services	82	128	16	1 – 4,800

Note. *n* = number of vendors.

Client company count. The total client companies with contracts (i.e., customers) for EAP services averaged 453. However, the median was much smaller at only 165, due to the skew effect on the mean of an outlier with one EAP vendor with 6,500 customers. The next highest count in the sample was 2,000 customers. There was tremendous range in the number of client companies in this sample (Table 2). This finding is consistent with the wide range also observed in the number of vendors in different size geographic markets.

Covered employees population count. The total covered employee population count averaged 957,207. But the median was much smaller at only 128,978. There was tremendous range in the employee population size in this sample (Table 2).

Covered lives population count. The total covered lives count (which included employees and all family members and other covered dependents eligible to use the EAP services) averaged over 2.2 million. However, the median was much smaller at only 333,003 due to the skew effect on the mean of five companies each with over 10 million covered lives. There was also a wide range in the covered lives population count (Table 2).

Ratio of covered lives to covered employees. The two population counts can be combined into a ratio. The average ratio of covered lives to covered employees was 2.43:1.00. This mathematically derived variable was almost the same as when the respondents were asked on the survey to estimate this ratio for their business ($M = 2.40:1.00$; $n = 59$).

Staff count. The total number of full-time staff dedicated to the EAP employed across all job positions averaged 128 people. However, the median was much smaller at only 16 staff. This difference in the mean and median was due to the skew effect on the mean of an outlier on the high end with one company at 4,800 staff. The next highest outlier count was a vendor with 1,000 staff. The tremendous range in the number of EAP staff in this sample is consistent with the wide variation in market size.

Summary and Discussion of Company Size. Based on the more reliable metric of medians, the typical external vendor had 16 staff dedicated to the EAP to serve 165 client companies and a covered population of almost 130,000 employees and over 330,000 total covered lives. There was a wide variation, however, in each of these metrics a vendors as the sample included mix of smaller to larger size vendors. Tests of possible differences in the benchmark measures between vendors of different sizes

(based on market size) are presented later in the paper.

Part 3. Quality Indicators

The third research question asked: How often are industry-defined indicators of quality of service present at external EAP vendors? These findings are show in Table 3.

Table 3

Indicators of Quality Service: By Country

<i>Measure</i>	<i>Total</i>	<i>Country</i>		
		US	Canada	International
EAP program accredited by COA ^a	13%	7%	50%	8%
CEAP status among EAP staff ^a	26%	36%	3%	1%
CEAP status among network affiliates ^b	11%	15%	1%	<1%

Note. COA = Council on Accreditation. CEAP = certified employee assistance professional.

^a Total $n = 82$ vendors, U.S. $n = 58$, Canada $n = 12$, International $n = 12$.

^b Total $n = 76$ vendors, U.S. $n = 53$, Canada $n = 11$, International $n = 12$.

Program accreditation status. Only 13% of the total sample had accredited programs. Thus, few of the vendors invested the time and expense to have their EAP program externally audited and accredited for operational quality and compliance with industry best practices by the Council On Accreditation. This result differed by country. Half of the Canadian vendors (6 of 12) were accredited. Yet, only 4 of the 58 US vendors and 1 of the 12 international EAP vendors were accredited. This was a

significant difference in COA status by country ($\chi^2[N = 70] = 91.08, p < .001$). COA accreditation status also varied somewhat by the interaction of market size and country, with all of the accredited vendors in Canada being in the large markets (national, international or global) whereas those accredited in the US were in a wider range of markets including local, regional and national.

CEAP status of staff. These findings are presented both for staff and affiliate counselors. In the total sample, there was great variability between companies in how many of the staff counselors had the CEAP – from a low of 0% to a high of 100% with the average percentage being 26%. Thus, about 1 in every 4 staff had earned the CEAP. However, slightly more than 1 in 4 companies (28%) had zero staff counselors with the CEAP. When examined separately among the other three-fourths of vendors with at least one staff with the CEAP, the average percentage of all staff with the CEAP was 36%. There was a significant difference by country ($F[2,81] = 14.25, p < .001$), with an average of 36% of staff at US vendors and only 3% of Canadian vendors and 1% of international vendors.

CEAP status of network affiliates. The results for CEAP status were even lower for the EAP network affiliate counselors. Among the 76 companies that answered the question for their affiliate staff, the mean percentage was 11%. In the total sample, almost a third of the companies (30%) reported having no affiliates with the CEAP while among the other companies with at least one affiliate counselor with the CEAP, the average level was for 15% of the network affiliates with the CEAP. Again there was very wide variability across vendors as this ranged from 0% to 80%. Some of this variability was due to country (Table 3). There was a significant difference by country

($F[2,75] = 7.69, p < .001$), with an average of 15% of affiliates at US vendors and only 1% of Canadian vendors and less than 1% of international vendors.

In the total sample, the percentage of staff with CEAP was significantly positively correlated with the percentage of affiliate counselors with the CEAP ($r = .49, p < .001$). Thus, the more that staff counselors had the CEAP at a particular vendor it was also true that the more that affiliate counselors at the same vendor also had the CEAP. This finding suggests that some vendors place a higher premium on hiring staff and affiliates with the CEAP than do other vendors.

Summary and Discussion of Quality Indicators. In general, COA accreditation was evident far more in Canada than other countries. In contrast, CEAP for individual staff was almost exclusively found among vendors with headquarters in the U.S. Even though almost three-fourths of companies had at least one counselor or staff member with the CEAP, having the CEAP was not a defining feature for the vast majority of the staff counselors or the network affiliate counselors at these EAP vendors. The finding that fewer network counselors had the CEAP than did the staff counselors is also consistent with other research questioning the employee assistance focus of the general mental health counselors who work part-time as network affiliates for EAPs (Sharar, 2008). Taken, together these findings reveal that the two most widely promoted kinds of indicators of service quality specific to EAP – both at the program level and at the staff level – are not being implemented by the vast majority of most EAP vendors. This finding should be tempered by the recognition that (although it was not measured specifically in this study) the clinicians who provide EAP services usually have an advanced degree and one or more professional licensures in their specific

discipline (psychology, marriage and family counseling, social work, etc.) and possibly also have specialty certifications (such as for substance abuse or trauma) (EAPA, 2010). Thus, the regulation of clinical quality occurs more often at the level of professional training and licensure that EAP counselors have in a variety of other disciplines much more so than it occurs specific to the field of EAP (Bailey & Troxler, 2009; Maiden, 2003).

Part 4. Contract Features

The next question asked: What are key features of the business contracts for EAP services with customers of external EAP vendors? This was answered for contractual issues of pricing models, how many contracts allowed further sessions with EAP counselors after specified session limits were exhausted, how many contracts had the EAP serve as a “gatekeeper” for entry into other benefits, and which departments at the customers had primary managerial control over the EAP contract (Table 4).

Table 4

Features of Business Contracts for Services

<i>Feature</i>	<i>n</i>	<i>Key Results</i>	
Pricing models	78	Mix of all contracts (within each vendor) Mean	% of vendors with this as the dominant model
Capitated		71%	78%
Fee for Service		18%	13%
Embedded Fee (“Free EAP”)		11%	9%
Total		100%	100%
Continuation allowed	78	58% yes allowed in most contract 24% yes allowed in few contracts 18% not allowed in any contracts	
Gatekeeper role (as % all contracts)	80	<i>Mean</i> = 9%; <i>Mdn</i> = 0%; <i>range</i> 0 - 100%	

Note. *n* = number of vendors.

Pricing models. The capitated fee pricing model was the most common, representing an average of 71% of all of the EAP contracts. The fee for service pricing model was next at an average of 18% and the bundled or embedded fee pricing model was last at an average of 11% of contracts. When considered jointly, only 13% of external EAP vendors had all of their contracts with just one pricing model, 61% had two models and 27% use all three models. When recoded within each vendor separately as to which one of the three pricing models accounted for the majority (i.e., over 50%) of their contracts, the capitated model was the dominant model for 78% of vendors; the fee for service model was the dominant model for 13% of vendors and the embedded fee

model was dominant for 9% of vendors. When considered jointly, 13% of vendors used only one pricing model, 61% used two of the models and 26% used all three.

Counselor continuation. In their contracts with client companies, many EAPs set a limit on the number of sessions that are allowed per user, such as 3, 5 or 8 sessions. EAP contracts also can vary as to whether individual counseling clients are permitted to continue receiving clinical services from the same EAP counselor after the contractually specified session limit has been exhausted. Results show that continuation was allowed in all or most of their contracts among 58% of vendors, about a fourth of vendors (24%) had only a few of their contracts that allowed continuation, and for less than 1 in 5 vendors (18% of vendors) continuation was not allowed in any of their contracts.

Gatekeeper role. Results show that 74% of the vendors had zero contracts with a gatekeeper function for the EAP. For the other roughly 1 in 4 vendors, being a gatekeeper was a feature in an average of only 35% of their EAP contracts (but with a very wide range between vendor from 1% to 100%). With roughly a third of the contracts having a gatekeeper role for just 1 in 4 EAP vendors overall, this combination yields an average rate of just 8% of all contracts for the total sample.

Client managerial authority. Of the nine departments assessed, only Human Resources was rated by the majority of all external EAPs as *almost always* having oversight over the EAP (Table 5). When combining the top two highest frequency ratings for *almost always* (5) and *often* (4), the rank order from most to least of client company departments was: Human Resources (94%), Benefits (63%), Medical/Health (46%), Executive/Administration (41%), Risk Management (15%), Finance (15%),

Disability (11%), Workers Compensation (9%), and Public Relations (7%). Only two departments were most often in an authority role over the EAP – HR and Benefits.

Table 5

Client Departments with Managerial Authority Over EAP Contract

<i>Department</i>	<i>n</i>	<i>Mean Rating (1-5)</i>	<i>% High (4 or 5)</i>
Human Resources	82	4.6	94%
Benefits	81	3.5	63%
Medical / Health	82	3.2	46%
Executive / Administrative	82	3.1	41%
Finance	81	2.5	15%
Risk Management	82	2.4	15%
Disability	81	2.3	11%
Workers Compensation	81	2.0	9%
Public Relations	80	1.7	7%

Note. High ratings: 4 = *often*; 5 = *almost always*.

Summary and Discussion of Contract Features. Most of the contracts for EAP services with client organizations tended to feature the capitated model of pricing for services over other pricing models. Thus, this distribution of dominant pricing models reveals that how EAP services are priced is one way to differentiate external EAP vendors. This finding reveals that although the embedded fee model is gaining in popularity in the marketplace, it was not the way most contracts were priced in year 2011 and it was the dominant type of pricing model for less than 1 in 10 vendors in this

study. In summary, the capitated fee model remains the most commonly used pricing approach today as it has for the past several decades, although it is not the only method as 87% of vendors used more than one model for pricing their services. Most contracts allowed for the continuation of counseling services from the same EAP counselor after session limits. In contrast, only 8% of all contracts on average specified a gatekeeper role for the EAP in which the EAP enforced criteria for the appropriate access into behavioral health care services. This finding indicates that the purpose of EAPs at most client organizations is not to be a required portal into other behavioral health benefit services. Although the client departments of Benefits, Medical/Health and Executive/Administrative were prominent for many contracts, Human Resources was by far the most common area with oversight over the EAP.

Part 5. Profile of EAP Counseling Activity

The fifth research questions asked: What is the profile of clinical activity for counseling services provided by external EAP vendors? Presented below are the results for the clinical activity by EAPs in the total number of EAP counselor cases served, the volume of counseling sessions, the mix of the counseling case load between the EAP full-time staff counselors and the part-time network affiliate counselors, and the case completion rate.

Counseling sessions per case. The result of dividing the total number of counseling sessions provided in the year by the total number of counseling cases in the year yielded an average benchmark of 2.5 counseling sessions per case (Table 6). This average was similar to the median of 2.4. However, there was considerable range in this metric from 1.2 to 4.7. Thus, the typical person using the EAP for counseling had

clinical contact with an EAP counselor for two or three sessions, although at some EAPs this was closer to only one session (for their entire book of business) and at others it was much higher at close to five sessions. This metric was looked at more closely as well (Table 6). The percent of vendors who had a book of business average number of sessions per case at different levels of each session count was determined as follows (based on 45 vendors): 9% of vendors had an average of 1 session; 49% of vendors had an average of 2 sessions; 29% of vendors had an average of 3 sessions; 11% of vendors had an average of 4 sessions; 2% of vendors had an average of 5 sessions; and no vendors had an average of 6 or more sessions.

Table 6

Profile of EAP Counseling Activity

Measure	<i>n</i>	Mean	Median	Range
No. of counseling sessions per case	45	2.5	2.4	1.2 – 4.7
one session (1.2 – 1.4)	4	9%		
two sessions (1.5 – 2.4)	22	49%		
three session (2.5 – 3.4)	13	29%		
four sessions (3.5 – 4.4)	5	11%		
five sessions (4.5 – 5.4)	1	2%		
six sessions (5.5 +)	0	-		
Total	45	100%		
% of all counseling sessions provided by EAP staff counselors (vs. affiliates)	35	50%	56%	0% – 100%
% of all counseling cases resolved within EAP (no referral given)	58	82%	85%	54% – 100%

Note. *n* = number of vendors.

Counseling sessions delivered by staff versus affiliate counselors. The proportion of counseling services delivered by EAP staff counselors out of all of the sessions combined from both the staff and network affiliate counselors is another metric of interest. The EAP staff counselors provided 50% of all of the counseling sessions in the past year, with a median of 56% and a maximum range of 0% to 100% (Table 6).

Counselor case completion rate. On average, 82% of counseling cases were resolved within the EAP and/or community resources with the remaining 18% of cases referred on to further care (most often in other kinds of benefit covered treatment) after use of the EAP (Table 6). The median of 85% for this outcome was similar to the mean, but the range was large, with a low of 54% to a high of 100%.

Summary and Discussion of Counseling Activity. The issue of who provided counseling sessions for the EAP was fairly evenly split, on average in the field, between the counselors who worked for the company and the counselors who contracted for the company as network affiliates. This resourcing mix for providing clinical services had a maximum possible range across different EAP vendors with some vendors using only full-time staff and other vendors using only network affiliates. Counselors provided an average of 2.5 sessions per case. This NBC study average for the number of sessions per case was lower than the average of 4 sessions per case found in a benchmarking study conducted in the UK that was based on almost 17,000 individual EAP cases from six EAP vendors (Mellor-Clark, Twigg, Farrell, & Kinder, 2012).

This statistic is interesting in light of the industry practices to have some contracts that specify a cap on the maximum number of counseling sessions allowed (i.e., 4-session model; 6-session model) that is higher than the benchmark average in

our study. A study by Csiernik and Csiernik (2012) also found that the number of counseling sessions used per case when averaged across many individual organizations was less than the contracted ceilings that limited the number of counseling sessions. The range in the average number of sessions also has implications for the overall pricing of EAP services when the most common service that is provided is delivered twice or three times as often (per case) from one vendor to another. Are some EAPS priced more than others because they typically provide more counseling services per case than other EAPs and this higher level of clinical attention has higher staffing costs?

Our benchmark findings also reveal that for approximately 8 out of every 10 counseling cases, the EAP successfully resolved the client's issues thus mitigating the need for further clinical care or treatment beyond the EAP. This is a significant outcome not only for the efficacy of the EAP service provided but also as a source of financial value to the purchaser by creating a behavioral health care cost offset that avoids the use of other more expensive benefits.

Part 6. User Profile

The sixth research question asked: What is the user profile (demographic factors and referral sources) for services provided by external EAP vendors? These results are presented in Table 7.

Table 7

Demographic Characteristics and Referral Sources for Service Users

Measure	<i>n</i>	<i>Mean</i>	<i>Range</i>
<i>User Characteristics</i>			
Female gender	54	60%	10% – 86%
Employee status	57	80%	33% – 98%
<i>Referral Sources</i>			
	<i>n</i>	<i>Mean Rating (1-5)</i>	<i>% High (4 or 5)</i>
Self-referral	71	4.9	99%
Human Resources	71	3.1	37%
Supervisors – Voluntary	70	3.0	27%
Co-workers	70	2.7	22%
Supervisors – Mandatory	69	2.6	17%
Medical / health care staff	65	2.3	18%
Union representatives	64	1.9	5%

Note. *n* = number of vendors. High ratings: 4 = *high*; 5 = *very high*.

User characteristics. Two personal attributes routinely recorded for users of EAP services are gender and employee status. Considering all of the users of counseling, organizational, work/life and other relevant services, the results indicated that on average, users tended to be female more often than male (60% vs. 40%, respectively) and to be employees far more often than family or other dependents (80% vs. 20%, respectively). However, both of these user characteristics had wide variation between the vendors (Table 7), indicating that these vendors served customers in

industries that differed considerably in the gender mix of their employees and in the provision of EAP benefits extended to dependents of employees.

Referral source for users. Seven different potential sources of referral for users of the EAP were assessed (Table 7). The results found that one type of referral source was by far the most commonly endorsed: self-referral (99%), followed by referral from HR staff (37%), voluntary referrals from supervisors (27%), referrals from co-workers (22%), referrals from medical or health care staff (18%), mandatory or for cause referrals from supervisors (17%), and referrals from Union representatives (5%).

Summary and Discussion of User Profile. These user profile results show that most users of EAP and related services were employees (80%), a slight majority of users were female (60%), and self-referral was by far the most common path to using the EAP. The findings on user characteristics found in this study are both similar to many past works on EAP user characteristics (Blum, Martin & Roman, 1992; EAPA Professional Standards Committee, 2006; Masi, 2000; Straussner, 1988). However, variation between vendors on these basic user characteristics is also of interest because it documents that vendors are serving populations of clients with very different gender profiles (i.e., some mostly women and some mostly men on average). The range observed on the metric for employee versus non-employee user mix is also important as this indicates considerably variability between vendors in the use and/or effectiveness of promotional practices and outreach efforts that encourage use of services by family members and dependents in addition to the employee. This apparent lack of family-directed promotional activity (e.g., it was the least common promotional practice used among these vendors; see Part 10 of Results) is especially critical when

considering the single most common source of referral into the EAP is self-referral. Thus, family and dependents need to be personally aware of the availability of the service if they are to contact the EAP by themselves.

Several studies support the benchmark finding that most clients come to EAPs via self-referral than from any other referral source (Bayer & Barkin, 1990; Keaton, 1990; McClellan & Miller, 1988; Straussner, 1988). Others have noted the importance of supervisory referrals to the EAP (Boone, 1995; Franz, 1986), whereas in this study it was not a common source of referral.

Part 7. Utilization Rates for Services

Given the wide range in the size of covered employees at each client company, most EAP vendors convert their utilization data into standardized rates that can be compared across their clients. These rates can be calculated for a variety of service use variables. The most conservative utilization rate is the number of individuals who used the EAP for personal counseling relative to the entire population of covered employees (or covered total lives) with access to the service, who can be considered potential users or at least those included in the capitated pricing model. Other usage rates examine the level of counseling services provided, units of counseling sessions, the level of organizational services provided, the level of work/life services provided, and combinations of these services relative to the covered population.

Utilization rate for EAP counseling cases. The counts of EAP counseling cases and the number of counseling sessions were combined with covered employee count data and converted into utilization rate metrics. The most widely used metric to calculate EAP utilization is the counselor case rate (CCR). The CCR is calculated by

dividing the total number of counselor cases (including both employees and family/dependents) by the population count of the total number of covered employees and then multiplying this figure by 100. Although of keen interest, as it is almost a universally adopted metric for client reports in the field of EAP, the data for this metric was provided by only 48 vendors (59% of the total sample). The result was an average CCR of 4.5 (Table 8). Stated another way, 4.5% of the covered employee population had used the EAP for counseling in the past year.⁵ The median rate was similar but slightly lower at 3.6. But, there was tremendous range in the CCR within the sample from a low of 0.1 to a high of 15.6. Thus, these EAP vendors differed substantially in how many people from their respective covered populations were provided with counseling.

Table 8

Utilization Rates

Measure	<i>n</i>	Mean	Median	Range
<i>Annual Utilization Rate Per 100 Employees Per Year</i>				
Total EAP counselor cases	48	4.5	3.6	0.1 – 15.6
Total EAP counseling sessions	43	10.7	7.7	0.1 – 44.9
Total EAP organizational services	48	1.2	0.3	0.1 – 21.3
Combined total EAP services ^a	38	12.0	9.0	0.3 – 47.7
Total work/life services	33	1.6	0.5	0.1 – 15.6
Combined all 3 services ^b	28	15.1	11.0	0.3 – 63.6
<i>Annual Utilization Rate Per 1,000 Covered Lives Per Year</i>				
Total EAP counselor cases	48	19.4	14.2	0.3 – 91.4
Total EAP counseling sessions	43	47.7	33.5	0.3 – 263.7
Total EAP organizational services	48	5.0	1.5	0.1 – 88.0
Combined total EAP services ^a	38	51.7	36.9	0.4 – 91.5
Total work/life services	33	6.9	2.0	0.1 – 91.5
Combined all 3 services ^b	28	65.4	43.2	0.1 – 372.3

Note. *n* = number of vendors.

Data is for the entire book of business in year 2011 at each EAP vendor.

^a = Combination of total EAP counseling sessions and total EAP organizational services.

^b = Combination of total EAP counseling sessions, total EAP organizational services and total work/life services (if vendor provided all three kinds of services).

Utilization rate for EAP counseling sessions. A related metric to the CCR is the utilization rate for the number of total counseling sessions provided by the EAP per year divided by the total covered employee population (and the result multiplied by 100). This figure can be considered a clinical services utilization rate. The average was 10.7, the median was lower at 7.7 and there was a very wide range from a low of 0.1 to a high of 44.9. During the course of a one-year period, these 43 EAPs had provided, on average, 10.7 counseling sessions (or units of clinical services) for every 100 covered employees.

EAP organizational services. Presumably all 82 of these EAP vendors offered some level of EAP organizational services, as these kinds of services are a fundamental and defining aspect of EAP programming that augments the more dominant service area of providing individual counseling. Yet only 52 vendors (63%) provided specific utilization data for this service area. Within each vendor, the counts were totaled and each kind of service was considered relative to the total. Results for the mix of different EAP organizational services that were provided across all of the client companies for the prior year was as follows: Management consultations accounted for an average of 36% of all the organizational services, topic specific educational seminars and trainings were 27%, employee orientation sessions on the EAP were 16%, Critical Incident Stress Debriefing (CISD)/crisis response incident services were 14%, and supervisor/management training sessions were 7%. The counts for each of the five kinds of organizational services varied tremendously between vendors in the sample. Based on 52 vendors, the average total count for the five areas of organizational services was 2,632, with a median of 839 and a range from 20 to 21,365.

Utilization rate for EAP organizational services. The total count of organizational services was used to create a utilization rate metric. The total number of organizational services provided for the year was divided into the count for the total covered employee population and the result multiplied by 100. A total of 48 vendors provided data for both of these measures. The organizational services annual use rate average was 1.2. Thus, for every 100 covered employees, the EAP provided an average of 1.2 organizational services per year. But the median rate was much lower at 0.3, which reflects the wide range in this measure from a low of 0.1 to a high of 21.3.

Utilization rate for EAP counseling and organizational services combined. The above two utilization rates can also be added together with the result being that the average EAP vendor had an annual utilization rate for EAP specific services of 12.0% (combining the counseling sessions rate and organizational services rate) (Table 8). Within this rate, the individual counseling sessions provided accounted for 91% of the combined EAP services with organizational services contributing only 9%. Thus, the typical external EAP vendor in this study focused mostly on providing counseling services to individuals (employees and family members) much more so than on providing a high volume of services to the organization.

Work/life services. The level of work/life services provided to all clients was also assessed in a similar fashion as the area EAP organizational services. Counts were obtained on four kinds of work/life services. Based on 37 vendors, the total count for the four areas of work/life services averaged 7,314, with a median of 924 and a range from 22 to 83,000. The average mix of these services was: Youth/childcare

related services (28%), adult/eldercare related services (20%), convenience/personal concierge services (14%) and other work/life services not included in above (37%).

Utilization rate for work/life services. The total count of work/life services provided to all clients in the past year was used to create a utilization metric. The total number of work/life services was divided into the count for the total covered employee population and the result multiplied by 100. A total of 33 vendors provided data for both of these measures. The work/life services annual use rate average was 1.6 (Table 8). Thus, for every 100 covered employees, the EAP provided an average of 1.6 work/life services per year. But the median rate was much lower at 0.5, which reflects the wide range in this measure from a low of 0.1 to a high of 15.6.

Utilization rate for all three services. For the 28 vendors that provided the necessary data for all three areas of service utilization and covered employee lives, a comprehensive use metric was created. The number of EAP counseling sessions was combined with the total number of all five EAP organizational services and all four kinds of work/life services. This sum of all services was then divided by the total count of covered employees and the result multiplied by 100. The result was that the average EAP vendor had an annual utilization rate for all three areas of service of 15.1 per 100 employees (Table 8). This metric has a very wide range across vendors from less than 1 to over 60. The individual counseling sessions provided accounted for 79% of the all services use rate, with organizational services being only 9% of the total and work/life services being the other 12%. Thus, even though every one of the vendors in this subset offered both EAP and work/life as primary services, the majority of the

operational activity, based on utilization data, was mostly for EAP services with far less activity for work/life services.

Utilization rates based on covered lives. Compared to utilization based on covered employees, findings are much lower when based on covered lives due to the number of total lives being roughly two and a half times greater than the number of total employees. Therefore, when the above rates were calculated using the dominator of the population count of the number of total covered lives (employees and dependents) instead of the population count of covered employees and the multiplier figured used at the end of the equation was 1,000 instead of 100 (Table 8).

The result for EAP counselor cases per 1,000 covered lives was an average of 19.4. The result for EAP counselor sessions per 1,000 covered lives was an average of 47.7. The result for EAP organizational services per 1,000 covered lives was an average of 5.0. The result for EAP combined services per 1,000 covered lives was an average of 51.7. The result for work/life services per 1,000 covered lives was an average of 6.9. The result for all EAP services and work/life services combined per 1,000 covered lives was an average of 65.4. Note that the medians for all of these metrics are less than the averages, indicating the effect of some higher outliers on the means, the wide variability in ranges observed and different sample sizes (Table 8).

Summary and Discussion of Utilization. Most of the utilization findings from this study are consistent with past research and industry lore. For example, the average case rate for EAP utilization of 4.5 per 100 covered employees is in line with the commonly heard but rarely documented utilization rate of between 3% to 5% of the employee population for external model EAPs (Attridge et al., 2009b). This case rate

utilization benchmark average is also similar to the 3.90 cases per 100 covered employees benchmark average derived from over two-dozen mostly US-based EAP providers (Amaral, 2008). It is also consistent with data from case studies in the late 1980s and early 1990s of seven Canadian employers that all had programs from external EAP vendors had an average utilization rate of 5.4% (Csiernik, 1999). A survey study of vendors also had overall utilization rates that were higher than the present study, with 7.4% for focused (mostly EAP) vendors (Attridge, Herlihy, & Turner, 2002). A different study of EAP use levels at 91 Canadian client organizations with external EAP providers found an average utilization rate of 9.1% that was higher than the present study (Csiernik, 2003). It must be noted that similar to the present study, all of these other comparative studies had a very wide range in the level of utilization across the different specific EAP vendors in these other studies (often a range of the low single digits to highs of 20% or more; see also Csiernik & Csiernik, 2012) and the methodologies used to define the utilization metrics were not consistent across the other studies. The present study finding of a 1.2% use rate for the organizational services is less than the benchmark average of 3.1% organizational services usage rate from a data warehouse (Amaral, 2008). Few other studies have presented findings for the organizational services use rate or for work/life services within EAP vendors to function as other comparative data.

Part 8. Surveys and User Outcomes

The next research question asked: How are follow-up surveys conducted at external EAP vendors and what are the average levels of user satisfaction and key

outcomes? Findings are presented below for survey sample size, use of measures, and average survey results (Table 9).

Table 9

Survey Methods and Outcomes

Measure	<i>n</i>	<i>Mean</i>	<i>Median</i>	<i>Range</i>
<i>Survey Methods</i>				
Total surveys conducted in past year	59	2,255	647	4 – 26,580
Total surveys as % of counselor cases	45	8%		
Use of validated measure(s) on survey	62	42% Yes / 58% No		
<i>Survey Outcomes for EAP Users</i>				
Satisfaction with service	50	94%	96%	80% – 100%
Improvement due to counseling	45	86%	88%	56% – 100%
Improvement in work performance	39	73%	75%	30% – 97%
Improvement in work absence	28	64%	67%	17% – 100%

Survey total count. An average of 2,255 surveys were conducted, with a very wide range of 4 to 26,580. The median of 647 was much smaller than the mean. In aggregate, these 59 external EAP vendors conducted a total of 133,082 surveys in year 2011.

Survey sample size. When divided into the mean number of EAP counselor cases, the mean number of surveys conducted represented 8% of the EAP users (2,488 surveys divided by 30,139 EAP cases). Thus, at these vendors about 1 in every 12 EAP counselor cases had participated in a follow-up survey. This finding is in the range of the unofficial operating standard in the field for having a target sample size quota of 1 in every 10 users of the service included in follow-up surveys that assess the user experience (Attridge, 2007).

Survey measure validity. When asked: "On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?", 42% reported yes (25 of 62 relevant cases) while 58% reported no. Among the yes subgroup, of the tools rated, the results were as follows: 28% used the Workplace Outcome Suite (Lennox, Sharar, Schmitz, & Goehner, 2010); 20% used the Health and Productivity Questionnaire (Kessler, Barber, Beck, Berglund, Cleary, McKenas, et al., 2003); 20% used the Stanford Presenteeism Scale (Koopman, Pelletier, Murray, Sharda, Berger, Turpin, et al., 2002); 16% used the Work Limitations Questionnaire (Lerner, Amick, Rogers, Malspeis, Bungay & Cynn, 2001); and 4% used the Employer Measures of Productivity, Absence and Quality (National Business Group on Health, 2010). In addition, 36% of these 25 vendors also volunteered a variety of other research-validated measures. In addition to their own internally-developed measures, these other tools included: the Basis 24, Consumer Health Inventory, Short Form Health Survey, the Work Experience Questionnaire, the Outcome Rating Scale, and the Outcomes Questionnaire 30.

These results on survey measure validity reveal two main considerations. The first finding is that less than half of the companies used a research-based measurement tool for assessing outcomes of their EAP services. Thus, the validity and reliability of the measures being used by most external EAPs is undocumented. The other finding is that there is little consistency across the industry in which measures are being used to assess outcomes. This lack of measurement consistency makes it difficult to confidently compare the survey-based findings on service outcomes between different EAP vendors.

Survey satisfaction and outcomes. In this study, vendors were asked for their average survey findings in four general areas using survey data from their entire book of business of all customers for the past year. On average, 94% of clients were satisfied with the service overall, 86% of users reported an improvement [in their problem] due to use of the EAP counseling, 73% of users reported an improvement in work performance or productivity and 64% of users reported an improvement in work absenteeism. Each survey outcome had a median that was almost the same as the average (Table 9).

These averages for outcomes are based on sample sizes that when aggregated across all of the different vendors who reported their results are enormous.⁶ The aggregated sample size for the level of user satisfaction was 130,981 total survey participants from 50 vendors. The aggregated sample size for the level of user improvement due to counseling was 128,764 total survey participants from 45 vendors. The aggregated sample size for the level of improvement in work performance and productivity was 94,735 total survey participants from 39 vendors. The aggregated sample size for the level of improvement in work absenteeism was 99,770 total survey

participants from 28 vendors. The significance of this data is that the average outcome levels reported here as benchmarks are based on roughly 100,000 users of EAP services.

But the same results also show a wide range, which indicates substantial differences in average satisfaction and average outcome levels between the different EAP vendors. The range between the lowest and highest vendors for their average level of user satisfaction was 30%. The range from the lowest and highest vendors for the average outcome of personal improvement after counseling was 20%. The range between the lowest and highest vendors for their average outcome of improved work performance was 67%. The range between the lowest and highest vendors for their average for outcome of improved work absence was 83%. These are shockingly high ranges that represent wide variation between these different vendors in outcomes, particularly for workplace outcomes.

Summary and Discussion of Surveys. The results for the area of surveys and outcomes pose a dilemma. Most of the EAPs reported that they collected survey data on their customers (a median of almost 650 surveys per vendor per year for a sample size that reflected about 8% of their counselor cases served each year). The results found that the vast majority of users were satisfied with the EAP service and a solid majority of service users also reported general improvement and improvement in both their performance while at work and in missing work less often after their use of the EAP. These averages for level of satisfaction and outcome levels are largely consistent with past research (Attridge, 2010b; McLeod, 2010; Mellor-Clark, Twigg, Farrell & Kinder, 2012; Philips, 2004). All of these findings can be interpreted positively and are good for

the field of EAP, especially when considering that they are based on a collective sample size of approximately 100,000 users of EAP services. However, there was substantial variation between vendors in satisfaction and for each of the three outcome areas. This variation could be due several factors, possibly including differences in measurement (as many vendors used non-validated tools or used different kinds of validated tools), or variation in service quality, or due to the inherent limits of who completes a client satisfaction survey. These questions on the source of the variation between vendors cannot be answered from this survey data.

The survey findings also discovered that most vendors did *not* use a research-validated measurement tool on their survey. Furthermore, of the 42% who did use a validated tool, there was a wide array of different tools in use. Thus, there is little consistency in the field for how well outcomes are being measured or which tools were being used to do the measuring (EAPA, 2006; Jacobson & Jones, 2010). This makes it difficult to directly compare outcomes reports between different vendors. Also, close to a third of the vendors who had conducted surveys did not answer the items asking for their results for the two work performance outcome areas. Thus, changes in work productivity and work absence were apparently not even being measured by a large slice of vendors. This error of omission is puzzling when work performance is one of seven elements of the EAP core technology (Roman & Blum, 1988) and three decades of research has shown that work performance outcomes routinely yield positive results that are often critical to making the business case for the financial return on investment in EAP services (Attridge, 2007; 2011). By failing to assess the EAP's impact on workplace-based outcomes, some EAPs are missing an opportunity to demonstrate a

stronger value message to their customers (which is an area of high concern among many of these vendors – see Part 10 of Results).

Part 9. Differences Between Vendors In Benchmarks

The final research question for benchmarks concerned possible differences in these benchmarks between different subgroups of external EAP vendors. Prime candidates from which to create subgroups of vendors included market size, country, and pricing model. Exploratory analyses were conducted to determine the methodological feasibility of conducting tests to answer this question for these group options. The first group variable of interest was market size and it has five categories of local, regional, national, international and global. These market subgroups had sample sizes of 16, 20, 28, 6 and 12 vendors, respectively. Another variable of interest was the country or geographic location of the company headquarters office. This variable had three main groups: US, Canada and International (10 other countries), each with sample sizes of 58, 12 and 12 vendors, respectively. Table 10 presents a display of the number of vendors in each combination of market by country revealing that many cells that have a small number of cases.

Table 10

Distribution of EAP External Providers: by Market Size and Country

Market	Country			Analysis Group
	<i>United States</i>	<i>Canada</i>	<i>International</i>	
Local	14	2	0	Smaller Size
Regional	18	1	1	Smaller Size
National	17	6	5	Larger Size
International	3	1	2	Larger Size
Global	6	2	4	Larger Size
TOTAL	82	12	12	

Note. The number of vendors is listed in the table.

The dominant pricing model item also was of interest for potential group differences, primarily between the embedded fee ("Free EAP") model, with only 7 cases, and the other models of capitated pricing (61 cases) and fee-for-service pricing (10 cases). Both the country and pricing model variables have skewed distributions and this reduces the accuracy of statistical testing between their subgroups. Another unanticipated problem was that a third to half of the total sample had missing data for many of the benchmark measures of interest (e.g., client company characteristics and utilization metrics) which compromised the reliability of conducting accurate statistical tests for group differences due to the resulting small sample sizes within these different sub-groups (i.e., many had less than ten cases). Given the problems of small sample

sizes and the wide variability found on many of the benchmark measures, the following group level comparisons must be considered primarily for their descriptive value rather than as definitive comparisons. Accordingly, all tests of significance for these comparisons were conducted at the more lenient level of $p < .10$ (rather than the standard $p < .05$), to allow for smaller size effects to be considered as statistically significant.⁷

Comparisons by market size. As a practical tactic to increase the measurement reliability and focus of the results, analyses for market size were conducted with the five categories reduced down into two new groups - larger groups that each had over 30 cases. More specifically, the local and regional markets were combined ($n = 36$) and the national, international and global markets were combined ($n = 46$). The smaller size market group is mostly US-based vendors (89%), whereas the larger size market group has more of a balanced mix with 56% from the US and 44% from the other two groups.

Many tests were performed comparing these two market size groups on a variety of the benchmark measures. These tests revealed few differences that were statistically significant between the smaller and larger market providers (Table 11).

INSERT TABLE 11 HERE (large table in landscape mode – see separate file)

Table 11

Comparisons of Benchmarks by Market Size and by Country

Measure	Market Size		Country	
	Test difference significant?	Key metric for each group: Smaller vs. Larger Markets	Test difference significant?	Key metric for each group: US - Canada - International
<i>Size of EAP Company</i>				
Total No. client companies	Yes*	191 < 671	Yes+	376 < 1,052 > 260
Total No. covered employees	Yes**	93,333 < 14,971,129	No	1,081k = 910k = 540k
Avg. No. covered employees per client	Yes*	907 < 3,539	No	2,148 = 3,152 = 3,220
Total No. EAP Staff	Yes+	16 < 215	No	118 = 185 = 118
Avg. No. covered employees per 1 Staff	Yes*	6,875 < 17,416	No	15,014 = 7,367 = 8,499
<i>EAP Company Profile Measures</i>				
Country of HQ is United States	Yes**	89% > 56%		NA
Tax status as "for-profit"	Yes*	58% < 76%	No	62% = 75% = 92%
Company Type	No	<i>multiple</i>	No	<i>multiple</i>
Ownership Type	No	<i>multiple</i>	No	<i>multiple</i>
Avg. No. years in business	No	23 = 25	Yes*	25 = 27 > 18
Mergers and Acquisitions	No	25% = 33%	No	29% = 33% = 25%
<i>Primary Services Offered</i>				
Work/Life	No	72% = 76%	No	79% = 58% = 67%
Wellness	No	49% = 57%	No	43% = 67% = 58%
Managed Behavioral Health	No	17% = 22%	No	24% = 0% = 17%
Other services	No	22% = 30%	No	22% = 42% = 33%
Sum of 5 possible services	Yes*	2.47 < 2.85	No	2.67 = 2.67 = 2.75

Contract Features

Most common pricing models	No	Capitated: 84% = 74%	No	Cap. 82% = 70% = 67%
Contracts with continuation not allowed	No	21% = 16%	No	19% = 13% = 19%
Contracts with gatekeeper role for EAP	No	12% = 7%	No	7% = 11% = 18%
Client Dept. with managerial authority	No	<i>multiple</i>	No	<i>multiple</i>

EAP Counseling Activity and User Profiles

Avg. No. counseling sessions per case	No	2.5 = 2.5	Yes**	2.5 = 3.1 > 1.7
Counseling sessions provided by staff	Yes+	54% > 34%	No	47% = 19% = 50%
Cases resolved w/o referral after EAP	No	81% = 82%	Yes*	79% = 90% = 85%
User female gender	No	61% = 59%	No	60% = 62% = 58%
User employee status	No	80% = 80%	No	79% = 77% = 87%

Utilization Rates

EAP counselor cases use rate	Yes**	5.6% > 3.5%	No	4.7% = 4.8% = 3.2%
EAP counseling sessions services use rate	Yes*	14.6% > 8.5%	No	11.9% = 13.3% = 4.7%
EAP organizational services use rate	No	1.4% = 1.0%	No	0.9% = 0.2% = 3.1%
EAP all services use rate	Yes*	16.1% = 9.3%	No	12.9% = 13.5% = 6.2%
Work/Life services use rate	No	1.9% = 1.3%	No	1.2% = 1.0% = 4.3%
All EAP & Work/Life services use rate	No	19.2% = 12.0%	No	14.7% = 16.1% = 16.2%

Survey Outcomes

Satisfaction with service	No	95% = 94%	No	95% = 95% = 91%
Improved due to counseling	Yes*	91% > 83%	No	86% = 84% = 90%
Improved work performance	Yes+	79% > 70%	No	74% = 71% = 73%
Improved work absence	Yes*	77% > 58%	No	61% = 73% = 65%

Note. Sample size varies by analysis. $k = 1,000$. NA = Not Applicable. *multiple* = too many options to list in table. + $p < .10$; * $p < .05$; ** $p < .01$

As expected, compared to the smaller market vendors, the larger market vendors had a significantly greater number of total client companies ($t[62] = -2.12, p = .04$), a greater number of total covered employees ($t[63] = -2.87, p = .01$), and a greater number of average employees per client ($t[46] = -2.37, p = .02$). Consistent with these covered population size differences were that larger market vendors had more total EAP staff than the smaller market vendors ($t[80] = -1.66, p = .10$) and also more covered employees per one EAP staff ($t[63] = -2.14, p = .04$). More of the larger market vendors had the “for-profit” tax status ($\chi^2[N = 82] = 2.94, p = .09$). The larger market vendors also offered a greater number of combined primary services than the smaller market vendors ($t[80] = 2.20, p = .03$).

The benchmark areas where the smaller market vendors were greater than the larger market vendors concerned the staffing and delivery of EAP counseling services and survey outcomes (Table 11). The smaller market EAP’s provided a proportionately greater share of their total counseling sessions from their own staff counselors (54% vs. 34%, respectively) rather than from network affiliate counselors ($t[39] = 1.80, p = .08$). The smaller market vendors also had a higher annual EAP counselor case utilization rate (5.6% vs. 3.5%, respectively; $t[46] = 2.64, p = .01$), a higher annual counselor sessions services utilization rate than the larger market vendors (14.6% vs. 8.5%, respectively; $t[43] = 2.27, p = .03$), and a higher annual EAP combined counselor and organizational services utilization rate than the larger market vendors (16.1% vs. 9.3%, respectively; $t[36] = 2.11, p = .04$). However, the average number of counseling sessions *per case* did not differ by market size. So it was not that smaller market EAPs

were providing more sessions per case than larger market EAPs, just that they were getting more cases overall from the covered population to use the EAP.

As noted above, the smaller market EAPs had far fewer covered employee lives per every 1 EAP staff member than the larger market EAPs. Thus, smaller market EAPs had more counselors on staff to serve the relatively same size population than larger market vendors. Perhaps this finding helps explain the higher overall case use rate among smaller size EAP vendors. This staffing ratio is better understood when standardized as the number of EAP staff per 10,000 covered employees. With this metric, smaller market EAP had an average of 2.2 staff per 10,000 covered employees compared to 1.5 for larger EAPs.

The utilization rates for both the organizational services and work/life services were also slightly higher, though not significantly so, for the smaller market EA vendors than the larger market vendors (Table 11). Finally, the smaller market vendors also reported higher average outcome levels on their follow-up surveys than larger market vendors. More specifically, smaller market EAPs were higher than larger market EAPs on overall improvement after use of EAP ($t[43] = 2.33, p = .02$), improvement in work performance ($t[37] = 21.71, p = .10$), and improvement in work absence ($t[26] = 2.05, p = .05$).

Comparisons by country. Differences between vendors based in the US, in Canada and in the other countries were of interest as well. Major differences by country for program accreditation (higher in Canada) and for CEAP certification of staff (found almost only in US) were presented earlier. Comparisons on the other benchmark measures were also conducted in an exploratory fashion for country (Table 11).

Although some variance was observed between countries, few measures reached statistical significance. The measures with significant differences included: the average total number of client companies (with Canadian vendors highest; $F[2,61] = 2.37, p = .10$), the number of years in business (with International vendors youngest; $F[2,81] = 3.07, p = .05$), the average number of counseling sessions per case (with International vendors lowest; $F[2,42] = 3.13, p = .01$), and the percentage of counseling cases resolved without a referral after use of the EAP (with Canadian vendors highest; $F[2,57] = 3.43, p = .04$). Although not significant, the vendors in the other countries were somewhat higher than the vendors in the US and Canada for the utilization of work/life services. Thus, comparisons by country revealed few differences overall in these benchmarks.

Comparisons by dominant pricing model. Some exploratory analyses were conducted on five benchmarks comparing vendors with different pricing models as the main approach to contract pricing used in the majority of their customers (Table 12).⁸ The number of vendors within each group changed by each measure examined, with the fee for service and the embedded fee groups both ranging from between 2 to 6 vendors whereas the capitated fee group was much larger with between 26 and 52 vendors. Nonetheless, a clear story emerges from this data that distinguishes the embedded fee model vendors from the others. Compared to the other more popular pricing models, the embedded fee model vendors tended to have: much larger size contracts (based on the average number of covered employees per client contract), a much lower ratio of EAP staff per capita for these contracts (based on the average number of covered employees per one EAP staff), and much lower levels of annual

utilization for the both the EAP counselor case rate and for the EAP organizational services rate. However, the counseling services activities provided on a *per case basis* were quite similar between the pricing model groups when considering the average number of counseling sessions provided per counseling case and also the percentage of counseling sessions provided by EAP staff counselors compared to network affiliate counselors.⁹

Table 12

Comparisons of Select Benchmark Metrics by Dominant Pricing Model

<i>Measure</i>		<i>Dominant Pricing Model</i>		
		Capitated Fee	Fee for Service	Embedded Fee (Free)
<i>Book-of-Business Metrics</i>				
Covered employees per 1 client contract	<i>M</i>	2,362	927	6,918
	<i>sd</i>	(3,693)	(852)	(7,796)
	<i>n</i>	40	5	3
Covered employee per 1 EAP staff	<i>M</i>	10,476	12,096	39,848
	<i>sd</i>	(10,176)	(13,331)	(53,332)
	<i>n</i>	52	7	6
Annual use rate for counselor cases per 100 covered employees	<i>M</i>	4.7	6.0	1.6
	<i>sd</i>	(3.2)	(4.2)	(1.1)
	<i>n</i>	37	6	5
Annual use rate for EAP organizational services per 100 covered employees	<i>M</i>	1.35	1.08	0.15
	<i>sd</i>	(3.54)	(1.80)	(0.11)
	<i>n</i>	37	6	5
<i>Per-Case Clinical Usage Metrics</i>				
Avg. counselor sessions per 1 case	<i>M</i>	2.36	2.68	3.08
	<i>sd</i>	(0.78)	(0.93)	(1.11)
	<i>n</i>	34	7	4
% of total counselor sessions by EAP staff counselors (vs. by affiliates)	<i>M</i>	44%	34%	42%
	<i>n</i>	32	6	3

Note: *M* = mean average. *sd* = standard deviation. *n* = number of vendors.

Summary and Discussion of Vendor Group Differences. The exploratory comparisons of subgroups of different vendors on the various benchmark measures found few differences overall. However, some metrics were different between the vendors from the smaller and larger markets and between vendors featuring different pricing models. In contrast, there were few differences by country. These preliminary comparisons suggest that more careful tests could be done in the future with larger samples and more standardized measurement of the benchmark metrics. However, some of the group differences do merit discussion of their implications for the field.

Although the larger market vendors were more likely to offer a wider range of primary services than the smaller market vendors, the smaller market vendors tended to distinguish themselves by having a higher staffing ratio, providing more counseling sessions from their own staff counselors (rather than by network affiliates), having a higher annual counselor case utilization rate, having a higher annual EAP organizational services rate and having higher outcome levels on their follow-up surveys. This set of distinguishing characteristics could be used to help support commonly observed differences between vendors in overall product pricing such that smaller size vendors tend to have higher prices than the larger size national EAPs [see Attridge et al., 2010; note that actual product pricing information was not assessed in this study on purpose as this information is highly proprietary and so this point cannot be tested with the present data].

Vendors who offered the embedded fee model (“Free EAP”) tended to have larger size contracts, a lower ratio of EAP staff per capita for these contracts and approximately one-fourth the level of counselor case annual utilization as well as a

much lower organizational EAP services rate. These differences are understandable when viewed as a purchaser preference for a less engaged product. However, the finding that the counseling services activities provided *on a per case basis* were quite similar between the three pricing model groups is big news as it adds a more balanced point in a core area of service quality that is germane to the debate about the overall value of “Free EAPs” (Burke & Sharar, 2009; Sharar & Hertenstein, 2006).

Part 10. Business Management Findings

In addition to collecting benchmarking data the study also examined several aspects concerning the challenges of managing EAPs as a business. So, this part of the project did not yield benchmark metrics but instead focused on the management practices and business performance experiences of external EAPs. The topics included promotional practices used to increase awareness of the EAP, the difficulty rating of managing various areas of business operations, and the drivers of gaining new business as well as the source of business erosion. The possibility of sub-themes within each of these areas was also examined through factor analysis statistical methods.

Promotional practices. Nine methods for promoting EAP services within customer populations were examined (Table 13). Although each of the methods received high ratings from some vendors, there was a range of emphasis between the different methods for the sample as a whole (these items were rated by 60 to 68 vendors of the 82 in the total sample). A factor analysis model was attempted with these items but it did not yield useful results. The top three promotional methods included information about the EAP provided by Human Resources (HR), general

promotional about the EAP and brochures about the EAP. Each of these three methods was rated as high or very high in frequency of use by a majority of the vendors (63%, 63% and 60%, respectively). Other promotional methods were rated as high or very high use by close to half of the sample, including wallet cards about the EAP (50%), newsletters about the EAP (49%), and participation in health fairs at the worksite (47%). Less commonly used promotional methods included the EAP website (37%), insurance benefit materials (23%), and mailings sent to the employees home (14%).

Table 13

Promotional Practices

<i>Item</i>	<i>n</i>	<i>Mean Rating (1-5)</i>	<i>% High (4 or 5)</i>
Human resources information	68	3.9	63%
Promotional about the EAP	66	3.7	63%
Brochure	68	3.7	60%
Newsletters	67	3.5	49%
Health fairs at the worksite	66	3.4	47%
Wallet card	66	3.2	50%
Website for EAP	68	3.9	37%
Insurance benefit materials	61	2.5	23%
Mailings sent to employees' homes	60	2.0	14%

Note. *n* = number of vendors. Items rated for how frequently clients noted each of the marketing sources as a way that they had become aware of the EAP service. High ratings: 4 = *high frequency*; 5 = *very high frequency*.

Operational management objectives. Aspects associated with management objectives for the day-to-day running of the internal operations were also examined. Seven items were rated on a five-point scale for the level of difficulty, defined as high expense and or high time commitment by the EAP, for managing these objectives in the past year. A factor analysis model was attempted but did not yield useful results. Ranked from most difficult to least difficult by the percentage of the sample giving it a high or very high rating, here are the results: educating brokers of insurance and employee benefits on the value of EAP (51%), deploying an outcomes measurement strategy (49%), maintaining a competitive information technology (IT) edge (47%), supervision of network affiliate EAP counselors (36%), providing service in locations other than the company headquarters office (24%), providing services internationally (24%), and the supervision of contract partners (e.g., after hours call center, crisis, financial, legal, work/life) (17%) (Table 14). These responses indicate that issues of communicating and measuring business value were the most difficult operational objectives for EAP vendors.

Table 14

Difficulty Meeting Operational Management and Client Focus Objectives

<i>Item</i>	<i>n</i>	<i>Mean (1-5)</i>	<i>% High (4 or 5)</i>
<i>Operational Management Objectives</i>			
Educating brokers on value of EAP	77	3.5	51%
Outcomes measurement strategy	76	3.4	49%
Maintaining information technology edge	78	3.3	47%
Supervision of network affiliate counselors	78	3.0	36%
Providing service in non-HQ locations	79	2.7	24%
Providing services internationally	53	2.7	24%
Supervision of contract partners (work/life, etc.)	77	2.6	17%
<i>Client Focus Objectives</i>			
Getting “face-time” with executives to discuss EAP	68	3.7	60%
Opportunities for more proactive/strategic role for EAP	68	3.6	49%
Quantifying and demonstrating the value of EAP	67	3.6	52%
Promoting EAP among <i>employees</i> at client	69	3.3	45%
Promoting EAP among <i>family/dependents</i> at client	67	3.4	52%
Promoting EAP among <i>supervisors and management</i>	69	3.4	47%
Relationship-building activities to renew contract	69	3.4	51%
Balancing the operating budget, staff needs and quality	67	3.2	37%
Use of Internet strategies for promotion of EAP	64	3.0	34%
Collaboration and integration with other programs	67	3.0	28%
Use smart phone mobile technologies to promote EAP	47	2.8	34%

Note. *n* = number of vendors. Items for both sets rated for the level of difficulty (defined as high expense and or high time commitment by the EAP) for managing these objectives in the past year. High ratings: 4 = *high difficulty*; 5 = *very high difficulty*.

Client focus management objectives. Aspects associated with management objectives for increasing client engagement with the EAP. Eleven items were rated on a five-point scale for the level of difficulty, defined as high expense and or high time commitment by the EAP, for managing these objectives in the past year (Table 14). A factor analysis model for this data was attempted but did not yield useful results. The most difficult objective was for vendors to get enough “face-time” with management and senior executives at the company to discuss the EAP with 60% rating this as high or very high in difficulty. Other objectives of a high level of difficulty included: quantifying and demonstrating the value of EAP (52%), conducting relationship-building activities to with the client to increase the chance of renewing the contract for EAP services (51%), and creating opportunities for developing a more proactive and strategic role for EAP with client companies (49%). Several aspects of conducting promotional activities to increase awareness of the EAP were also rated as high difficulty: promoting EAP among employees at client (45%), promoting EAP among family/dependents at client (52%), and promoting EAP among supervisors and management at the client (47%). Other areas that were managed with less difficulty were balancing the operating budget, staff needs and quality of the EAP program (37%) and collaboration and integration with other programs at client companies (such as work/life and wellness) (28%). Two technology areas also received low ratings for difficulty, likely because of their being “too new” to have been properly developed. These included the use of Internet strategies for promotion of EAP (34%) and the use of smart phone mobile technologies to promote the EAP (34%).

Business development factors. Vendors also provided responses to the set of items asking which activities had the most impact on new sales or contract renewals. The ratings of the 11 items were subjected to factor analysis using Principal Components analysis method and Quartimax rotation for correlated factors. This model yielded four factors (based on factor eigenvalues > 1.0 and examination of the scree plot) that accounted for 75% of the cumulative variance. However one item, product pricing was rated consistently much higher than all the other items and represented a single factor as did another item, acquisition of another EAP company, that received much lower ratings than all of the other items. When the analysis was repeated with these two outlier items removed, it yielded a reasonably clean three-factor model in which individual items loaded highly (i.e., $> .50$) on one factor but not on the other factors, with a few exceptions. Thus, the business development items were organized into five themes or factors (Table 15).

Table 15

Business Development

<i>Item</i>	<i>Mean (1-5)</i>	<i>% High (4 or 5)</i>
<i>Factor 1 – Product Pricing</i>		
EAP product pricing	3.9	74%
<i>Factor 2 – Product Offering and Capabilities</i>		
Improved existing EAP product offering(s)	3.2	39%
New EAP product offering(s)	3.0	35%
Enhanced technology capabilities	2.9	30%
Successful deployment of social media	2.3	25%
<i>Factor 3 – Business Relationships</i>		
New strategic partnerships	3.1	38%
Enhanced broker engagement	2.9	35%
Collaboration and cross-selling	2.6	24%
<i>Factor 4 – Sales Activity</i>		
Expanded sales geographic region	2.4	17%
Increased sales force at company	2.3	15%
<i>Factor 5 – Acquisition</i>		
Acquired another EAP with new customers	1.7	10%

Note. $n = 69$ vendors for all items. High ratings were 4 = high importance or 5 = very high importance. Each item was rated on a 1 to 5 scale for its impact on contract renewals and new contracts for EAP services at the company in the prior year.

Factor 1 represented EAP product price and had a mean rating of 3.9 on the 1-5 scale of importance and 74% of the vendors rated it as “high” or “very high” in level of importance. Factor 2 represented the four items that address aspects of product attractiveness, such as improving the EAP product offering, adding new offerings,

enhanced technological capabilities and successful use of social media. This factor had a mean rating of 2.9 with an average of 33% of the sample who rated it as “high” or “very high” in level of importance. Factor 3 represented three items that addressed external business relationships, including forming new strategic partnerships with other businesses, creating greater engagement with insurance brokers and greater collaboration and cross selling with another EAP vendor or business partners. Factor 3 had a mean rating of 2.8 with an average of 32% of the sample who rated it as “high” or “very high” in level of importance. Factor 4 represented two aspects internal to the EAP itself, adding more internal sales staff and establishing a larger geographic region in which to sell. Factor 4 had a mean rating of 2.3 with an average of only 16% of the sample who rated it either high or very high. Lastly, gaining new customers through acquiring another EAP company was the least important factor for business development. It had a mean rating of only 1.7 and was rated by only 10% of the sample as being of high or very high importance.

These findings indicate that retained or added new business contracts were mainly due to pricing. The other 10 reasons examined, however, also contributed to business development to a lesser degree and the factor analysis results help to better conceptualize these tactics into broader themes. Product development improvements and increased technological sophistication to support the product was the second most important area of influence on sales after pricing. The strategy of making new or stronger relationships with other business partners and insurance brokers as entities outside the EAP who can also sell the EAP products and services also was relevant to supporting sales. Bolstering sales from within the EAP company through adding new

sales staff or buying another similar EAP business was rated as less important. Buying more business through acquisition was the least impactful approach.

Business erosion factors. Another set of items asked which factors had the most impact on contract non-renewals. Ratings for these 8 items were subjected to factor analysis using Principal Components analysis method and Quartimax rotation for correlated factors. This model yielded three factors (based on factor eigenvalues > 1.0 and examination of the scree plot) that accounted for 69% of the cumulative variance. The results were a perfect pattern of item factor loadings in which the items loaded highly (i.e., $> .50$) on one factor but not on the other two factors (Table 16).

Table 16

Business Erosion

<i>Item</i>	<i>Mean (1-5)</i>	<i>% High (4 or 5)</i>
<i>Factor 1 – Market Influences</i>		
Price competition from other EAP providers	3.1	44%
Customer(s) switched to “Free EAP”	2.9	45%
Resistance from brokers, consultants or TPA	2.2	22%
<i>Factor 2 – External Influences</i>		
Economy downturn	3.0	36%
Client company downsized employees	2.4	20%
EAP benefit discontinued by customer(s)	2.4	19%
<i>Factor 3 – Internal Influences</i>		
EAP product features	1.6	5%
EAP product quality	1.4	4%

Note. Sample size $n = 69$ for all items. High ratings were 4 = high importance or 5 = very high importance. Each item was rated on a 1 to 5 scale for its importance as a *primary*, not a secondary, source of why customers did not renew the contracts for EAP services in the prior year.

Factor 1 represented the three items in the external EAP marketplace in the form of price competition from other EAP companies, customers switching to the “Free EAP” product type with embedded pricing and also resistance from benefits brokers to promote sales of their EAP product. Factor 1 had a mean rating of 2.7 (on the 1 -5 scale) with an average of 37% of the sample who rated either high or very high. Factor 2 represented the external influences of customer budget cutbacks and the dampening effect of the downturn in the larger economy. Factor 2 had a mean rating of 2.6 with an

average of 25% of the sample who rated it either high or very high. The third factor represented aspects internal to the EAP vendor in terms of the product features and product quality. Factor 3 had a mean rating of 1.5, with an average of only 5% of the sample who rated it either high or very high. These findings suggest that the reasons why these EAPs had lost business contracts was due much more to price competition from other vendors and to exogenous economic factors affecting their customers rather than to the inherent merits of the EAP products. It should be noted that the new sales and lost contracts areas of business development both had product pricing as the number one most influential factor.

Summary and Discussion of Business Management. The findings on business management practices provide some fresh insights into how external EAPs are run as businesses. These vendors used a wide range of different promotional practices to increase the awareness of EAP services at their customers as six different promotional methods were used to a high level. Most of the operational activities assessed were not causing a high degree of difficulty to manage for these vendors, although many had difficulty with collecting outcomes data and effectively communicating their business value story. The results for difficulty in achieving objectives with a client company focus paint an interesting picture in which these EAPs had the most trouble with gaining access to meet with the senior executives at their client organizations, being granted a more strategic and proactive role within the client organizations and measuring and telling their value story. Some evidence indicates that internal EAP models with more integrated offerings may have less difficulty in these areas than external EAP vendors (Bidgood, Boudewyn & Fasbinder, 2005).

The findings on business drivers clearly emphasized how product price is the major issue affecting the field. These findings suggest that why these EAPs had retained or added new business contracts – or had lost contracts – was due mainly to pricing (often lower prices). New sales were also attributed to a lesser degree to product improvements and increased technological sophistication and to stronger relationships with business partners and insurance brokers. Several manifestations of a poor economy were also credited as playing a role in lost business.

In addition to price, it is important to note the key role played by the Human Resources (HR) department at the clients in the external EAP market. HR was far and away the number one department cited as having authority for managing the EAP (94% almost always or often). HR also led the way in the Promotional Practices section of the study, as “Information about the EAP provided by HR” was the top source of program promotion. In the Referral Source for Users section of the study, HR was the second leading source of referral to an EAP after self-referral. And finally, the Society of Human Resources Professionals (SHRM) was the second most popular industry association (out of 14) for membership among study participants. The focus on HR as reported in this study is warranted, though, as HR usually provides primary support of the EAP mission through introducing and implementing EAP services in organizations, promoting these services once implemented and advocating utilization of these services to address specific employee issues (Morneau Sheppell, 2011; Rothermel, et al., 2008). In this regard, the study by Vansteenwegen, Sommer, Antonissen, Laneiro and Nunes (2012; which is the other project also to be the first to receive grant funding by EARF – see Sharar, Maynard, Christie, Derr, & McLean, 2011) reported great interest among

European HR managers in having their EAPs help develop mental health action plans at the workplace. Also, from a historical perspective, HR has also been a key ally in the growth of EAPs over the past two decades.

External EAPs may need to expand their reach into client organizations beyond just the HR department. Two of the top areas of difficulty for Client Focus were “getting face time with management and senior executives” and “quantifying and demonstrating the value of the EAP.” These areas of difficulty for EAP are parallel to the difficulties that some HR departments encounter with senior management inside their own organizations. This is a concern when the ability of EAPs to get their message to key decision makers in client organizations is dependent upon the perception of the value provided by the HR department within that organization. Thus, being yoked with HR can be both a blessing and a curse. Even if EAPs do provide more demonstrative value in their reporting, making sure this message gets through to senior executives is often left up to HR.

Part 11. Future of the Field

The final research question concerned the future of the field and asked: How optimistic (or pessimistic) are external EAP vendors about the future of the field and why? This was addressed with the last item of the survey: “What is your level of optimism about the future of the external EAP industry?” Based on 69 vendors, the results were: Very optimistic (highly positive) = 39%; Somewhat optimistic (positive) = 44%; Neither optimistic or pessimistic = 6%; Somewhat pessimistic (negative) = 12%; and Very pessimistic (highly negative) = 0. Thus, roughly 8 out of every 10 vendors (83%) were optimistic about the future of their field and none were highly negative.

Qualitative Comments. Twenty-four of the vendors who completed the optimism/pessimism item, also provided general comments in their own words to the optional follow-up item: “In the space below please expand on your response above.” Qualitative analysis of these comments revealed three main themes.

Comments Theme 1: Low Pricing and Bundling of EAP Into Insurance Products

The first theme focused on the negative impact of low product pricing and the growing challenge of the “Free EAP” pricing model to other more traditional EAPs with capitated or fee for service pricing models. These comments are consistent with the other findings from the items on the drivers of business growth and lost contracts.

- *The main concern is [too low] pricing schemes. {Global}*
- *As a local / regional EAP provider, we are losing too many accounts to "Free" EAP's. {Local}*
- *EAP is getting more and more embedded in the Insurance Plans for most national companies. {Local}*
- *Brokers/consultants are pushing rates to levels that are unrealistic based on customer demands and quality. Product continues to be compromised due to steady rate [product price] decreases. At some point we as an industry need to join forces to challenge this downward spiral. {National}*
- *Our fees are diminished to the extent that brokers won't talk to EAP's because there is nothing in it for them financially. {Local}*
- *External EAP's in Canada are an accepted and expected part of an organization's benefit plan. The challenge is around the commoditization of EAP. {National}*
- *Within Canada there has been so much merger and acquisition activity that price*

pressure is a dominant factor in our environment. Ultimately this weakens the bonds between EAP employee personal values supporting why they entered the industry, and their feelings about the service that we are able to provide. {International}

Comments Theme 2: Continued Integration of Services & Focus on the Workplace

The second theme noted the benefits of the increasing degree of integration of EAP with other affiliated services and sustaining the traditional EAP core technology focus on serving the workplace.

- *EAP core services are in a mature market. Thus, peripheral services – CIR [crisis intervention response], SAP [substance abuse program], work/life, and wellness – provide room for growth. {National}*
- *If EAP's can expand their role into the psychosocial aspect of behavior change relative to physical health related behavior change. EAP's can also have a role in emotional wellness - psychological capital, preventing depression, etc. {National}*
- *EAP is well known and well embedded in the workplace. EAPs have also expanded their offerings to include work/life, mediation, ID theft, etc. in order to maintain high visibility. CISD [crisis intervention stress debriefing] services also help. {Global}*
- *Productivity will always be important to American businesses and is becoming increasingly important to global competition. As US health care reform is worked out and the US emerges from the current economic downturn, employer benefit and HR professionals will focus more of their attention on these issues. {National}*
- *I am optimistic about the EAP field, if EAPs focus on behavioral risk management*

and productivity. {Local}

Comments Theme 3: Adapting to Market and Societal Trends

The third theme addressed the need for EAPs to adapt their products and services to larger market and societal trends in order to stay competitive as businesses.

- *We need to adapt our skills to the changing needs of the workforce and employers.*

{Regional}

- *EAPs simply need to redefine/reenergize their value propositions and speak genuinely and truthfully to the value of EAP programming. {Regional}*

- *Fewer regional competitors combined with the growth of the wellness industry has created further opportunities for differentiation and increased interest in hands-on behavioral health services. {Regional}*

- *Technology will facilitate more conversations and can support therapists in reaching clients wherever they are and whenever they want. As service modalities expand and the reach into digital lengthens, EAPs have great potential to grow their role as trusted experts and to increase the mental health support they offer to their clients.*

{National}

Summary and Discussion of Future of the Field. The findings on the future of the field yielded a mixed but mostly positive overall perspective. The vast majority of these external EAP vendors (83%) were optimistic about the future of their field and none were highly negative. The comments offered to explain this view emphasized the even further integration of EAP with other affiliated services and the need for EAPs to

be flexible in product development to adapt to larger societal and business trends. Some of the vendors in the present study also were very concerned about the low-cost, low-use “Free EAP” pricing model products taking an even larger share of the external market in the future and what could be done in response to better show the business value of the more common traditional higher-cost, higher-use, full-service EAP products.

IMPLICATIONS

Among the many findings reported in this study there are three items which have an intuitive interconnectivity and which also have profound implications for the future direction of the EAP field and profession. Those items are: the maturation or “greying effect” of the external EAP owners, mergers and acquisitions and the rapidly evolving impact of technology in all of its’ various forms. Although the connectivity of these items are not empirically proven in this paper it is something many external EAP vendors are trying to understand and plan for over the next few years. Whether the vendor looks ahead with excitement to a long career with their company or whether the owner is in consultation about a merger or acquisition they will both face the same near term decisions concerning capitalization of their operations and careful deployment of technology innovations to remain competitive and all the while remain an honest purveyor of EAP services. The continued effort to maintain and enhance the legitimacy of the EAP field and especially its’ unique ability to provide services otherwise unavailable in the marketplace requires a faithful and earnest collaboration between researchers, vendors and purchasers.

The study succeeded in determining a variety of normative benchmark metrics based on the averages across many different vendors. These benchmarks afford

individual EAP vendors the opportunity to compare their own performance against a larger cohort of other EAP companies. At the same time, these benchmarks also offer purchasers of EAP services basic metrics to help guide their vendor selection process. However, the study documents great diversity and variability beyond the averages in almost all of these metrics as many of the areas examined had a wide range from low to high between the different vendors. Thus, a primary finding from this study is that the market segment of external EAP providers is diverse and not easily classified or perhaps even properly documented from a self-report survey process.

The research team found many areas throughout the eight categories of the study survey can lend themselves to informative discussions and debates. But at this point in the article, the team decided to focus on three key areas relevant to different audiences within the field: clinical practice implications, business management implications and recommendations for future research.

Implications for EAP Practice

One of the most compelling clinical implications is the issue of training, engagement, and management of counselors in the EAP affiliate provider network. Focusing on affiliates is relevant when the benchmark data shows that they provide half of all of counseling sessions across of the vendors in the study (and the majority of sessions for many individual vendors). Thus, non-staff counselors are a significant part of the delivering what is approximately 90% of the total EAP-related service activity. This is all the more concerning when put in the context that just 15% of these affiliates (only about 1 in 8) have a CEAP Certification, almost none in countries outside of the US. Thus, one wonders how well these network affiliates (many of whom are trained as

social workers) understand the nuances between mental health services and other workplace health services in general and the role of specific EAP services. A few researchers have bravely begun to explore the relationship between external vendors and affiliates, but it is clear that more attention is needed. Stronger relationships with affiliates could be developed when vendors provide on-going education on the advances in the EAP field, such as the increase use of research validated screening tools (i.e., the screening, brief intervention and referral to treatment [SBIRT] protocol – see the BIG Initiative, 2012) and new technologies such as smart phone apps for substance abuse and depression. In addition, there might be some advantage to encouraging the affiliates to be more active in the field's professional associations, such as attendance at local EAPA Chapter meetings or the various annual conferences of EAPA and EASNA. For example, the 2013 EAPA International Conference has a strong focus on network affiliate issues.

Implications for EAP Business

Secondly, this study provides some wonderful nuggets on the business of managing external EAPs. Pricing is clearly the issue that all external vendors struggle with at some level. But there are some hints buried in the data of possible ways to address that concern. Many respondents reported a major concern of not being able to get the proper attention of the having to communicate via the Human Resources Department (that often controls the contract with the EAP). This dynamic creates some risk to the EAP business when in many cases HR itself is having difficulties in having their voice heard at the corporate level. External vendors need to explore better ways of communicating what services they actually provide and the benefits these products

bring to the organization. In addition to reporting how many clients/employees are seen in clinical scenarios, it is important to effectively communicate the more subtle impact the EA vendor can have on corporate culture in general, especially during times of high stress or crisis. That respondents had only about 10% of their EAP business involved the delivery of organizational services suggests this area is ripe for potential growth that would clearly make EA vendors more visible within their customer organizations as well as develop new product lines.

Implications for EAP Research

Finally, there are many research implications arising from this study. First and foremost, as it was developed with the involvement of many experts in the field, the survey instrument can be used again as a template for future benchmarking studies, which the authors hope will be conducted every 2-3 years going forward. But perhaps the more pressing recommendation is that a rigorous and comprehensive study is needed in the field that compares external EAPs with the internal EAP programs and the newer hybrid models on many of the data points in this study. To truly understand the larger picture of the future of the EA field, one needs to look at all the pieces of that puzzle.

The authors encourage professionals in the field to further explore their area of interest that this huge data set offers them and to go forward with having discussions and debates within their own companies, as well as with their various professional associations, on what these benchmarks mean for their own business and for the field. This is just the beginning of a long journey to support the EA Field in documenting their

services and establishing benchmarks that can facilitate better services for both employers and employees.

Study Limitations

Although a unique contribution to field, the present study is not without limitations. Some of these concerns involve the sample size, the sampling methodology, the inconsistency of data definitions across the source reports used by vendors, and the high level of missing data for some metrics.

Having 82 participating external vendors is large enough to draw some reliable conclusions from the data and yet it is still less than 10% of the estimated market segment for EAP external providers. For example, the study of integration among EAP, work/life and wellness services (Attridge, Herlihy & Turner, 2002) had a sampling frame of 1,225 external provider companies in the US and Canada of which 213 returned a brief 2-page written survey (17% response rate). Of this group, the subset of 193 vendors who offered EAP services had an estimated aggregate total covered lives of 23.3 million. Thus, the present study sample had less than half as many EAP vendor companies but six times as many covered total lives represented among their combined customers. Another comparison for sample size and sampling rate is the 2011 study of EAP industry trends (Attridge & Burke, 2012). Similar to the present study, the trends study had used an e-mail outreach campaign to solicit participation and an online survey to collect data. The sampling frame of 600 people yielded 150 participants (a 25% response rate) with 75 of these participants representing external EAP vendors. Thus, the present study had a similar number of EAP vendors compared to the trend study and similar response rates. A third comparison is the qualitative dissertation

study by Sandys (2012). The present study had more than three times as many vendors (82 vs. 26, respectively) as the dissertation study.

Taken together, the number of EAP vendors in the study was large enough to offer credible findings but it could have been larger, particularly to obtain more vendors with certain characteristics of interest – such as those with the embedded or “Free EAP” pricing model and those located in newer markets outside of the US and Canada. The sampling process also was non-systematic due to the lack of a census that identifies all of the current external EAP providers from which to draw upon when soliciting potential study participants.

Perhaps the most valid limitation of the present study is that the service utilization metrics and other “hard numbers” for the benchmark measures were based on self-reported figures from the study participants’ files for their book of business from the prior year. The accuracy of these data inputs was presumed to be valid, but the study authors did not have direct access to the source reports used by the participants and thus could not verify this information or determine if the metrics were defined in a similar way across the different reporting systems.

A related concern is that many of the study participants failed to answer certain items on the survey. It is unknown why roughly 1 in 5 of the vendors did not provide information on service utilization. It is postulated that they either lacked reportable data or they were reticent to release the information. Ideally, utilization and other profile data from one or more of the major EAP data warehouses – data that is already standardized and collected in a systematic manner across many EAPs – could be analyzed and presented publicly as resource for the field at large.

The involvement of so many leaders in the field of EAP in the development of the benchmarking survey instrument created for this study in of itself represents something of value for the field, aside from the empirical results. This survey tool could be used again in future studies and the findings from such efforts then compared to that of the present study. To encourage higher participation levels from vendors and discourage missing data, a future benchmarking study could possibly adopt a modified data collection approach that featured a smaller number of select items and augmented the process with an interview verification phase to make sure that the respondents had interpreted all of the survey items in a consistent manner.

These limitations must be placed in the proper context. By taking on a difficult task and being the first large-scale study of external EAP vendors ever done, the NBC Benchmarking Study is similar in some ways to the classic study of cost-benefit for the internal EAP program services at the McDonnell-Douglas Corporation (Smith & Mahoney, 1989, 1990). It is a famous study because it was one of the first serious efforts to examine claims-based archival company data as outcomes (i.e., “hard data”) and because it featured a longitudinal research design that compared the claims cost experience of the users of EAP over time and against a matched control group of non-users of the EAP who also had the same kinds of psychiatric or substance abuse diagnoses (i.e., scientific rigor). However, the McDonnell Douglas EAP study gained notoriety and acclaim despite it never actually being published in a research journal and having to survive a critical peer-review examination of its strengths and weaknesses (see critique in Attridge, 2010a). In this regard, the NBC Benchmarking Study, even

with the above noted limitations, is a published study and has entered these findings into the scientific literature.

Epilogue

Research conducted on those within the field indicates that even though it has the same traditional set of services at its core, EAP is a dynamic and changing field due to advances in technology and customer demands for innovation and in some ways may even be dissipating as a specialized field (Attridge & Burke, 2012; Sharar, 2009). In this context, a careful examination of the commonalities and differences among the varied array of EAP vendors and their business practices would be of great benefit to the field and the profession. The benchmarking data provided in the present study is a pioneering effort toward this goal. The study succeeded in getting participation from almost three-fourths of the largest national carriers targeted in the US and from all five of the largest national carriers targeted in Canada. However, it should be noted that although this study shines a flashlight in a dark closet, it does not turn on all of the lights in the house. To do so will require us to expand the number of vendor participants if the opportunity arises to conduct another benchmarking study that can replicate and extend our findings.

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NOTES

Note 1. Although both of these studies included respondents from a variety of countries, none of the countries in the European study (Belgium, France, Greece, Portugal, Spain, or The Netherlands) overlapped with the countries of the vendors included in the present study.

Note 2. See below for Estimated Study Sample Totals for Client Companies, Covered Employees and Covered Lives

Number of Client Companies in Year 2011	Cases with data		Cases with missing data	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Estimated Total</i>
Local	13	103	3	309
Regional	16	262	4	1,048
National	19	304	9	2,736
International/Global	16	1,106	2	2,212
Total	64		18	6,309
Estimated Grand Total for all 82 EAP vendors	29,008 actual + 6,309 estimated = 35,313 Client Companies			

Number of Covered Employees in Year 2011	Cases with data		Cases with missing data	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Estimated Total</i>
Local	11	44,723	5	223,615
Regional	13	131,397	7	919,779
National	24	893,536	4	3,574,144
International/Global	17	2,269,029	1	2,269,029

Total	65		17	6,986,567
Estimated Grand Total for all 82 EAP vendors	62,218,482 actual + 6,986,567 estimated = 69,205,049 Covered Employees			

Number of Covered Lives in Year 2011	Cases with data		Cases with missing data	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Estimated Total</i>
Local	11	102,687	5	513,435
Regional	13	340,122	7	2,380,854
National	24	2,371,934	4	9,487,736
International/Global	17	4,967,674	1	4,967,674
Total	65		17	17,349,699
Estimated Grand Total for all 82 EAP vendors	146,928,051 actual + 17,349,699 estimated = 164,277,750 Covered Lives			

Note 3. Sampling Support Sources: **1. EAP Industry Trade Associations** = *Canadian Employee Assistance Program Association; Employee Assistance Collaborative; Employee Assistance Professionals Association* and its 78 local EAPA Chapters in most US states; *Employee Assistance Roundtable*; and *Employee Assistance Society of North America*; and *National Behavioral Consortium*. **2. Other Affiliated Trade Associations** = *Alliance for Work Life Progress/World@Work; Association for Behavioral Health and Wellness; Institute of Health and Productivity Management;*

National Business Group on Health; Partnership for Workplace Mental Health / American Psychiatric Association Foundation; Risk and Insurance Management Society; Screening, Brief Intervention and Referral for Treatment; Society of Human Resource Managers. **3. Members** = 15 Member companies as EAP vendors to send to their e-mail lists. **4. EAP Vendor Support Service Providers** = ProtoCall; Crisis Care Network; and EAP data warehouse and reporting software providers, DAYBREAK EAP Software, EAP Expert, and EAP Technology Systems. **5. Academic & Research Experts in EAP Field** = 10+ people and members of the research committees for both EAPA and EASNA. **6. Consultants & EAP Industry Leaders** = 10+ individuals. **7. Computer Listserv** = *LinkedIn* Groups for EAPA and EASNA. **8. EAP Industry Media Channels** = *OPEN MINDS* newsletter and the *Journal of Employee Assistance* (EAPA Members). **9. Canadian Market Resources** = 10+ individuals. **10. Other Countries Outside of North America** = 6+ individuals.

Note 4. Survey Development Support: The authors are grateful to the following individuals for providing expert guidance on the development of the survey from different EAP market perspectives: George Martin, CorpCare Associates (External EAP – United States); Dr. John Pompe, Caterpillar, Inc. (Internal EAP – Global); Dr. Paul M. Roman, University of Georgia (Research); Dr. Diane Stephenson, Independent Consultant (Hybrid EAP in United States); Tom Shjerven, Harris Rothenberg International (External EAP in United States); Craig Thompson, Homewood Human Solutions (External EAP in Canada), Cory Todd, City of Calgary (Human Resources).

Note 5. Given that the usage profile benchmark found that 80% of all EAP users were employees, this CCR figure slightly over-estimates the case level annual usage rate if the goal is to have a metric that features the usage of the EAP by only the employees compared against the population of covered employees (Csiernik, 2003). To account for this alternative definition of utilization, an employee only CCR rate that excludes family and other dependents users of the service would be 20% lower. This reduction results in an adjusted rate of 3.6 employees users of the EAP for counseling per 100 employees per year.

Note 6. Each of these aggregate counts for sample sizes for survey outcomes include estimated component for a small number of vendors that had outcome item data but had missing data for their annual survey sample size. In these cases, the average sample size for the other vendors on that outcome item was substituted for the missing data. This adjustment was done for 2 vendors for satisfaction (M sample size added to the total of all other vendors = $5,239 \times 2$), 2 vendors for overall improvement ($M = 5,723 \times 2$), for 1 vendor for workplace performance ($M = 2,429$) and 1 vendor for workplace absence ($M = 2,558$).

Note 7. Due to the large number of statistical tests performed (i.e., chi-square and t -tests), the details for the non-significant tests are not presented. This information is available upon request from the authors. The same note applies to the comparison tests performed by country as well.

Note 8. Due to the small sample sizes, only two of these findings reached statistical significance: contract size = $F(2,48) = 2.45, p = .10$; and EAP staff per contract = $F(2,65) = 7.01, p = .02$).

Note 9. These findings, while consistent with expectations and discussions in the literature, are not fully accurate. This is because the benchmark measures tested reflect data from the entire book of business reports for all contracts within each vendor. A better test would be to include benchmark data from only the contracts within their book of business that matched their dominant pricing model. Thus, to the extent that the data from the non-dominant type of pricing contracts influenced the total book of business data in ways that were not uniform for each pricing group, it adds some unknown variance to the analysis that can muddy the interpretation of the results. This issue is less of a concern, however, given that the majority of contracts within each pricing dominant group were at least the vast majority of the contracts within that pricing group: The Capitated dominant pricing model group ($n = 61$) had on average, 85% of contracts with capitated, 10% with fee for service and 5% embedded fee; The Fee For Service dominant pricing model group ($n = 10$) had on average, 24% of contracts with capitated, 75% with fee for service and 1% embedded fee; The Embedded Fee dominant pricing model group ($n = 7$) had on average, 11% of contracts with capitated, 11% with fee for service and 78% embedded fee.

APPENDIX

Creating a Comprehensive Benchmarking Resource of Metrics for the External EAP Field

INTRODUCTON TO THE SURVEY

Invitation to Participate. This is an open invitation for providers of employee assistance services – both External and Hybrid (combined internal and external model) EAP vendors – to participate in a multi-national survey to study key metrics.

Opportunity for the EAP Field. It is common practice for industries to have aggregate benchmarking information available on key *industry specific* metrics. Benchmarking is an essential tool for business that allows an individual company to gauge its performance against a broader industry data set. Absent such a resource the company must rely on anecdotal information. By participating in this study you will directly contribute to a pragmatic and vital resource for the field of employee assistance.

Survey Content Summary. This survey has a total of 44 items organized into eight sections. The survey does not include any items concerning company revenue, finances or pricing information. It is vital that each EAP company submit only one survey response. Duplicate responses from the same company will be a source of error. The survey is organized into the following sections:

1. Company Profile
2. Staff Profile
3. Client Companies Profile
4. Utilization Metrics
5. Surveys
6. Business Management
7. Business Development
8. Forecasting the Future of EAP

Who Should Participate? External and Hybrid providers who sell EAP services or both EAP and work/life services.

Who Within the Company Should Respond? Someone in your company who knows the firm's business structure, operations and service utilization metrics.

Data Reporting Time Frame. The time frame is defined as the calendar or fiscal year ending in 2011. Although many companies use a calendar year for reporting some respondents may follow a fiscal year.

Companies with International Business. If you have business in more than one country and do not aggregate the multi-country data then please complete the survey based on the country that has the greatest number of covered lives.

Completion Time. The time needed to complete this survey is 30 to 45 minutes.

Respondent Anonymity. The website will not capture your email address. We will not be able to identify the company or individual who submitted the completed survey.

IRB Approval. This study has been approved by a private, not-for-profit research foundation Institutional Review Board.

SURVEY ITEMS

(1) Informed Consent to Participate

Although your participation is anonymous, please indicate your consent to participate in this study by clicking on the box below:

- YES, I agree to participate
 NO, I do not agree to participate (if No, please comment on why you chose not to participate)

SECTION 1 – COMPANY PROFILE

This section focuses on characteristic of your company.

(2 & 3) Location of Headquarters. Please identify the location of your company headquarters using the drop down list below:

(2) Country (select from list on computer)

(3) State if in United States or Province if in Canada (fill in blank)

(4) Tax Model. Is your company “for profit” or “not for profit”?

- For Profit
- Not For Profit

(5) Calendar or Fiscal Year. *[Omitted for this Report]*

(6) Fiscal Year Month. *[Omitted for this Report]*

(7) Ownership Type. Which of the following best describes the ownership type of your EAP company: (select one)

- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Corporation – S corporation (S-corp)
- Corporation – Private Closely Held
- Corporation – Publicly Traded
- Corporation – Other

(8) Company Category. Please check the following item, which best describes your company: (Select ONE)

- Free Standing EAP
- Disability Insurance Plan
- Third Party Administrator (TPA)
- Insurance Company or Health Plan
- Managed Behavioral Health Organization (MBHO – not owned by a health plan, TPA or insurance company)
- Hospital or Health Care System
- Community-Based Behavioral Health or Social Service Agency / EAP

(9) Years in Business. What is the total number of years your company has provided EAP Services?

Fill in a whole number: _____ Years (example: 7)

(10) Primary Services Offered. What are the primary services offered by your company? Please check three or less:

- EAP
- MBHO
- Work/life
- Wellness
- Other, please describe: (fill in blank)

(11) Marketing Area. Which item below best describes where you sell / market EAP services?

- Local: within a single US State or Canadian Province or other locale
- Regional: within multiple States or Provinces or areas
- National: within one country
- International: 2 to 4 countries
- Global: 5 or more countries

(12) Areas of International Business Growth.

[Omitted for this Report]

(13) Mergers & Acquisitions. Has your company been part of a merger or acquired another company during the past three years (2009, 2010 or 2011)?

- Yes
- No

The following two questions only apply to EAP vendors in the United States and Canada.

(14) COA Accreditation Status. In calendar/fiscal year 2011, was your EAP accredited by the Council on Accreditation (COA) to provide EAP services in North America?

- Yes
- No
- Not Applicable if outside of Canada and US

(15) CEAP Certification of Staff. The Certified Employee Assistance Professional (CEAP) designation is provided to qualified individuals from the Employee Assistance Professionals Association. Although open to others, this item pertains to those who directly provided or supervised EAP counseling services in calendar/fiscal year 2011.

a) CEAP Staff. What percent of your *staff* counselors had the CEAP credential?

____%

OR Not Applicable if outside of Canada and US

b) CEAP Affiliates. What percent of your *network counselor affiliates* had the CEAP credential?

____%

OR Don't know

OR Not Applicable if outside of Canada and US

(16) Professional Association Membership. Please check each of the following associations that your company was a Member of during the 2011 calendar/fiscal year:

- Alliance for Work Life Progress (AWLP)
- Association for Behavioral Health and Wellness (ABHW)
- Brief Intervention Group (BIG) for Screening, Brief Intervention and Referral for Treatment Initiative (SBIRT)
- Canadian Employee Assistance Program Association (CEAPA)
- Employee Assistance Collaborative (EAC)
- Employee Assistance Professionals Association (EAPA)
- Employee Assistance Roundtable (EAR)
- Employee Assistance Society of North America (EASNA)
- Institute for Health and Productivity Management (IHPM)
- International Association of Employee Assistance Professionals in Education (IAEAPE)
- National Behavioral Consortium (NBC)
- National Business Group on Health (NBGH)
- Risk and Insurance Management Society (RIMS)
- Society for Human Resource Management (SHRM)
- World at Work (W@W)

SECTION 2 – STAFF PROFILE

This section focuses on the employee at your company.

(17) Staff Count. What was the total number of full-time EAP staff employed at your company across all job positions for the 2011 calendar/fiscal year? Bearing in mind that some staff may have had time allocated to non-EAP responsibilities, please use your best estimate to respond to the item below.

Fill in a number: ____ (ex. 35 employees)

(18) Staff Development. This question focuses on employer funding of employee professional development. Please check each item listed below that your company supported with funding for employee professional development in the 2011 calendar/fiscal year: (Check all that apply)

- Local conferences
- Regional conferences
- National conferences
- International conferences
- Further formal education (i.e., tuition reimbursement programs)

SECTION 3 – CLIENT COMPANIES PROFILE

This section focuses on the characteristic of the client companies included in your book of business.

(19) Total Client Companies. For your entire book of business in the 2011 calendar/fiscal year, what was the total number of client companies with contracts for EAP services?

Fill in a number ____ (ex. 150 customers)

(20) Client Managerial Authority. Client companies have a variety of options for which department can have managerial authority over the EAP. For example, at one client company the managerial authority for the EAP may be in Benefits and at another it may be the CFO in Finance. For your book of business in 2011 calendar/fiscal year, please rate the frequency that each of the following departments had primary managerial authority over the EAP.

Department	Frequency of Managerial Authority: 1 = Never 2 = Seldom 3 = Occasionally 4 = Often 5 = Almost always	N/A Not Applicable
Benefits	1 2 3 4 5	N/A
Risk Management	1 2 3 4 5	N/A
Public Relations	1 2 3 4 5	N/A
Executive / Administration	1 2 3 4 5	N/A
Finance	1 2 3 4 5	N/A
Human Resources (HR)	1 2 3 4 5	N/A
Medical / Health	1 2 3 4 5	N/A
Disability	1 2 3 4 5	N/A
Workers Compensation	1 2 3 4 5	N/A

(21) Business Objectives: Operational Focus. For the items below, using the 5-point scale below please rate the level of “difficulty” for managing these objectives in the 2011 calendar/fiscal year. *Difficulty is defined as high expense and or high time commitment by the EAP.*

Business Objective	Level of Difficulty <i>1 = Very Low 2 = Low 3 = Moderate 4 = High 5 = Very High</i>	N/A Not Applicable
Supervision of network affiliate EAP counselors	1 2 3 4 5	N/A
Supervision of contract partners (e.g., after hours call center, crisis, financial, legal, Work/Life, etc.)	1 2 3 4 5	N/A
Providing EAP services in staff locations other than the client company headquarters location(s)	1 2 3 4 5	N/A
Providing EAP services internationally (i.e., in countries outside of the one that your business is based)	1 2 3 4 5	N/A
Maintaining a competitive Information Technology (IT) edge as a business	1 2 3 4 5	N/A
Educating brokers of insurance and employee benefits so that they understand the business value of EAP	1 2 3 4 5	N/A
Deploying an outcomes measurement strategy	1 2 3 4 5	N/A

(22) Pricing Models. Three pricing models for EAP services are shown below. For your book of business in the 2011 calendar/fiscal year, please indicate what percentage of your EAP client companies fell into each model. Enter a whole number from 0 to 100.

Capitated fee pricing model: A Cap Rate is typically defined as a fee applied to a particular population and time period. For example: \$1.25 per employee per month. ____ %

Fee for service pricing model: Fee for Service is typically defined as a specific total price for a set of EAP services for a given time period with a particular customer. ____ %

Bundled or Embedded fee pricing model: Bundled or Embedded fees for the EAP service are not seen by the end-user customer organization, as they are included in with the total cost for a larger bundle of services or products purchased by the customer – such as insurance. In this case, the insurer

purchases the EAP and includes it in their set of services that they sell to other companies and organizations. ____ %

OR ____ Data unavailable

(23) Counselor Session Continuation. This item concerns the part of your EAP business that had contracts that limited the number of counseling sessions allowed per case. This question pertains to your book of business in the 2011 calendar/fiscal year. Were your EAP staff or affiliate counselors allowed to continue to provide services to the same clients after the maximum session limit had been reached? This includes when counselors make referrals to themselves beyond the EAP to continue services.

- Yes, continuation allowed for all or most contracts
- Yes, continuation allowed but only for a few contracts
- No, continuation not allowed
- Not applicable

(24) Gatekeeper Role. For your book of business in the 2011 calendar/fiscal year, what percentage of your client company contracts required the EAP to act as a “gatekeeper” for individual users to grant access to sponsored behavioral/mental health treatment benefits? (Note: This can range from 0% to 100%)

____ %

SECTION 4 – UTILIZATION METRICS

This section focuses on covered population counts and utilization data often featured in client reporting.

(25) EAP Counselor Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of EAP counseling sessions provided (e.g., 4,234 sessions). Please note this is not a count of the cases but rather the total of all sessions per each case served.

Total EAP Counseling Sessions - Staff _____ Number

Total EAP Counseling Sessions - Affiliates _____ Number

Total EAP Counseling Sessions – Combined (total of above) _____ Number

OR ____ Data unavailable

(26) Organizational Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of services provided for each kind of EAP Organizational service listed below:

Employee Orientations to the EAP	_____	Number
Supervisor / Management Trainings	_____	Number
Topic Specific Educational Seminars/Trainings	_____	Number
Management Consultations	_____	Number
CISD / Crisis Response Incidents	_____	Number

OR _____ Data unavailable

(27) Work/life Services Provided. For your book of business during the 2011 calendar/fiscal year, please fill in the data for the total number of services provided for each kind of Work/life service listed below:

Youth / Childcare related services	_____	Number
Adult / Eldercare related services	_____	Number
Convenience / Personal concierge services	_____	Number
Other Work/life services not included in above	_____	Number

OR _____ Data unavailable

(28) Covered Employee Lives. For your book of business in the 2011 calendar/fiscal year, what was the total number of employees your company offered EAP services to? *This count does NOT include family members or other covered dependents.*

Fill in a number: _____ (ex. 100,000)

OR _____ Data unavailable

(29) Estimating Total Covered Lives. Currently, there is no commonly accepted industry standard for estimating the total count of all covered lives that includes employees, family members and other dependents. It is common practice to use a multiplier (often ranging from 2.1 to 2.9 or higher) when converting the total number of employees to yield an estimate of the total number of covered lives. Please indicate what numeric multiplier figure you use:

Fill in a number: _____ (ex. 2.1, 2.5, etc.)

OR _____ Don't know

(30) Covered Total Lives. For your book of business in the 2011 calendar/fiscal year, what was the total number of covered lives your company offered EAP services to?
Note: this count includes employees and all family members and other covered dependents eligible to use the EAP services. It can be based on your actual data or it can be estimated from applying the figure in the above item to the count of covered employees.

Fill in a number: _____ (ex. 250,000)

OR _____ Data unavailable

(31) Total Number of EAP Counseling Cases. Currently, there are no standard industry-wide formats for reporting annual utilization rate and it is defined in a variety of ways. Therefore, the data to be reported for the next item is limited to the following definition.

A single EAP counseling case is established when the EAP performs one or more of the following activities with a covered individual:

- (1) Performs an initial assessment OR*
- (2) Creates a plan of action with recommendations OR*
- (3) Makes a referral for short-term counseling.*

For your book of business during the 2011 calendar/fiscal year, please provide the total number of individual EAP counseling cases:

_____ Number

OR _____ Data unavailable

User Demographic Profile. Please provide answers to the two demographic based items below for your book of business in the 2011 calendar/fiscal year for the users of EAP counselor, organizational, work/life and other relevant services.

(32) User Demographics Part I – Gender

Male	_____	%
Female	_____	%
Unknown	_____	%
TOTAL =		100 %

(33) User Demographics Part II – Employee Status

Employee	_____	%
Non-Employee/Dependent	_____	%
Unknown	_____	%
TOTAL =		100 %

(34) EAP Awareness. How did individual clients first learn about the EAP? EAP vendors vary in the types of information they collect during the initial client contact process. Ideally, your company captures this kind of information; if so please respond to the items below. Please base your answers on your book of business from the 2011 calendar/fiscal year. Using the 5-point scale below please rate how frequently your clients noted each of the marketing sources below as a way that they had become aware of the EAP service:

Awareness Source:	Level of Frequency <i>1 = Very Low</i> <i>2 = Low</i> <i>3 = Moderate</i> <i>4 = High</i> <i>5 = Very High</i>	N/A Not applicable
Brochure about the EAP	1 2 3 4 5	N/A
Wallet card about the EAP	1 2 3 4 5	N/A
Newsletters about the EAP	1 2 3 4 5	N/A
Promotional about the EAP	1 2 3 4 5	N/A
Mailing about EAP sent to employee's home	1 2 3 4 5	N/A
Website for EAP	1 2 3 4 5	N/A
Insurance benefit materials about the EAP	1 2 3 4 5	N/A
Health fairs at the worksite	1 2 3 4 5	N/A
Human Resources information	1 2 3 4 5	N/A

(35) Referral Type. This question focuses on who initiated the referral of individual cases to the EAP. Please base your answers on data from the 2011 calendar/fiscal year. Using the 5-point scale below, indicate the frequency for each possible source of referral.

Referral Source:	Level of Frequency	N/A
	1 = <i>Very Low</i> 2 = <i>Low</i> 3 = <i>Moderate</i> 4 = <i>High</i> 5 = <i>Very High</i>	Not applicable
Self-referral	1 2 3 4 5	N/A
Referral from Supervisor: Voluntary	1 2 3 4 5	N/A
Referral from Supervisor: Mandatory/For Cause	1 2 3 4 5	N/A
Referral from Human Resources (HR) staff	1 2 3 4 5	N/A
Referral from Medical or health care staff referral	1 2 3 4 5	N/A
Referral from Union representative	1 2 3 4 5	N/A
Referral from co-worker	1 2 3 4 5	N/A

(36) Case Completion Rate. This question focuses on the percentage of counseling EAP cases that were closed or completed within the EAP / Community resources and the percentage of cases that were not closed and were referred for additional care under the benefit plan. Common types of additional care include use of outpatient psychological counseling or addiction treatment services. Please respond using data from your book of business in the 2011 calendar/fiscal year.

Cases resolved within the EAP and/or community resources _____ %

Cases referred to benefit covered treatment after EAP _____ %

[NOTE – above should add up to 100%]

OR _____ Data unavailable

SECTION 5 – SURVEYS

This section focuses on survey data collection practices and results often featured in client reporting.

(37) Survey Data Sample Size. For your book of business during the 2011 calendar/fiscal year, how many users of your EAP participated in a survey that assessed their satisfaction with the service and other outcomes? For example, 2,000 surveys were completed either online, by phone or a hard copy. Please provide an approximate number if exact data is unavailable.

Total number of Satisfaction Surveys Completed: _____ Number

OR _____ Data unavailable

(38) Survey Outcome Measurement. On your follow-up surveys, did you incorporate items from a standardized and research-validated tool to measure outcomes after use of the EAP?

Yes

No {If no – skip next item}

(39) Survey Measures. Which of the following standardized outcome measure(s) did you use? Check all that apply:

- Employer Measures of Productivity, Absence and Quality (EMPAQ)
- Health and Productivity Questionnaire (HPQ)
- Stanford Presenteeism Scale
- Work Limitations Questionnaire
- Workplace Outcome Suite (WOS)
- Other, please describe: (fill in blank)

(40) Survey Results. Based on your book of business follow-up surveys conducted in the 2011 calendar/fiscal year, what were the results obtained in the areas below:

a) Average percentage of EAP users surveyed who were *satisfied* with the EAP service overall.

_____ % (range from 0% to 100%)

b) Average percentage of EAP users surveyed who reported *improvement due to counseling*.

_____ % (range from 0% to 100%)

c) Average percentage of EAP users surveyed who reported *improvement in work performance or productivity*.

_____ % (range from 0% to 100%)

d) Average percentage of EAP users surveyed who reported *improvement in work absence*.

_____ % (range from 0% to 100%)

OR _____ Data unavailable

SECTION 6 – BUSINESS MANAGEMENT

This section focuses on business management issues concerning client companies and internal operations.

(41) Business Objectives: Client Company Focus. For the items below, please rate the level of “difficulty” for managing these objectives in the 2011 calendar/fiscal year. *Difficulty is defined as high expense and or high time commitment by the EAP.*

Business Objective	Level of Difficulty 1 = Very Low 2 = Low 3 = Moderate 4 = High 5 = Very High	N/A Not Applicable
Promoting awareness of EAP among <i>employees</i> at client companies	1 2 3 4 5	N/A
Promoting awareness of EAP among family / dependents	1 2 3 4 5	N/A
Promoting awareness of EAP among <i>supervisors and management</i> at client companies	1 2 3 4 5	N/A
Use of Internet strategies for promotion of EAP services	1 2 3 4 5	N/A
Use of smart phone mobile technologies for promotion of EAP services	1 2 3 4 5	N/A
Opportunities for more proactive and strategic role of EAP within client companies	1 2 3 4 5	N/A
Getting “face-time” with management and senior executives at client companies to discuss EAP	1 2 3 4 5	N/A
Balancing the operating budget, staff needs and quality of the EAP program for each client company	1 2 3 4 5	N/A
Collaboration and integration with other programs (such as work/life or wellness) at client companies	1 2 3 4 5	N/A
Relationship-building activities to increase chances of renewing the contract for EAP services	1 2 3 4 5	N/A
Quantifying and demonstrating the value of the EAP	1 2 3 4 5	N/A

SECTION 7 – BUSINESS DEVELOPMENT

This section focuses on business growth and erosion issues.

(42) Business Development. This item requests your opinion. Using the 5-point scale below please rate each factor listed below according to its' impact on contract renewals and new contracts for EAP services at your company in the 2011 calendar/fiscal year.

Business Development Factor	Level of importance: <i>1 = Very low</i> <i>2 = Low</i> <i>3 = Moderate</i> <i>4 = High</i> <i>5 = Very high</i>
Improved existing EAP product offering(s)	1 2 3 4 5
New EAP product offering(s)	1 2 3 4 5
EAP product pricing	1 2 3 4 5
Expanded sales geographic region	1 2 3 4 5
Increased sales force at company	1 2 3 4 5
Enhanced broker engagement	1 2 3 4 5
New strategic partnerships	1 2 3 4 5
Collaboration or cross-selling with another vendor or partner	1 2 3 4 5
Acquired an EAP company that included new customers	1 2 3 4 5
Enhanced technology capabilities	1 2 3 4 5
Successful deployment of social media	1 2 3 4 5

(43) Business Erosion. This item requests your opinion. Using the 5-point scale below please rate each factor below for how important it was as a *primary*, not a secondary, source of why customers did not renew their contracts for EAP services in the 2011 calendar/fiscal year.

Business Erosion Factor	Level of Importance : 1 = <i>Very low</i> 2 = <i>Low</i> 3 = <i>Moderate</i> 4 = <i>High</i> 5 = <i>Very high</i>
Client company downsized employees	1 2 3 4 5
EAP benefit discontinued by customer(s)	1 2 3 4 5
EAP product quality	1 2 3 4 5
EAP product features	1 2 3 4 5
Price competition from other EAP providers	1 2 3 4 5
Customer(s) switched to “free” or embedded EAP	1 2 3 4 5
Resistance from brokers of insurance or employee benefit services, consultant or TPA	1 2 3 4 5
Economy downturn	1 2 3 4 5

SECTION 8 – FORECASTING THE FUTURE OF EAP

(44) The Future of EAP. What is your level of optimism about the future of the external EAP industry?

- Very optimistic (highly positive)
- Somewhat optimistic (positive)
- Neither optimistic or pessimistic
- Somewhat pessimistic (negative)
- Very pessimistic (highly negative)

Comments. In the space below please expand on your response above.

(fill in).

End - Thank You