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# *the* ALMACAN<sup>®</sup>

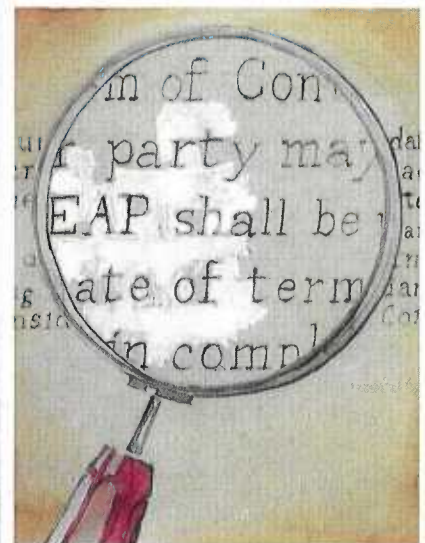
Published monthly by Association of Labor-Management Administrators and Consultants on Alcoholism



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# Signs 'O the Times

**WE ALL RECOGNIZE** that major changes are occurring in the EAP field. Since last spring, a number of articles have been published in *THE ALMACAN* about managed mental health care. More recently, with the implementation of the Drug-Free Workplace Act, our field is benefitting from the rush of companies to implement EAPs—whether in full-service or scaled-down form—especially among small and mid-size firms.

Both developments may bode favorably for external EAP providers. And with the 80s trend of more companies contracting for external EAP services, the writing on the wall is that we all need to pay attention to new issues that have never been common topics of discussion in the EAP field before.

This month's cover is intended to convey three notions important to EAP contractors. The **light bulb** (yes, that overused cliché) represents creativity. It's often that entrepreneurial dint of genius which separates excellent companies from the mediocre. The **business suit** brings with it connotations of presentability and proper business etiquette. The **contract** is the document which puts the cards of a business deal on the table.

The starting point of this issue considers the EAP customer's viewpoint on why it wants EAP services and what it expects in terms of service delivery. Another article canvasses the current state of EAP

competition in selected parts of the United States and in one Canadian location. Hopefully, this "straw poll" will help to quantify the EAP field's present state of activity.

Other articles delve into vital issues related to EAP contracting. It is important to note that none of the information presented should be misconstrued as ALMACA policy. For example, information related to the parameters/definitions of levels of EAP services is based primarily on the comments of the people interviewed, *not* on data contained in ALMACA's still-to-be released *Revised Standards*.

Lastly, a new monthly column appears on the inside back page entitled "The Business Page." It carries information that provides EAP practitioners with practical business knowledge on topics which include tax-status considerations (this month's topic), aspects of selling an EAP, and staffing patterns. If the column meets our objective, you may start reading *THE ALMACAN* from the *BACK* of each issue!

*Rudy M. Yandrick*

**RUDY M. YANDRICK**  
EDITOR

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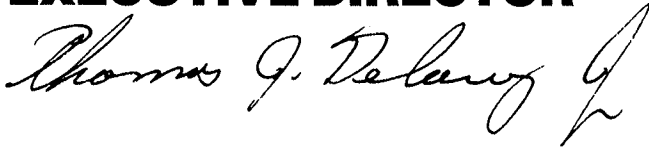
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## FROM THE EXECUTIVE DIRECTOR



by Thomas J. Delaney, CEAP  
ALMACA Executive Director

**W**hile the results of the vote to select a new name for ALMACA were not known at the time of this writing, it is significant that three of the possible new names do not include the word "consultant." This reflects a change in the role of the consultant as it applies to the EAP field. The EAP administrators who belong to ALMACA also perform a range of services not envisioned when the current name was chosen in 1972. There are many organizations which specialize in providing a part of the spectrum of EAP services. One such specialty encompasses the old EAP consulting role.

I have been asked about the origins of the term "consultant" in the EAP field. In large part, it can be attributed to the late Ross Von Wiegand, who was director of industrial services for the National Council on Alcoholism 20 years ago. He came to the EAP field to follow up on the pioneering work of Lew Presnall. Ross had a strong business orientation and wanted to come up with a model for conveying the occupational alcoholism message to the leaders of industry. He decided that a good model existed in the benefits field. He knew of several prestigious management consulting firms that specialized in reviewing company retirement and health plans in order to help them design improved ones. The concept was based on loss control. Thanks to the work done by Lew Presnall, Ross had good information to demonstrate to industry the losses that were caused by alcoholism.

As the cover stories in this issue will show, the similarities between the benefits fields of today and during Ross' time are now evident in the current products of EAP providers. In fact, EAP and benefits practitioners are now, again, closely collaborating as they realize that they can best contribute to the corporate human resources

agenda that way. As I see it, they are both trying to design, implement and administer systems which will achieve healthy employees.

A number of EAP service providers are also doing consultation to in-house EAP and benefits administrators to better coordinate existing systems or design new ones, while in other cases EAP providers have developed separate product lines of EAP services, health care management or benefits consultation. As the same time, benefits consulting firms are developing EAP expertise. Each can certainly learn from the other and, increasingly, they are. This does not have to happen only on a company-to-company or company-to-client basis. A number of ALMACA chapters have sponsored programs featuring benefits or invited benefits administrators to chapter meetings. ALMACA chapters also provide speakers for benefits organizations, or business or labor conferences which address benefits.

A few years ago, ALMACA members would probably have expressed shock at the suggestion that the field is offering product lines. We may have already been doing it, but all but the most business-oriented of us did not recognize it as such. Today, it is essential to have a grasp on product lines and market niches. This is not to say that providers cannot offer a comprehensive line of services; many do. But the full-service companies have to package the components and be ready to install the portions that industry wants at the time. On the other hand, the specialists have to be able to fit their products into a comprehensive scheme, the other parts of which may be offered by in-house EAP or other service providers. The specialty EAP providers can offer a number of different kinds of services. A few examples are evaluation, executive intervention, case management, training, assessment and referral, and education.

Again, different EAP service providers can, and do, provide components

of the same EAP. This requires cooperation, but there is also competition for business. ALMACA is usually a home to these competitors. Just as with many trade organizations and most professional associations, EAP providers have to make a professional commitment to work for their common interests in ALMACA while recognizing that they can be competitors. This relationship has matured nicely in the last few years. The Consultants Committee, in particular, is designed to provide a mechanism for them to participate. Jack Dolan is the current chairperson and the committee is meeting the new challenges under his guidance.

Another relationship which is maturing is that between the external EAP firms and in-house programs. Just as labor and management had some initial disputes before finding common beneficiaries in ALMACA and the EAP field, there are also disputes between these groups. But considering the changes that have taken place in the EAP field over the last few years, it is surprising that there have not been more.

One area that understandably upsets in-house programmers is the potential of a bidder going behind his or her back and trying to convince top management to abandon the in-house program for a contract. Although this rarely happens, just the possibility of it understandably detracts in-house people from servicing their work forces. It would seem that this is an area that could benefit from mutual discussion between the Consultants Committee and Program Managers Committee. While antitrust considerations may preclude specific agreements, it would seem that there are enough work sites without EAPs to keep both sides busy. Moreover, as management becomes more sophisticated about the potential for EAP, there will probably be more utilization of specialized service providers by the comprehensive in-house programs. □

# Table Talk With EACC Chairperson Dan Lanier About Recertification

**A**LMACA's Executive Committee approved the methods outlined in the recertification plan of the Employee Assistance Certification Commission (EACC), which was featured in the April issue. This month, in a question-and-answer interview, newly-appointed EACC chairperson Dan Lanier discusses some of the plan's specifics and the circumstances that contributed to them, and responds to questions raised by ALMACA chapters.

It is important to mention that the EACC commissioner most directly involved in the recertification process is Sandra Turner, recently elected as vice chairperson of the Commission. She heads the Recertification Committee.

**ALMACAN:** *Exactly where does the recertification process currently stand? Was it formally approved as official ALMACA "policy"?*

**LANIER:** Yes, the recertification plan is now policy. It was approved by the EACC and then reviewed by ALMACA's Executive Committee, which approved the methods and asked the EACC to proceed with implementation. The vote concluded a year-long process during which the Commission investigated recertification options, actively sought the feedback of ALMACA members and CEAPs, and provided a progress report to ALMACA's Board of Directors during the National Conference in Los Angeles. The actions led to formulation and approval



of the final draft.

The next important date to remember on the recertification calendar is May 15, when the EACC will formally begin to accept applications from providers of training [ALMACA chapters, independent providers, colleges, in-house EAPs, etc.] for approval of Professional Development Hours, or PDHs. By the way, I would encourage instructors wishing to apply for the granting of Professional Development Hours to obtain the endorsement of their local ALMACA chapter or five CEAPs, then contact the EACC as far in advance of the course dates as possible.

Applications received on May 15 or later, for courses beginning on July 1 or later, will be reviewed by the EACC for assignment of PDHs.

**ALMACAN:** *Introduction of the term "Professional Development Hour" may lead to possible confusion with continuing education unit (CEU) by CEAPs and ALMACA chapters. Wouldn't an ALMACA-controlled system of approving CEUs be a better alternative?*

**LANIER:** This was one of the areas most intently looked at by the Commission. The Commission feels that, as a standard for ongoing education, the CEU concept is too informal to guarantee the level of professional development that CEAPs told the EACC they wanted. Please keep in mind that in a very real sense we are *developing a profession* rather than *continuing an education*. You have to remember that very few of us were originally educated in EAP work.

Based on the feedback of CEAPs and ALMACA members, the recertification process requires more precise parameters than can be delivered by the CEU concept. For instance, Professional Development Hours will be obtainable through union or in-house training programs. PDHs may be earned at meetings that EAP professionals regularly attend, such as ALMACA chapter programs. CEAPs choose the PDH course work that is appropriate for themselves. PDHs relate to the six content areas of the certification exam which, combined, are EAP-specific.

Historically, CEUs have been the accrual method of continuing education for certified alcoholism coun-

selors and nurses, among others. Most people are aware of CEUs as they apply to coursework related to counseling and treatment. The EACC's recertification plan, like the certification test, is weighted heavily toward EAP Direct Services, and EAP Policy and Administration. Only 20% of the exam is weighted toward knowledge of counseling and treatment.

The point has been raised that introduction of the professional development concept could lead to confusion by CEAPs and ALMACA chapters about the difference between PDHs and CEUs. Just like any new program, an educational process will help to clear up any temporary misunderstandings. This is what the EACC is presently attempting to undertake. It is more important that the business community, which will ultimately determine the validity of the CEAP designation, not erroneously connect CEAP recertification with continuing education on strictly counseling and treatment topics.

There is another, less conspicuous, reason for the adoption of PDHs. Many ALMACANs remember back to the 1985 Annual Meeting in Boston. During the Opening Session, the original proposal developed by ALMACA's credentialing consultant called for the participation of ALMACA members in a human resource professional credential program. The plan would have credentialed senior employee assistance professionals and been under the control of an association in the personnel field. Basically, ALMACA would have underwritten the plan and received very little of the credit.

ALMACA members in attendance at the Opening Session of the Boston meeting stated their opposition to the plan and, afterward, the Board of Directors voted against it. Today, we have a professional certification program that is entirely our own. There is no doubt that it operates under ALMACA's auspices. Just as certification is a product of the EAP field, so too is the recertification process.

Through our information-gathering process last year, we knew of many ALMACA members and CEAPs who stood on each side of the PDH vs. CEU issue. Either decision by the EACC would have likely drawn criticism.

**ALMACAN:** *Concerns have been raised about the \$60 annual maintenance fee for recertification. How does the EACC justify the fee and how will it be spent?*

**LANIER:** Before I answer that, let's remember that the professionalization of any young field is an extremely ambitious undertaking. It is hard to see around every turn and anticipate every situation that arises. In particular, it is unlikely that a sufficiently complete recertification plan could have been written concurrent with, or even prior to, adoption of the CEAP certification program. It was necessary that recertification *and its associated costs* be addressed *after* the original certification testing program was implemented.

Some CEAPs have been confused because they believe they will be billed \$300 when their recertification comes due, *in addition to* the \$60 annual fee, meaning that a total of \$600 will be spent over five years to retain the CEAP designation. This is not the case! The \$60 annual fee, paid over five years, amounts to \$300—the same amount that we anticipate a new candidate for certification will pay in 1992, when the 1987 class of CEAPs will need to recertify. There will be no additional \$300 recertification fee.

Let me add another thought. For those people outright opposed to the annual maintenance fee idea, it is doubtful that as much opposition would have been raised for a single payment of \$300, due on the date of a recertification exam, since very few professionals expect to participate in a testing program for free. But on the other hand, that balloon payment would have created financial hardship for some people. Since CEAP recertification is also attainable through ongoing

education and training—which will occur throughout the five-year cycle—the Commission believes that spreading out the payments is a more practical solution. For those people who elect to recertify through PDHs, the \$60 fee will be used to compile and maintain information on each CEAP's attainment of PDHs.

It is interesting that, had credentialing for EAP professionals been handled by the personnel organization as was originally proposed, disagreement over the annual recertification maintenance fee would have been a moot point, since we would have plugged into someone else's pre-existing system. But then again, we would have supported a middle man and lost control of "our" credentialing program. As it stands, every cent from the maintenance fee stays with ALMACA and the EACC and is intended to help us *break even*, not make a profit.

In regard to the budgetary specifics of the \$60 annual maintenance fee, it will be used for expenses related to test development, administration, course monitoring, the handling of ethics

## CORRECTION

The article on the recertification plan which appeared in the April issue contained information which is incorrect. On pages 8 & 9, the article indicated that while most PDHs (60% of them) must be earned in content areas (3) and (4)—EAP Policy & Administration and EAP Direct Services—the remainder (40%) can be earned in any of the other four content areas.

*The remainder (40%) can be earned in ANY OF THE SIX CONTENT AREAS.* In other words, the remainder (40%) can be earned in content areas (3) and (4) as well as any of the others.

**"It is important that the business community... not erroneously connect CEAP recertification with continuing education on strictly counseling and treatment topics."**

complaints, appeals, and marketing materials to inform the public of the CEAP standard. Administration includes staff costs and applications processing and approval. Based on our budgetary projections, \$60 is the lowest reasonable fee under which recertification through PDHs can be accomplished. If that sounds like a lot of money, the ACSW certificate program fee is \$140 annually—and it has no professional-development component.

**ALMACAN:** *Explain in more detail what the function of the monitors will be.*

**LANIER:** Along with the EACC approval process for coursework, the monitors will be a quality-control device. The monitors will be CEAPs who have been selected at random by the workshop instructor to evaluate on the EACC's behalf the PDH-approved education and training events. The monitor will complete a form designed by the EACC, which will be returned to the EACC after the training event. This is our way of determining the quality of training that received prior EACC approval. It will also help the EACC to improve on its approval procedures over time.

**ALMACAN:** *Some chapters have stated concerns about how much control the EAP field—as distinct from the EACC—will have over the recertification process. Please comment on this.*

**LANIER:** The EACC has consulted with the membership throughout the process of formulating policy for recertification, just as it did with certification. CEAPs told us that they want education and training as a recertification option. That is exactly what the EACC did. They told us that they wanted opportunities for CEAPs in remote areas to be recertified without having to commit to prohibitive expense and time in order to travel. The EACC is working on a study kit for those individuals, although it will not be available for use by CEAPs until a future date. ALMACA chapters said they wanted an opportunity to present education and training programs. In fact, that was one of the EACC's predominant goals in establishing our very flexible PDH system. At every stop along the way, the EACC complied with the wishes of ALMACA members and CEAPs.

The Commission itself is composed of people who were either elected by the popular vote of ALMACA members or appointed by the President of ALMACA. We all work within the EAP field and have the same interests as other EAP people. We on the Commission feel that we have been as open and up-front about the entire recertification process as possible. Solicitations for information on policy development were published in *THE ALMACAN* and through other means in step-by-step fashion during the process of policy development. Last year's co-chairs of the Subcommittee on Recertification, namely Jesse Bernstein and Tom Pasco, took a great deal of time away from their jobs to speak with as many CEAPs and ALMACA members as possible. They received a great deal of help from commissioners Betty Reddy and Dick Groepper, and I can assure you that the recertification plans that they forwarded to the EACC were fully accountable and were not formulated out of self-interest.

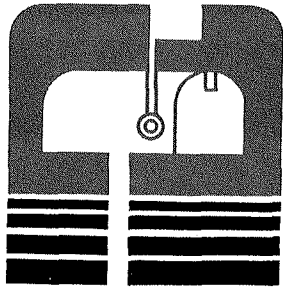
Incidentally, now that our recertification proposal has become policy,

we are publishing a detailed *Recertification Guide*, which may be in the hands of CEAPs before this issue of the magazine.

**ALMACAN:** *The expense of retaining certification is adding to the cost of participating in the EAP field. How do you respond to the comment that this could hurt ALMACA membership?*

**LANIER:** I truly hope that this will not be the case. The professionalization of a field of work comes with its costs. The EACC has tried to keep its costs as close to the floor as possible in order to avoid any possible conflict of interest here.

ALMACA, as a professional association, is the EAP field's most valuable asset. It was ALMACA which determined the need for a professional certification program, just as it will be the impetus for other necessary improvements in the field. As the EAP field increasingly becomes the object of scrutiny by government and the business community, ALMACA's role in protecting our interests and furthering EAP development will become more and more critical. ALMACA's efforts will be seen in the numbers of new work organizations that implement EAPs, the availability of high-paying EAP jobs, and determine the extent to which EAPs are fully integrated into the workplace. Already, ALMACA has had a few major public policy successes. With some more, this will translate into a better standard of living for EAP professionals. A strong professional association is necessary to "play hardball" and make successes happen. While the EACC would like all EAP practitioners to become certified, we hope that no one forfeits his/her membership in ALMACA due to certification. There is absolutely no substitute for many of the activities ALMACA undertakes on behalf of its membership. □



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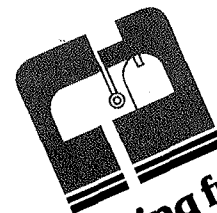
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<input type="checkbox"/> Cost Benefit/Cost Effectiveness .....	40.50	<input type="checkbox"/> <i>Law: Drug-Free Workplace Act of 1988</i> .....	4.00	<input type="checkbox"/> <i>Smoking</i> .....	15.00
<input type="checkbox"/> Cost Impact/Offset .....	13.00	<input type="checkbox"/> Law: Drug Testing .....	1.50	<input type="checkbox"/> Staff/Organizational Development .....	19.00
<input type="checkbox"/> Counselor, Becoming/Training .....	4.00	<input type="checkbox"/> Law: Duty to Warn .....	7.00	<input type="checkbox"/> State Resources/Services .....	12.50
<input type="checkbox"/> County EAPs .....	4.50	<input type="checkbox"/> Law: Final Rule on Confidentialty .....	4.50	<input type="checkbox"/> Stress, Job-Related .....	18.00
<input type="checkbox"/> Crime .....	3.00	<input type="checkbox"/> Law: NIDA Guidelines/Drug Testing .....	4.00	<input type="checkbox"/> Supervisory Programming (Education/Training) .....	15.00
<input type="checkbox"/> Diagnosis .....	10.50	<input type="checkbox"/> Law: Privacy Act of 1974 .....	4.50	<input type="checkbox"/> Symptoms/Signs .....	6.00
<input type="checkbox"/> Disabled Employees .....	17.00	<input type="checkbox"/> Law: Traynor/McKelvey v. Turnage (VA) .....	7.00	<input type="checkbox"/> Training .....	2.50
<input type="checkbox"/> Drug Awareness/Prevention .....	5.00	<input type="checkbox"/> Law: Vocational Rehabilitation Act (1973) .....	4.00	<input type="checkbox"/> Troubled Professionals/Executives .....	8.00
<input type="checkbox"/> <i>Drug Testing</i> .....	12.00	<input type="checkbox"/> Law: Vocational Rehabilitation Act (1974) .....	2.00	<input type="checkbox"/> Troubled Health-Care Providers .....	3.50
<input type="checkbox"/> <i>Drug Testing: An EAP Perspective</i> .....	7.00	<input type="checkbox"/> Managed Care I .....	18.50	<input type="checkbox"/> Unions and EAPs .....	13.50
<input type="checkbox"/> Drug Types/Effects .....	18.00	<input type="checkbox"/> <i>Managed Care II</i> .....	22.00	<input type="checkbox"/> Utilization .....	17.00
<input type="checkbox"/> EAP Competencies .....	3.50	<input type="checkbox"/> Management Information Systems .....	11.00	<input type="checkbox"/> <i>Work and Families: Child Care</i> .....	13.00
<input type="checkbox"/> EAP Function/Staffing/Positions .....	5.00	<input type="checkbox"/> Management Overviews/Barriers .....	13.00	<input type="checkbox"/> <i>Work and Families: Eldercare</i> .....	3.00
<input type="checkbox"/> EAPs Internal/External (Assessing) .....	2.50	<input type="checkbox"/> Marketing .....	5.50	<input type="checkbox"/> <i>Work and Families: General</i> .....	10.00
<input type="checkbox"/> EAPs: Intra- and Extra-Organizational Influences .....	3.00	<input type="checkbox"/> Marketing/Internal .....	4.00	<input type="checkbox"/> <i>Workplace: Year 2000</i> .....	18.00
<input type="checkbox"/> EAPs: Issues and Trends .....	7.00				
<input type="checkbox"/> EAP Program Models/Essential Ingredients .....	13.50			Cost of Searches .....	\$ _____
<input type="checkbox"/> EAP Rationale .....	20.00			Virginia residents add 4.5% sales tax .....	_____
<input type="checkbox"/> <i>Employer Anti-Drug Programs</i> .....	8.00				
<input type="checkbox"/> Enabling .....	3.50			TOTAL .....	\$ _____

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ORGANIZATION \_\_\_\_\_

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# The 1989 EAP Month Resolution

Imagine. As ALMACA's 18th National Conference convenes in Baltimore, the nation will begin its observance of November as "National Employee Assistance Programs Recognition Month." The National Conference will be the focal point of festivities, replete with an official kick-off celebration.

This has a nice ring to it, doesn't it? It is well within the realm of possibility, due to a joint resolution, H.J. Res. 223, which was introduced on March 23 by U.S. Rep. Louise Slaughter (D-NY). The resolution, a near-duplicate of a similar resolution that she introduced last year, also contains a passage pertaining to the value of EAPs in helping to meet the compliance regulations of the Drug-Free Workplace Act. The full resolution is as follows.

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## JOINT RESOLUTION

To designate November 1989, as "National Employee Assistance Programs Recognition Month".

Whereas an employee assistance program is a program in the workplace designed to assist in the identification and resolution of personal problems of employees;

Whereas employee assistance programs accurately assess the nature of the personal problems of employees, provide expert confidential consultation to employees, refer the employees to appropriate services in the community, and ensure that the assistance needed by the employees is provided;

Whereas employee assistance programs enable labor and management to assist employees with personal problems in reestablishing satisfactory job performance;

Whereas in enacting the Anti-Drug Abuse Act of 1988, the Congress recognized the value of employee assistance programs by authorizing the Secretary of Labor to provide grants to employers to develop employee drug and alcohol abuse assistance programs;

Whereas in enacting the Drug-Free Workplace Act of 1988, the Congress recognized the value of employee assistance programs by requiring Federal contractors to provide drug-free workplaces through the establishment of drug-free awareness programs, which provide assistance including informing employees about available employee assistance programs;

Whereas the people of the United States, including employees and employers, need further education regarding the important benefits of participating in employee assistance programs: Now, therefore, be it

*Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That November 1989 is designated as "National Employee Assistance Programs Recognition Month", and the President is authorized and requested to issue a proclamation calling upon the people of the United States to observe the month with appropriate ceremonies and activities.*

This resolution has an advantage over last year's: there is more lead time to drum up the necessary support. In 1988, only a couple of months sepa-



**U.S. Representative Louise Slaughter**

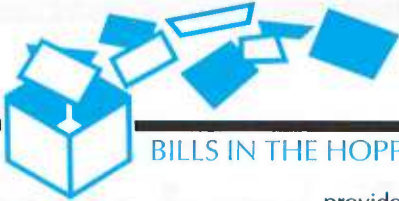
rated the date of introduction and the would-be EAP recognition month. Because there was no time to mount a concerted signature drive on Capitol Hill, there was slim chance of passage.

This year, the odds are much better, and ALMACA has already been in touch with the chapter presidents, urging them to press their chapter members into action. **THE TIME TO ACT IS NOW!** Because a joint resolution involves a two-step process that must be completed before enactment into law—a House joint resolution requires signatures from half of the U.S. Representatives and, after introduction on the other side, signatures from half of the Senators—it is necessary to obtain the necessary 218 House signatures as quickly as possible.

As of April 19, the resolution only had five cosponsors. *All ALMACANs are asked to write to their representative to request his or her cosponsorship as soon as possible.* The correspondence should briefly explain what EAPs are and why they are valuable to labor and management. The appropriate address listing is:

The Honorable \_\_\_\_\_  
U.S. House of Representatives  
Washington, D.C. 20515

ALMACA provided technical expertise to Rep. Slaughter during the drafting of H.J. Res. 223. With her reintroduction of the resolution, Rep. Slaughter has demonstrated that she is a bona-fide advocate of EAPs. Legislation on Capitol Hill fares about as well as lawmakers sense popular support for it. This resolution gives the EAP field an opportunity to stand up and show that it is ready to be noticed. □



**BILLS IN THE HOPPER**

**H.R. 2124**

**SPONSOR:** Rep. James Florio (D-NJ), 18 cosponsors

**INTRODUCED:** April 26 (NOTE: The March issue incorrectly reported that it was introduced on March 1.)

**HIGHLIGHTS:** This bill would require the states to mandate that its employers provide minimal drug and alcohol abuse coverage. In the event that any states do not fulfill the mandate, standards would be set by the Secretary of the U.S. Department of Health and Human Services.

**STATUS:** Referred to the House Energy and Commerce Committee. A hearing was scheduled for April 26.

*SUBJECT: DRUG TESTING*

**H.R. 1208**

**SPONSOR:** Rep. Thomas Luken (D-OH)

**INTRODUCED:** March 1

**HIGHLIGHTS:** This bill would amend the Federal Railroad Safety Act to

provide for drug and alcohol testing of employees.

**STATUS:** A hearing was scheduled for April 27.

*SUBJECT: CHILD CARE*

HIGHLIGHTS OF THE FOLLOWING BILLS WERE PUBLISHED ON PAGES 11-12 OF THE APRIL ISSUE.

**H.R. 30, THE ACT FOR BETTER CHILD CARE**

**SPONSOR:** Dale Kildee (D-MI), 92 cosponsors

**INTRODUCED:** January 3

**STATUS:** Referred to the House Education and Labor Committee. Hearings were held on February 9 and March 6. No further action.

**S. 5, the Senate version of H.R. 30**

**SPONSOR:** Sen. Christopher Dodd (D-CT), 39 cosponsors

**INTRODUCED:** January 25

**STATUS:** Approved by the full Senate on April 12. It has been placed on the calendar and is awaiting floor action.

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# An Historical View From Labor on Benefits

by Thomas Murgitroyde

**E**arly in the development of the United States, when the railroads were moving west, men bound themselves together in several brotherhoods, such as The Brotherhood of Locomotive Engineers, The Brotherhood of Railway Clerks and, later, The Brotherhood of Sleeping Car Porters. Most often these organizations had provisions in their charters relating to the need for temperance among their members, although there were no health care benefits at the time. Only death benefits were provided.

Around the turn of the century, a phenomenon known as the "sunshine clubs" came into existence. They would collect small amounts of money, usually five or ten cents a week, from each worker. These monies were available for a specified period of time, usually about one month. Should a worker fall ill or become unable to work after that, he would usually be discharged from his job because no one wanted to enable a slacker. The death benefit was paid only after a thorough investigation and, then, only to the spouse of a journeyman.

Things didn't change much over the next 40 years. The Second World War, which started in 1939, had a great effect on the American economy. Men who had been unemployed for years due to the Great Depression were going back to work, factories and mills were working three shifts, labor unions were becoming stronger, wages were going up, the minimum wage became law, and child labor laws were strictly enforced.

By December 1941, the United States entered the war and the federal

government activated many different boards, one of them being the Wage Stabilization Board. This form of governmental intervention, which sought to control inflation, froze wages for employees. However, profits for industry soared at the same time. In most cases, unions were prohibited from striking. In order to stay within the law on what labor unions normally negotiated for as wages, hours and working conditions, it was decided that all benefits related to health and welfare came under the umbrella of wages. This was a watershed incident which has dictated the direction of health and welfare benefits ever since.

Since the 1940s, labor has made significant contributions toward improving the lot of American workers. Today, however, the situation is changing. Everyone is looking for ways short of new laws to control health care costs, health care providers and the utilization of benefits. Once again, labor is being counted on to bear the cost, whether it be through cost containment, the reduction of benefits won through negotiations at the bargaining table, or outright givebacks.

---

## TYPES OF H&W GROUPS

At the present time, there are three types of health and welfare groups or organizations. Keeping in mind that no matter which of the three types is used, all three *negotiate* for benefits. None of the benefits should be construed as gifts from the employer.

(1) The first program is operated by the employer, with the employer hav-

ing near complete control of the benefits features, such as selection of the insurance carrier, areas of coverage, availability of other services and, in some cases, control of the providers. This program is usually administered by the personnel or human services department of the company.

(2) Joint labor-management programs are self-explanatory. Management makes contributions to the benefit plan, based on the amount of straight-time hours worked by the union member. (In my own union, the negotiated rate is \$1.37 per hour.) These programs may have parity, with an equal number of labor and management positions on the health and welfare board.

(3) The last form is the program that derives its operating budget through a negotiated rate, using the same formula as a joint program, but with the labor organization being the administrator of the plan. In this instance, labor has become a manager and, as is normal, we expect our people to be experts in their field. Also, these health and welfare programs seek providers which will deliver the best possible care at the most reasonable cost.

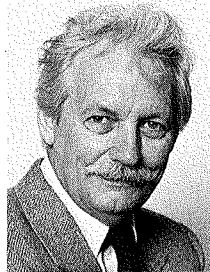
Labor also wants to be included in every new or innovative benefit that comes into vogue. Maintaining benefits is of great concern and is an almost impossible task to perform, given the ever-increasing cost of premiums and decreasing membership/work force. Labor unions, as health and welfare funds, continue to seek ways to contain costs, better utilize benefits, and provide more and better services to members and their families.

## MANAGED MENTAL HEALTH CARE ENTERS

Enter the employee assistance professional who is selling managed mental health care or seeks to manage welfare funds which, in general, are not overflowing with readily available cash. Labor's immediate reaction is one of distrust. We feel that this outside EAP is trying to infringe on us in an area that we have suffered long and hard to achieve gains in. There is a strong potential for conflict. EAPs as health managers are in the position of making decisions about where our members will be treated and by whom.

Once again, we have concern for our members. Will union members get the treatment best-suited to the individual or will treatment be based solely on price? Will treatment be given on demand or will we be given the runaround, with enough red tape to entrap workers who need medical attention? In the opinion of many of my labor colleagues, we are not ready financially or philosophically to turn over our agencies to outside forces. We feel as we always have—that labor will learn what it needs to know and competently fulfill the goals that it has set.

Members assistance programs (MAPs) are now in place at the AFL-CIO in Philadelphia, Pennsylvania, Los Angeles and Orange County, both in California, and New York City. Sev-

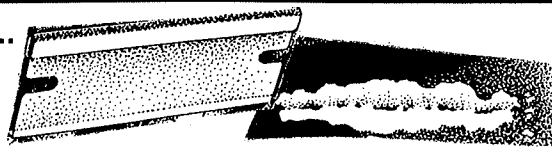


**THOMAS MURGITROYDE, CEAP, is director of the Philadelphia Council of the AFL-CIO. He is also a community services representative of the AFL-CIO at the county, state and national levels. Recently, he was appointed by ALMACA President Tom Pasco as chairperson of the Labor Committee.**

eral national and international unions also have separate programs. Hopefully, a planned MAP in Honolulu, Hawaii will soon become operational. The National AFL-CIO has also allotted funds to establish a program for nonunion members in Cincinnati, Ohio.

Labor is on the move to maintain its position of providing benefits to the employed and unemployed alike. However, we recognize that we are part of a health care delivery "system" that includes other components besides ourselves. One of the other components is represented by the physicians and surgeons who participate in a managed mental health care delivery system. While everyone is desperately trying to control costs and utilization, without their support the whole system will cave in on itself.

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- The Eating Disorders Program.
- The Alcoholism & Drug Abuse Programs Conducted by Breakthrough Concepts, Inc.



Gracie Square Hospital  
420 East 76th Street  
New York, New York 10021  
Telephone (212) 988-4400

\*JCAHO Accredited. Licensed by the N.Y. State Office of Mental Health, the N.Y. State Division of Alcoholism and the N.Y. State Division of Substance Abuse Services.



## EAP CONTRACTING

# What Services Does An Employer Want In An EAP?

Any dialogue about the present state of external EAP affairs or speculation on future directions that our field will take should be prefaced with a discussion of what customers want and expect of us. There is potency in the expression, "The customer is always number one."

With this thought in mind, *THE ALMACAN* asked five employers which recently purchased EAP services to share with readers the circumstances that led to the buying decision of each, and the process by which a vendor was selected.

Here are their responses.

## Monroe County Community School Corporation

Bloomington, Indiana



James A. Harvey  
Director of Personnel

EAPs were first considered as a potential employee service during the 1983-84 school year by our Labor-Management Committee (LMC), composed of school board officers. A representative of Indiana University's School of Public and Environmental Affairs acts as LMC's neutral chairperson. Among its responsibilities, LMC facilitates employer/employee relations without the restraints of bargaining and addresses "quality of work life" issues.

Prior to and during the 1983-84 school year, a rash of employee problems involving alcohol abuse interfered with job performance. The typical management response was to either invoke discipline or not deal with the problem individual at all. The teachers' chief spokesperson asked LMC to identify ways of addressing this problem, along with other problems posed by counterproductive behavior related to stress, burnout, and marital/family problems. On the advice of LMC's chairperson, a psychologist-consultant was obtained to provide guidance. After considerable discussion and review of the results of a survey which suggested that a broad-based program was necessary, LMC decided to explore whether to contract for EAP services. Program criteria were developed which specified that an EAP should be operated by a third party, located on a neutral site, and emphasize confidentiality.

EAP providers were invited to make sales presentations. A clear-cut choice of vendors was made, and it began to provide services in July of 1985. We feel that our selection, along with the results of a 1988 evaluation by employees that showed the school corporation "cares about its employees, is needed, and participation is confidential," are attributable to the careful planning process which first identified the need for an EAP.



## Saint Louis Symphony Orchestra

St. Louis, Missouri

Joan Briccetti  
General Manager



The Orchestra's management first considered EAPs during our 1984-85 season, after a dramatic sequence of events which resulted in one of our employees recovering from some serious personal problems at a treatment center. The center suggested that EAP services be considered for our 200 employees.

That possibility was first discussed by our Orchestra Committee, which is composed of six players. It was favorably received and the committee proceeded to invite five EAPs to make marketing presentations. Our EAP provider selection was based on four strengths. First, the EAP seemed to have the greatest empathy for the work and situations of the orchestra players and support staff. They are like professional athletes in that they operate daily in a fast-paced, high-pressure work setting. The EAP best understood that this is not just another work group; our employee's perform their jobs with uncommon passion and intensity. Second, it placed the heaviest emphasis on referrals from management and confidentiality. Third, we felt that the EAP had the most competent staff for referring out for counseling. Our employees are not comfortable picking out a therapist from a list, especially for those needing psychological counseling and, therefore, we took very seriously the fact that we were placing our trust in someone else's hands. Fourth, like us, the EAP is a nonprofit firm. We feel a sense of kindred spirit.

We were the first orchestra in the country to provide the services for our employees but, since doing so, a number of others around the country have contacted us to inquire about taking the same measure for their employees.

## Gillette Shaving Division

Boston, Massachusetts

Charles Della Croce  
Vice President,  
Human Resources

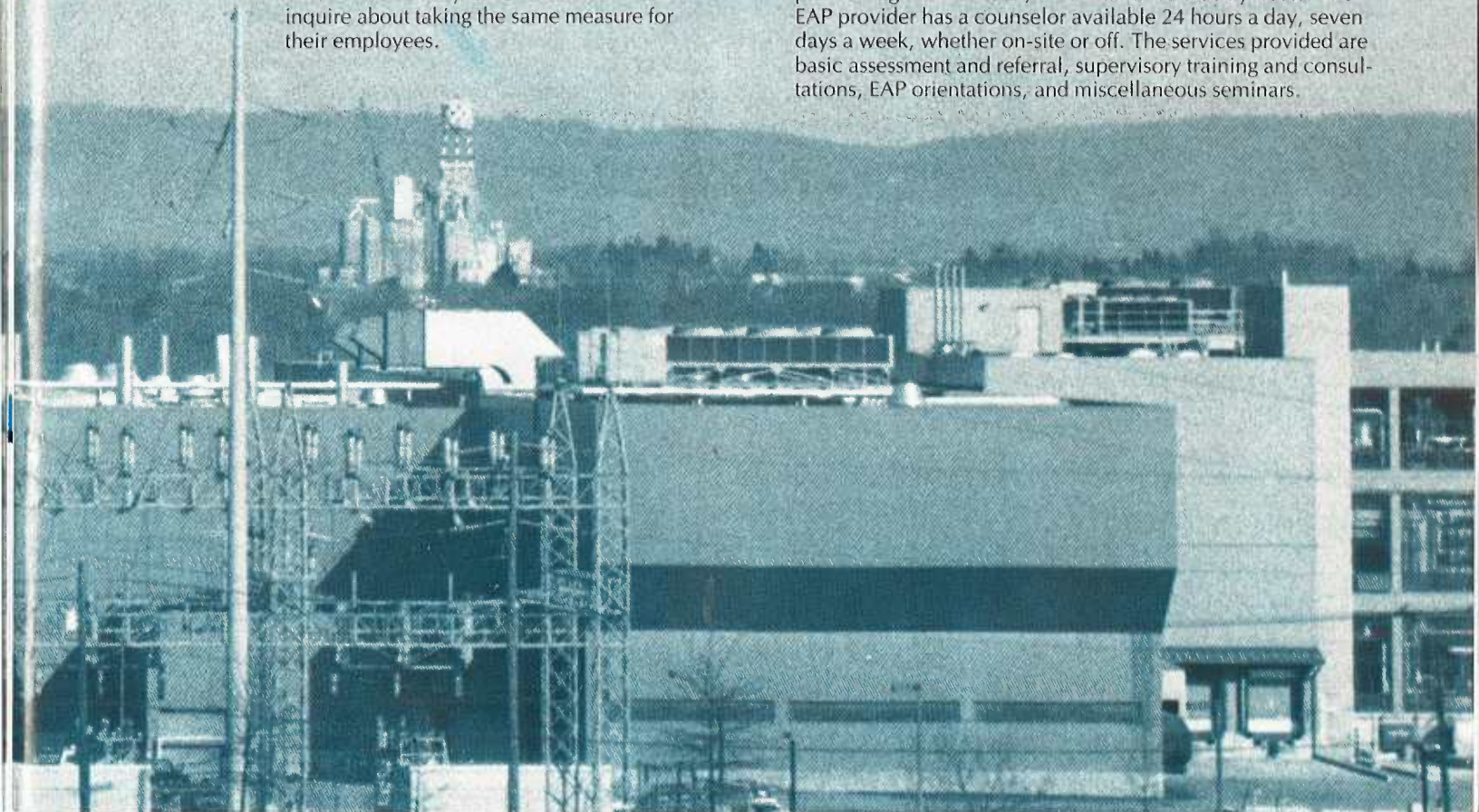


An EAP is not a new concept to the Gillette Shaving Division, which had an internal EAP for 17 years with the explicit support of top management. However, when our program administrator retired in 1987, the Division had to decide whether to retain an internal program or contract for external services.

Circumstances mitigated a switch to the latter. Because the Division's 3,800 employees are spread among three facilities—in Boston, Andover, and our largest in South Boston—we wanted a program with the scope to efficiently cover our employee base. Also, due to corporate restructuring, our Division was faced with across-the-board reductions in expenditures.

Through a competitive bidding process, we found that we could obtain more services at less cost by contracting with an external provider. To interview contractors, the Division established a task force consisting of two representatives from the Human Resources function and two from Medical. We solicited bids from four contractors. A shortcoming of two of them was their size; their small staffs would have required either of them to conduct a recruitment drive. Confidentiality, however, was never a factor in deciding to switch to external services.

The EAP provider that we selected proposed to use a "team approach" to service our three sites. A program manager provides 24 hours of service per week, and two consultants provide eight hours each, for a total of 40 weekly hours. The EAP provider has a counselor available 24 hours a day, seven days a week, whether on-site or off. The services provided are basic assessment and referral, supervisory training and consultations, EAP orientations, and miscellaneous seminars.

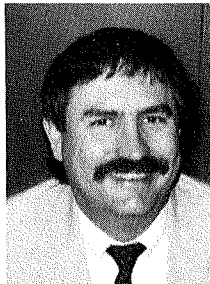


## Blue Cross and Blue Shield of North Carolina

Durham, North Carolina

Michael Plueddemann  
Manager, Employee Relations  
EEO & AAP

Our plan extends EAP services to its 2,000 employees and their family members. We felt that by using an external EAP contractor, there would be a greater perception of confidentiality by employees, which would enable the program to more quickly earn their trust.



What makes our EAP arrangement so interesting is not the purpose for the program or the process by which a vendor was selected, but the way that our provider has developed its services for the company since they were first contracted for in 1981. This has helped to solidify the EAP as a valuable service to our employees. Between 1986 and 1988, utilization grew from 68 referrals to 222. This is the direct result of four activities related to the EAP.

First, in 1987, the Plan began an aggressive training program for supervisors, and the EAP was incorporated as a helping resource in the disciplinary process. Supervisors were taught how to identify and correct a problem in the early stages. Accordingly, supervisory referrals during the two years increased from four to 45.

Second, the establishment of our Employee Relations Department in 1987 provided a means by which a third party could intervene with the employee and management in sensitive situations. It has enabled referrals from the Personnel Department to increase from five to 46 during the two years.

Third, implementation of a drug and alcohol abuse policy in March 1988 provided more incentive for employees to seek help. In the policy, the EAP is presented, not as an enforcement arm of the Plan, but as management's effort to be compassionate and understanding. The response was immediate; our referrals for drug and alcohol cases increased 10% in 1988.

Fourth, a strong publicity campaign was also mounted to educate employees about services available through the program. Despite eight prior years of operation, the EAP did not have a distinct identity among employees. The publicity has since enabled the EAP to emerge from the shadows into the limelight.

The EAP is regarded as a vital component of the Plan's operation. The scope of the program's role will continue to grow as long as employees have problems and the Plan continues its commitment to protect its most valuable resource—its employees.

## City of Reno

Reno, Nevada

Chris Gladding, CEAP  
Co-Chairman, EAP  
Reno Fire Fighters  
Association

The City of Reno's initial decision to hire EAP services in 1988 for our 1,000 employees was related to dollars and cents; city officials and labor representatives were concerned about the number of grievances filed in the prior few years. The City knew of an internal assistance program that was in operation for Local #731 of the Reno Fire Fighters Association and, with favorable word about the program having reached the city manager and personnel director, the City decided to undertake a similar venture.

Planning for a program took place between labor relations staff, state OPC Sharyn Peal, and Joe Mastroianni and I, both of us representatives of Local 731. Several other labor and management people were added to this process later. Collectively, we became the "Committee of the Concerned." We met for six months, evaluating different EAP models. The City agreed to fund direct employee counseling services and the approval of a grant application submitted to the Federal Mediation Conciliation Service (FMCS), in the form of a request to improve labor/management relations, provided additional funding.

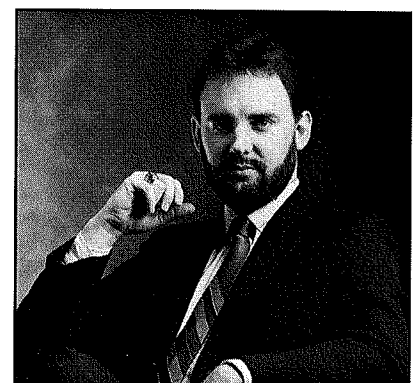
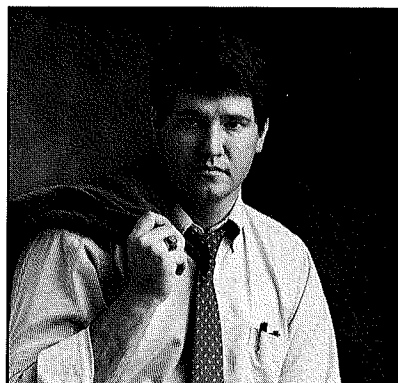
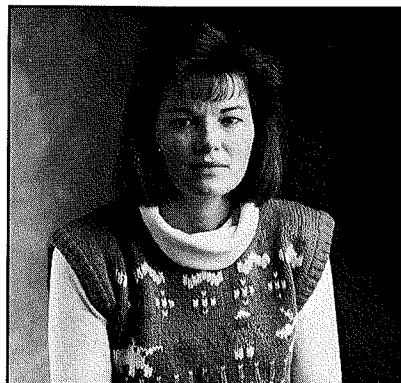
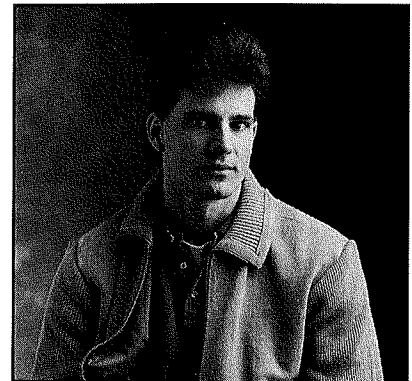
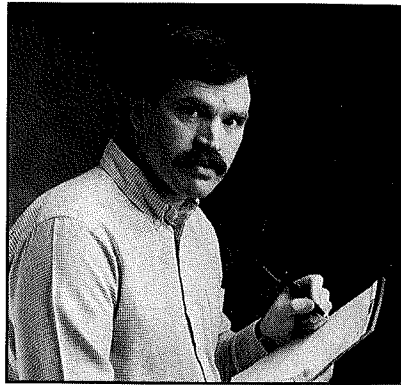
To select a vendor, the City issued a request for proposals. Afterward, the Committee listened to presentations and pored over the literature of various vendors. We selected the vendor that was the most competent to meet our needs and, with a 17-year local track record, the most committed to businesses in the Reno area. We also retained a part-time consultant to be the grant facilitator and the coordinator between the Committee and EAP provider: a safeguard to employees using the program.

The EAP's benefits to the City became immediately apparent—we've experienced improved morale, decreased grievances and fewer accidents—and the City has agreed to fund the EAP beyond the FMCS grant expiration date later this year.



Shown above (l-r) are Chris Gladding, Sharyn Peale and Joe Mastroianni.

# Which one of these employees has a drug problem?



## *All of them do...*

Because if only one of these employees is a substance abuser, then all of the other employees, including you, are adversely affected as well.

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# How an EAP Consortium Meets Employer Needs in Lynchburg, Virginia

Employee Assistance of Central Virginia, Inc. is a consortium-model EAP of 12 years running in this traditional manufacturing city. In the following interview, two representatives of client companies tell EACV's success story.

**L**ynchburg, Virginia is not headquarters for any Fortune 100 companies, but this city of 67,000 residents nestled in the foothills of the Appalachian Mountains is home to numerous small and mid-size companies. Employee Assistance of Central Virginia, Inc. (EACV), a nonprofit consortium-model EAP started in 1977, provides EAP services to 25 private firms, government employers and a school district in Lynchburg and its flanking four counties.

Under this consortium model, the client companies have a direct stake in the performance of the EAP: their CEOs are the operating officers and their human resource professionals are the advisors. *THE ALMACAN* recently

visited Lynchburg to interview Board of Directors member Harmon Beauchamp, vice president & resident manager of Nekoosa Packaging, which operates in Big Island, and Advisory Committee chairperson Merle T. Alvis, SPHR, manager of employee and community relations for Babcock & Wilcox (B&W), based in Lynchburg. In 1987, Alvis was national chairman of the American Society for Personnel Administration.

EACV's executive director and assistant director are Susan Mock, CEAP and Charlie Grainger, CEAP, respectively. Other staff members include: Donna Abernethy, LPC, CEAP, Bo Pagan, LPC, and Teresa Hamlet. EACV services a client employee base

of 14,200. B&W was the consortium's first corporate client.

Across the U.S., there are probably more EAP consortiums that have failed or never become operational than have stayed in business. This interview provides insights into why Lynchburg's has succeeded.

**ALMACAN:** *How did EACV originally get started?*

**ALVIS:** Some favorable circumstances brought about the consortium's formation. Babcock & Wilcox was approached in 1977 by two individuals who were looking to get a consortium off the ground, one of them being Susan Mock. Their marketing presentation was very effective and included statistics showing that, if we fit na-



## EAP CONTRACTING

tional productivity and absenteeism trends, an EAP could help us to improve our performance in these areas.

Because B&W has been the first- or second-largest employer in Lynchburg for a number of years—we have held steady at about 3,500 employees since 1977—they also pointed out that being a leader in an EAP consortium arrangement could enhance our reputation as a pacesetter in the community here. On top of that, B&W had completed a study in the year prior which demonstrated that it needed an EAP. We just had not acted on it until we were approached from the outside. I wish I could say that B&W developed the EAP consortium itself and was motivated by a perceived self-need, but it was the outstanding marketing work of the two EACV founders that "sold" B&W on the EAP concept. It still took over a year from their initial approach, though, before we made the decision to invest in the EAP and made it available to our employees.

Because B&W has always been a large, community-conscious employer, other companies lined up to join the consortium once we signed on. This was a remarkable development, considering that it all occurred before EAPs were popular in the personnel community and before corporate executives talked about global competition, health care cost containment and worker impairment.

**ALMACAN:** *How is EACV organizationally structured?*

**BEAUCHAMP:** The Board of Directors is composed of CEOs or chief local officers of the various companies which participate in the consortium. There are nine elected Board members that meet twice a year, and an Executive Committee that meets quarterly. The Executive Committee is composed of a president, vice president, secretary, treasurer and financial officer.

The Board and Executive Committee are mostly responsible for reviewing staff expenditures, and drafting annual

and quarterly financial outlays. Based on quarterly financial plans, EACV staff makes day-to-day spending decisions. The Board and Executive Committee also hear from the staff on what it's doing and has the opportunity to challenge it if it doesn't like a direction that it proposes to take. At times, the staff investigates some direction that the Board thinks is inappropriate and not in accordance with the narrow EAP philosophy that we subscribe to. But in every case that I'm familiar with, we have sought to accommodate the staff's wishes.

EACV is a 501(c)3 nonprofit corporation. This is a factor which makes the EAP concept more palatable to most of companies in the consortium. It's not that we don't want to deal with companies that aren't profitable, but we take comfort knowing that we are covering our program costs and not paying for more. Our employees appreciate the fact that we are not stockpiling money off of people's personal problems.

**ALMACAN:** *How do companies join the consortium?*

**BEAUCHAMP:** Many times, EACV is approached by companies interested in joining. All companies must be approved by the Board, which evaluates whether each particular organization fits in.

In other cases, we have solicited specific work organizations that we think would make a good "partner" in the consortium. This opens up the possibility of special requests, which we don't normally look favorably on. We like to treat everybody the same, but occasionally we do make an exception. A notable example is when the City of Lynchburg joined in 1981. The contract required a supplemental provision regarding emergency situations. Another example is with some of our small companies. We have five participating employers with 35 or fewer employees. Our normal fee structure is based on a per-capita rate of \$15 per employee per year. Small companies pay a flat fee of \$500. We realize that



**Nekoosa Packaging's Harmon Beauchamp, shown here with EACV executive director Susan Mock, is one of the consortium's nine Board members.**



**Babcock and Wilcox's Merle Alvis is chairperson of EACV's Advisory Committee, which is composed of human resource professionals.**

costs are actually *more* expensive for EACV to service the smaller companies, but larger participants like B&W, Lynchburg Foundry and General Electric like to be thought of as "good neighbors" with smaller work organizations in the community. It's practical, and it's good PR.

**ALMACAN:** *What are all of the services that EACV provides?*

**BEAUCHAMP:** The staff conducts assessment and referral, supervisory training annually and seminars on personal concerns such as stress. Substance abuse training will be held this year to help some of our employers comply with the Drug-Free Workplace Act. We are very narrow in our focus—strictly employee assistance—and anticipate that it will remain that way.

**ALMACAN:** *What is the nature of the business relationships that EACV keeps with its client companies?*

**BEAUCHAMP:** For the most part, it's very good. This is the result of the Board and staff proving the value of the

program to each and every potential and new member.

A number of us have been working with EACV for so long that it is like a part of our companies. We have enjoyed watching it develop over the years. We have put the staff to task on many occasions, which has helped them to become more businesslike in operation and accountability. We consider the staff to be dedicated business colleagues and proudly call EACV to the attention of other employers in

the community. This kind of relationship doesn't just happen. It is built on trust that is earned over a number of years.

**ALMACAN:** *Is EACV required to undergo evaluations or provide cost data?*

**ALVIS:** As small employers, word travels very quickly and we don't need a lot of cost data to know whether a program is working or not. Employees tend to think of the EAP as a safety net under them and their coworkers. Employers see it as an adjunct to its HR function. It is not the same kind of situation as an EAP which services a large corporation and has millions of health care dollars at stake. For those reasons, we don't need "data" to make a determination about whether EACV is effectively doing its job.

**ALMACAN:** *Explain how the Advisory Committee works.*

**ALVIS:** First of all, it's not a policy-making committee. The committee is a forum for discussion among human

resource professionals of the various organizations. The committee has evolved a great deal over the years. Initially, it was very active in the day-to-day work of EACV. For instance, as part of the consortium's public relations plans, the Advisory Committee provided some direction on the creation of posters which EACV provides to display in our workplaces.

The committee has grown from only a few members to about 20 core HR people. At the same time, the competency of the EACV staff has improved. Therefore, most of us come to meetings with particular employee cases that we like to discuss. Our discussions might be as basic as how to get an employee to visit the EAP without making it mandatory, or how to sell management or improve relations with supervisors. The Advisory Committee is where the more functional aspects of the consortium are looked at. In the next meeting, one of our new companies will lead a discussion on its management philosophy and how EAP fits in. The company doesn't use supervisors; it uses a team concept. Perhaps this will mean that we need to consider modified employee-intervention techniques. We also bring in a special speaker once a year. In the past two years, we brought in experts on drug testing and AIDS.

There is another equally important function that the Advisory Committee serves. HR people are an extension of the EAP in the workplace and enable the EAP to become more integrated. We *sell* supervisors on the EAP concept and, in many cases, become the referral mechanism ourselves. We constantly remind supervisors that the EAP is not just an *alcoholism* program which "bad" employees are sent to, that it's a program which handles all types of problems.

So we are directly involved in the EAP operation and the Advisory Committee doubles as a support group, which keeps us psyched up. Each time the EAP has another success story, we

all look good. The other day I was walking through the B&W plant and a worker called out to me, gave me the thumbs up and said "I'm still clean and sober." You can't buy PR like that.

**ALMACAN:** *What do you think an EAP consortium needs to do to be successful in a community?*

**ALVIS:** As its starting point, anyone who aspires to start one needs an anchor company, or two or three companies that are reputable community leaders. The problem with having only one large company client is that the consortium is more exposed to the effects of corporate cutbacks, downsizing and, nowadays, mergers and acquisitions. And I don't believe that a consortium can succeed with very small companies alone.

It is absolutely essential that the demographics of the community be carefully studied. Go through the local newspapers to determine how many drug arrests there have been, find out how many people have gone through treatment in any given period of time, how many traffic and industrial accidents have been reported, and how many people have filed workers compensation claims. Know who the corporate community leader is—it's not always the largest employer in town.

One thing that has helped EACV is that it is independent of financial relationships with treatment providers. This is favorably received by new companies that come on board. Related to this, the EACV offices are not located adjacent to any providers, and this helps us to prove to employees and supervisors that the EAP is not exclusively an alcohol or drug program.

Another important consideration is that bedroom-type communities like to isolate themselves from outsiders. Therefore, local people will have the best chance of succeeding with a consortium.

It often takes the active support of a human resources professional to push EAP services through a company, so

this person should be considered the preferable contact. In fact, a person with local HR experience would probably have the best chance of starting a consortium.

I would say that the consortiums

which are successful are those attuned to the wants and desires of the local business community and effectively market themselves within that framework. Those EAPs that fail have probably just not done their homework. □

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## EAP CONTRACTING

# What is the competition like among EAP providers? (Here's a look at selected areas.)

In order to get a bearing on how the EAP marketplace functions, it is helpful to put parts of it under the microscope for closer inspection. *THE ALMACAN* has sought to do precisely that, using *ALMACA*'s regional representatives and chapter presidents in selected areas as consultants in this exercise. Here are thumbnail sketches of the head-to-head competition that is occurring in different localities.

From the sketches, some generalizations can be drawn. There is definitely

a rivalry between managed mental health care firms, traditional EAPs, and counseling/treatment-based EAPs. A handful of national MMHC firms tends to compete among themselves for business with companies having dispersed employee populations. In this respect, they may either rival internal EAPs or contract with companies having internal programs but with dispersed employee work sites, due to multiple divisions or sales offices. Local/regional EAP firms

and counseling/treatment-based EAPs tend to compete more for local, single-location companies, many of which provide products or services for the larger corporations. While the following descriptions are somewhat oversimplified, they suggest that the EAP marketplace is sectioned off by geographic location and type of service provided. They help to show how EAPs compete...or not compete.

The names of specific firms are not used in the sketches.

### SILICON VALLEY, CALIFORNIA

The stretch of Route 101 that runs between Palo Alto and San Jose is home for a significant portion of the U.S.'s "high-tech" industry and is a decade-long high-growth area. The Silicon Valley, like any area subject to prolonged transition, has more than its share of problems-in-living among its residents. According to Santa Clara Valley Chapter president Cecile Currier, "The EAP professionals in the area agree that there are significantly more disgruntled and dysfunctional people here that are coming to EAPs than there were five years ago. We are alarmed at the number of parent-child problems, grief situations, domestic violence and substance abuse problems."

A number of internal EAPs serve area companies such as Lockheed, United Airlines and Standard Oil. Among external providers, the large, national managed mental health care providers have been competing with local

EAP providers for the last three to five years. Conditions favoring national providers are that many mid-size companies have small employee populations outside of the area who they want to extend EAP services to, and companies want EAPs with sophisticated management information systems which can provide detailed demographic profiles on the clinical caseload. Local providers that have survived have

### VANCOUVER, BRITISH COLUMBIA, CANADA

The EAP practice is becoming known as a more lucrative business here. There are about eight external EAP providers which regularly compete, most of them having begun operation within the last five years.

Newcomers are showing up in the EAP field, including psychologists in individual or group practice, outpatient alcohol and drug counselors, and a large investment coun-

expanded their services outside of the Silicon Valley, in effect becoming *regional* concerns. A number of small mental health counseling groups also commonly market themselves as EAPs.

Currier notes, "The EAPs which have been successful here are generally those which have the capacity to provide short-term counseling of five to eight sessions for primarily familial types of problems. The employers

seem to have an interest in more than pure assessment and referral, and a diverse mix of skills among staff is essential."

The vast majority of companies in the Silicon Valley employ under 100 people and have no formal human resources function or EAP. This suggests that the area is ripe for consortium-model programs.

seling firm. There is a trend toward providing short-term intervention for various employee problems of up to 12 hours of counseling per client. Alcohol and drug treatment facilities have not attempted to enter the EAP field to date.

There are also a number of exemplary internal programs being used by large companies, including BC Telephone, Canadian Pacific Airlines, MacMillan Bloedel

and Canada Employment & Immigration.

Canada has socialized health care. An interesting development is that, beginning this year, all referrals to inpatient AL/DA treatment must now be handled through alcohol and drug counselors in outpatient clinics, a requirement of the Ministry of Labor and Consumer services. This ruling is being questioned by EAP practitioners.

## SEATTLE, WASHINGTON

The northwest corner of the United States has been slow to "buy into" the EAP concept. There were a few pioneering OAPs set up in the 1960s and 1970s, such as with Pacific Northwest Bell and the City of Seattle, but not much else until the early 1980s. The first programs were offered by mental health centers and family service agencies, some of them creating separate corporations to offer the EAP services.

There are several small, independent EAP vendors in the area, and one large, national firm that opened an office in Seattle in 1984.

According to Pacific Northwest Chapter president Cynthia Sulaski, "We lag behind the east coast and California in development and penetration into the business community, but we are steadily gaining momentum. The managed care phenomenon hasn't hit us here in any significant way, yet. Most of the RFPs that we see don't ask for those services. We anticipate, however, more managed care activity in the next year or two."

## THE CAROLINAS

North Carolina and South Carolina portray how two states—linked by 350 miles of common border and an ALMACA chapter—have two distinctly different service-delivery mechanisms. EAP practicing in North Carolina is dictated by the open marketplace, whereas in South Carolina, two state-government agencies dominate EAP services.

According to Metrolina Chapter president Michael Price, "Employers in North Carolina are intently trying to contain health care costs. It's being talked about by a lot of companies, but there's been little movement so far." He notes that at least one national managed mental health care firm is present in North Carolina, along with a national rehabilitative services

## MINNEAPOLIS-ST. PAUL, MINNESOTA

There are typically between 12 and 15 external EAP providers that operate in the area. For the most part, they represent family service agencies, hospitals, clinical groups, or private practitioners. Nationally reputed for its health care, the Twin Cities has at least 25 chemical dependency treatment facilities in the metro area, which makes it an attractive area to exercise freedom of choice for client referrals. Several of the external providers offer short-term counseling.

"Many of the Twin Cities' major employers have offered in-house EAPs to their employees since the early 1970s. In addition, we have enjoyed support and incentive from the state legislature," says Minnesota Chapter president Lee Mauk. In 1976, then-governor Wendell Anderson muscled into law a bill that directly reimbursed small other tax-supported employers in the state for the purchase of EAP services, 90% for the first year, 50% for the second.

"All of this had its good and bad," recalls Mauk. "In the third year, we experi-

corporation. Several independent, regional EAPs are based in North Carolina, as are EAPs sponsored by hospitals and mental health centers.

In South Carolina, the state-run Department of Vocational Rehabilitation offers EAP services and the South Carolina Commission on Alcohol and Drug Abuse provides technical assistance for statewide drug and alcohol commissions, which also extend services. Assessments and referrals in both systems are performed for minimal charge. Both organizations offer rehabilitation programs, too. "The private side has been pretty barren of EAPs for a long time," explains Price, "but we are beginning to see the formation of more programs."

enced a great deal of EAP fallout, which coincided with a downturn in the national economy. Where the EAP was considered a line item, employers tended to scratch it off. The companies that retained their services during those lean times, though, are still with us. Many EAP providers have earned the loyalty of their client companies and have long-term contracts."

The Twin Cities have a healthy state of competition among the external providers, so fees have stayed low and national managed health care firms have tended to stay away. For the most part, their activity is limited to subcontracting. "We're red-carpet programs on an economy budget," says Mauk.

## MAINE

The EAP field in Maine is largely divided between internal programs, such as those at the City of Portland, University of Maine, Champion International Corporation and the Central Maine Power Company, and external programs affiliated with treatment providers or hospitals. There are a few, scattered independent external EAP providers. One national managed mental health care firm is known to subcontract in the state for a Fortune 100 firm.

"We have a very healthy internal EAP industry," says Dick Loomer, a past president of the Maine Chapter, "but the EAP concept here has been slower to catch on among smaller companies. On the other hand, some of the treatment facilities in Maine, New Hampshire and Vermont are nationally known and well-established here, so EAPs have been an extension of their services available to the workplace"

The situation is changing, though. Current chapter president Polly Karris notes, "Maine is becoming very ripe for external EAP services, and the state needs qualified providers, especially for some of the more rural areas."

## DALLAS-FORT WORTH, TEXAS

Despite the cultural duality of this area—Dallas has a cosmopolitan image and Fort Worth remains a bastion of the Old West—both cities subscribe heavily to the EAP concept. Numerous in-house programs include those of AT&T, JC Penney, Southwestern Bell, Burlington Northern Railroad, Tandy and the City of Dallas. This reflects the trend of corporations to establish their headquarters here.

According to North Texas Chapter president Tim Plant, "EAPs have taken off since the mid-1980s in part from the relocation of some large corporations to here over the last decade. Dallas' popularity among large corporations is attributable mostly to its location near the center of the country, which has also favored the development of its extensive air-route system. Many of these companies brought with them preexisting EAPs, and they have helped to raise the awareness of other companies about EAPs, and motivate EAP implementation."

External contractors have a sizable portion of the local EAP market. There is a diverse mix of local and regional EAPs, including one that serves exclusively labor-based work sites and another sponsored by the local NCA affiliate, hospital-based programs and national firms. All of the major managed mental health care firms have offices in the area, as do a national health care corporation and a large publisher of education & training packages on AL/SA which is HQ'd outside of the state. There is an intense amount of direct competition. The national firms appear to have the largest share of the external EAP business, since they can more easily service company work sites in other parts of the country.

Dallas-Fort Worth has a growing industrial base in constant transition and the successful EAP providers must pay daily attention to this changing climate.

## ONE MEMBER'S VIEW



## EAP CONTRACTING

# Problems of Integrating Into the Organizational Structure

by Bradley Googins

**H**aving seen nearly two decades of EAPs develop, it has been a real pleasure to witness the widespread adoption of these programs throughout corporate America. Although I am thoroughly upbeat on the future of EAPs and the exciting opportunities and challenges that lie ahead, this excitement is somewhat tempered by the movement of many EAPs away from organizational intervention and toward an almost rigidly bound counseling service that can be packaged from the inside or the outside of the corporation, a service that can neatly and cleanly provide counseling units to employees who find their way into the EAP. Not that there is anything wrong with that, but like other similar programs over the past decades, such as community mental health centers, if the EAP resigns itself to fixing the ills of the individual employee, it might well be ignoring a greater, or certainly equally important contribution, that of organizational and structural change.

One of the more recent developments, the rise of the external contractor, makes me even more wary of such a potential turn away from EAP organizational and structural influence and change. The basis (or bias) for my concern rests with the very relationship between the EAP and the corporation. This relationship can be conceived and perceived by the corporate decision makers as simply another necessary service whose expense is rather minimal, and whose importance to the corporation is simply a part of the cost

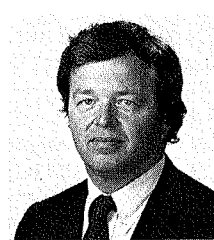
of doing business. From this perspective, the EAP is in the same company as those providing the corporation with envelopes, building maintenance, or computer repairs/services and products that can be purchased in the marketplace. An alternative perspective would view the EAP as an essential participant in the corporation's human resource area, whose mission is to create healthy and productive employees and environments. Although it is difficult to make generalizations, it has been my observation that too many corporations have tended to go with an external contractor, not because that made the best fit within their particular organizational structure and culture, but because developing an EAP was more similar to other ventures whereby a vendor is selected and carries out the service or delivers the product desired by the company. This process of turning to an external vendor keeps down the head count and excess fringe and overhead, while maintaining the essential service.

Not long ago, a vice president for personnel for a large organization asked me to review an external vendor's proposal for an EAP which was under consideration. When asked why they were contemplating this alternative, I was told they had considered hiring their own EAP staff, and in fact that seemed to make organizational sense, but the vendor already had brochures and promotional material and would take responsibility for finding space, which would resolve a major problem within this organization,

where space was at a premium. From my perspective, they were making their decision for all the wrong reasons, and would wind up with a service but not a program.

I became even more wary of the downside of external contractors in light of the newly promulgated Drug-Free Workplace Act regulations which require all federal contractors doing more than \$25,000 to certify they will maintain a drug-free workplace. Although this can, and hopefully will, be a genuine boon for EAP coverage of all workplaces, unfortunately I also can see the hoards of drug-free consultants (consultants who wouldn't know an EAP if they saw one) helping reluctant companies find ways of complying without expending too many resources or capital. If we thought consistency and the certification of a core technology was difficult before, this new development has all the potential for giving EAPs a bad name.

The distinct danger of many EAP external contractors is that they neither fully understand the organizational context within which they are operating, nor become sufficiently involved with the organization to assist it in the



**DR. BRADLEY GOOGINS** is an assistant professor in Boston University's School of Social Work. He is also chairperson of ALMACA's Special Projects Committee.

many human-resource issues for which the EAP can and should offer needed consultation. A corporation can satisfy its needs by providing a place to go for employees who have trouble with drugs or other personal problems, or it can have a program which can address the complex set of individual, organizational and cultural issues that negatively impact employees and the organization. If the history of EAPs has taught us anything, it is that the corporation is a political entity that has little preexisting knowledge or understanding of an EAP or function. Consequently, the corporate environment has to be informed as well as politicized by the EAP if the EAP is going to realize its mission and goals. A contract to provide EAP services does not in and of itself do any more than assure the corporation that it has a

**"The corporate environment has to be informed as well as politicized by the EAP if the EAP is going to realize its mission and goals."**

resource for sending its troubled (or troubling) employees for counseling. The organizational pressing of the flesh and setting up the EAP as an essential and known entity is an essential component of all EAPs—internally sponsored and externally contracted.

In the era of managed health care, cocaine epidemics, drug testing and even work-family problems, the presence of a vendor whose primary identity and function is to deliver counseling services falls far short of realizing the needs of the organization and the potential of a full-service EAP. Organizations are as much of a client for the EAP as the individual employees who utilize the EAP service. Supervisors who need consultation, managers

who are struggling with policy and programmatic decisions require active EAP interaction. EAPs also need to be proactive in identifying critical issues related to their mission and working the system so as to influence the organization so that it can respond better to these issues. After all, most of the early EAPs came into existence through a very politically active employee(s) who aggressively informed, advocated for, influenced and even co-opted the organization to establish the EAP. Achieving the EAP agenda of the 80s and 90s will require that same savvy, active interaction and organizational influence.

Now of course, all the external providers are ready to jump all over me by now and protest that internal EAPs can be just as unconnected to the organization as external vendors, and that many external vendors do, indeed, play very active roles within their contracted companies. I don't dispute that this may be the case. What I am saying, however, is that the external contractor is at a decided disadvantage, even if it is desirous of interacting with and influencing organizational policy and behavior. In many cases the contract calls for minimal or no on-site contact. Counselors employed by the contractor have little or no work-site experience and thus stick to their knitting, which is counseling. Organizational interaction, supervisor training and consultation and the process of influencing organizations require time, attention, and the requisite knowledge and skills. Although external contractors have some definite advantages in their outside role, they will not be able to do more than provide the contracted clinical services, unless they have negotiated and budgeted time and money for organizational presence and interaction. From where I sit, this has generally not been the case with external contractors. Consequently, too often they remain on the periphery of the organization, providing needed services to employees who find their way to the EAP door. In this case, they

are neither well-known nor integrated into the mainstream of the corporation. Without a regular and planned-for presence and interaction of the EAP at the worksite, there is a counseling service but not an EAP.

External contracting, as an EAP model, is not by design unsuited for interaction and integration within the organization. But because contractors are outsiders, they have to compensate for the deficits of that role by insuring an active and routine on-site presence, continuous monitoring of organizational needs and stresses, and above all an understanding and commitment to the education and prevention activities within the work site. By assuming this set of roles, they will provide a genuine continuity of EAP mission and potential, regardless of program type or delivery mechanism. □

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