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EMPLOYER CHOICES IN EAP DESIGN AND WORKSITE SERVICES

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SUMMARY

In today's complex private healthcare market, employers have varied preferences for particular features of behavioral health products such as Employee Assistance Programs (EAPs). Factors which may influence these preferences include: establishment size, type of organization, industry, workplace substance abuse regulations, and structure of health insurance benefits. This study of 103 large employer purchasers from a single managed behavioral healthcare organization investigated the impact of such variables on the EAP features that employers select to provide to workers and their families. Our findings indicate that for this group of employers, preferences for the type and delivery mode of EAP counseling services are fairly universal, while number of sessions provided and choices for EAP-provided worksite activities are much more varied, and may be more reflective of the diverse characteristics, organizational missions and workplace culture found among larger employers in the US.

Keywords

Employee Assistance Programs; benefits design; workplace substance abuse

INTRODUCTION

The provision of employee benefits and workplace practices exhibit distinct differences across workplaces and are reflective of varied strategies, organizational cultures and human resource practices (Bennett, Blum, & Roman, 1994). Despite the growth in both public-sector provision of healthcare coverage and a rise in the percentage of the population uninsured, 60% of the non-elderly US population continues to be enrolled in employer-paid insurance plans (DeNavas-Walt, Proctor, & Smith, 2007). Work organizations have

considerable discretion with regard to selection of enrollee benefit plan design and features, and approaches to managing health benefits are strongly influenced by the business strategies, market performance, and cultures of the organizations that maintain them (Fronstin & Werntz, 2004).

Among working-aged adults, behavioral health disorders are a common health problem (Goetzel, Hawkins, Ozminkowski, & Wang, 2003). Prevalence studies indicate that up to 30% of working-aged adults will suffer from at least one psychiatric disorder in any 12-month period, the most common being anxiety disorders, alcohol abuse or dependence, and depression (Kessler, Chiu, Demler, & Walters, 2005). Multiple research studies have reported that the health and well-being of workers, their productivity and workplace safety are negatively impacted by alcohol and illicit drug use (Merrick, Volpe-Vartanian, Horgan, & McCann, 2007). In response, employers have adopted various approaches to address substance abuse and mental health issues among their workforce (Zarkin & Garfinkel, 1994). Two of the most common behavioral health benefits products purchased by employers are managed behavioral health care plans and EAPs, and EAPs have been estimated to be a first point of entry for more than 100 million American workers (Sharar, 2009). In 2004, an annual survey of employee benefits by the Society for Human Resource Management indicates EAP services were widely available to employees at over 73% of companies in the US, this percentage rose to 75% in the 2009 benefits survey results (SHRM, 2009), reflecting an accumulation of evidence from research studies that make a business case for providing greater access to workplace-based mental health services through EAPs (Goetzel, Ozminkowski, Sederer, & Mark, 2002; Hargrave & Hiatt, 2005; Hargrave, Hiatt, Alexander, & Shaffer, 2008; Kessler & Stang, 2006; Langlieb & Kahn, 2005).

Employer decisions regarding employee substance abuse and mental health issues create rationales for employee behavior expectations, work rules and sanctions, as well as impacting choices about behavioral healthcare benefits (Roman & Blum, 2002). Choices regarding health benefits, such as cost sharing and service features may have an impact on workers' and family members' access to substance abuse and mental health treatment. By providing behavioral healthcare services, such as EAPs to help address unhealthy habits and stress, organizations can improve workforce health and productivity and manage their members' use of healthcare (Merrick, et al., 2007). However, as managed care approaches have effectively reduced the rise in costs of behavioral health services, increasing access to substance abuse and mental health services has become a concern to patients, providers, payers, and purchasers (Weissman, Pettigrew, Sotsky, & Regier, 2000). For example, substance use disorder benefit structures that truncate coverage can discourage treatment initiation, follow-up treatment and monitoring (Gabel, et al., 2007). To facilitate treatment access and engagement for those with substance use and mental health disorders, understanding access options and treatment pathways in managed behavioral healthcare and EAPs are critical (McCann, Hiatt, & Merrick, 2008).

Typically, clinical EAP services consist of problem assessment, brief supportive counseling, referral to higher levels of treatment, and follow-up for employees and/or family members. In addition, EAPs provide non-clinical worksite services such as mental health and wellness educational presentations to employees, training and consultation to supervisors and management on organizational health and productivity issues (EASNA, 2009). Employers which purchase EAP services through external vendors encounter a variety of decisions regarding cost and configuration of services, access to clinical services, and risk management. Some of these choices include who receives services, how services are delivered, how many visits are offered to enrollees, and whether the EAP visit benefit will be limited on an annual basis or by a per concern/incident basis. The latter approach is

potentially more generous, as enrollees with multiple concerns may then utilize EAP sessions up to the limit for each concern. Within the category of non-clinical services, employers may choose whether or not and how often to utilize EAP-provided worksite services, such as employee mental health presentations, supervisory and management training, and organizational development consultations.

Whatever initial choices of EAP features may be selected by an employer, experts have suggested the impact of the program will be determined largely by the success of the initial implementation and ongoing promotion of the EAP and its multiple services and resources (EASNA, 2009). Many researchers and EAP experts maintain optimal utilization is rarely present when enrollees access services primarily through passive resources (Bjornson & Sharar, 2004). In a multi-site study on levels of EAP utilization, provision of training for supervisors was identified as one of the predictors of higher rates (Weiss, 2003). In an earlier study of 26 employers from the same managed behavioral healthcare organization (MBHO) as the current sample, enrollees in workplaces where employers extensively promoted the EAP and in which EAP staff provided worksite activities were more likely to use EAP counseling services than enrollees in organizations that mount less vigorous promotion of EAPs and where no worksite activities are conducted (Azzone, et al., 2009).

METHODS

Research Goals

This study sought to describe organizational characteristics of large EAP purchasers of a national managed behavioral healthcare organization; to tabulate purchaser preferences in choices of EAP product configurations; and to investigate associations between purchaser organizational factors and choices about EAP service delivery features. Thus, our analysis was at the level of the employer rather than the workforce. Findings will be relevant to EAP providers and employers interested in providing optimal access to appropriate, affordable EAP services which attract quality employees and encourage high rates of productivity. In addition, the results will be relevant to discussions of public policy regarding access to underutilized treatment for substance use and mental disorders.

Study Setting and Sample

The setting for this study was Managed Health Network (MHN); a national MBHO covering 11 million enrollees. MHN contracts with numerous employers and other payers to manage and deliver EAP and managed behavioral healthcare (MBHC) services. Within its range of behavioral healthcare products MHN offers purchasers various stand alone EAP configurations with regard to number of sessions, type of limits to service, service delivery modes, and type of funding, e.g., providing services at risk or on an 'administrative service only' (ASO) basis. In addition, employers have considerable choices in how often/whether to utilize various EAP-related worksite activities.

The study sample consisted of 103 single-employer purchasers, each with over 1000 covered employees and which purchased a stand-alone EAP product from MHN in 2005. We deleted a small number of multi-employer purchasers (i.e., consortiums and grouped enterprises) from the sample. For context, we also estimated the total number of covered enrollees represented by the sample, using the MHN-provided employee population of 1,093,094 and a dependent factor multiplier of 2.35 designed to estimate enrollee (employees and dependents) populations (Smith & Scanlon, 2001). Thus, we estimated the total number covered by EAP services within the sample at over 2.5 million individuals.

Data Sources

Data for the study were obtained from three MHN information sources. The primary source for employer characteristics was responses to a questionnaire distributed in 2005 to MHN account managers who were highly knowledgeable about purchaser accounts. The questionnaire was a unique instrument developed specifically for this research effort and designed to query MHN account managers about the organizational characteristics and decisions of purchasers of EAP products from MHN with over 1000 employees. Designed to provide details of each employer's worksite environment, the topics covered in the questionnaire included measures of the percent of the workforce eligible for health insurance benefits, union membership, worksite substance abuse policies and penalties for violations, worksite drug/alcohol testing regulations and programs, if the workplace experienced any unusual or significant stress in the past year, and the employer's overall focus on wellness and prevention programs¹. A second data source was deidentified administrative EAP benefits data for these same employers in 2005, which yielded information on standard employer industry classification codes (e.g., the North American Industry Classification System or NAICS), employer/account size, EAP funding arrangement, service features, and modes of service delivery. The third source was EAP workplace activity data during the benefit years 2004–2005. Categorizations of worksite activities conducted by EAP staff were tabulated from a database of activities and their duration. This information was used to construct binary measures of employee mental health and wellness presentations; substance abuse presentations and trainings; and advanced training and consultations for supervisory or management personnel. The three data sources were linked for analysis purposes.

Analytic Approach

For this study, the unit of analysis was the employer. For univariate descriptive statistics, we compiled frequencies of each employer's characteristics and EAP selection variables. For bivariate analysis, we utilized chi square and Fisher's exact tests to investigate the associations between selected categories of employer characteristics (e.g., size, organizational type, industry sector, workplace substance abuse testing and consequences for employee violation of workplace substance abuse policies and employer choices in three basic EAP features (e.g., number of sessions, type of limit to sessions, and EAP worksite activities). We reported these findings using the most widely accepted levels of significance: 0.1% (0.001), 5% (0.05), and 1% (0.1) in Tables 3 and 4 (Fisher, 1925; Stigler, 2008). All analyses were conducted with SAS statistical software.

RESULTS

Employer Characteristics

In Table 1, we present the descriptive results of employer characteristics by percentage of the total sample. In terms of organizational attributes, over half of employers (53%) had workforces between 1000 and 5000, and the remainder with 5000 or more workers. Just over two-thirds (71%) of the purchasers were commercial/for-profit enterprises, and the remainder non-commercial, not-for-profit, or public sector employers. The sample by industry sector is diverse, and representative of fifteen of the twenty major NAICS industry sectors. These fifteen industry sectors were truncated into four industry combined sectors of similar enterprise groupings, the healthcare/social services/education/government sector (30%), wholesale and retail sales/hospitality/food services/personal services sector (15%), the mining/manufacturing/transportation/utilities sector (29%), and the finance/insurance/real estate/professional services sector (25%). The percentage of reported labor union

¹A copy of the relevant items from the questionnaire is provided in Appendix 1

membership among purchaser workforces reveals that just under a half (45%) had no union members, while 10% were characterized as having union membership under 50% of the workforce, nearly one-quarter (24%) had union membership over 50%. For 18% of the sample, the proportion of union members in the workforce was unknown.

Our findings indicate workforces in the sample enjoyed an extremely high level of access to health insurance, and employers demonstrated a fairly high commitment to employee wellness and prevention. In the large majority of cases (83%), the percentage of workers eligible for health insurance coverage was 75% or higher. Over ninety-nine percent of employers choose to purchase EAP services wherein the provider was at financial risk, i.e., to provide up to the contracted-upon number of EAP sessions and other related services to subscribers at no additional fees, with only one employer in this sample choosing an ASO funding arrangement [data not shown]. In response to a query to gauge the relative level of worksite stress, 40% of workplaces were characterized as having experienced an unusual or significant level of stress in the past year (e.g., downsizings, natural disasters, budget cuts, difficult mergers/acquisitions, labor negotiations, or other major events). Asked to gauge employer's overall focus on wellness and prevention programs, over half (53%) were reported as "moderately" to "a great deal." Less than one-fifth (16%) were judged as having "little" or "very little" focus on wellness.

All employers had a written policy regarding workplace substance abuse in place. A large majority (83%) utilized pre-employment drug or alcohol screening procedures for some or all job applicants. Two-thirds (67%) subjected at least some portion of their workforce to drug or alcohol testing procedures, and a smaller subset (16%) subjected all employees to any such testing procedures. Three-quarters of the sample (75%) provided at least one opportunity for substance abuse treatment following substance abuse policy violations (such as positive alcohol or drug test results), with over half of these (56%) offering two or more opportunities at rehabilitation. Only 17% had a no-tolerance policy for violations, e.g., worker termination on first substance abuse workplace offense.

Employer Choice of EAP Features

Results for employer choices of EAP features and type of EAP worksite activities conducted are shown in Table 2. Although some employers choose to offer EAP services to employees only, all employers in this sample provided EAP services to both employees and family members [data not shown]. Nearly three-quarters of employers (72%) selected the flexibility of providing access to services by either an in-person office appointment setting or telephone. Another 25% of employers chose to provide in-person office session-only, and 3% offered telephone-only access to services. Additional features detailed in Table 2 include the high rate of purchaser preferences for a five (38%) or three (32%) session EAP model; however nearly 15% chose an eight session model. Truncating the number of sessions offered in to three categories, we found those employers selecting between 5–7 free sessions comprised nearly half (45%) the sample, and those choosing 3–4 sessions just over a third (34%). Another prominent choice among most purchasers (83%) was basing the session limit on each concern/issue or incident, thus allowing covered individuals to restart the session limit later in the same year when accessing services for an additional reason. A very small portion of the sample (less than 2%) provided an unlimited number of EAP sessions; however, these were exclusive to those enrollee groups with telephone-only access to services.

EAP Worksite Activities

As shown in Table 2, more than half (53%) of employers used the EAP to provide onsite mental health and wellness educational presentations to employees and nearly half (48%)

also scheduled substance abuse awareness presentations or worksite policy training. Additionally, just over a third (37%) of employers received some type of advanced training or organizational consultation for management and supervisory personnel. These consultations included advanced supervisory skills training, work group problem solving, and leadership development. The topical choices for worksite mental health and wellness sessions were quite diverse, in addition to basic EAP orientations, they included stress management, personal finance/household budgeting, eldercare, interpersonal relationships, work/life challenges, customer relations, etc. [data not shown]. The average annual hours per worksite for the 55 employers which offered mental health and wellness presentations was 8.2 hours annually. Fewer employers (50 of 103) offered educational presentations and training sessions for substance abuse prevention, with an average annual hourly total per worksite of 6.9 hours. Employer clients who received advanced training or consultations for supervisors and managers used an average of 8 hours per annum [data not shown].

Employer Characteristics and Number of EAP sessions

To investigate employer preferences for number of EAP sessions, we collapsed the previous nine choices for number of sessions into three categorical variables of 3–4 sessions (34%), 5–7 sessions (45%) and 8 or more sessions (21% of sample) for analysis by employer characteristics. In Table 3, we display the associations between four categories of employer characteristics and two EAP features, specifically, number of EAP sessions, and the type of limit on EAP use (i.e., limit by concern/incident or annual). Our findings indicate that employer size was significantly associated with choice of number of EAP sessions ($p < .05$). Employers with workforces over 5000 employees were more than twice as likely (48% vs. 22%) to offer a 3–4 EAP sessions to enrollees than employers with workforces from 1000–5000. Conversely, employers with 1000–5000 employees were more inclined (56% vs. 31%) to select 5–7 EAP sessions. Employer preference for selecting eight or more sessions was similar across both size categories. Across the remaining four categories of employer characteristics, results for number of sessions lacked statistical significance.

Employer Characteristics and Limits to EAP use

In three of five categories we investigated, employer characteristics were significantly associated with type of session limit. For type of organization and the four combined industry sectors, purchasers showed a strong choice preference for the more generous per concern/incident approach to limits on EAP use, over the annual limit ($p < .05$); while for workplace substance abuse policy consequences, this association was also significant, however at the $p < .1$ level.

Employer Characteristics and EAP related worksite activities

In Table 4, we display findings of associations between employer characteristics and EAP worksite activities: employee mental health and wellness sessions, presentations and training for substance abuse prevention, and advanced training and consultation provided to supervisors and managers. No significant differences were found between employer size and the variables of worksite mental health/wellness or substance abuse prevention presentations. However, for size of workforce, we found a significant association with supervisory and management consultations and advanced trainings ($p < .05$), specifically that employers with over 5000 employees were nearly twice as likely (48% vs. 27%) as those with less than 5000 to utilize the EAP provider in such activities training. Type of employer was significantly associated with all three categories of worksite activities ($p < 0.1$), with non-commercial/non-profit employers showing roughly twice as much utilization as those in the commercial/for-profit category. For the combined industry sectors, the only significant association found was with regard to worksite mental health/wellness presentations ($p < 0.1$), and employers in the healthcare/social services/education/government industry sector were

approximately three times more likely (77% vs. 27%) than those in the sales/hospitality/food service/personal services sector to host employee mental health/wellness presentations. No significant associations were noted between workplace activities and the category of workplace testing. Workplace substance abuse policy was significantly associated with EAP provision of worksite mental health/wellness presentations ($p < .1$). In this instance, employers who offered workers opportunities for rehabilitation policy violations utilized worksite mental health/wellness presentations at twice the rate (53–62% vs. 28%) than in workplaces with a zero tolerance approach toward policy violations.

DISCUSSION/CONCLUSION

This study sought to first describe the workplace profiles and salient organizational characteristics of 103 large employer purchasers of EAPs from a large MBHO; and secondly to identify what choices these work organizations typically make regarding EAP service features and worksite activities. As expected, the sample's high proportion of larger employers and relatively high percentage of union members would be reflected in provision of a high level of employment-based healthcare benefits. Our findings confirm earlier results in the employee benefits literature (Fronstin, 2005) that larger workforces and higher percentages of union members are associated with a more generous benefit profile.

Overall, some important indicators of larger purchaser preferences for externally-provided EAP services are evident in the findings of this study. That an overwhelming majority of employers in this sample chose an EAP service model with between three and eight sessions per concern may indicate employer awareness that in 60–70% of outpatient mental health cases, individuals use eight sessions or less (Jeffery & Riley, 2000). Thus, by offering a higher number of barrier-free and less expensive EAP sessions with fewer limits to enrollees, this may encourage a reduction in the use of more expensive behavioral healthcare and/or medical costs to employers. Similarly, the choice by nearly all employers to select a flexible delivery mode of either in-person office EAP sessions or telephonic access to workers and their families seems to reflect the many social and technological changes in our contemporary culture, from dual-career households with greater demands for work-life related services to the wide dissemination of personal mobile communications.

In addition to organizational characteristics, we also investigated associations of employer EAP choices with two additional workplace factors: workplace substance policies and consequences of policy violations. Several prior studies have documented higher substance abuse testing activities in industries with higher occupational safety concerns and greater degree of regulations such as mining, manufacturing, transportation and utilities (Bennett, et al., 1994; Hartwell, Steele, French, & Rodman, 1996; Jacobson, 2003; Lu & Kleiner, 2004). Our study supplements these results with the finding that employers in this combined industry sector with a greater focus on workplace safety were more likely to provide enrollees with a generous EAP benefit, both in number of sessions and by less restrictive session limits.

Non-clinical EAP workplace activities can serve many functions: to increase employee knowledge of mental health and substance abuse conditions, enhance employee familiarity with key workplace policies, and raise awareness about company EAPs and other health promotional programs available to workers and their families. Our finding that employers from the non-commercial/non-profit sector showed the highest utilization of worksite wellness and mental health education presentations, substance abuse prevention and advanced training and consultation to supervisors and management mirrors findings documented in the literature for the preference of noncommercial work organizations to provide higher rates of worksite training (Benz, 2005). Similarly, that the combined

healthcare/education/social services/government sector showed a significantly higher likelihood to utilize worksite wellness and mental health presentations is consistent with the high percentage of non-commercial entities among healthcare, education, social service and government employers (Salamon, 1999).

Another finding that employers with a more rehabilitative response to employees with substance abuse policy violations, rather than those with a zero tolerance approach, showed a higher likelihood to also provide worksite mental health promotion presentations may indicate that such organizations have embraced a workplace culture that values investment in healthcare and wellness benefits that both increase short-term productivity and support long-term retention of employees. Such education and outreach efforts pose only small disruptions in the normal flow of work, and when furnished by EAP staff, are relatively inexpensive (French, Roman, Dunlap, & Steele, 1997). The advantage to employers of providing a range of EAP worksite educational activities is to facilitate a low threshold access to EAPs, which can proactively address mental health and substance abuse conditions, thus boost productivity and reduce behavioral healthcare (and related medical) costs (Bjornson & Sharar, 2004).

Limitations of the study

A number of limitations to the data sources and sample population in this descriptive study are worth noting. One potential source of measurement error is that information regarding larger purchaser characteristics was gathered through questionnaires distributed to MHN EAP account managers, rather than from official employer representatives. However, these account managers are notable for generally having direct knowledge of details for their assigned employer EAP and managed behavioral health accounts. Another limitation is that although the study sample included a diverse set of employers by type and industry and reflects their preferences in choices of EAP features for a fairly large group of individuals, it was drawn exclusively from a convenience sample of purchaser clients of a single MBHO. Studies from single MBHOs may have limited generalizability, given the expansive and extremely diverse group of purchasers and the wide variations in administrative procedures across MBHOs (Liu, Sturm, & Cuffel, 2000) thus, these findings may not be applicable to all private sector purchasers of behavioral healthcare products from other managed behavioral healthcare organizations. A final limitation we note is that our relatively small sample size of 103 employers did limit the statistical power of our analysis in identifying smaller differences between purchasers as significant.

Conclusion

The findings of this study provide a descriptive profile of larger employer purchasers of EAP products from a national MBHO and their preferences for choices of both various clinical features and non-clinical worksite activities. We found some notable variations among the study sample with regard to preferences for EAP clinical service features such as number of sessions and limits to sessions. Greater variation was evident in how employers use EAP staff to provide worksite educational presentations, training and organizational consultations. We suggest these results provide a contemporary point of reference regarding trends in employer choices for both clinical and non-clinical EAP services. As researchers, we heartily agree with a recent purchaser's guide to selecting and strengthening EAPs that states: "more research is needed to determine which kinds of EAP practices and program features contribute most to positive client outcomes and return on investment for employers" (EASNA, 2009) in this dynamic, yet resilient sector of the behavioral healthcare industry.

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APPENDIX

Account Manager Questionnaire (*Selected items*)

- Regarding substance abuse testing or other policies, is company subject to:

	Yes	No	Don't Know
Department of Transportation regulations?			
Department of Energy regulations?			
Department of Defense regulations?			
Drug-free workplace requirement (federal contractors)?			
Other external regulations, please specify:			

2. Does this company require any of the following types of mandatory drug or alcohol testing?

	Yes	No	Don't Know
Pre-employment testing			
For-cause testing			
Post-incident testing			
Return to work testing			
Random testing for employees			
Periodic testing for employees			
Other, please specify:			

3. Does this company have a written substance abuse policy? Yes _____ No _____ Don't know _____
4. [IF YES TO #3]. Which of the following best describes this company's policy regarding workplace substance abuse policy violations? (Circle one)
- a. Zero tolerance -- employee will be terminated on first violation
 - b. Treatment is required, and if successful, employee can retain employment (but only for first violation)
 - c. Treatment is required, and if successful, employee can retain employment (even if more than first violation)
 - c1 Are there a specified number of violations before termination? YES, number _____ No _____
 - d. Other, please specify _____
 - e. Don't know
5. How much does this company focus on wellness and prevention programs (of all types, including medical or behavioral)? (Circle one)

1	2	3	4	5
Very little	Moderately	A great deal		Don't know

6. Has this company experienced unusual and significant stress during the past year? (e.g., substantial layoffs, difficult merger/acquisition, other major events)

Yes _____	No _____	Don't know _____
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7. What is the approximate percent of company's workforce that is unionized? _____ % Don't know _____
8. What is the approximate percent of all workers eligible for health insurance benefits at this company? _____ % Don't Know _____

Table 1

Employer Purchaser Characteristics (n = 103)

	Percent of sample
Size of Organization	
1000 – 5000 workers	53.4%
More than 5000 workers	46.6%
Type of Organization	
Commercial/for-profit	70.9%
Non-commercial/not-for-profit, or public employer	29.1%
Industry Sector	
Wholesale & Retail Trade/Hospitality/Food Service/Personal Services	15.5%
Finance/Insurance/Real Estate/Professional Services	25.2%
Mining/Manufacturing/Transportation/Utilities	29.1%
Healthcare/Social Services/Education/Government	30.1%
Union Representation in Workforce	
No union membership in workforce	44.9%
Union membership 1–49% of workforce	9.7%
Union membership between 50–100% of workforce	24.3%
Unknown level of union membership	18.4%
Workplace Substance Abuse Policies & Pre-employment Drug Testing	
Employer has a written substance abuse policy in place	100%
Employer subjects all job candidates to pre-employment screening	68.0%
Only candidates for certain positions are subject to pre-employment screening	15.5%
Are Current Employees Subject to Drug Testing?	
No positions/workers	33.0%
Some positions/workers	51.5%
All positions/workers	16.5%
Employer Policy for Substance Abuse Violation	
Zero tolerance – termination for first violation	17.5%
Treatment required – limited to 1 opportunity	18.4%
Treatment required – 2 or more opportunities	56.3%
Employer policy for substance abuse violation unknown	7.8%
Did workplace experience any unusual or significant stress in past year?	
Did not experience any unusual or significant stress	55.3%
Did experience unusual or significant stress in past year	39.8%
Unknown if workplace experienced any unusual or significant stress	4.8%
Percent of Workforce Eligible for Health Benefits	
Between 75–100% of workforce eligible	83.4%

	Percent of sample
Less than 75% of workforce eligible	5.5%
Unknown level of workforce eligible	11.1%
Overall Employer's Focus on Wellness and Prevention	
Very little - Little	16.5%
Moderate	26.2%
A lot – A great deal	28.1%
Unknown level of employer focus	29.1%

Note: Percentages in some categories may not equal 100% due to rounding

Table 2

Employer Purchaser EAP Benefit Choices (n = 103)

	Percent of sample
Type of EAP Service Delivery Selected	
Both face-to-face or telephone sessions available	71.8%
Face-to-face sessions only	25.2%
Telephone sessions only	2.9%
Number of Free EAP Sessions Offered	
3 free sessions	32.4%
4 free sessions	1.9%
5 free sessions	37.9%
6 free sessions	5.8%
7 free sessions	1.0%
8 free sessions	14.6%
10 free sessions	3.8%
12 free sessions	1.0%
Unlimited sessions	1.9%
Limit of Free EAP Sessions	
Session limits per issue/incident	83.5%
Session limits by benefit year	14.5%
No limit	1.9%
Type of EAP Worksite Activities Conducted	
Worksite mental health/wellness educational sessions conducted	53.4%
Worksite substance abuse education or training sessions conducted	48.5%
Supervisory/managerial advanced training/consultation conducted	36.9%

Note: Percentages in some categories may not equal 100% due to rounding

Table 3

Association between Employer Characteristics and EAP Features¹

	3–4 EAP sessions	5–7 EAP sessions	8+ EAP sessions	Session limit per concern/incident	Session limit per year	Unlimited
Size:						
1000–5000 employees	21.8**	56.4**	21.8**	89.1	10.9	0
More than 5000 employees	47.9**	31.2**	20.8**	77.1	18.7	4.2
Type:						
Commercial/for-profit	32.9	45.2	21.9	89.1**	9.6**	1.4**
Non-commercial/non-profit	36.7	43.3	20.0	70.0**	26.7**	3.3**
Industry sector:						
Sales/Hospitality/Food Svcs/Personal Svcs	45.4	45.4	9.2	81.8**	9.1**	9.1**
Finance/Insurance/Real Estate/Professional Svcs	32.3	41.9	25.8	87.1**	12.9**	0**
Mining/Manufacturing/Transportation/Utilities	26.7	50.0	23.3	96.7**	3.3**	0**
Healthcare/Social Svcs/Education/Govt	38.7	41.9	19.3	67.7**	29.0**	3.2**
Employee Testing:						
No positions/workers	26.5	50.0	23.5	85.3	14.7	0
Some positions/workers	37.7	43.4	18.9	79.2	17.0	3.8
All positions/workers	35.3	41.2	23.5	94.1	5.9	0
Workplace SA policy:						
Zero tolerance – termination on first policy violation	27.8	38.9	33.3	88.8**	5.6**	5.6**
Treatment required – rehabilitation limited to 1 opportunity	26.3	52.6	21.1	89.4**	5.3**	5.3**
Treatment required – rehabilitation limited to 2 or more opportunities	39.7	41.4	18.9	77.6**	22.4**	0**
Policy for substance abuse violation unknown	25.0	62.5	12.5	0**	100**	0**

¹ Fisher's exact test, distribution of EAP choice varies significantly by characteristic

* p<.01;

** p<.05;

p<.1;

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Table 4Association between Employer Characteristics & EAP Worksite Activities[/]

	Worksite Mental Health/ Wellness Presentation	Worksite Substance Abuse Education	Supervisor/Mgmt Consultation/Training
Size:			
1000–5000 employees	50.9	45.4	27.3 ^{**}
More than 5000 employees	56.2	52.1	47.9 ^{**}
Type:			
Commercial/for-profit	42.5 [*]	41.1 [*]	28.8 [*]
Non-commercial/non-profit	80.0 [*]	66.7 [*]	56.7 [*]
Industry sector:			
Sales/Hospitality/Food Svcs/Personal Svcs	27.3 [*]	27.3	18.2
Finance/Insurance/Real Estate/Professional Svcs	45.2 [*]	48.4	29.0
Mining/Manufacturing/Transportation/Utilities	46.7 [*]	40.0	36.7
Healthcare/Social Svcs/Education/Govt	77.4 [*]	64.5	51.6
Employee Testing:			
No positions/workers	52.9	55.9	35.3
Some positions/workers	54.7	47.2	37.7
All positions/workers	52.9	35.3	35.3
Workplace SA policy:			
Zero tolerance – termination on first policy violation	27.8 ^{***}	38.9	22.2
Treatment required – rehabilitation limited to 1 opportunity	52.6 ^{***}	52.6	52.6
Treatment required – rehabilitation limited to 2 or more opportunities	62.1 ^{***}	53.4	37.9
Policy for substance abuse violation unknown	50.0 ^{***}	25.0	25.0

[/] Fisher's exact test, distribution of worksite activities varies significantly by characteristic^{*} p<.01;^{**} p<.05;^{***} p<.1