

UK EMPLOYEE ASSISTANCE PROGRAM

EXECUTIVE SUMMARY

14 May 2007

Basic finding to date:

UK has the elements of a comprehensive EAP system already in place.

In brief, we need:

- Better coordination between existing services for all employees;
- Increased awareness of existing high-quality services;
- Shared resources to maximize use of available funds and personnel, and to avoid duplication of effort;
- A central point of contact for employees seeking a variety of information, to be achieved through:
 - A central, identified EAP office staffed by information experts;
 - Phone referral/consultation available 24/7 (once the EAP is fully staffed),
 - ◆ Amount needed to be fully funded is \$176,900;
 - A central EAP website linking all key resources available to employees;
 - Referral databases available to both employee consumers state-wide and to medical professionals seeking variable-specific referral information;
 - Brief assessment and triage for mental health and substance-abuse concerns, with referral to appropriate services.

Process:

The committee met bi-weekly or more often from November 2006 until the final report was completed in May 2007. The committee sought information and input from colleagues across campus, retained the services of a national consultant, and performed systematic web and literature searches to discover the range of options that might be included in a more comprehensive EAP program. We posted our preliminary report and consultant's final report on the web to facilitate feedback, and we also participated in the Work-Life Open Fora on April 25 and 26, 2007.

Recommendations:

We agree with the Employee Support Work Group — Work-Life Task Force recommendation of 2003 that UK should: “Establish a comprehensive Employee Assistance Program (EAP) based on the outcomes of a Work-Life survey completed by employees”. The following recommendations are offered after due consideration and discussion of available data.

1. *Easily accessible points (e.g., information kiosks, fairs, offices with representatives) of entry into the Employee Assistance Program (EAP) services should be made available to all UK employees*

- 2. Various charges and co-pays can serve as barriers to employees seeking help; to minimize financial barriers, services should be provided free of charge at least until an initial assessment is complete. (Ex. Initial assessment/triage by a licensed mental health professional at the EAP, and then subsidized sessions at the Family Center if appropriate as a referral).*
- 3. Based on the final organizational home and other considerations, the Work-Life Committee should carefully weigh the advantages and disadvantages of the name of UK's newly-configured Employee Assistance Program.*
- 4. The Work-Life Committee should develop a mission statement, consistent with the Top 20 Plan and UK Strategic Plan for the newly-configured EAP Program.*
- 5. The Work-Life Committee and University Senate need to undertake a review of pertinent UK policies to insure they are in step with more contemporary approaches to EAP.*
- 6. UK should continue to offer EAP services on-site rather than offering them through an external vendor.*
- 7. This committee recommends that the EAP be part of a comprehensive Work-Life Program housed in Human Resources.*
- 8. An advisory board with broad institutional representation should be established to facilitate the work of the EAP.*
- 9. It is important for EAP services to have an affirmative, proactive, prevention-focused, supportive image, that it not be viewed as punitive, where only "problem" people go.*
- 10. Future Work-Life Surveys (both campus-wide and satisfaction ratings by consumers) should specifically be designed to assess the actual operation of the EAP program.*
- 11. In concert with UK PR, Work-Life needs to develop a Communication Plan to increase awareness of existing EAP Programs at UK both internally and externally.*
- 12. In concert with Human Resources and Work-Life, UK PR needs to enhance its internal communication programs.*
- 13. It is important that any EAP program pursue multiple avenues for providing information to employees, from training for supervisors, to staffing a 24/7 hotline, to developing a comprehensive web site.*
- 14. The EA Program Specialist should serve as the initial entry point and referral source for a wide range of services.*

- 15.** *The possibility of developing information kiosks – strategically placed so they are accessible to employees who do not have ready access to computers – should be explored.*
- 16.** *Continue funding the Department of Family Studies' Family Center as the primary referral for ongoing personal and relational therapies.*
- 17.** *Increase funding to the Family Center to adequately support faculty and student activities to serve the needs of UK employees. We would like to request a minimum additional \$28,000 (i.e., \$48,000 total) be allocated for FY 2008-2009 to realistically cover the cost of existing services (i.e., \$43,000) plus an additional \$5,000 to begin to take into account the anticipated increase in services. Adequate funding to the Department of Family Studies' Family Center will allow the Center to expand (1) visibility and use of services; (2) assessment and referral services; and (3) provision of mental health services. (These recommendations are summarized in the charts in Appendix G).*
- 18.** *Supervisors, especially on the academic side, need training concerning their responsibilities specified in AR II-1.1-10 focused on Drug Abuse Policy and Procedures; AR II-1.1-11 focused on Alcohol Abuse Policy and Procedures; Human Resources Policy and Procedure Number 13.0: Drug Abuse; Human Resources Policy and Procedure Number 14.0: Alcohol Abuse.*
- 19.** *Supervisors should be trained to recognize a comprehensive range of EAP issues and know where and when to make appropriate referrals.*
- 20.** *EAP and Work-Life issues should be included in orientations of new faculty, staff, and house/staff at the hospital.*

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FORMATION AND COMPOSITION OF THE COMMITTEE

Membership

J. David Johnson, Dean, College of Communications & Information Studies – **Chair**
 Michael Karpf, M.D., Exec. Vice President for Health Affairs – **Executive Champion**
 Lon Hays, Chair, Department of Psychiatry – College of Medicine
 Mary Ferlan, Operations Director – Human Resources
 Mary Bolin-Reece, Director, Counseling & Testing Center – Division of Student Affairs
 Greg Brock, Professor, Family Studies – REFER Program/Family Studies
 Kay Bradford, Assistant Professor, Family Studies
 Sherri Murphy-Goins, Employee Relations Supervisor – Human Resources
 Ryan Pennington, Radiology Tech Supervisor – Hospital

Committee Purpose

According to the faculty Work-Life survey results, a comprehensive Employee Assistance Program (EAP) for personal counseling was selected as one of the most valuable Work-Life programs not currently offered university-wide. As an immediate action for the Work-Life survey results, the President's Cabinet requested additional information about offering this type of program. Therefore, the goal of this committee is to provide recommendations about offering an Employee Assistance Program. Specifically, the purpose is to examine the feasibility of offering such a program through exploring various options, including a review of existing resources.

The committee will submit its recommendations to the UK Work-Life Advisory Council, and if necessary, to the Employee Benefits Committee. A final report with recommendations must be submitted to the Work-Life Advisory Council no later than May 21, 2007. A progress report was submitted to the Work-Life Advisory Council on January 12, 2007 (see Appendix C).

The Work-Life Committee on Employee Assistance Programs (EAP Committee) is one of several committees (Child Care, Career Advancement and Professional Development, Domestic Partner Benefits, Employee Education Program being the others) formed to develop recommendations as a result of the findings of the Work-Life Survey. The reports of the other committees can be found on the UK Work-Life web site.

Acknowledgements

The committee would like to thank the University for this opportunity to serve. Anne Faulconer provided excellent support for the work of the committee. The following individuals met with the committee to share their expertise: Jody Ensmann, UK Health and Wellness Programs; Terri Kanatzar, Elder Care; Heidi Anderson, Associate Provost for Faculty Affairs; Robyn Mowery, REFER, whose slide presentation we have incorporated in some sections of this report; and Jay Blanton, UK PR.

Our consultant, Dr. Linda Poverny, contributed substantial insights that aided our deliberations as well as a preliminary and final report that are included as Appendices D and E.

The Subcommittees of the University Committee on Academic Planning and Priorities (UCAPP) have also been looking at some of these issues and we have benefited from their reports as well as those of the other Work-Life Committees.

Process

In addition to the individuals described above, members of the committee consulted a number of faculty and staff colleagues across campus who provided us with valuable advice and counsel. Members of Human Resources also developed the benchmarking reports that are included as an appendix. The committee met biweekly or more often starting in November 2006 until the final report was completed in May 2007. We also performed systematic web and literature searches to discover the range of options that might be included in a more comprehensive EAP program.

We posted our preliminary report and consultant's final report on the web to facilitate feedback, and we also participated in the Work-Life Open Fora on April 25 and 26, 2007.

BACKGROUND

Findings of the Work-Life Survey

The Work-Life Survey conducted in February 2006 (when nearly half of all faculty participated that followed a similar survey of staff in October 2005) achieved a response rate of over 50 percent, and established the need for the work of our committee. Faculty members requested more comprehensive counseling for personal and family issues and to deal with broad array of stressors.

Across the board, staff employees were more favorable than faculty regarding the level of Work-Life support provided by UK. Fewer than 50 percent of faculty agreed or strongly agreed with the following statements:

- Administration in my college (unit) is supportive of employees' personal/family responsibilities;
- UK policies are supportive of my personal/family responsibilities;
- UK is supportive of my personal/family life;
- UK senior leadership is supportive of employees' personal/family responsibilities.

Similarly, faculty across the board were more concerned about stress and burnout issues than staff, with:

- 47 percent agreeing or strongly agreeing that "The stress I feel balancing affects my health";
- 74 percent agreeing or strongly agreeing that "No matter how hard I work, I can't get everything done"; and

- 61 percent (and 55 percent of staff) agreeing or strongly agreeing that “I feel physically and emotionally drained at the end of work day.”

The National Context

The scope of the national problems in areas traditionally encompassed by EAP services is troubling. It is estimated that 10 percent of total employees are impaired sufficiently to need behavioral health intervention (Poverny & Dodd, 2000) and that \$6 billion is lost in American businesses due to decreased productivity stemming from personal relationship difficulties (Turvey & Olson, 2006; Forthofer, Markman, Cox, Stanley & Kessler, 1996). As a result, there has been a national movement to enhance and enlarge a broad range of services for employees.

As we will detail later, these trends are reflected in universities. Psychological problems (e.g., depression, anxiety) were reported as the most common reason people used university EAPs, followed by work related problems including poor departmental management, low morale, difficulty balancing job and family, and excessive job or teaching demands (Poverny & Dodd, 2000). The most vulnerable faculty, the young, minorities, and untenured, use EAP in greater numbers (Poverny & Dodd, 2000). EAPs within universities are less likely to be used by senior faculty and men (Poverny & Dodd, 2000). Historically, services of EAPs have been underutilized given the likely scope of the problems within universities.

Traditionally, EAPs focused on substance and alcohol abuse. Of the 12.3 million adult users of illicit drugs, 77 percent work (Department of Labor, 2006). Alcohol and drug use costs American business about \$80 billion a year. About 6.5 percent of full-time and 8.6 percent of part-time workers are users of illicit drugs. An estimated 6.2 percent of adults working full-time are heavy drinkers, with one-third of workers aged 18-25 are binge drinkers (Department of Labor, 2006). The still-lingering stigma associated with substance abuse is a barrier to developing effective programs (Dietz, et al., 2005). While substance abuse prevention programs may result in higher health care costs initially, prevention efforts lower health care costs in the long term (Dietz, et al., 2005).

Prior studies have found that 78 percent of respondents indicated that work is their biggest source of stress, with steady increases in work-place related stress (Geist-Martin, et al., 2003). Stress appears to have important consequences for the initiation of, vulnerability to, and/or progression of a variety of illnesses (Baum & Posluzny, 1999). It can contribute to work-related performance in a number of ways including: diminished alertness, narrowed attention, irritability, poor problem-solving, disrupted social relationships, and lowered task performance (Baum & Posluzny, 1999). Stress related issues have been estimated to cost business organizations \$300 billion annually (Velasquez-Manoff, 2005). One in five workers that say they work harder, redo work or “cover” for a coworker who has been drinking (Department of Labor, 2006) – which adds to stressors in the current work force.

EAP Programs

Historically, EAP programs primarily focused on substance and alcohol abuse. Recently, there has been a move toward broad-based programs to offer a wide range of

benefits and approaches to address these complex problems. We agree with the UCAPP Faculty Domain Subcommittee Report that suggests that: “The University should adopt policies that help faculty members balance the often competing demands of work and personal/family considerations.”

To quote from Linda Poverny’s report contained in Appendix E: A broader scope of Employee Assistance (EA) best practices is described in The Employee Assistance Professionals Association’s (EAPA) Program Standards. This is the largest organization representing EA programs in business, industry and higher education.

“Today, EAPs address not only alcohol and drug problems, but also emotional issues, depression, stress, relationships, marital problems, compulsive gambling, career issues, financial and legal concerns, child and elder care, health and wellness, critical incidents, [workplace] violence, and many other contemporary problems.”

Collins and Smith (2006) completed a study of how human resource practices affected the performance of 136 high-technology companies. They found that commitment-related practices (demonstrating a long-term investment in employees) were positively related to organizational climates characterized by trust and cooperation.

However, the very complexity of these programs increases the difficulty of effectively communicating their nature and increasing awareness of them, so that employees can make informed choices (Picherit-Duthler & Freitag, 2004). Generally, people find employee benefit communication confusing, complicated, and sometimes frustrating (Picherit-Duthler & Freitag, 2004). Indeed, there is a surprisingly low level of understanding of employee benefits nationally (Picherit-Duthler & Freitag, 2004).

Benchmark Comparisons

In comparing UK Employee Assistance offerings with its Top 20 Benchmarks, UK would be considered at approximately the middle of its benchmarks, at best. There are universities with much broader and in-depth services with clinically licensed professionals and a significant budget (Ohio State University, Texas A&M, UCLA, University of Florida, University of Iowa, University of Washington, University of Michigan). Nineteen of the benchmarks offer some level of Employee Assistance programming, with only one benchmark not providing any level of employee assistance (University of Georgia).

In Kentucky, most higher education institutions have an EAP (with Morehead State being the exception) that is administered by an external group. Eastern Kentucky University started a program in July of 2006 while others have established programs that would be comparable to the EAP that is being recommended by this committee, except that UK’s program would be an internal program that could make referrals to approved external services when appropriate. Given UK’s size, complexity, and state-wide scope, an internally-managed EAP appears to best serve the needs of UK’s employees.

(See appendices A & B our benchmarks, Top 20 and in Kentucky.)

Review of Existing UK Programs

The University appears to have a three-tiered approach in addressing workplace performance issues as they relate to the different employee constituents on UK's campus.

Faculty – Although addressed through the college chairpersons, deans and Provost Office, the performance issues that arise are in most cases governed by the Administrative Regulations and the Faculty Code.

Staff – Although addressed through supervisors, unit directors and the appropriate executive area (EVPFA, EVPHA, or Provost), the performance issues that arise are in most cases governed by the Human Resources Policy and Procedures, as well as other unit (Hospital) and departmental policies.

Clinically licensed employees (such as physicians, registered nurses, etc.) -- Depending on employee status (faculty or staff), performance issues that arise may be addressed through the mechanisms described above, but are additionally governed by the rules and regulations of the appropriate governing licensure boards (American Medical Association, Kentucky Board of Nursing, etc.).

However, there appears to be a low level of awareness and/or understanding of how to address certain performance issues that may be due to emotional distress, family issues or substance abuse. Although specific training is referenced in the AR's, and training is offered for staff in supervisory positions, there still appears to be a high need for more in-depth training in the academic units which are led by chairpersons and faculty. In addition, there appears to be a need for more extensive training for supervisors in improving the ability to identify employees in need of emotional assistance at an earlier point in time.

REFER / UK Family Center

Note: Historically, services provided to UK employees have been known as "REFER." In all subsequent reviews of UK documents, the name 'UK Family Center' will be used, and the label 'REFER' struck from future documents.

The Family Center is the service and outreach arm of the Department of Family Studies. It is staffed by graduate interns in the Marriage and Family Therapy program. Interns are closely supervised by faculty supervisors, all of whom are licensed in the state of Kentucky, clinical members of AAMFT, and AAMFT-approved supervisors. By fall 2007, a licensed clinical member of AAMFT will be the Director of Clinical Services and will provide clinical supervision, clinic administration, and direct clinical services. Individual, couple, and family therapy is provided by the Family Center, typically on a weekly basis, for problems ranging from depression and anxiety, anger management, social and interpersonal relationships, marital conflict, divorce adjustment, and parenting.

UK Health and Wellness Program (<http://www.uky.edu/HR/wellness/>)

The UK H&W Program has been in existence since 1990. The Program's mission is to improve the health of the University community through education, individual empowerment and intervention. All employees who are eligible to participate in the UK health plans (employees, retirees, and partners) are eligible to participate in the H&W Program. Cost to participate in the program and/or classes ranges from no or low cost to \$60 annually for membership to the on-campus fitness centers. Topic areas of wellness programming include:

Well Awareness -- Screenings are offered multiple times throughout the year and include a variety of health measurements and information (cholesterol and other blood values, height, weight, blood pressure, and bone density). Employees may also receive information about their cancer risk, or get a vision or hearing screening. Options for managing stress are also offered (therapeutic massage, stress management classes, and an annual wellness conference).

Body Shop Fitness – Two well-equipped fitness centers and a variety of group exercise classes (yoga, tai chi, meditation, water aerobics, Jazzercise) are taught by qualified staff to provide a total fitness experience, right on campus. Options are available six days per week.

Eating Well – Registered dietitians provide practical and up-to-date advice to improve eating habits. Individual counseling appointments are available at no charge. A “Weight Loss Matters” program involves meal plans and weekly meetings. Cooking classes and special events such as free bus rides to Lexington's Farmer's Market are held to encourage healthful eating.

BeHIP – The Behavioral Health Improvement Program is a low-pressure approach to health improvement designed to help employees adopt healthy behaviors. Services are provided through personalized telephonic counseling from trained professionals scheduled at a convenient time. Seven interventions are available presently: Weight Loss for Life, Diabetes Prevention, Start to Stop Smoking, Exercise for Health, Reduce the Pressure (A Blood Pressure Reduction Program), Achieving Balance (A Stress Solution), and Banishing the Blues (A Depression Intervention).

Healthtrac Rewards – UK Healthtrac Rewards Program is designed to help employees understand their personal health status and how the health benefit plan can help enhance health. Benefit-eligible employees and spouses who are enrolled in a UK health plan can earn up to \$180 a year by visiting their personal health page and completing an online health survey as it becomes available.

Health Literacy – Health Literacy 101 contains tools and resources to help employees become more informed consumers of their health benefits. The tools are designed to help employees find a health plan that best suits their needs.

The overall participation rate in many of the programs has been strong. On average, 350 employees participate in nutrition programming and other health awareness programs per month (Well Awareness). In addition, each semester, 1,000 employees are a part of the on-site Fitness Program – Body Shop Fitness. Over 9,000 employees participate in the Healthtrac Rewards Program as well as Behavioral Health Improvement Programs. Last, The Health and Wellness Program’s reputation is one that is well-regarded by university employees as well as other benchmark institutions. It was rated of high value in the 2005-06 Work-Life Survey: 74% of staff respondents rated the UK H&W Program as one of the top three current Work-Life offerings and of “great or some value.” The UK H&W Program also received recognition at the national 2005 C. Everett Koop Awards, which seeks to highlight programs that positively influence personal health habits and encourage cost-effective use of health-care services.

The variety of program offerings appears to meet many of the needs of employees while providing options for exercise in order to support not only managing health, but also reducing stress.

The H&W Program is funded through two mechanisms at UK: (1) the miscellaneous fringe benefits rate (\$433,000), and (2) the University health plan (approximately \$1,000,000).

Health Plan Coverage – The University health plans do include health benefits coverage for mental health and substance abuse. For the UK-HMO plan (health plan with 65% of employees enrolled), inpatient care is covered at 100% for up to 31 days per plan year, after a \$100 co-payment. Inpatient substance abuse is covered at 80% for up to 31 days per plan year, after a \$100 co-payment. Outpatient care for both mental health and substance abuse is covered at 65% for up to 20 visits each per plan year. However, in individual cases, the number of visits can be “flexed” from inpatient to outpatient if it is determined to be the most appropriate care for the individual. Out-of-network benefits are not covered on the UK-HMO. The EPO plan provides coverage similar to the UK-HMO in a broader network. The two PPO plans offer coverage ranging from 80-90% (after deductible) with lower benefits ranging from 50-60% (after deductible) for out-of-network benefits.

In reviewing usage trends of the mental health and substance abuse benefits by UK plan members since fiscal year 2002-03, the plan usage numbers have been increasing:

- 9.5% plan participants in 2002-03 (\$446,562),
- 11.7% plan participants in 2003-04 (\$653,746), and
- 12.9% plan participants in 2004-05 (\$734,330).

Many units and programs already formally and informally provide employee assistance services in varying approaches, although the quality and effectiveness of the services is presently unmeasured.

UK Policies

Several official university documents relate to the more narrow issues of substance and alcohol use.

- AR II-1.1-10 focuses on Drug Abuse Policy and Procedures;
- AR II-1.1-11 focuses on Alcohol Abuse Policy and Procedures;
- Human Resources Policy and Procedure Number 13.0: Drug Abuse; and
- Human Resources Policy and Procedure Number 14.0: Alcohol Abuse

Specifically these documents focus on the staff perspective with these issues. In addition, there is a specific Hospital Policy that addresses impairment of employees in clinical positions while at work, HP 09-09, Employee Fitness for Duty.

University Senate Rules Section VII, 7.0 Code of Faculty Responsibilities does not comprehensively address issues which might be addressed via referral to the EAP. It provides a set of procedures for proceeding under KRS 164230 that permits dismissal of faculty for 'incompetency, neglect of or a refusal to perform his/her duty, or of immoral conduct'. These outcomes could be associated with operation of EAP programs.

In reviewing the records of number of staff employee cases addressed in the Human Resources Employee Relations Office, less than 0.2 % of cases (maximum of 6 per year out of approximately 4,000 contacts per year) have been directly attributed to the violation of UK policies related to drug and alcohol abuse in the workplace (HRP&P 13.0 and 14.0). Human Resources believes this is a gross underestimate of these issues; however, many times the indirect result of substance abuse issues manifests itself in more general work performance issues (poor quality, absenteeism, etc.).

RECOMMENDATIONS

We agree with the Employee Support Work Group — Work-Life Task Force recommendation of 2003 that UK should: "Establish a comprehensive Employee Assistance Program (EAP) based on the outcomes of a Work-Life survey completed by employees".

Better Coordination – Employee Assistance Program Specialist (EAPS)

In our preliminary report, the committee identified a need for a staff position (\$50,000 to include salary and benefits for Program Specialist, MT0042) to initially consolidate information and resource referrals regarding the various services that UK already provides (which are quite extensive), and facilitate some common efforts (e.g., establish a compatible database of referral agencies, web-based information accessible 24/7) that would assist in the overall communication, marketing, promotion, and service delivery of the various units on campus. This follows on a recommendation from the Employee Support Work Group — Work-Life Task Force.

We envision that this Program Specialist would provide the initial point of entry for resource information and initial service delivery, and publicity on existing services, to

increase awareness and usage of available services and programs. This person should be a skilled professional (non-clinical) who can recognize employee concerns which require consultation with or triage by other EAP professionals (to be hired in 2008-9).

The consultant has proposed the following:

Hypothetical Staffing and Budget for First Year

1. Staffing: 1.0 FTE EAP Director (Licensed in field of Practice)	\$ 70,000.
1.0 FTE Licensed Mental Health professional (Licensed Psychologist or Social Worker)	\$ 55,000.
1.0 FTE Program Specialist	\$ 38,000.
Benefits 30%	<u>\$ 48,900.</u>
Sub-total Wages and Benefits	\$ 211,900.
2. Operating Expenses E.g. Materials, Supplies, Evaluation	\$ 15,000.
3. In-Kind space and overhead	
Total	<u>\$ 226,900.</u>

The Program Specialist might be shared across various Work-Life functions depending on the eventual staffing and organization of that office. The addition of a licensed mental health professional and a director with clinical practice credentials are needed to provide 24/7 on-call service and to handle the anticipated increase in demand for these services.

Recommendation #1: Easily accessible points (e.g., information kiosks, fairs, offices with representatives.) of entry into the EAP Program should be made available to all UK employees

From our Preliminary Report: We also recommend that some nonrecurring funds be dedicated (\$10,000) for technical services to create a referral data-base with two levels of service: (1) one password-protected level for professionals on campus who directly deliver services to employees and need to make referrals based on multiple criteria; and (2) a second service level for the UK employees to access information directly. An omnibus web site akin to that offered at MIT should also be created (<http://web.mit.edu/lifesites>).

Intervention Approaches

Recommendation #2: Various charges and co-pays can serve as barriers to employees seeking help; to minimize financial barriers, services should be provided free of charge at least until an initial assessment is complete. (Ex., Initial assessment/triage by a

licensed mental health professional at the EAP, and then subsidized sessions at the Family Center if appropriate as a referral).

EAP should focus on short-term interventions that facilitate an employee's return to work. The committee has a strong bias toward personal, face-to-face approaches, although geographic dispersion mitigates against exclusive use of this approach.

Prevention efforts and programs, including psycho-educational efforts should be focused on developing resilience. Resilience research grew out of the observation that some children were still doing 'ok' in spite of exposure to significant adversity (Masten, 2003). Research findings have suggested that resilience is common resulting from the normal function of human adaptational systems suggesting a more optimistic view of outcomes (Mastin, 2001). More generally, it has come to mean the capacity to endure stress and bounce back, to manifest competence in the face of significant challenges (Mastin & Coatsworth, 1998). Some factors that increase resilience in children are supportive social networks, cognitive skills, positive views of self and motivation to be effective in one's environment (Mastin, 2001). This approach is associated with the positive psychology movement and its focus on strengths and virtues, in this context the phenomenon of post-traumatic growth with suffering viewed as giving rise to compassion, wisdom, and well being (Harvard Mental Health Letter, 2006).

Labeling

As the consultant points out, the history of EAP at UK and the relatively new commitment to Work-Life suggests that a new name for the program might help to redefine its mission for employees as well as change its perceptions. (REFER would also not object to a name change for them.) The traditional EAP title can also be viewed as a welfare program and may too closely tied to the more limited, historical role of EAPs.

The consultant detailed some of these possible names in her final report:

- Faculty/Staff Assistance Program
- Personal Assistance Program
- Care Services for Faculty and Staff
- Faculty and Staff Services
- Staff/Faculty Counseling and Consultation
- Faculty/Staff Assistance and Wellness Program
- Faculty/Employee Assistance
- (Name of) University Integrated Employee Assistance
- Work-Life Connections-EAP
- The Resource Center: Employee Assistance and Counseling
- CONCERN: an Employee Assistance Program

The committee collectively prefers the agency title "Faculty/Staff Assistance Program" from the list above, and would suggest an additional alternative, "Faculty/Staff Assistance and Consultation".

Recommendation #3: Based on the final organizational home and other considerations, the Work-Life Committee should carefully weigh the advantages and disadvantages of the name of UK's newly configured Employee Assistance Program.

Mission Statement

Recommendation #4: The Work-Life Committee should develop a mission statement, consistent with the Top 20 Plan and UK Strategic Plan for the newly configured EAP Program.

The following example of a mission statement has been provided by the consultant: UK is dedicated to supporting and enriching the lives of all those on which it depends. It is in the best interest of both the institution, and its faculty and staff to provide assistance when personal or workplace problems affect the performance and well being of our dedicated employees. For these reason UK established (Insert Name of Program) designed to:

1. Prevent personal and workplace problems from escalating.
2. Intervene as early as possible.
3. Provide assessments, interventions, and resources in a professional, time-limited manner.
4. Resolve and manage personal and work-related problems, whenever possible.

Official Policies

We agree with the consultant that all personnel related policies (AR's, HRP&P's) related to EAP need to be systematically reviewed to insure they reflect the universities new approach to Work-Life. We agree with the UCAPP Faculty Development Domain Committee that the university needs to adopt policies 'that help faculty members balance the often competing demands of work and personal/family responsibilities.' We also need to insure that the policies do not contain statements that do not reflect actual practices (e.g., training of supervisors to detect problems).

The University Senate needs to review University Senate Rules Section VII, 7.0 Code of Faculty Responsibilities with an eye to comprehensively addressing EAP issues.

Recommendation #5: The Work-Life Committee and University Senate need to undertake a review of pertinent UK policies to insure they are in step with more contemporary approaches to EAP.

Organizational Home

We also agree with the consultant that there is wide-spread support for an on-site EAP rather than relying on the services of a vendor, in part, because of the unique culture and complexity of UK. Accordingly, the following recommendations are offered and discussed.

Recommendation #6: UK should continue to offer EAP services on-site rather than offering them through an external vendor.

As the consultant details, where EAP resides institutionally has important implications for how it is perceived, who uses the services it provides; the credibility of its programs, and continued resource allocation decisions.

Particular organizational homes color people's reaction any program, as academic units tend to adopt the bias of their particular disciplines (e.g., REFER has a family lens), units housed in Human Resources are often perceived as tied to disciplinary procedures, merit, staff rather than faculty, and so on.

It is also important that their employees can develop synergies and have support from colleagues who face similar issues.

An EAP should be housed in highest level possible to receive appropriate attention. Where it is housed also says a lot about overarching cultural philosophy related to EAP services within UK.

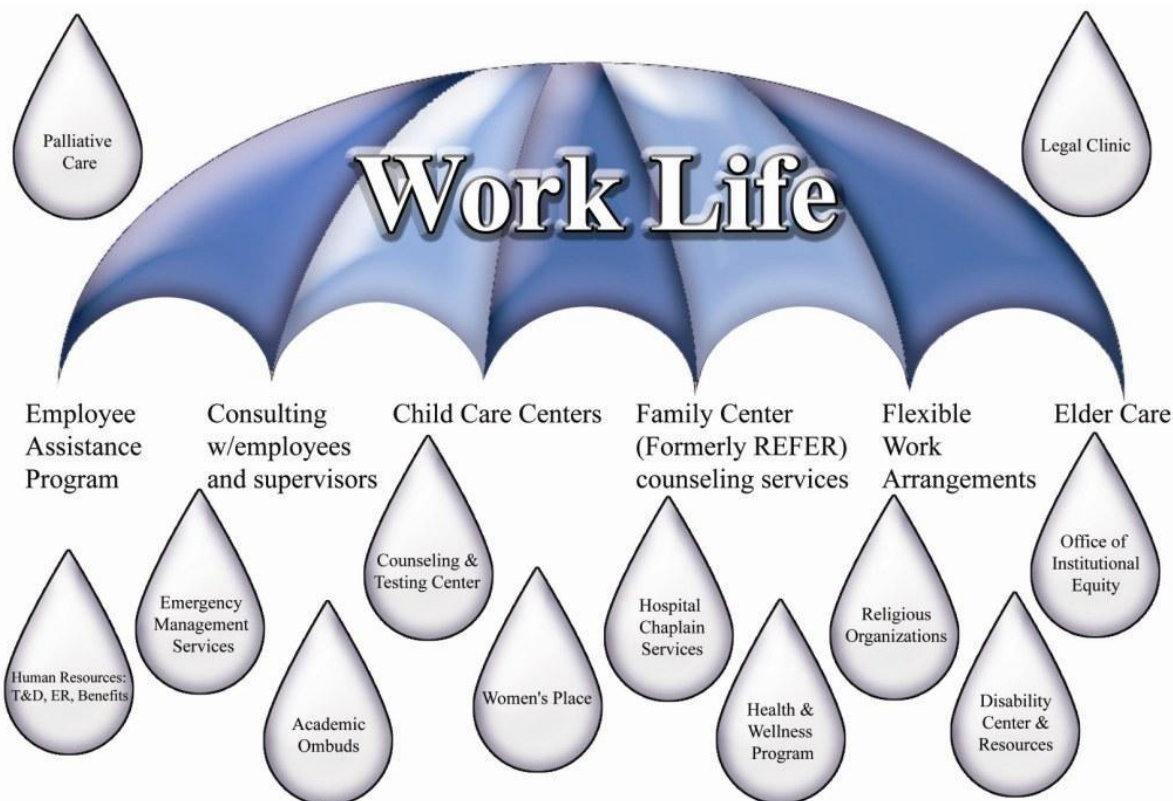
***Recommendation #7:** Balancing all of these concerns, the committee recommends that EAP be part of a comprehensive Work-Life Program housed in Human Resources.*

Special efforts will need to be made to establish linkages with the many units not housed in Human Resources that provide the benefits commonly seen in comprehensive EAPs.

The consultant's recommendation to establish an Advisory Board (which mirrors a recommendation in 2003 from the Employee Support Work Group — Work-Life Task Force) might ameliorate some of the issues associated with particular institutional homes. This committee would also be helpful in increasing awareness of the broad range of services offered by a comprehensive EAP.

***Recommendation #8:** An advisory board with broad institutional representation should be established to facilitate the work of the EAP.*

Work-Life should give considerable thought to how all this interrelates – what parts of integrated EAP fall under its umbrella, and what parts are institutionally housed in other units.



Prevention

As the consultant points out, EAPs should not be just reactive, but they should also reach out in a more proactive manner: “The EAP can partner with related programs to develop means by which these and other organizational problems are positively influenced. Tackling departmental conflicts arising from perceived racial or gender inequities, or workplace disharmony emanating from faculty or staff substance misuse or abuse, are organizational problems typically handled by an EAP. Departments where there is continual crisis management, high staff turnover, or tolerance for dysfunctional work relationships also find help from employee assistance consultation. “

***Recommendation #9:** It is important for EAP program to have an affirmative, proactive, prevention-focused, supportive image, that it not be viewed as punitive, where only “problem” people go.*

Program Evaluation

We agree with the consultant that in this age of accountability that:

“Beginning with the program design, a simultaneous program evaluation plan should be created. Developing goals, objectives, forms, procedures, etc. for the EAP with an evaluation strategy in mind, will ultimately make it easier to justify the program to funding sources, highlight areas in need of attention, document use, and offer evidence-based goal accomplishment. The Institute for Workplace Innovation has the expertise to develop such a strategy.”

Recommendation #10: Future Work-Life Surveys(both campus-wide and satisfaction ratings by consumers) should specifically be designed to assess the actual operation of the EAP program.

Public Relations/Employee Communications

We agree with the UCAPP Staff Domain report “One Great Place to Work” that increasing awareness and enhancing internal communication is a key precursor to effective EAP programs. Generally, the more effective internal communication efforts are, the more satisfied employees are with their overall benefit package (Picherit-Duthler & Freitag, 2004). External communication efforts should be focused on building UK’s image, enhancing our ability to compete for human resource organization prizes and recognitions of various sorts (e.g., AARP). By becoming a model program, UK, in effect, becomes a Commonwealth Collaborative that can promote best practices in organizations throughout the state. The EAP Coordinator should develop linkages with the College of Social Work’s iWin program to facilitate these external communication efforts.

Recommendation #11: In concert with UK PR, Work-Life needs to develop a Communication Plan to increase awareness of existing EAP Programs at UK both internally and externally.

The Committee has found a general lack of awareness of many excellent programs at UK (e.g., UK Health and Wellness, Elder Care) and a lack of recognition of how these programs fit into a comprehensive approach to EAP.

Recommendation #12: In concert with Human Resources and Work Life, UK PR needs to enhance its internal communication programs.

Nationally there has been a lack of coordination between the internal communication efforts of PR-HR (Freitag & Picherit-Duthler, 2004). We agree with UCAPP Staff Domain report “One Great Place to Work” that a workplace information campaign is needed. Initial efforts should focus on getting people to seek help with campaigns to reduce stigma in individuals and increase referrals from supervisors who may be reluctant to use EAP. One way of accomplishing this would be to publish personal vignettes of people who have used our existing programs to confront and deal with stress, as well as making them visible through recognition, awards, news stories, and so on.

Management campaigns often fail because their recommended beneficial effects are not apparent to employees and they do not identify market segments within the total audience who require different, tailored communication approaches in line with their specific needs (Freitag & Picherit-Duthler, 2004; Picherit-Duthler & Freitag, 2004). This suggests that finer grain segmentations of the audience may be necessary to insure effective communication campaigns and the tailoring of messages. Traditionally, in EAP situations, organizations have relied on the direct supervisors to target likely employees.

Finding help in any organization is a complex phenomenon and there are many barriers that seekers must overcome. Ignorance of employee benefits, which has a direct bearing on the employee's personal life, is widespread (Mitchell, 1988), often in spite of government-mandated procedures for informing employees. Lack of trust and concerns over confidentiality may result in workers seeking informal or external sources of information for dealing with their problems. They want to avoid being labeled or categorized in a way that is hard to remove (Geist-Martin et al., 2003).

In general, the focus of the literature has been on how we can provide information to organizational members, rather than what motivates them to seek answers to questions they pose for themselves. Indeed, the work-place may serve as a refuge for some people from personal, family, and health issues (Geist-Martin et al., 2003). We do not know much about what motivates an individual to seek information, especially in terms of more prosocial help-seeking associated with personal growth, creativity, curiosity, or sharing information with coworkers. One consistent argument found in the literature is that people with high growth needs are more likely to consult a wide range of information sources. Organizations should nurture these individuals by providing them with the autonomy to pursue their searches and the ready availability of resources that meet their needs by such means as comprehensive web sites. The strengths and weaknesses of various channels in relation to various employees also suggest that a range of strategies be used to reach employees (Picherit-Duthler & Freitag, 2004).

***Recommendation #13:** Given this background, it is important that any EAP program pursue multiple avenues for providing information to employees, from training for supervisors, to staffing a 24/7 hotline, to developing a comprehensive web site.*

There are also a host of motivations for people not to seek information related to employee assistance. (For a general introduction to these issues, see Johnson, 1996). First, it is not uncommon for managers to avoid information that would force them to make a decision to overcome some problem, especially difficult personal issues. Second, ignorance can be used as a justification for inaction. Third, trust is a major mediator of the open exchange of information. Fourth, seeking information in proscribed, taboo areas could result in sanctions that make ignorance a preferable alternative. Fifth, often ignorance is a way of avoiding conflict. Sixth, ignorance can often be reassuring of a comfortable inertial state, whereas knowledge might lead to arousal to take action. Seventh, the very act of seeking information involves admitting one's ignorance. If it is an area in which an employee is expected to be competent, then it may have significant consequences. These issues highlight the importance of developing appropriate training programs for employees and their supervisors.

Admissions of ignorance come at substantial costs to one's own ego. Some individuals just don't have the interpersonal skills necessary to develop the informal network relationships necessary to acquire information. Others have such low self-esteem they are afraid that any information they get will confirm their already low self-concept. As a result, individuals will only admit ignorance in certain limited situations. Any approach to

providing information to employees about EAP must recognize and deal with these dynamics.

One of the things that characterizes an effective EAP is knowing what the other knows and when to turn to them. This question is given some additional impetus by the classic findings of the information seeking literature that people will seek information from interpersonal sources who: can summarize information for them in meaningful terms; are accessible; and that people are not terribly persistent nor sophisticated in their search behaviors (Case, 2007; Johnson, 1996). These findings highlight the needs for counseling and information brokers.

Recommendation #14: The EA Program Specialist should serve as the initial entry point and referral source for a wide range of services.

Recommendation #15: The possibility of developing information kiosks – strategically placed so they are accessible to employees who do not have ready access to computers – should be explored.

Increasing an individual's familiarity with possible authoritative sources of information should be one aspect of any EAP training program. One objective of training in information seeking should be to sensitize individuals to other sources of communication and to increasing their information-seeking capabilities. Increasingly, when employees use sources like the Internet, which contains many conflicting voices, they need to be trained in how to weigh the credibility of various sources as well, which is a key benefit of an accessible, internally-mandated site. One key outcome of training programs should be the enhancement of decision-making. The point is not just to acquire information, but to acquire information that is useful in addressing problems.

Information-seeking is often a great challenge to individuals. They have to overcome their tendency to deny the possibility of bad news, and perhaps some of the distasteful problems associated with organizational life. They also have to be willing to believe that their individual actions can make a difference, that by seeking information they gain some control and mastery over their life. They also have to overcome the limits of their education and knowledge base. They have to possess: skills as information seekers, a knowledge of data bases, familiarity with the Internet, and an ability to weigh conflicting sources of information and to make judgments about their credibility. In short, any one of the factors on this rather long-linked chain could severely impede, if not halt, the acquisition of knowledge that allows individuals to act on their problems.

Many of these traditional barriers to information seeking can be addressed. Training programs and support structures can be designed to overcome individual lack of skills and awareness of information sources. They also can increase the salience of EAP issues as an important life/career skill. Perhaps, most importantly, new technologies offer the possibility of overcoming and/or substituting for the traditional problems of confidentiality, accessibility, inertia, and the limitations of humans as information processors. Perhaps the most serious limit on these technologies is the recurring preference of individuals for interpersonal information sources who can digest and

summarize vast quantities of information for individual seekers. This reemphasizes the centrality of the EA Program Specialist in developing an effective marketing and resource information program.

REFER / UK Family Center

Recommendation #16: Continue funding the Department of Family Studies' Family Center as the primary referral for ongoing personal and relational therapies. Rationale: benchmark institutional practices and evidence from the empirical literature underscore the need for EAP support of issues related to personal and family relationships, substance abuse, and stress.

Note: Historically, services provided to UK employees have been known as "REFER." In all subsequent reviews of UK documents, the name 'UK Family Center' will be used, and the label 'REFER' struck from future documents.

Background: Why UK should be concerned about Personal Relationships

Work and family are two of the most important realms of an individual's life (Shumway, Wampler, Dersch & Arredondo, 2004), but these two realms can be detrimental to each other (Boyar, Maertz, & Pearson, 2005; Kossek and Ozekik, 1998).

- Approximately \$6 billion is lost in U.S. business due to decreased productivity stemming from personal relationship difficulties. More generally, stress related issues cost corporate America \$300 billion annually (Velasquez-Manoff, 2005).
- Family-work conflict is linked to anxiety and stress, lower productivity, higher absenteeism & presenteeism (i.e., physically present/mentally absent), more rapid turnover, decreased health/increased insurance costs (Prevent.org, 2006).
- One study found that EAP professionals and employees rated marital & family problems as the first or second most severe issue affecting work performance (Rodriguez & Borgen, 1998).

Individual or Family? The Impact: Family and individual psychological problems often coexist (Shumway, Wampler, Dersch & Arredondo, 2004). Depression, alcohol, and substance abuse often impact the family and can lead to marital and family discord and stress (Prince & Jacobson, 1995; Bray & Jourlies, 1995; Turvey & Olson, 2006). Conversely, family stress and conflict are empirically linked to alcohol use, exhaustion, depression, and physical ailments, career/family satisfaction (Boyar, Maertz, & Peraons, 2005). Divorce can affect productivity of an individual for up to three years (Turvey & Olson, 2006). These relationship and personal issues can have a negative impact on work life in the following ways:

- Employees in conflictual relationships cost employers money through the use of *increased healthcare expenditures* and decreased productivity (Turvey & Olson, 2006).
- Marital conflict also increases the risk for a variety of behavioral and emotional problems in children and adolescents including oppositional behaviors, aggression, depression, and anxiety (Bray & Jourlies, 1995).

- Couples in marriages of poorer quality have lower immune functioning than people in more satisfying marriages (Waite & Gallagher, 2000).

Substance Abuse:

- Alcohol and drug abuse devastates thousands of lives and families and cost society millions of dollars in medical problems, lost work time and law enforcement (Pinsof & Wynn, 1995).
- Those with alcohol problems miss 30% more work days than those without such problems (US Department of Health, 2004).
- In 1995 it was estimated that over 1 million people enter treatment for alcoholism each year (Edwards & Steinglass, 1995).

EAP Services

It is in the best interests of employers and employees for organizations to care about work-family conflict (Wadsorth & Owens, 2007). Increased personal satisfaction of employees benefits a company by saving money through increases in job performance and reduced medical costs. Companies that invest in the physical and relational wellness of employees receive a return between \$1.50 to \$6.85 for every dollar spent on programs aimed at increasing relationship satisfaction (Turvey & Olson, 2006).

Family Therapy & Work: Family therapy is an effective way to motivate entrance into treatment (Edwards & Steinglass, 1995).

- Increased personal satisfaction of employees saves money through increases in job performance and reduced medical costs (Bayer, 1995, Hansen, n.d.).
- Family therapy is a cost effective and successful way to treat individual and family issues (Bayer, 1995; Shumway et al., 2004).
- Negative effects of job experiences decrease when positive experiences with a partner are increased (Barnett, Marshall, Raudenbush, & Brennan, 1993).
- Marital therapy can reduce conflict and increase marital satisfaction (Pinsof & Wynne, 1995), thereby increasing wellbeing and productivity at work.

Family Therapy & Substance Abuse

- Treatment of these problems is most successful when the entire family is treated (Chamberlain & Rosiky, 1995; Edwards & Steinglass, 1995, Liddle & Dakof, 1995) and scientific evidence supports the efficacy of marital and family therapy for many of these disorders and problems (Pinsof & Wynne, 1995).

Recommendation #17: *Provide adequate funding to the Department of Family Studies' Family Center to expand (1) visibility and use of services; (2) assessment and referral service; and (3) provision of mental health services (see below). Increase funding to the Family Center to adequately support faculty and student activities to serve the needs of UK employees. (These recommendations are summarized in the charts in Appendix G).*

The REFER program, provided by the Department of Family Studies through the Family Center, has been in existence for ten years. Despite cash expenditures and in-kind contributions from the department totaling approximately \$43,000 (based on cash

expenditures and in-kind contributions from the Department of Family Studies), the REFER program has been operating on a budget of \$11,000 for the past eight years. An additional \$9,000 is expected to be allocated for FY 2007-08 as a one-time increase, for a total of \$20,000. We would like to request a minimum additional \$28,000 (i.e., \$48,000 total) be allocated for FY 2008-2009 to realistically cover the cost of existing services (i.e., \$43,000) plus an additional \$5,000 to begin to take into account the anticipated increase in services provided (note: the Family Center saw a 30% increase in 2006-07 usage compared to the previous year; it is thus likely that usage will exceed the projected 1200 hours). We anticipate that enhanced and improved attention to workplace issues should increase use of services provided by the Family Center and accordingly requests a sustained increase of funding for the expansion of (1) marketing, (2) assessment & referral services, (3) access to online assessment and education, and (4) mental health services as detailed here:

1. Awareness and Use of Services: Awareness will be expanded through:

- Broader distribution of brochures
- Inclusion of brochures in employee benefits information mailed each spring
- Online visibility
- Presentations
 - In-service presentations to departments and campus units
- PR Events
 - Marriage check-ups
 - Work-Life fair

These efforts will be accomplished as part of a larger strategy of marketing by the EAP staff. Currently, the UK Human Resources webpage has a link to a website specifically devoted to information about Family Center services, but greater visibility of the service is needed. Employees sometimes become aware of the Family Center through brochures or the phone book advertisement, and are then informed of this benefit when they call the Family Center. More presentations to units on campus about Family Center and other EAP services would increase awareness of these benefits.

2. Assessment and Referral

Historically, the Family Center has provided one assessment session free of charge to UK employees. This was a consultation session where service needs were assessed. Employees were given the option of using Family Center services on a sliding scale rate or referred to outside agencies and service providers.

This service was helpful, but better service can be provided to employees in as follows:

- Primary assessment for purposes of *referral* for services will be done by an EAP staff member who is a licensed mental health practitioner. The Family Center will serve as the 'funnel agency' with the employee first referred there if appropriate. A referral may be made to other services if they are more suitable to the employee's needs.
- Secondary assessment for the purposes of *treatment planning* will be done by a Family Center intern. This will vary, but may include 1-3 sessions according to employee needs.

3. *Online assessments and education* will be available to employees, once a website for the Family Center is established. This website will include assessment and information regarding

- Co-worker relations
- Personal finance information
- Parenting and caregiver issues
- Divorce recovery
- Parenting and Co-parenting
- Marriage check-up information

4. *Provision of Mental Health Services.* Historically, employees have paid for all sessions beyond the first free assessment session. We recommend:

- Up to 10 subsidized sessions for therapeutic interventions (including the 1-3 assessment sessions)
 - A nominal sliding-scale co-pay to promote (a) use of services, and (b) the valuing of services (see funding estimates, below).
 - Once the allowed subsidized sessions have been used, employees will pay any subsequent sessions according to the Family Center's sliding scale fee list at a 20% discounted rate.
- Provisions of group therapy / support groups (e.g., parenting, grief, divorce recovery, etc.)
- More Psychoeducation
 - Co-worker conflict resolution, stress management, marriage enrichment, coping in the sandwich generation, grief and loss, etc.
 - Face-to-face (Group or individual rates as defined below)
 - On-line education (free)
- Expanded Group Crisis Debriefings on an as-needed basis.
- Basic Financial Consultation
 - Basic budget and money management skills education with attention to relational conflicts regarding money.

Mechanisms for Expansion:

- The Department of Family Studies has approval to hire a new Director of Clinical Services. Interviews will occur in May, 2007. This director will be instrumental in expanding marketing, supervising interns, providing services, and coordinating Family Center services with other EAP services.
- The Family Center is moving to Scovell Hall in June 2007. The location means that those presenting for services at the Family Center should be less identifiable as presenting for services, due to HR and other services being located in the same building. The space will also accommodate more clients.
- A recent shift in the Family Studies curriculum has resulted in interns spending more months in the clinical internship, and generally, more students in the clinic at one time (for accommodation of more clients).

Licensed practitioners vs. student run programs: A training clinic includes the benefits of additional oversight of cases from faculty, knowledge and use of updated practices and

techniques, and low cost. However, there may also be concern regarding interns' inexperience and ability, and/or the on-campus location of the service. Family Center MFT Interns are required to abide by the ethics codes of the American Association of Marriage and Family therapists and Kentucky law, both of which mandate strict adherence to client confidentiality. MFT Interns operate under the individual professional licenses of clinical faculty, who take great care to enforce confidentiality standards. To address these concerns:

- The Director of Clinical Services will be able to provide some direct services for those who want to directly see a licensed professional. Services may be expanded in the future to include additional licensed service providers.
- Marketing efforts can be enhanced to provide proper information about services.

Other Future Directions:

- Medical Family Therapy is a rapidly expanding subspecialty. Closer relationships with UK medical clinics can be developed to enhance interdisciplinary medical care
- Current Conversations include:
 - Markey Cancer Center
 - UK Palliative Care
 - Out-patient Psychiatric Clinic
 - Other possibilities:
 - UK Family Practice
 - UK Adolescent Medicine

Training

We agree with the UCAPP Faculty Domain Subcommittee Report that suggests that the university should: "Provide department chairs with proper training."

***Recommendation #18:** Supervisors, especially on academic side, need training concerning their responsibilities specified in:*

- *AR II-1.1-10 focused on Drug Abuse Policy and Procedures;*
- *AR II-1.1-11 focused on Alcohol Abuse Policy and Procedures;*
- *Human Resources Policy and Procedure Number 13.0: Drug Abuse;*
- *Human Resources Policy and Procedure Number 14.0: Alcohol Abuse*

***Recommendation #19 :** Supervisors should be trained to recognize a comprehensive range of EAP issues and know where to make appropriate referrals.*

This enhanced training could be facilitated with an increase in supervisory training budget recently approved by the Board of Trustees. This training should encourage modeling wellness behaviors on the part of supervisors leading to increasing awareness.

***Recommendation #20:** EAP and Work-Life issues should be included in orientations of new faculty, staff, and house/staff at the hospital.*

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APPENDICES

- A. Benchmarking – Top 20
- B. Benchmarking – Higher Education Institutions in Kentucky
- C. Preliminary Report (submitted January 2007 and available on-line)
- D. Consultant's Preliminary Report
- E. Consultant's Final Report
- F. REFER Slide Presentation
- G. Family Center service and funding charts
 - 1. Estimated Funding for Expansion of Services
 - 2. Current Services and Expansion
 - 3. Actual expenditures and In-kind contributions
 - 4. Chart of services, current provision, expansion of services
- H. EA Program Specialist position description and job outline (JAQ)

APPENDIX A

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
1. North Carolina State University	Deer Oaks Faculty and Staff Assistance Program	External	Deer Oaks	"Make formal request for this information with State Personnel Office."	Free	From within the University; not state funded.	Management referrals, critical debriefings for traumatic situations (counselors dispatched by Deer Oaks). No on-site counseling or referrals.	No limit.	No dedicated staff.	N/A	Offered completely separate from the Health Plan	Telephone Triage; Comprehensive Diagnostic Assessments; Individual, Marital, Family, and Group Psychotherapies; Clinical Coordination and Consultation Services; Crisis Intervention Services; Supervisor Manager Training; Psychoeducational In-services; Appropriate referrals for Finan., Legal, or Health Plan Needs	Anyone who is paid through HR system (full, part time, etc.), dependents. Anyone who receives an NC State Univ. check.
2. Ohio State University	University Faculty and Staff Assistance Program	Internal	Administered by OSU Managed Health Care Systems Inc.; sponsored by HR	No answer	Free	Built into HR Budget.	Yes	No limit.	3	MS/NP/RN; LSW; MA/Licensed Prof. Clinical Counselor;	If ongoing counseling, the cost will become the employee's responsibility. Univ. health plan insur. will often cover charges after co-payment.	Brief counseling; assessment and referral to university and community resources; crisis counseling for individuals and workgroups; marriage, family and relationship counseling; consultation with managers and supervisors about employee relationships; referrals for child and elder care; legal and financial counseling; work performance counseling; substance abuse assessment and referral; drug free workplace training.	Any university faculty or staff member and/or members of their immediate family are eligible.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
3. Penn State University	Yes	External	ValueOptions	Centrally Funded, per person/per member/per month. \$1.21 per eligible employee (14, 766) = +/- \$215,000/yr.	Free	Central University budget funds the EAP.	Employees can use the EAP by calling toll-free 1-866-749-1735 seven days a week, 24-hours per day. The Customer Service Center staffs therapists who can help e'ees with immediate needs and can direct them to local therapists for face-to-face sessions, if needed.	1-3 per concern; unlimited concerns.	3 full-time Health Matters staff.	All at least Masters level Licensed Clinical Workers, most have at least 3 years of experience.	Unfortunately has not had seamless coverage, many of the therapists aren't in the mental health network.	Work performance difficulties; Family and relationship concerns; Balancing work/life issues; Managing stress and change; Care for elderly parents; Depression, anxiety, or other mental health concerns; Career concerns; Divorce or separation; Grief; Parenting; Quality of life problems; Alcohol or other substance misuse, dependency.	Any benefits-eligible employees, their dependents and household members.
4. Texas A & M Univ.	Yes	Internal	Office of Employee Services (Division of Finance/Employee Services/HR Management Services/Employee Support Services/ Employee Assistance Program)	No answer	Free	Funded by university/reporting structure through Employee Services (HR).	Service offers faculty, staff, and dependents opportunity to discuss personal & job related issues affecting their lives. A counselor will assist in identifying problem areas and when appropriate, make recommendation that facilitate resolution. Assistance can be provided to help initiate services through the individual's health plan or other community resources.	12	3	1 CEAP/Ph.D Psychologists; 1 Ph.D Psychologist; 1 Office Assist.	Yes, if referred outside of the range of the EAP.	Management Consultation; Assessment and referral services; Alcohol and drug assessments; Crisis intervention; Death in the campus community; Job jeopardy program; Mediation services; Critical incident stress debriefing; Alcohol and drug testing program; Educational programs.	Faculty, Staff, and eligible dependents.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
5. University of Arizona	Yes	Internal	HR / Work-Life Model	would not divulge	most services free for initial consultation	HR budget through WL office	Referral to community resources; Short-term counseling (if appropriate).	1 to 6	5	MSW/LCSW; MC/CPC	Yes; assistance through health benefit provider	Consultation/Assessment/Problem identification; Short-term counseling; Referral to community resources; Supervisor consultations; Emotional/mental health education; Stress or resiliency counseling; Dealing with change; Family or relationship problems; Parenting issues; Depression, anxiety or grief counseling; Financial problems; Alcohol or drug issues; Job or career difficulties; Other issues that interfere with work or home life.	Employees; some programs for students
6. UCLA	Yes	Internal / External	HR	Unable to obtain this information	Free	Built into HR Budget.	Assessment, referral and brief treatment.	3 per concern	7; 2 co-directors and counselors	2 Marriage and Family Therapists (MFT); 1 MFT/ Psychologist / CEAP; LCSW/CEAP	Referrals can be p/u by insurance co., after deductible, depending on what insur. plan the e'ee has.	Work-related concerns; Stress, Couple and family issues; Emotional difficulties; Alcohol and drug problems; Work-life issues.	Faculty, staff, and their immediate family members

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
7. University of Florida	Yes	Internal	The EAP is administered by the Student Health Care Center's Student Mental Health Service.	Unable to obtain this information	Free	University, probably through the Provost/Student Affairs office.	Assessment, referral and brief treatment.	3 per year	Min. 9 doctors, psychiatrists, psychologists and Trauma Response Unit for emerg.	Licensed mental health profess.	EAP professionals refer e'ees to community providers& agencies that accept univ. health insur. or charge fees based on income level.	Work performance difficulties, alcohol or other drug misuse, relationship difficulties, family difficulties, social problems, emotional concerns, occupational or personal stress, legal or financial problems, eldercare issues, parenting issues, health concerns, conflict resolution, and many others	Faculty and Staff
8. University of Georgia	Cancelled effective July 1, 2006 due to low usage.												
9. University of Illinois-Urbana	FSAP -- Faculty / Staff Assistance Program	Internal	Unsure; very discreet about services; website not connected to HR or any other entity in any way	Salaries: \$150,000; Office budget: \$20,000; Secretary: \$32,000 = Around \$200,000/yr.	Free	State funding.	Short term counseling, does make referrals.	4-5 sessions	4	2 LCSW, 1 working on PHD in psychology; 1 Student worker working on Masters in SW	Try to refer to professionals within their insurance mental health network. Works closely with the insurance providers.	Addiction, Alcohol/Drugs, Bullying in the Workplace, Domestic Violence, Emotional or Psychological, Family/children, Financial, Grief/Loss, Harassment, Job Loss Information; Marriage/Relationships, Parenting, Resources, Sexual Harassment, Sexual Assault, Sleep Disorders; Stress, Suggested Reading, Support Groups.	Faculty, Staff, Retirees, and Household members.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
10. University of Iowa	EAP; Housed within Faculty and Staff Services	Internal	The UI Integrated Employee Assistance Program is a partnership of Faculty and Staff Services and UI Behavioral Health. (Faculty & Staff Services located in HR)	\$500, 000 is the overall budget: includes organizational development, leadership coaching, lean process improvement, work redesign and strategic planning. \$145, 000 is the cost of just the standard EAP services: includes assessment, referral and management consultation.	First 4 sessions are free.	Benefits, HR and general state appropriations	Triage via Admin. Asst. and then appt is made with counselors	4 Sessions	7	All counselors are licensed in one or more of the counseling fields: Marriage and Family Therapy; Social Work; Mental Health counseling.	E'ees are resp. for payment of services provided by other agencies. E'ee's health insur. plan may provide coverage.	Job stress; Alcohol or other drug related dependency; emotional concerns; Marital/relationship problems; Parent/child conflict; Referral to trained financial counselors; Health or medical concerns; Psychiatric concerns; Social adjustment concerns; Performance problems; Difficulties with fellow employees; Recovery from traumatic events; Dealing with loss and grief.	All permanent employees (including their spouses or dependents) with a 50% or greater appointment.
11. University of Maryland at College Park	Yes - Faculty Staff Assistance Program	Internal	University Health Center	would not divulge	Free	Through Health Center, which is a part of Student Affairs.	Assessment, referral and brief treatment.	up to 10	2	2 LCSW	Yes; they help coordinate services of referrals or provide services on campus if unable to afford off-site	Job difficulties; alcohol and drug problems; marital and family problems; emotional distress (anxiety, depression, stress related disorders, etc.); legal and financial problems; Emergency Loan Fund, provides employees with up to \$1,000 Loan, provided mostly by donations from employees, retirees, etc.	All full and part time employees.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
12. University of Minnesota at Twin Cities	Yes	Internal (after hours Crisis Services provided through external org.)	2 full-time -- divided up by Faculty & Academic Staff and Civil Service & Bargaining Unit Employees.	Unable to obtain this information	Free	Human Resources	Consultation and referral services -- typical consultation lasts about an hour.	case by case basis - average 2	2 full-time -- divided up by Faculty & Academic Staff and Civil Service & Bargaining Unit Employees.	Lisa Dau, MA, CEAP, LP and Jim Meland, Ph.D., LP	Yes	Confidential consultation are provided in work productivity, work relationships, supervisory challenges, conflict resolution, mental health, interpersonal relationships, family, loss and bereavement, alcohol/substance abuse. Also have an after-hour crisis service 1-800 number.	Employees, Partners, and immediate family members are eligible.
13. University of North Carolina at Chapel Hill	Yes	Internal / External Services	Human Resources	Consists mostly of the consultant's salary.	Free/ Insur. if refer	University/Hospital	Assessment, referral and brief treatment.	No set number.	1	LCSW	The EAP Counselor considers costs when referral. Charges may be covered by the State Comprehensive Insurance Plan or under other insurance plans (e.g., HMOs).	In-house counseling and referrals when necessary.	Any Employee, whether probationary, permanent, temporary, or retired.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
14. University of Virginia	Yes / 15 years in existence / Started out in Health Systems (grant funded), UVA purchased from HSF	Both	Health System but ultimately answers to HR	Will not divulge this dollar amount.	Free; insur if refer	Dept of Health System, contracts w/University; 20+outside contracts that help w/payment (i.e. county, city schools)	Yes to all	They have gotten away from defining; based on need	3 Full-time, 1 Part-time, 1 admin support	4 Social Workers; 1 Nursing	Yes	All provided for; they are the Work-Life Office for the Univ.	Anyone employed by U or family members. Very loose with definition. If affecting ee, they will offer services.
15. University of Wash.	Yes - UW CareLink . Also a Crisis Hotline with Master level counselors 24/7	External	APS Healthcare - www.apshelplink.com	\$1.25 per employee per month / approximate 27,000 faculty & staff = \$405,000 per year	Free for up to three UW CareLink sessions per concern.	HR/Work-Life	Yes to all	3 sessions/ issues	national program - national network of providers. 2 local account executives which spend a lot of time on campus and hand hold special referrals aka Doctors.	Social Workers, PhD and MD	Yes	In person assessment and short-term confidential counseling provided by local professionals for any issue that causes concern: Stress; Work-related problems; Family and parenting concerns; Relationship issues; Drug/alcohol problems; Grief and Depression. Also telephone or in-person consultations with local attorney for legal Services. Telephone financial consultations with a CPA or Certified Financial Planner are also available. Finally there are several training and workshops available -- for example supervisor training, conflict resolution, time and stress management.	Faculty and staff, and their dependents and family or household members in any location nation wide. In addition, employees may bring into the counseling session anyone who may be involved in their issue; e.g., friend, relative.

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
16. University of Wisconsin	Yes - University of Wisconsin refers to themselves as an "office with programs and services" not a "program".	Internal	Provost Office	Approximate = \$260,000 (salaries plus operational materials)	Free Consult.; Health Plan benefits; sliding-fee-scale	State money and some additional money from contracts.	Services provided: problem consultation/assessment, information about community resources, educational programs, individual referrals to campus and community resources. Also provides short-term counseling.	Depends on situation. Can be anywhere from one time to open ended.	3 total: 1 full-time Office Manager, 1 full-time consultant and 1 Director whom is also a full-time consultant	Stephen Pearson, M.A., CEAP, CPC, Director and Kathleen Holt, C.I.C.S.W., CEAP, Consultant	Yes	Help deal with personal, work-related, behavioral or medical problems. Areas of help include: Personal issues - alcohol abuse; anger control; divorce; drug abuse; emotional problems; family violence; financial problems; grief; impact of disability and chronic disease on individuals and families; marital or family problems; separation; stress. Workplace issues - back-to-work conferences; change; conflict management; dispute resolution; organizational assessment; respect in the workplace.	Services are available to all faculty, staff, and their immediate family members or significant others (plus anyone who is getting a check from the University).

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
17. Purdue University	Yes	Internal	Staff Benefits also HR; also under HIPAA and follows HIPAA guidelines	\$200-250K paid out directly to providers @ \$70/hour; this total does not include salaries & other expenditures - did not have this figure avail.	Free; Referral costs on individual basis; Purdue Health Plan, funding may be available for services not covered by Health Plan.	Staff Benefits; allocated thru their budget	All; thorough assessment for better fit, drop out rate lower	10; First visit pd status, 9 TDL or VL	2 Full-time counselors, 2 Part-time support staff	LSWs;	Yes; part of Wellness Program	part of work-life; most services	Employees and dependents; insurance elig. 10 visits/person with option of increase if necessary
18a. Univ of Michigan at Ann Arbor (Med Center)	Yes	Internal	UofMI Health System	\$320,000 -- includes funding for 4th counselor	First 5 free, then medical benefit	funded thru Mworks, doesn't generate any funds of own	Yes; 3-5 visits then refer	3-5; flexible	3 counselors; 1 admin support	2 LSW; 1 RN	Yes	Counseling (personal & workplace), team development to resolve work group issues, consultaton, mediation, education programs for both supervisor & Eee. Also: mental, emotional, behavioral health needs of the UMHS workforce & families; Consultative services for staff develop & org concerns; Critical Incidence Stress Debriefing (CISD) for those impacted by traumatic situations.	Employees and dependents

University	Has EAP?	Internal or External	Administered by?	\$ Amount funded by Institution	Cost to E'ee	Funded thru what resource?	Assessment/Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
18b. Univ of Michigan at Ann Arbor (Central Campus)	FASAP -- Faculty & Staff Assistance Program	Internal	HR dept	a lot in kind; approximate is \$570,000	Free	Funding through Benefits; Benefits Recharge	Brief problem resolution; short-term counseling	5 or 6; workplace issues resolved w/o insurance; avg 2.3	5 FTE; 1 admin. support	Min. Masters; no one under 10 years post-grad; Social workers	Yes, Match up w/provider	Short-term counseling for faculty, staff, & immediate family for personal, emotional, family, & work place issues; Personalized coaching services for professional or personal goals; critical incident, trauma, & grief counseling; Brown/Bag Edu. Presentations	All Eees including temps but not contract; retirees; family members; whoever is benefit eligible
19. Michigan State University	Yes	Internal	University Physician's Office (Uphys.)	dependent on many factors; approximate \$150K	Free	General funds normally, but there have been revenue generating things happening more recently.	Yes to all	6	Two full-time counselors and 0.25 part-time administrative	M.S.W., A.C.S.W	Yes	Workplace conflicts; Performance difficulties; Relationship/Marital concerns; Divorce; Family problems; Grief & Loss; Addictions; Stress; Depression; Financial & legal difficulties	Any MSU employee and their immediate family member

APPENDIX B

College / University	Has EAP?	Internal and/or External Services)?	Administered by?	Amount funded by Institution?	Cost to Employee	Funded thru what resource?	Assessment / Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
1. U of Louisville	Yes	External	Human Development Company	unable to obtain this information	Free (first contacts free), after they would have to use insurance = \$1.95/per employee = \$126,000 annually.	Built into budget. Half comes from university, the other half is provided by insurance company.	1. Initiated by employee. 2. Supervisor or Mgr. can refer employee. They call the Human Development Company directly.	Offered in 1-3, 1-5, 1-6 and 1-8 session models.	No one directly dedicated to the EAP program. There is a committee that gets updates from the provider.	"...providing access to a masters level clinician..." Human Development Co. operates as an external and independent consultant, developing customized service packages to match each client company's unique culture.	Health plan pays for 50% of funding.	Confidential Assessment, short term counseling, referral and follow-up; Toll free line available 24/7, providing access to a masters level clinician; Unlimited telephone and face-to-face management consultation; Guaranteed appointment availability (emergency, urgent and routine); Eee & supervisor orientations; Crisis intervention; Special outreach for alcohol & chemically dependent employees; Designated account managers; Client/Eee satisfaction surveys; Quarterly computer based evaluation reports to measure the effectiveness of the program and identify areas of need.	University Employees, Spouses and dependents only.
2. Eastern KY Univ	Yes July 1, 2006	External: Behavioral Medicine Network	St. Josephs	Free/unsure	unsure - Supported by Human Resources	Short-term counseling at offices away from the work setting ensuring confidentiality.	6 visits per year, with a maximum of 12 for the whole family.	Several counselors on hands with various expertise - 2 locations: Berea and Lexington.	no dedicated staff to administer only this EAP	Licensed Social Workers, Masters and PhD level Psychologist and Psychiatrist	Yes; UnumProvident Life Phases provide additional services: Life Balance Program, Transition Insurance options, and Assist America)	Counselors help with problems of daily living -- personal, social life, family issues, or work-related issues, legal and financial consultation, and elder care issues.	Employees, spouses and dependents are eligible.

College / University	Has EAP?	Internal and/or External Services)?	Administered by?	Amount funded by Institution?	Cost to Employee	Funded thru what resource?	Assessment / Referral and/or brief treatment?	Number of Sessions Available?	Program Staffing Levels	Academic Discipline of Staff	Interface or Coordination with Eee Health Plans	Breadth of Services	Eligibility: How is eligibility defined?
3. Western KY Univ	Yes re-established last year	External	Guidance Resources by CommPsych	Does not have an exact dollar amount; amt funded is built into the policy they purchase thru insurance co.; states that many companies offer EAP benefit as part of package.	Added Feature of other Benefits Products	Life Insurance Program (SunLife)	Referral, then treatment through Insurance Provider	5	no dedicated staff to administer only this EAP	Clinicians	Interface	Confidential counseling on personal issues such as relationships, substance abuse, stress anxiety or depression, marital conflicts and grief issues.	Benefits eligible Employees and family members
4. Northern KY Univ	Yes; Community-based EAP	External	St. Elizabeth's	Can't provide	Yearly contract w/St. Elizabeth's - renewable	Staff Benefits	Assessment, Short-term counseling then refer out to provider covered under insurance plan.	8	There are 5 Eees of the St. Elizabeth Employee Assistance Program (external vendor to NKU).	Min. Masters in Psychology, SW, or Counseling	Yes	A full service EAP program which emphasizes assessment, counseling/referral, employee education and management training and consultation.	Employees, dependents, and anyone living in the ees household (has direct impact on their life).
5. Morehead State Univ	NO - does offer counseling to students	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Bluegrass Technical Colleges	Yes	External	Horizon Care	unable to obtain this information	unable to obtain this information	unable to obtain this information	unable to obtain this information	unable to obtain this information	unable to obtain this info	unable to obtain this information	unable to obtain this information	unable to obtain this information	unable to obtain this information

APPENDIX C

January 12, 2007

MEMORANDUM

TO: Work-Life Advisory Council

FROM: Work-Life Committee on Employee Assistance Programs
J. David Johnson, Dean, College of Communications & Information Studies – Chair
Mike Karpf, Executive Vice President for Health Affairs – Executive Champion
Lon Hays, Chair, Department of Psychiatry – College of Medicine
Mary Ferlan, Operations Director – Human Resources
Mary Bolin-Reece, Director, Counseling & Testing – Counseling & Testing Center
Tamara Brown, Associate Professor, Department of Psychology – College of Arts & Sciences
Kay Bradford, Professor, Family Studies
Greg Brock, Professor, Family Studies – REFER Program/Family Studies
Sherri Murphy-Goins, Employee Relations Supervisor – Human Resources
Ryan Pennington, Radiology Tech Supervisor – Hospital

SUBJECT: Progress Report of Employee Assistance Program Committee

As you know, our Committee is in a somewhat different situation than some of the other committees charged with following up on the Work-Life Survey in that there has not been much preliminary investigative work done related to Employee Assistance Programs (EAP) at the University of Kentucky.

Progress to Date

We have had three meetings to discuss the Work-Life Survey findings and UK current offerings. Preliminary benchmarking is also underway (see Attachment A for UK benchmarks and other Kentucky universities respectively). We have also drafted a final report template to facilitate our work.

We have acquired the services of a consultant, Linda Poverny, who has provided a summary document outlining common EAP models in higher education. The document outlines service delivery models as well as strengths and weaknesses of each, including cost estimates (see Attachment B).

Dr. Kay Bradford will serve as Dr. Greg Brock's substitute this semester while Dr. Brock is on sabbatical.

Preliminary Recommendations

Consultant Services: In the short term, we would like to reiterate the need for a consultant to assist us in determining the various EAP model options commonly available in higher education. This consultant would greatly facilitate the work of the Committee. We do not currently project that her services will cost more than the \$10,000 provided by the Work-Life office.

REFER Program Funding: It is recognized by the committee that more funds should be dedicated to the REFER program due to the increase in volume and activity over the past several years (61% increase in face-to-face services). The REFER funding has remained at \$11,000 for over seven years and it is anticipated that enhanced and improved attention to these workplace issues may increase interest in the services provided by REFER. Proposing a modest increase (\$4,000 - 9,000) represents a needed stop-gap measure; it would also be prudent to conduct a detailed cost analysis over the upcoming weeks to include in the final report and recommendations.

Administrative Support: The committee has identified a need for a staff position (\$50,000 to include salary and benefits for Program Coordinator, MT0042) to coordinate the various services that UK already provides (which are quite extensive) and facilitate some common efforts (e.g., database of referral agencies, web-based information accessible 24 X 7) that would assist in the overall communication, marketing, promotion, and service delivery of the various units on campus. Many units and programs already formally and informally provide employee assistance services in varying levels. We envision that this coordinator would provide the initial point of entry for service delivery and publicize existing services to increase awareness and usage of available services and programs. We also recommend that some nonrecurring funds be dedicated (\$10,000) for technical services to create a referral data-base with two levels of service; 1.) one service level for professionals on campus who directly deliver services to employees and 2.) a second service level for the UK employees to access information directly. An omnibus web site akin to that offered at MIT should also be created (<http://web.mit.edu/lifesites>).

Future Plans

We will work with the consultant to conduct a feasibility study assessing UK programs, identifying gaps, and recommending a range of viable models and funding mechanisms for EAP at the University of Kentucky. We will continue to benchmark other universities (benchmarks and KY institutions). We anticipate also making a number of recommendations relating to enhanced training of supervisors and possible changes in UK policies. We anticipate meeting biweekly until we finish the final report. Later this spring we will be posting our tentative recommendations and soliciting public input related to them.

We would be happy to answer any questions you might have.

Attachments

APPENDIX D

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Common Models of EAP Service Delivery in Higher Education Overview

The Employee Assistance (EA) field has evolved over the past 50 years from a single focus on substance abuse treatment, as its core technology, to a broad spectrum of services, that include assessments in individual and family mental health, and referrals for issues in daily living. Brief, solution based counseling for personal and work related problems, psycho-educational seminars, interactive web-based information, and work/family offerings have become common additions in today's Employee Assistance Programs (EAP's). This expanded conceptualization is particularly evident in college and university programs.¹

Emphasizing individual well-being is only half of the EA equation. Making the workplace a healthier environment through management consultation and support, critical incident debriefing (CID), organizational development (OD), and managerial training, are now standard fare on many campuses.

Usually considered a benefit of employment, Universities often finance EAP's through their "Fringe Benefit" pool. Other administrative line items include a fractional assessment added to the overhead each department contributes annually. Some EAP's in higher education have conducted funded research, but even in these cases the operating budget is generally dealt with as an overhead cost.

The core services provided by EAP's are highly confidential, whether located "on-site", that is within the university environment, or "off site" at a location within the community. For this reason, EA services strive to be easily accessible, but not readily visible.

Generally, an effective program in higher education can expect to serve between 8%-15% of eligible participants in a given year. With a workforce of 11,500 employees, the University of Kentucky could expect to annually serve between 920 and 1,725 eligible participants.

Program Models:

EAP's operated by independent provider companies or vendors, whether local or national, are referred to as "off-site," "external" programs. Many health insurance companies have EAP divisions offering services at a reduced rate, as an add-on to their behavioral health coverage. A contractor can be a for-profit, free standing EAP company, or a community-based Family Service Agency working with the University. Other arrangements include, contracting with an external vendor who places a counselor/ consultant "on-site" for a specific number of days each week. This model is an "on-site," "external" program. With each approach there are increasing levels of service and engagement available, depending upon the University's needs and expectations.

¹Richard Sullivan and Linda Poverny, "Differential Patterns of EAP Service Utilization Among University Faculty and Staff," *Employee Assistance Quarterly*, 8 (1) (1992): 1-12.

In addition to considering external vendors, many universities opt for creating their own “internal” EAP. These programs are part of the university milieu. They are administered and staffed by university personnel, and operate using highly trained professionals. Internal EAP’s have the advantage of tailoring services to ongoing and emerging needs within the university community.² Rather than being referred to as an “employee” assistance service, university-based programs are often referred to as “faculty and staff” assistance, to illustrate the inclusion of academics, most of who do not identify as employees.

Most external providers offer what sounds like a comprehensive array of services, but wide variation exists in the quality of the partnership between university and vendor. For example, EAP companies almost always offer an orientation to their services. Some vendor’s only supply a video, or brochures to Human Resources, while others send out an Account Manager, or a counselor to regularly participate in weekly or biweekly New Employee Orientation. Some vendors include the on-site visit in their base price, other have an additional charge for this service.

In comparing models and designs to determine which is best for your environment, keep in mind that each has strengths and weakness depending upon your needs. The most critical distinction is the degree of involvement the EAP has with faculty and staff, and the university. Programs range from little involvement to significant involvement, based on the level of services purchased. These services are additive, meaning that companies offering brief counseling also have telephone and on-line access, as well as assessment and referral capabilities.

Broadly speaking, three designs dominate the field in the core area of counseling and consultation to staff and faculty:

1. Telephone and Online Access
2. Assessment and Referral
3. Brief Counseling.

A description of each follows and a chart summarizing these descriptions is in the Appendix.

Program Designs within Models:

Telephone/Internet Access “Off-Site”

A toll-free number is provided to the campus community for use from home, work, or anywhere, 24 hours a day, 7 days a week. A university purchasing only this option can expect the following level of service. The faculty, staff, or family member calls, talks to a professional counselor and receives an assessment. The contact may consist of up to three separate telephone conversations with the counselor. If additional services are needed, which depends upon the nature of the problem, the

² Linda M. Poverny and S.J. Dodd, *Differential Patterns of EAP Service Utilization: A Nine Year Follow-Up Study of Faculty and Staff,* Employee Assistance Quarterly 15 (4) (2000): 29-42.

employee is given a referral either to a local resource, a treatment professional associated with the vendor's provider network, or to the individual's behavioral health insurance. In some cases the EAP counselor will make a follow-up call to see if the person actually contacted the suggested referral. Many EAP providers offer on-line assessments, and access to referrals through their interactive web site.

The majority of telephone assessment programs have a protocol for handling management referrals. This can include coaching and support for managers dealing with a difficult employee. Some programs have consultants specifically trained and dedicated to dealing with complex, high profile staff and faculty problems. With management referrals there can be considerable telephone contact between Human Resources and the EAP counselor.

This design is particularly appealing because it is the *most anonymous* form of help seeking, particularly for "self-referred" callers. Moreover, help is available any time, and from anywhere, which for crisis situations, is a real necessity. One significant drawback is the EA counselor may, or may not be familiar, and up to date with the resources and providers surrounding the university community, which is usually where faculty and staff live. An equally important limitation is the lack of an assigned "clinical" contact person for employees. There is no one assigned phone counselor, and furthermore, the degree of education and training can vary widely within companies and between vendors. As with any service, it is only as effective as the person delivering it, leading to a great deal of variability depending upon whom the faculty or staff member encounters.

Orienting the university community to the services available through an external EAP, off-site vendor is generally left to Human Resources. The amount of visibility enjoyed by EAP is also left up to Human Resources. Many EAP providers will e-mail a monthly or quarterly "Wellness" focused newsletter to a designated liaison. The employer is responsible for dissemination.

Assessment and Referral "Off-Site"

Adding to the 24/7-telephone access is a more thorough "*Assessment and Referral*" service that involves not only a brief telephone assessment, but also a referral to a licensed EAP professional for an in-person assessment. In some cases, the telephone intake person will arrange the appointment for the employee. These locally based professionals are part of the vendor's panel. They are usually trained in EAP evaluation techniques, as well as behavioral/mental health treatment. Vendors' differ on the number of sessions designated for assessment and referral, but generally these fall into two categories: 1-3 or 1-5 sessions. If a referral is needed for behavior health, sometimes the EAP counselor continues with the employee, other times, the contract specifies referring the participant to a provider associated with their behavioral health coverage.

In this design, as with the previous one, protocols are in place to deal with management referrals. Staff, proficient in dealing with supervisors and management problems, are assigned to each account. This promotes continuity and consistency in the relationship between vendor and university.

Assessment/Referral programs unusually can offer on-site crisis and emergency services, using their local panel of providers, and generally make available wellness seminars, again by contracting with one of their local providers. On-site employee and supervisor orientations and training about the EAP is available. In some instances these services are treated as “add on’s” to the basic package, and carry an additional charge.

One benefit of this approach is the face-to-face contact with a professional. Another is the centralized scheduling that insures that no two employees from the same employer will run into each other at the local counselor’s office. This design accommodates matching culture and language of the employee with a provider, and choosing a desirable service location.

The central limitation is again, in the area of quality control. University employees will be dealing with a number of clinician/consultants. The vendor’s providers’ will likely know very little about the university work site, and therefore, be at a disadvantage when dealing with work related problems. Contact, coordination and support are generally limited for both employees and supervisors, in part because most providers associated with external EAP programs take a traditional one-on-one, mental health, rather than systems approach to problem solving.

Brief Counseling “Off-Site”

When employees need more than 3-5 assessment/solution-focused sessions, it is helpful to have the option of brief counseling. This is defined as up to 10 face-to-face sessions with a licensed professional. Employees are referred to a licensed professional for assessment, and if necessary, brief treatment. This approach usually has incorporated the other two aforementioned service components. The brief counseling option was created because research findings on *length of treatment* suggests that the majority of people get the most out of counseling within the first 10-12 sessions. Thus, if more counseling is indicated, then a referral is made to a behavioral health provider associated with the employee’s health plan.

Most of these programs also provide management consultation, on-site EAP orientation and training, as well as, wellness seminars, on-line resources, specialized referrals for child-care and elder-care, smoking cessation programs, and organizational development services. An emphasis on illness prevention is viewed as a cost containment strategy, and topic areas often range from stress management to managing change. In an effort to promote a healthier work environment, training is available in such areas as customer service and conflict resolution.

Off-Site, brief counseling approach includes CID, although sometimes contracts limit the number available to per year. Additional services in this area are available for purchase, on an as needed basis, or as an add-on to the basic contract. An on-site visit from the EAP Account Manager is standard practice when purchasing this service.

The obvious strengths of this design rest with its comprehensiveness. It also facilitates more regular contact with the workplace. The more visibility the EAP has, the more apt employees are to use its services. The degree to which the vendor delivers on the aforementioned services determines the benefit derived.

Several drawbacks, however, are implicit. As with most off-site programs, these are, 1. The inability of the provider to tailor their products sufficiently to the needs of the university's culture. 2. The inability of non-university clinical staff to understand the organizational stressors within and between departments that often adversely affects employees. 3. Having no guarantee that a provider is nearby home or workplace. 4. The variability inherent in having a network of providers, and 5. The timeliness of response to critical incidences from an off-site provider.

Brief Counseling "On-Site" from an External Vendor

Some local vendors can out-station a professional counselor/consultant at the actual workplace. The number of days this individual spends "on-site" is negotiated with the university and depends upon the number of campuses in the university's system. Employees call the vendor toll-free number; provide basic demographic information, which is passed along to the on-site counselor, who calls the employee to arrange an appointment. Faculty, staff or family members have the option of assessment/referral (1-3) in-person sessions, or brief treatment up to ten (10) in-person counseling sessions on campus. If eligible participants would rather be seen closer to home, these programs maintain a panel of providers for making an appropriate referral. On-site counselor's deployed by a local external vendor have the advantage of knowing the community and being up to date with resources and referral information.

Office space on campus for the counselor/consultant is provided by the University, and is located for ease access, yet privacy. All the other EAP services mentioned earlier are available in this model. The on-site counselor, rather than human resources, generally takes the lead in promoting the program.

The greatest benefit to this approach is that the counselor gets to know the university culture and climate. They are able to visit different parts of campus, meet face-to-face with supervisors and administrators, and they can tailor training topics, workshops and seminars to particular campus needs. This approach can offer similar assurances of confidentiality; yet maintain an aura of distance from the employer. The major limitation, however, also involve reassuring faculty and staff that the program is truly confidential. Since university human resource departments often sponsor these programs, trusting the message of separation, non-involvement in personnel actions, and client anonymity, can become deterrents to asking for help from the counselor on-site.

Internal EAP

This approach involves the university developing its own EAP program.³ With this model the design can be as minimal or comprehensive as a university desires. One advantage is that the EAP staff is truly part of the university culture. They can participate in policy-making around human resource issues, they can be tapped to

³ Pallassana R. Balgopal, *Employee Assistance Programs: Implications for Higher Education*, Employee Assistance Quarterly 7 (4) 1992. 101-118.

serve, for example, on a threat assessment team, or a disaster preparedness taskforce, or they are able to be involved in occupational health issues.

A university sponsored EAP is able to deliver services that match the rhythm of the university calendar, and can synchronize with the unique needs of people working in higher education. For example, in the early 1980's one major university at the forefront of AIDS research had its custodial staff refuse to clean the laboratories on the health sciences campus, fearing they would contract HIV. The EAP developed a specific training, included a presentation by the lead AIDS researcher, which addressed the staff's questions and fears. Sponsoring a tenure support group for junior faculty is another area unique to EAP in higher education. No off-site vendor would create a presentation as specifically as the one described above, or have be capable of understanding the stress associated with the tenure process unless the vendor only contracted with institutions of higher learning.

University internal programs gain a reputation on campus for being highly confidential, with competent staff, and an asset to the university overall. Staff and faculty usually like the fact that they are talking to someone who understands their workplace, and is invested in providing a quality service to their "fellow-workers". Some programs are actually sponsored by academic departments, such as Social Work or Psychology, with a Program Director who has a joint faculty appointment. Developing credibility among faculty is a primary goal of any internal university-based EAP.

Some university programs are assessment/referral only, either (1-3) or (1-5) sessions, but also offer organization development interventions, sponsor work-family life programs, and provide wellness seminars. Others are based on the brief treatment approach offering of up to ten (10) face-to-face sessions, along with the broader array of services. Internal programs do not maintain their own panel of providers. If additional behavior health services are needed, the EAP staff looks to the employee's health plan.

Campus based EAP's tend to use community resources more readily than external vendors. They take the time to develop relationships with various agencies, which in turn gives EAP referred participants improved access, if not more attention. The current trend is to make the EAP the focus and coordinator of family friendly services on college and university campuses. For multi-site campuses, the EAP deploys a counselor to other locations for a day a week, or on an as needed basis.

The greatest limitations to an internal EAP is reassuring employees of confidentiality, objectivity, and maintaining an EAP staff that understands the strict boundaries between "client" and "counselor," even when you run into a client walking across campus. Maintaining the separation from the requirements of human resources is also an obstacle, as some universities have the EAP sponsored by and reporting to human resources. Finally, Internal programs are more costly to set up and manage than contracting with outside vendors. The cost factor often becomes the biggest deterrent, particularly if the university prefers a narrowly focused program.

Accountability in All Models

External programs have built in accountability measures and all employers get the same statistical reporting. Some offer monthly statistics, others quarterly, and all provide semi-annual and annual utilization data. The most important factor to look for is

the willingness of the vendor to adapt their data collection and analysis to the university's needs. An internal program can develop its reporting mechanisms and other accountability measures that dovetail with other university sponsored employee services. It can provide aggregated data over time that assesses trends and future need.

Most internal programs have advisory boards made up of faculty and staff that assist with determining how the program can remain accountable to the university community and administration. Advisory committee members, providing useful planning data to the EAP director, often undertake cost-benefit or other evaluation studies of the EAP, and they help promote its services with various constituencies. These are benefits not derived when contracting with an outside company or agency.

Cost Estimates

Each market is different. In order to quote accurate prices for each model and design a survey of providers in Kentucky, as well as those outside the state who do business within the state need to be contacted. At present, the cost estimates provided on the chart located in the Appendix are based on EAP vendors doing business in Los Angeles, California in 2006.

[APPENDIX]
(Consultant's Preliminary Report)

	Local Provider Co. On-Site Counselor			Local/National Provider Co Off-Site Counselors			Internal Provider On-Site Counselor		
Service Delivery Components	Telephone & Online Access	Assessment & Referral	Brief Counseling	Telephone & Online Access	Assessment & Referral	Brief Counseling	Telephone & Online Access	Assessment & Referral	Brief Counseling
Annual Consumer Satisfaction Reports	X	X	X	X	X	X	X	X	X
Utilization Reports (Quarterly or Semi-Annually)	X	X	X	X	X	X	X	X	X
6. On-Site Orientation and Training		X	X			X	X	X	X
7. Supervisor Training/ & Materials		X	X		X	X	X	X	X
Brown Bag Seminars		X	X		X	X	X	X	X
Approximate 2006 dollars	\$1.08 per employee/per month	\$1.51	\$1.89	\$2.00 - \$3.20 per employee/per month			1 full-time licensed EAP Director \$70,000.00-\$88,000.00+Benefits 1 full EAP Staff Licensed 56,000.00-68,000.00+Benefits \$10,000-15,000.operating overhead: for materials, supplies, cell phone excluding facility costs.		
Work/Life (Add On)	Example: \$0.25 - \$0 .63 per employee per month			Cost vary with provider			Can be offered at no additional cost		

Health and Wellness (Add On)	Cost vary with provider	Cost vary with provider	Can be offered at no additional cost
Training Seminars 2hr to 1/2 day (Add On)	Cost vary with provider	Example: \$150.00 per seminar	Can be offered at no additional cost

1. Smoking Cessation programs generally involve a referral or are contracted out with local agencies. One company offers its own six (6) session model as part of the basic EAP program.
2. Legal and Financial services are offered through a network associated with the contracting EAP company. Generally reduced rates are available for services rendered by these professional.
3. All provider companies have interactive Web Sites.
4. The type and amount of management consultation included in the basic rate varies depending upon the company. Several providers have enhanced management and organizational development services.
5. Some external companies charge extra (approximately \$150.00 per hour for trained Critical Incident Stress Debriefings (CID).
- 6/7. The thoroughness of the training and whether a representative from the vendor conducts these training varies with the Company. Some include only videos as part of the base cost, and charge extra for a person to come on-site.

APPENDIX E

Report to the Work-Life Committee on Employee Assistance Programs

**Recommendations for Employee Assistance Services at the
University of Kentucky**

Submitted by Linda M. Poverny, Ph.D.
Poverny&Associates
March 31,2007

Introduction

In an effort to attract and maintain a diverse and dynamic workforce, committed to making the University of Kentucky a “Top 20” public research institution, President Lee T. Todd Jr. authorized the creation of Work-Life Office and Advisory Council in 2004. The Council was charged with developing recommendations for enhancing the University’s work-life. With this in mind, the Work-Life Office conducted faculty and staff surveys, from October 2005 to February 2006 on work-life issues, identifying areas that would further promote a positive and supportive work environment.

One aspect of work/life is employee assistance (EA). A Council subcommittee on Employee Assistance retained the services of an EAP Consultant who made a site visit in early March 2007. The consultant conducted an assessment of UK’s existing programs, services, and related institutional infrastructures supporting the various work-life initiatives, including the current Employee Assistance Program (REFER).

This report outlines the findings from that assessment, offering recommendations on feasible directions for future action, based on interviews with key stakeholders and documents supplied by University personnel. Appendix A contains a participant list of interviewees comprised of University faculty, staff and administrators, along with the questions covered during the meetings.

Assessment of Current Status

1. Knowledge about, and a thorough understanding of what an EAP can offer the University community varies among stakeholders.

There is general awareness and agreement about the personal services aspects of EAP’s—whether assessment/referral, or short-term counseling in areas such as substance use disorders, mental health and relational issues, but the more contemporary functions of EAP are less clearly understood. These include the role of EAP as a management tool for supervisors, deans and directors, as a focal point for training in both personal and organizational wellbeing, as a collaborator in planning with other workplace programs, such as emergency services, or with the existing range of work-life programs.

A broader scope of EA *best practices* is described in The Employee Assistance Professionals Association’s (EAPA) Program Standards. This is the largest organization representing EA programs in business, industry and higher education.

“Today, EAP’s address not only alcohol and drug problems, but also emotional issues, depression, stress, relationships, marital problems, compulsive gambling, career issues, financial and legal concerns, child and elder care, health and wellness, critical incidents, [workplace] violence, and many other contemporary problems.”²

² Addendum to *EAPA standards and professional guidelines for employee assistance programs*.
P.2. www.eapassn.org/public/articles/utilization06

Whether the University decides to reconfigure its on-site *REFER* program, establish a new EAP, or vendor out services, the range of activities performed by today's EAP's has agency at both the organizational and individual level.

2. Most of the interviewees favor an on-site Employee Assistance Program.

There was almost complete unanimity for on-campus EA services. A vendor, willing to out-station an EAP counselor to the campus for a particular number of days each week might meet this need, although there seemed to be a preference for an EAP that is sponsored and administered by the University. Ensuring anonymity, confidentiality and professionalism, were the primary concerns if UK adopts an on-campus program.

3. *REFER*; the de-facto EAP, based in the Family Center, is an internship and training clinic for graduate Marriage and Family Therapy (MFT) students.

REFER is an employee counseling program, carved out of the Family Center, for the purpose of providing confidential employee assistance to individuals, couples and family members associated with the University. Funded primarily by an \$11,000.00 contract with UK Human Resources, *REFER* has a separate phone line from the main Family Center, and ostensibly is used by H/R and managers wishing to consult about a troubled employee, or by employees wishing to book appointments. *REFER* provides one free assessment session, and referrals to meet ongoing needs. In many instances the referral provided is to the Family Center. This clinic operates on a sliding fee scale and has few limits on the length of service available. Other EA services offered in the past include conducting workshops for employees, and provided critical incident debriefings for units when requested.

The Family Center's primary mission is to make available an *in vivo* learning opportunity for Family Studies graduate students. *REFER*, as a training site most likely offers an excellent experience for students, all the while falling somewhat short of meeting basic practice standards adopted for programs in the employee assistance field.³ Concerns were expressed about the under utilization of the *REFER* program by faculty, administrative staff and others. The two most often mentioned issues were: 1. the student driven service delivery model, and 2. the limited clinic hours.

UK is a 24/7 workplace with employees throughout the State of Kentucky. The University's EAP must be able to attend to these realities. Furthermore, student interns are generally unfamiliar with University personnel policies and procedures placing them at a disadvantage when attempting to deal with difficult work-related behaviors. Finally, a negative perception surrounding students' ability to maintain confidentiality, whether real or imagined, has created a reluctance to recommend employees seek help from this program.

The Center's current location is less than optimal for promoting privacy, but its proposed move to Scovell Hall, does not adequately address this issue either. Staff may

³ Employee Assistance Professionals Association, 2003 Edition. *EAPA standards and professional guidelines for employee assistance programs*. 4350 N. Fairfax Dr. Suite 410 Arlington, VA 22203

end up feeling more uncomfortable with *REFER*'s proximity to Human Resources, and faculty may continue perceiving *REFER* as a "staff only" program and not something useful to them.

4. Currently, Work-Life programs, including EAP reside under the auspices of Executive Vice President for Finance and Administration as represented on a day-to-day basis by Human Resources.

The UK Human Resources Department is viewed as supportive, proactive, and forward thinking. It has championed work-life programs for all employees. The department's leadership role in initiating and sponsoring work-life, including EA is an asset in furthering EA planning. Generally speaking, university human resource departments are viewed by faculty as the exclusive domain of staff, having no particular import to them, except perhaps around health care and retirement issues. For the most part, faculty do not consider themselves "employees", choosing to remain distant from policies, procedure or programs under the direction of H/R. UK appears to be quite similar in this institutional dynamic.

For staff, and particularly for those staff having personal or on-the-job difficulties, or for supervisors, who are having problems managing staff situations, the self-referred use of the EAP will be dependent upon the program's perceived neutrality, and by its distance, not proximity to Human Resources. This is not to suggest that H/R and EAP aren't consulting, coordinating and collaborating on any given workplace problem. Thus, the vexing problem of where to have EAP report, and under whose leadership and auspices the program should reside, requires considerable deliberation.

A robust array of Work-Life programs is developing at UK and most of these report to Human Resources. A new EAP, if University administered, would fit nicely into this complement of work-life services, however it was observed that the Office of Work-Life is struggling with a similar perceived lack of institutional credibility and visibility among administrators and faculty, as a result of its affiliation with H/R. Some other potential auspices mentioned for both Work-Life and EAP include, The Office of the Provost, the Office of the President, or the Office for the Executive Vice President for Health Affairs. Any of these locations would elevate EAP and Work-Life in the mind of deans, directors and faculty, and would not preclude an on-going functional reporting relationship with H/R.

5. UK has many services and programs applicable to employee assistance. At present, effective coordination and communication is reportedly minimal. Certain programs primarily established to serve students, yet purportedly available to staff and faculty are under utilized by these latter constituencies.

The panoply of programs addressing organizational as well as personal aspects of well being at UK include Women's Place, the Office of Disabilities, the Office of Institutional Equity and Equal Opportunity, Office of Academic Ombud Services, and the Legal Clinic in the Law School, yet most are seemingly focused on student needs, even

though staff and faculty are referenced as potential consumers in most of these. Needless to say each office offers something of relevance to the entire UK community. Consequently, distinguishing the ways in which these services can be made available, accessible, and user friendly for all employees is critically important.

The limited coordination, cooperation and communication among and between these various program and other services, established specifically for faculty and staff, are notable concerns. At the present time, mechanisms for referring to and from programs appear to be absent. Natural linkages between on-campus entities can be built with the creation of an effective Employee Assistance Program.

- 6. Similar to the issue expressed in #5, policies governing academic workplace behavior are also intermingled with student life policies; take for example, the drug and alcohol policy appearing on the Registrar's Web page. On the flip side there are policies exclusively geared to employee conduct, such as the Hospital Fitness for Duty Policy.**

Staff and faculty responsibilities and remediation plans are, at present, co-mingled with student responsibilities and redress in a number of areas. Some of these include substance abuse, harassment, and disabilities. This fragmentation and co-mingling can confound attempts to develop policies specific to staff and faculty for which the EAP would play a role.

- 7. There are organizational risks for which EAP can provide useful interventions, but first these areas must be identified.**

Most of the key informants were unable to identify organizational issues that might be helped through EA. The focus of discussion was clearly on how, and in what ways, EA could help individuals rather than how EA might improve the organizational environment. This latter area is indeed an important aspect of EA work.

Some points of intervention might include departments with excessive work demands, or high disability or workers' compensation claims. The EAP can partner with related programs to develop means by which these and other organizational problems are positively influenced. Tackling departmental conflicts arising from perceived racial or gender inequities, or workplace disharmony emanating from faculty or staff substance misuse or abuse, are organizational problems typically handled by an EAP. Departments where there is continual crisis management, high staff turnover, or tolerance for dysfunctional work relationships also find help from employee assistance consultation.

- 8. The mental health benefits are limited under the current UK health plans. Some plans require prior authorization in order to obtain the maximum benefit. Coverage is limited to 20 visits on all of the plans, and most require being seen by an in-network provider.**

The UK Health Plans have limited behavioral health coverage. The brochure descriptions offer a somewhat confusing picture of co-pays, percentages, deductibles, and prior authorization to access mental health or substance abuse services. These provisions can deter individuals, already emotionally challenged, from using available behavioral health services.

An Employee Assistance Program can work toward simplifying access to these benefits by establishing relationships with plan administrators, and by working out arrangements that allow the EAP assessment to serve as the pre-authorization evaluation. EAP professionals often recommend outside practitioners for inclusion to panels when a gap in a practice area is identified. EA professional also work with non-network providers to negotiate fee reductions for University faculty and staff. Under the current EAP arrangement through *REFER*, these activities have not been undertaken.

Recommendations

Six essential recommendations are offered. The first recommendation has various subparts that detail critical issues in the establishment of a new UK's EAP.

1. Establish an on-site EAP sponsored, funded and staffed by the University. Add the EAP to the complement of existing services in the Office of Work-Life.

A professionally staffed and University administered EAP will provide UK with an infrastructure resource for all to access.

A. Consider an appropriate name for the program.

Overwhelmingly, universities across the country simply call these services *Employee Assistance Program*. This option is not recommended for UK primarily because of its history with its current EAP. A redefinition is needed. A name that will distinguish this new endeavor from what has come before.

Some alternative names found among University programs are listed below and have considerable desirability.

Faculty/Staff Assistance Program
 Personal Assistance Program
 Care Services for Faculty and Staff
 Faculty and Staff Services
 Staff/Faculty Counseling and Consultation
 Faculty/Staff Assistance and Wellness Program
 Faculty/Employee Assistance
 (Name of) University Integrated Employee Assistance
 Work-Life Connections-EAP
The Resource Center: Employee Assistance and Counseling
CONCERN: an Employee Assistance Program

B. Establish an Advisory Board

The purpose of an Advisory Board is to promote, market and function as a public relations arm for the program. This representative body provides input and guidance to the EAP manager or director. It assists with developing goals, direction, program design, implementation, collaboration, and evaluation. Advisory Board members need to act as program advocates for resources and sufficient ongoing funding to enable goal attainment.

The board needs to have representation from a cross section of the campus, including staff; faculty, retirees (if part of the constituency served), and membership should be rotating after a specified term with a proportion of the members replaced each year.

Membership might include the following:

1. Representative from the Provost Office or Council of Deans
2. Representative from Faculty Senate
3. Representative from Staff Senate
4. Representative from Family Studies, Psychology or Social Work
5. Representative from the Business or Law School
6. Representative from the Medical School or other health related field
7. Representative from either the Office of Disabilities or Office of Institutional Equity and Equal Opportunity
8. Representative from Campus Safety/Security/Police, or Disaster/Risk Management
9. Representative from the President's Commission on Diversity or President's Commission on Women
10. Representative from The Institute for Workplace Innovations

Ex-Officio Members:

1. Representative from Human Resources
2. Representative from Off Campus Programs

The existing EAP Subcommittee, or a newly appointed Advisory Board will want to create either an RFP, if services are to be outsourced, or a preliminary program plan. Funding should be identified and secured, along with a location. Establish an operating format for the Advisory Board and write a job description for the Director/Manager. Interview and select.

C. Develop a Mission Statement. This guides the activities of the EAP and provides a focus for the program.

An example of a mission statement: *UK is dedicated to supporting and enriching the lives of all those on which it depends. It is in the best interest of both the institution, and its faculty and staff to provide assistance when personal or workplace problems affect the performance and well being of our dedicated employees. For these reason UK established (Insert Name of Program) designed to:*

1. *Prevent personal and workplace problems from escalating.*
2. *Intervene as early as possible.*
3. *Provide assessments, interventions, and resources in a professional, time-limited manner.*
4. *Resolve and manage personal and work-related problems,*

whenever possible.

D. Develop a program design that meets the needs of the University community and its financial resources

Given the limited mental health and substance abuse benefits currently available through the various UK health plans, it is recommended that a 1- 5 session model for individuals, couples and families assessment and treatment be adopted. This approach would include referrals for protracted problems along with case management.

1. First Year: Additional design considerations

**Determine how eligibility will be defined:*

Recommendation: Be as inclusive as possible, e.g. part-time and full time employees, visiting lecturers, full and part time tenured, non-tenured faculty, family members as defined as anyone living with the employee on an ongoing basis, or some similarly inclusive language. (Inclusion of Teaching Assistants and Retirees/Emeriti Faculty vary by university.) **Recommendation:** Include them.

**Establish Office location and hours:*

Recommendation: Establish flexible hours, for example, opening one early morning and staying past normal closing time one evening a week. Establish a 24/7 emergency call system. Locate the EAP office so it is easily accessible, but not highly visible, or in a building where other offices functions might inhibit access.

**Confidentiality protocols:*

Recommendation:

Establish a statement about how records and information are handled. This needs to be visible on all materials. Internal forms need to clearly state the limits of confidentiality.

**Types of Referral Accepted:*

Recommendation:

Self and Supervisory referral are essential. Define each. Determine the types of referrals necessary to meet the goals UK establishes for the program. For example, *if a goal of the EAP is to reduce the number of drug and alcohol related personnel actions, then policies and procedures regarding drugs and alcohol will need to include mandatory referral procedures.* These will need to be defined and explained.

Examples of other referral types defined by various universities include:

- Mandatory Supervisory Referral.
- Critical Incident Referral.
- Family Referral.
- Co-worker Referral.

2. Other functional considerations during the first year:

- *Establishing EA services to off campus University employees
- *Create outreach and marketing campaigns
- *Develop training areas, workshops, other learning opportunities
- *Identify areas for collaboration and coordination

- *Establish internal linkages among and between various programs at UK, and similarly establish external linkages with community agencies, practitioners, health plans and other relevant resources
- *Review and revise, with appropriate offices and departments, workplace policies for inclusion of EAP services
- *Develop mechanisms for data collection and program evaluation
- *Design an effective method of departmental consultation
- *Identify trends and emerging needs currently unaddressed or inadequately addressed
- *Establish an informative and interactive Web Site.

3. **Hypothetical Staffing and Budget for First Year**

1. Staffing: 1 FTE Manager or Director (Licensed in field of Practice)	\$ 70,000.
1 FTE Licensed EA professional	\$ 55,000.
1 FTE Office Manager	\$ 38,000.
F/B 30%	\$ 48,900.
Sub-total Wages and Benefits	\$ 211,900.
2. Operating Expenses E.g. Materials, Supplies, Evaluation	\$ 15,000.
3. In-Kind space and overhead	-----
Total	\$ 226,900.

Alternatively, EAP vendors base program costs on the number of employees X a base rate of between \$2.00-2.25 per month for a *comprehensive* service package as envisioned in these recommendations. A good estimate of cost if outsourcing EAP based on 14,000 *potential covered lives* would be between \$336,000. and \$378,000. per year.

E. Establish a means of serving off campus faculty and staff.

Gather data on need and any information on prior use of EAP services. Where possible estimate utilization and develop a strategy for addressing need. During the first year offer enhanced telephone assessments, web-based materials, multiple telephonic treatment contacts, and referrals. Investigate other methods of meeting needs.

2. Consider re-locating the Office of Work-Life.

The Office of Work-Life would be best served, and therefore better able to serve the University community if it were re-positioned and reporting to one of the following offices identified by several key informants: The Office of the Provost, the Office of the President, or the Office of the Executive Vice President for Health Affairs. There was insufficient time to establish which of these might be the best alternative. This requires more extensive discussion and investigation.

EA and Work-Life programs in other universities predominately report up through Human Resources to administration and finance. However, several universities have other reporting arrangements. Several of these are listed below as examples.

Division of Occupational Health and Safety
Medical Campus
Office of Health and Safety
Vice President and Chief Executive Officer for University Behavioral HealthCare

3. Review all personnel related policies for both staff and faculty, and identify areas in need of revision.

Evaluate all student program descriptions and procedures involving staff and faculty conduct and identify areas where changes might be advisable. Collaborate with related offices to begin a dialog on coordinating efforts. Updating policies and procedures can begin once the EAP program design and operational policies are established.

4. Continue funding of the Family Center as a primary referral source for ongoing personal therapies.

The Family Center offers a low cost, easily accessible treatment program for University employees willing to be seen there. The EAP can use it as a primary referral resource for those clients looking for such a service. This is a valuable resource that should not be lost.

5. Beginning with the program design, a simultaneous program evaluation plan should be created.

Developing goals, objectives, forms, procedures, etc. for the EAP with an evaluation strategy in mind, will ultimately make it easier to justify the program to funding sources, highlight areas in need of attention, document use, and offer evidence-based goal accomplishment. The Institute for Workplace Innovation has the expertise to develop such a strategy.

6. Retain technical assistance during the first year.

The University will most likely save staff time and money if technical assistance is available to the EAP Director, the Work-Life Director and the EAP Advisory Board. Having a knowledgeable consultant on retainer for the first year will ensure that the initial start-up will have the expertise of someone familiar with the field. Reviewing proposed policies and procedures, ask relevant questions, and offer informed suggestions will help the program move quickly to actual service delivery.

[Appendix A]
(Consultant's Final Report)

List of Individual Interviewed

1. Mr. Frank Butler, Executive V.P. for Finance and Administration
2. Dr. Michael Karpf, Executive V.P. for Health Affairs
3. Ms. Kay Hoffman, Ph.D., Dean, College of Social Work
4. Ms. Jody Ensman, Program Manager, Health and Wellness
5. Ms. Christy Giles, Director, Emergency Management Services
6. Ms. Patty Bender, Assistant VP Office of Institutional Equity and Equal Opportunity
Mr. Jake Karnes, Director, Disability Resource Center
7. Ms. Kim Wilson, Associate VP Human Resources
Ms. Mary Ferlan, Operations Director Human Resources
8. Ms. Heidi Anderson, Ph.D., Associate Provost for Faculty Affairs
9. Ms. Laura Koppes, Ph.D., Director UK Work-Life
10. Ms. Terri Kanatzar, Elder Care Coordinator
11. Mr. Kay Bradford, PhD. Assistant Professor Family Studies/REFER Prog.
Mr. Roy Fogue, Ph.D. Associate Professor Family Studies
Ms. Claudia Heath, Ph.D. Interim Chair, Family Studies/REFER Prog.
Mr. Jason Whiting, Ph.D. Assistant Professor Family Studies
Mr. Robyn Mowery, Director of Family Studies
12. EAP Committee Members, including Dean David Johnson, Chair
13. Members of the Work-Life Advisory Council
Members of the University Senate Council
14. Ms. Sherri Murphy-Goins, Employee Relations Supervisor
Ms. Michele Bailey, Senior Employee Relations Specialist Human Resources
Ms. Whitney Cunningham, Employee Relations Specialist Human Resources
Mr. Mike Gay, Senior Employee Relations Specialist Human Resources
Mr. John Sampson, Human Resources Administrator

15. Ms. Jennifer Swanberg, Ph.D. Executive Director, Institute for Workplace Innovations

Employee Assistance (EA) Issues for Consideration

I am looking forward to meeting you and hearing your ideas about the kind of Employee Assistance Program (EAP) you think UK needs to develop.

Please consider your thoughts and position on the following issues. I want to make sure we address these points when I meet with you the beginning of next week.

Thank you.
Linda

1. What do you see as the mission for the University's EAP?

2. Describe your vision of the structure/function of the EAP.
*For example do you see the EAP as including programs designated broadly as work-life, or do you envision a work-life program as offering EA?

3. Do you think the EAP needs an Advisory Board, and if so, what functions should it perform, and who should be represented?

4. What are your thoughts on the EAP having an academic affiliation as a means of establishing credibility with faculty?

5. How would you recommend funding the EAP?

6. What are your thoughts on improving the coordination among all of the various faculty and staff work-life benefit services and programs currently available at UK?

APPENDIX F

Slide 1



Slide 2

Why Employers Should be Concerned about Personal Relationships

- An empirically-based estimate of \$6 billion is lost in American businesses due to decreased productivity stemming from personal relationship difficulties
- Family-work conflict can lead to a number of problems in the work place:
 - Increased anxiety and stress, lower productivity, higher absenteeism & presentecism (i.e., physically present/mentally absent), more rapid turnover, decreased health/increased insurance costs
- A vicious cycle is then created when work activities interfere with family responsibilities and vice versa

Slide 3

Why Employers Should be Concerned about Personal Relationships

- Family stress and conflict has been empirically linked to alcohol use, exhaustion, depression, and physical ailments, career/family satisfaction
- Problems that appear individualistic such as depression, alcohol, and substance abuse often impact the family and can lead to marital and family discord and stress
- Divorce can affect productivity of an individual for up to three years
- It is in the best interests of employers and employees for organizations to care about both directions of work-family conflict

Slide 4

EAP Services and Marriage and Family Therapy

- One study found that EAP professionals and employees rated marital & family problems as the first or second most severe issue affecting work performance
- Negative effects of job experiences decrease when positive experiences with a partner are increased
- Increased personal satisfaction of employees benefits a company by saving money through increases in job performance and reduced medical costs
- Companies that invest in the physical and relational wellness of employees receive a return between \$1.50 to \$6.85 for every dollar spent on programs aimed at increasing relationship satisfaction
- Family therapy is a cost effective and successful way to treat individual and family issues

Slide 5

EAP Services and Marriage and Family Therapy

- Standard EAP interventions are aimed at the individual level, yet 35% of all EAP cases eventually involve marital or family therapy.
- Many EAPs do not overtly include MFT services as a covered benefit despite the fact that licensed marriage and family therapists are federally recognized as distinct qualified mental health providers.
- Thus, employees end up presenting for treatment as individuals with underlying relational issues for services from providers who may or may not have explicit expertise in relational therapy and who may or may not refer the individual for MFT services.
- EAP programs that recognize the negative impact of family problems on worker morale, productivity, and intra-organizational relationships are likely to be stronger.

Slide 6

Face-to-Face Client Contact (Feb. 2007)

- Hours of face-to-face therapy time provided to all Family Center clients:

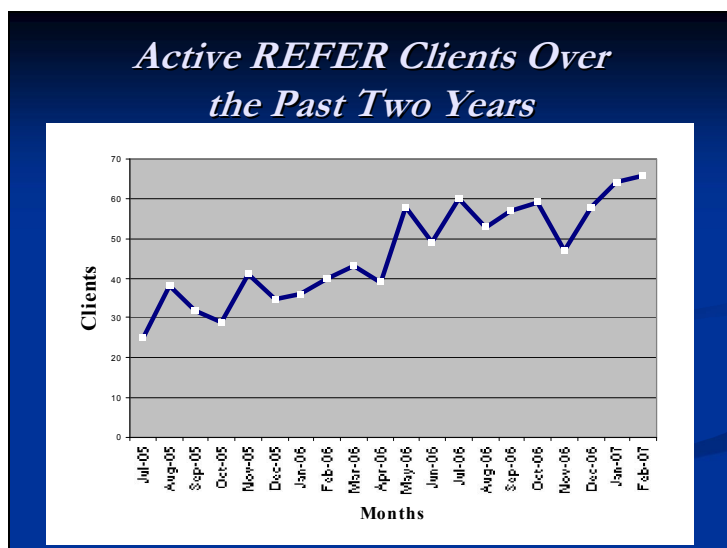
Individual	176	(44%)
Couple	85	(21%)
Family	143	(35%)
TOTAL	404	

- Hours of face-to-face therapy time provided to only REFER clients:

Intakes	16	
Ongoing	99	
TOTAL	115	(28% of total Family Center service hours)

- In 2006, REFER services made up an annual average of 25% of our service time.

Slide 7



Slide 8

UK Campus Awareness of EAP

<u>Current</u>	<u>Expansion</u>
<ul style="list-style-type: none"> ■ Advertising <ul style="list-style-type: none"> ■ Phonebook ■ Online ■ Brochures <ul style="list-style-type: none"> ■ REFER ■ Family Center 	<ul style="list-style-type: none"> ■ Broader distribution of brochures <ul style="list-style-type: none"> ■ Include brochures in employee benefits information mailed each spring. ■ Presentations <ul style="list-style-type: none"> ■ In-service presentations to departments and campus units ■ PR Events <ul style="list-style-type: none"> ■ Marriage check-ups ■ Work-life fair

Slide 9

Assessment and Referral

<u>Current</u>	<u>Expansion</u>
<ul style="list-style-type: none"> ■ One session <ul style="list-style-type: none"> ■ Brief ■ Face-to-face ■ Referral given if other services necessary ■ Phone-based assessments leading to outside referrals 	<ul style="list-style-type: none"> ■ 1-3 sessions of face-to-face in-depth assessment ■ Online assessment services <ul style="list-style-type: none"> ■ Self assessments ■ Referral information ■ Marriage check-ups ■ Parenting check-ups

Slide 10

Provision of Mental Health Services

<u>Current</u>	<u>Expansion</u>
<ul style="list-style-type: none"> ■ Individual therapy ■ Couple/marital therapy ■ Family therapy ■ Periodic group therapy ■ Periodic education groups ■ Group crisis debriefings <ul style="list-style-type: none"> ■ On-campus deaths ■ Flight 5191 ■ Provided by licensed faculty 	<ul style="list-style-type: none"> ■ Up to 10 subsidized sessions for therapeutic interventions (includes the 1-3 assessment sessions) ■ More group therapy / support groups <ul style="list-style-type: none"> ■ Parenting, grief, divorce recovery, etc. ■ More Psycho-education <ul style="list-style-type: none"> ■ Co-worker conflict resolution, stress management, marriage enrichment, coping in the sandwich generation, grief and loss, etc. <ul style="list-style-type: none"> ■ Face-to-face ■ On-line ■ Expanded Group Crisis Debriefings ■ Basic Financial Consultation <ul style="list-style-type: none"> ■ Budgets and money management

Slide 11

Physical Health

<p><u>Current</u></p> <ul style="list-style-type: none">■ Individual, couple or family therapy to deal with acute, chronic, or life-limiting illnesses	<p><u>Expansion</u></p> <ul style="list-style-type: none">■ Medical Family Therapy is a rapidly expanding subspecialty within the profession.■ Develop closer relationships with UK medical clinics to enhance interdisciplinary medical care■ Current Conversations:<ul style="list-style-type: none">■ Markey Cancer Center■ UK Palliative Care■ Out-patient Psychiatric Clinic
--	---

Slide 12

Alcohol and Substance Abuse

<p><u>Current</u></p> <ul style="list-style-type: none">■ Referral of individual to substance abuse provider■ Therapy to deal with systemic effects of abuse	<p><u>Expansion</u></p> <ul style="list-style-type: none">■ Status Quo
---	--

Slide 13

Expansion of Family Center to Accommodate Future Plans

- Hiring of Clinic Director
 - Expansion of marketing
 - More comprehensive co-ordination of REFER services
 - Provision of some direct services for those uncomfortable seeing interns by licensed professionals
- Move to Scovell Hall
 - Increase in confidentiality
 - Expansion of physical space to accommodate more clients
- Shift in course sequencing during training program
 - More students in the clinic at one time can accommodate more clients

Slide 14

Feedback on Poverty Report

- Assessment of Current REFER Status: “Finally, a negative perception surrounding students’ ability to maintain confidentiality, whether real or imagined, has created a reluctance to recommend employees seek help from this program.”
- Reality:
 - Family Center MFT Interns are required to abide by the ethics codes of the American Association of Marriage and Family therapists and Kentucky law, both of which mandate strict adherence to client confidentiality.
 - MFT Interns operate under the individual professional licenses of clinical faculty, who take great care to enforce confidentiality standards.
- Imagined Perceptions:
 - Marketing efforts can be enhanced to address incorrect perceptions.

Slide 15

Feedback on Poverty Report

Essential Recommendation #4: “Continue funding of the Family Center as a primary referral source for ongoing personal therapies....This is a valuable resource that should not be lost.”

- See handout on breakdown of current costs
 - Current Cash Expenditures: \$13,898 - \$17,773
 - Current In-kind Contributions Based on Market Rate: \$25,200
 - Current Total Value: \$39,098 - \$42,973
- Annual contract has remained at \$11,000 for last seven years
- 61% increase in number of face-to-face services beginning in 2005-2006 fiscal year
- Our services have been limited largely by under-funding.
- Current services deserve increased funding and expansion of services will require increased resources.

Slide 16

Contact Information

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Resources

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Thank you very much
for your time.

QUESTIONS?

APPENDIX G

Estimated Funding for Expansion of Services

Note: Rather than itemizing costs associated with increased marketing and services, overhead expenses as well as costs of groups and workshops have been subsumed into a single hourly rate. Rates identified below are based on current usage patterns by UK employees of UK Family Center services and should be used for general planning purposes only. It should be recognized that while attempts have been made to make these estimates as accurate as possible, details of this proposal may change once a comprehensive EAP program is finalized.

Market Rate for EAP services in Lexington

\$60 / hour flat rate (contracts with Toyota, Lexmark, and Bellsouth)

Current UK Family Center Costs:

Current annual cost for current level of services (rounded): \$43,000 (for minimal marketing; no groups or workshops):

Current cost per hour, including overhead ($\$43,000 / 1200^4$ hours): \$36 / hour

Projected Annual Cost Estimates for UK Family Center EAP Services:

Baseline Package:

1200 hours of private therapy PLUS increased marketing, up to 5 workshops, and up to 5 groups per year.

Baseline Package Rate: \$40 per hour (includes overhead expenses)

- *Baseline Annual Contract* (calculated based on # private therapy hours, no separate charge for groups or workshops): \$48,000

Reduced rates for additional contracted services above 1200 hours:

- 1201 – 1500 hours x \$36 / hour = \$54,000 Annual Contract
- 1500 – 2000 hours x \$32 / hour = \$64,000 Annual Contract

Note: these rates do not include funds for the development and maintenance of a website. Funding for the website would be based on market rates. It is anticipated that once established, the website costs would decrease considerably from the start-up cost.

Proposed Out of Pocket Expenses for UK Employees (above EAP contract)

Groups:

\$5 co-pay per session per person up to 10 sessions; free after 11th session within any six month time frame

Private Therapy (individual, couple or family):

Sessions 1-10: UK employees will pay a co-pay for EAP subsidized sessions based on total household gross income.

\$0 - \$25,000 = \$5 co-pay

\$25,001 - \$50,000 = \$10 co-pay

\$50,001 - \$75,000 = \$15 co-pay
\$75,001 and above = \$20 co-pay

Then, UK employees will be given a 20% discount on the standard UK Family Center Sliding Scale for all sessions extending beyond EAP subsidized sessions (range: \$5.00 - \$60.00). It is Family Center policy to never let financial constraints hinder access to therapy; therefore, fees are always negotiable based on individual extenuating circumstances.

In fiscal year 2005-2006, the Family Center provided an average 97 hours of face-to-face private therapy (including free intake sessions) per month, or 1164 hours per year. Thus far during the fiscal year 2006-2007, the UK Family Center has provided an average of 126 hours of face-to-face client contact per month. If this trend continues for the duration of the fiscal year, it will represent nearly a 30% increase in average monthly service provided to UK employees over the previous year (i.e., $126 \times 12 = 1512$ total anticipated hours per year). A conservative estimate of 1200 hours of face-to-face contact per year will be used as a baseline to discuss estimated funding needs for projected services.

Current Services and Expansion

EAP Activities/Services	UK REFER (Current)	Family Center Services (Revised)	Family Center Services (Future)
EAP Awareness			
Presentations			
Events			
Advertising & Brochures			
Assessment & Referral			
1 session (brief; face to face)			
1-3 sessions (depth; face to face)			
Online Services			
<i>self assessments, referral info, other resources (i.e. marriage check-ups, parenting practices)</i>			
Mental Health			
Individual Counseling			
Couple / Marital Counseling			
Family / Systemic Counseling			
Basic Financial Counseling			
Group Counseling			
<i>parenting, grief, divorce recovery, single parenting</i>			
Prevention / Psychoeducation			
Workshops			
<i>co-worker conflict resolution, coping skills, stress management, marriage enrichment</i>			
Group Crisis Debriefing Intervention			
<i>death of employee; plane crash after-effects</i>			
Psychiatric Treatment			
Alcohol & Substances			
Initial Diagnosis			
Treatment			
Individual / Systemic Effects			
Physical Health			
Coping with Diagnosis			
Psychosocial Services			
Individual / Systemic Effects			
Specialized Services			
Financial Advising			
Legal Advising			

Actual Cash Expenditures (Current)**Annual Cost**

Operation		
REFER Phone Line	\$60/month	\$720
Voicemail Services	\$7.50/month = \$90/yr x .25	\$23
Postage	Variable-avg \$30/mo = \$360 x .25 = \$90	\$90
Assistant to the Director *	Office Manager - \$23/hr x 20hr/wk x 50/wks/yr - \$23,000 x	\$11,500
Advertising and Promotion		
REFER Brochures	Printing Costs - \$825/1500 brochures	\$825
Online/Phonebook Advertising	Advertisement - \$70/mo = \$840/yr x .25 = \$207	\$207
Family Center Brochures	Printing Costs - \$825/1500 brochures x .25 = \$210	\$210
Materials and Supplies		
Duplication Services	Copier costs - \$57/mo = \$680 per year x .25 = \$170	\$170
Supplies	Paper for intake materials - \$5.00/ream = approx \$15/yr	\$15
	Folders - \$0.60 per folder/ 160 clients/yr = \$96	\$96
Assessment Tools	Marital Satisfaction Inventory - \$42.50	\$43
		\$13,898 *

**During next fiscal year will change with the additional salary expenditures for Clinic Director (up to \$50,000 x .25 = \$12,500) and the reduction in salary for Assistant to the Director salary (\$23/hr x 10hr/wk x 50/wks/yr - \$11,500 x .25 = \$2,875) = new*

In-kind Contributions Based on Market-Rate

Operation		
Staff Crisis Intervention	Licensed faculty provision of direct services - \$150/hr. x 3hr x 3/year = \$1,350	\$1,350
Clinical Supervision of Interns	3 faculty x \$100/hr x 3 pairs x 1.5hrs/wk x 48 wks/yr = \$64,800 x .25 = \$16,200	\$16,200
Phone Personnel	Process Phone Calls - \$15/hr x 20/wk x 50 wks/yr - \$15,000 x .25 = \$7500	\$7,500
Advertising and Promotion		
Public Education	Time for marketing; prepare and present -	\$150
		\$25,200

Current Cash Expenditures	\$13,898	Projected Increase in Cash Expenditures	\$17,773
Current In-kind Contributions	\$25,200	Current In-kind Contributions	\$25,200
Current Total Value	\$39,098	Projected Total Value	\$42,973

Services *	Current Provision	Expansion of Services
Assessments	Face-to-face assessments	Website where employees can access web-based assessments
Community Referrals/Resources	Phone referrals and face-to-face appointments to discuss referral options	Online access to community referrals/resources as well as face-to-face contact
Counseling Services	Individual, family, couple counseling provided	Continue current services and expand counseling to include groups, psycho-education, and financial counseling. Also can provide group crisis debriefing on an as needed basis.
Educational Programs	Provided one-on-one counseling that address specific needs or referral to programs in the community specifically addressing needs	Educational workshops that address emotional/mental health concerns such as communication skills, family life education, parenting, marriage enrichment, strengthening parent-child relations, anger management, divorce prevention, care-giving stresses, pre-marital, co-parenting, social skills, grief education
Financial	Addressed as a stressor when employee wants counseling	Basic financial counseling such as budgets, money-management as well as education about the effect finances have on mental health
Marketing of Services		Provide information about services to employees and supervisors through marketing campaigns and in-service information presentations
Substance Abuse Assessment	Face-to-face assessment which is followed by a referral to outside substance abuse treatment provider	Face-to-face assessment as well as online services to assess and access substance abuse treatment providers
Support Groups	Have provided groups in the past; now these issues are addressed in counseling sessions	Provide group opportunities that address areas such as grief, divorce recovery, chronic illness, single parenting, surviving adolescence, and others as needed
Supervisor Support/Training	Currently we do not address this specific service	Provide information to supervisors regarding mediation skills and conflict management as well as a systems approach to employee relations as well as workshops training supervisors to recognize common mental health and relational problems

* Topics generated from consultant's report

APPENDIX H



JOB ANALYSIS QUESTIONNAIRE

PART A

FOR HR USE ONLY		
Position #: _____	Title: _____	
JCC: _____	Grade: _____	Dept #: _____
Exempt/Non-exempt: _____	Educ./Exp.: _____	License/Cert.: _____
Analyst: _____	Effective Date: _____	Completion Date: _____

DEPARTMENT INFORMATION		
Division/College: EVP Finance & Administration	Department Name, Number, and Organization Unit: Human Resource/Work-Life	
Immediate Supervisor: vacant	Supervisor's Official Title: Work-Life Director	Telephone #: 257-1003
SIGNATURES		BUDGET INFORMATION
Employee: _____	_____	Funding Source: General Fund
Supervisor: _____	_____	Cost Center #: _____
Dept./Coll. Budget Officer: _____	_____	Proposed Budget Salary (Minus Benefits): \$ _____
Sector Budget Officer: _____	_____	

POSITION INFORMATION			
Check one:	NEW POSITION: <input checked="" type="checkbox"/>	RE-EVALUATION: <input type="checkbox"/>	UPDATE ONLY: <input type="checkbox"/>
If this is a re-evaluation or update, please provide the position #: _____			
If the duties of this position are similar to others in the unit, please provide the position number(s) _____ and/or title(s) _____.			
Hours Worked Per Week: 40 of 40 = 100% F.T.E. (i.e. 37.5 of 37.5 = 100% OR 20 of 40 = 50% F.T.E.)			
Check One:	Full-Time <input checked="" type="checkbox"/>	Part-Time <input type="checkbox"/>	
	Flex Leave: Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Number of Months Worked Per Year _____

Provide a brief justification for this request including the budget impact.

As a result of the campus-wide Work-Life survey conducted in 2005/06, five Work-Life committees were established to review issues of high interest. The Employee Assistance Program (EAP) Committee was one of the five W-L committees. In the committee's preliminary progress report (Jan 2007), a request was made for recurring funding for a Program Specialist position that would support the Work-Life office in communicating the programs, services and resources available to UK employees related to employee assistance needs. This request was supported by the UK Work-Life Advisory Council, Human Resources, and the President's Cabinet. It was then approved by the UK Board of Trustees in April 2007.

Summarize how the duties of this position relate to achieving the goals of the unit.

This Program Specialist would provide support in promoting and communicating employee assistance resources available to UK employees. There is a need for one position to be the "go to" resource for employees; this Program Specialist needs to be the most knowledgeable about all available resources in order to not only share available resources with employees in need, but also to have the capacity to refer employees to the appropriate resources. This position will work within the UK Work-Life Office and in direct collaboration with any future Employee Assistance program and staff.

DEPARTMENTS MUST RETAIN A COPY OF THIS FORM FOR THEIR RECORDS

JOB OUTLINE

PART B

List this job's key responsibilities in order of importance. **NOTE: Additional copies of this page may be attached if more space is needed.** Most jobs have three to five major responsibilities. Please specify the approximate percentage of time spent on each. Major job responsibilities are typically only one to two words. For example:

Sample	Major Job Responsibility:	Records/forms
	Essential Functions:	Prepare IDIV's, DAV's, maintain personnel records and correspondence files.
	Competencies/Skills:	Planning and organizing, dependability and attention to detail.
	Percent of Time:	30.0%

1	Major Job Responsibility:	Maintain all information as relates to employee assistance resources
	Essential Functions:	Maintain resource listings of all employee assistance programs, resources & services available to UK employees; information to be made available through multiple avenues (in person, web-based, telephone & paper); areas of resources to include current (Elder Care, Health & Wellness, Family Center, child care, mental health & substance abuse health plan coverage and local resources, depression, anxiety, grief, crisis management, etc.) and future possible resources (legal aid, financial counseling, mediation, parenting, psychoeducational groups, support groups, etc.);
	Competencies/Skills:	technical/professional knowledge, planning & organizing, collaboration, communication, initiative
	Percent of Time:	20%

2	Major Job Responsibility:	Establish & maintain campus presence to increase awareness of services
	Essential Functions:	Create and maintain promotional aspects of resource availability; keep available information up-to-date in all formats (web, email, paper); make proactive efforts to communicate resource availability throughout campus by attending meetings & campus events; assist in program offerings by organizing opportunities for exposure and information dissemination to most appropriately assist employees (workshops, presentations, forums, etc.), often in collaboration with UK units such as Work-Life Office, HR, UKHealthCare, UK Family Center, Counseling & Testing Center, Agriculture Extension, College of Law and others
	Competencies/Skills:	high impact presentation, communication skills, collaboration, leadership
	Percent of Time:	30%

3	Major Job Responsibility:	Customer Service
	Essential Functions:	Serve as primary initial contact for Work-Life Office regarding employee assistance resources; serve as most knowledgeable resource for all possible work-life resources and services with being intent on active listening to customers concerns and issues in order to analyze and determine true needs; responsible for providing resources when appropriate or referring to appropriate UK resources
	Competencies/Skills:	customer service orientation, respect for diversity, listening, analysis & judgment
	Percent of Time:	40%
4	Major Job Responsibility:	Planning and Assessment
	Essential Functions:	Develop assessment approach in alignment with UK Strategic Plan and Top 20 Business Plan; work with administrators to design assessment mechanisms that occur campus-wide and by consumers of resources and services; establish goals and deliverables to meet needs of university community
	Competencies/Skills:	analysis, judgment, decision-making
	Percent of Time:	10%
5	Major Job Responsibility:	
	Essential Functions:	
	Competencies/Skills:	
	Percent of Time:	%
TOTAL %:		100%

JOB REQUIREMENTS PART B

Question 1: Education

What is the minimum formal education level required to do this job? (Mark one box.)

- | | |
|---|--|
| 1. <input type="checkbox"/> Less than High School | 5. <input type="checkbox"/> Associate's Degree |
| 2. <input type="checkbox"/> High School/GED | 6. <input checked="" type="checkbox"/> Bachelor's Degree |
| 3. <input type="checkbox"/> Technical/Skills Training | 7. <input type="checkbox"/> Master's Degree |
| 4. <input type="checkbox"/> Technical Diploma | 8. <input type="checkbox"/> Doctoral Degree |

Please list any specific degree requirements _____.

Question 2: License/Registration/Certification

Are any of the following required to do this job at UK? (Mark all that apply.)

1. None
2. Eligibility for Professional License, Registration or Certification
3. Professional License, specify: _____
4. Registration, specify: _____
5. Certification, specify: _____
6. Driver's License
7. Commercial Driver's License

Question 3: Experience

What is the minimum job-related experience required to do this job? Experience can be gained either inside or outside UK. (Mark one box.)

- | | |
|---|--|
| 1. <input type="checkbox"/> No experience required | 5. <input checked="" type="checkbox"/> Three to four years |
| 2. <input type="checkbox"/> Six months or less | 6. <input type="checkbox"/> Five to six years |
| 3. <input type="checkbox"/> More than six months but less than one year | 7. <input type="checkbox"/> Seven to nine years |
| 4. <input type="checkbox"/> One to two years | 8. <input type="checkbox"/> Ten years or more |

Please list any specific skills sets which may be required to perform the duties of the position: (i.e., MS Windows, Excel, etc.)

KNOWLEDGE AND SKILLS

PART C

Question 4: General Area of Knowledge and Skills

Which of the following best describes the minimum knowledge and skill required to perform this job? (Mark one box.)

1. Requires general understanding of basic skills (reading, writing, math).
2. Requires knowledge and skills such as maintaining records and files, general office work, or greeting people.
3. Requires craft/skill knowledge such as carpentry, electricity, welding, pipe-fitting or operation of gas-powered equipment.
4. Requires knowledge and skills such as advanced word processing, office procedures, administrative abilities or database management.
5. Requires specialized/technical knowledge and skills such as drafting, reading and understanding electrical schematics, computer operations, reading and understanding technical manuals, following protocols, Licensed Practical Nurse, or Certified Medical Assistant.
6. Requires knowledge and skills of a professional area outside health care such as accounting, public relations, information systems, etc. typically obtained through experience or a four-year college degree.
7. Requires knowledge and skills of a professional area within health care, such as medical technologist, physician's assistant, registered nurse, etc. typically obtained through experience or a four-year college degree.
8. Requires knowledge and skills associated with research, typically obtained through a four-year college degree (may require an advanced degree in some disciplines).
9. Requires knowledge and skills associated with administration/management of departments/units, typically obtained through experience or a four year college degree (may require an advanced degree in some disciplines).
10. Requires knowledge of two or more professional areas, typically obtained through experience or a four-year college degree plus several years' experience in a second field degree (may require an advanced degree in some disciplines).

**PEOPLE SKILLS
PART C**

Question 5: Communication Skills

What type of communication skills are required by this job, and how frequently do they occur on average over the course of a year?

Mark 'X' for each type of communication. If an item does not apply, mark an 'X' in "Not Required".

	Not Required	Monthly or less often	Weekly	Daily
A. One-on-one communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4
B. Telephone communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4
C. Developing and coaching	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4
D. Counseling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4
E. Writing routine memos and e-mail	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
F. Writing letters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
G. Writing articles or press releases	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Writing reports or proposals	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I. Technical writing	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Participating in meetings or group/team discussions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4
K. Coordinating team efforts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
L. Conducting meetings/leading group or team discussions	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
M. Training people on the job	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
N. Teaching classes/workshops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
O. Making presentations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
P. Other:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<hr/>				
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PEOPLE SKILLS (Continued)
PART C

Question 6: Job Contacts

Review the groups of people listed below. For those groups with whom the job is required to have contact, indicate the frequency and purpose of contact which is most typical for this job over the course of a normal year. If a contact is not required, mark "1" for "Not Required". If a contact is required, mark the "Frequency" in Column 1 and "Purpose" in Column II.

DEFINITIONS FOR PURPOSE OF CONTACTS (Column II)							
1.	Exchange Information/Provide Service:	Exchange information with the contact, act as the point of contact, answer questions, or provide a service to the contact.					
2.	Interpret/Advise:	Explain, counsel, solve problems, or make recommendations based on professional background, specialized knowledge and experience.					
3.	Negotiate/Persuade:	Bring about mutual agreement, persuade, or resolve conflicts for the contact					

	Not Required	I. Frequency of Contacts (Mark one number)			II. Purpose of Contacts (Mark <u>all</u> that apply)		
		Monthly/ Less Often	Weekly	Daily	Exchange Info/Provide Service	Interpret/ Advise	Negotiate/ Persuade
1. Alumni	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Board Members	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Chancellors/Community College Presidents/Deans/ Hospital Administrators/ Vice-presidents	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Consultants/Contractors	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Corporations/Hiring Organizations	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Customers/Clients/ Patients/Parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
7. Faculty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
8. Financial Contributors	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Government, Regulatory And Funding Agencies	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

PEOPLE SKILLS (Continued)
PART C

Question 6: Job Contacts (Continued)

Review the groups of people listed below. For those groups with whom the job is required to have contact, indicate the frequency and purpose of contact which is most typical for this job over the course of a normal year. If a contact is not required, mark “1” for “Not Required”. If a contact is required, mark the “Frequency” in Column 1 and “Purpose” in Column II.

DEFINITIONS FOR PURPOSE OF CONTACTS (Column II)			
1.	Exchange Information/Provide Service:	Exchange information with the contact, act as the point of contact, answer questions, or provide a service to the contact.	
2.	Interpret/Advise:	Explain, counsel, solve problems, or make recommendations based on professional background, specialized knowledge and experience.	
3.	Negotiate/Persuade:	Bring about mutual agreement, persuade, or resolve conflicts for the contact	

	Not Required	I. Frequency of Contacts (Mark one number)			II. Purpose of Contacts (Mark <u>all</u> that apply)		
		Monthly/ Less Often	Weekly	Daily	Exchange Info/Provide Service	Interpret /Advise	Negotiate/ Persuade
10. Managers/Supervisors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
11. Media	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Professionals Outside UK	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Prospective Employees	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
15. Students/Prospective Students	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
16. University President	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Vendors/Suppliers	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Volunteers	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Other:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

THINKING/REASONING PART C

Question 7: Problem Solving

Which of the following best describes the level of problem solving required to do this job?
(Mark one box.)

1. Most problems encountered in the job are referred to the immediate supervisor. Responsible for contributing input or information to help solve these problems.
2. Responsible for solving most problems following established guidelines and policies. All other problems are referred; may be asked to recommend options to address these problems.
3. Responsible for solving a variety of different and/or unusual problems encountered in the job using job-related knowledge or training. May also play a major role in making decisions on highly complex and difficult problems.
4. Responsible for solving difficult, complex or unanticipated problems encountered in the job using highly specialized knowledge or skills.

Question 8: Thinking/Reasoning

Which of the following best describes the level of critical thinking/reasoning required to do this job? (Mark one box.)

1. Follows established policies and procedures.
2. Assesses situations and identifies when modifications, additional resources, or direction are needed.
3. Recognizes and balances adverse effects of decisions; evaluates and compares alternative solutions.
4. Examines assumptions and checks their accuracy; questions the validity of evidence; ensures that solutions are considered within a systems context.

THINKING/REASONING (Continued)
PART C**Question 9: Independent Action/Judgment**

Which of the following best describes the extent of independent action or judgment required to do this job? (Mark one box.)

1. Activities and decisions are routine, requiring occasional independent action and judgment.
2. Activities and decisions are varied in nature, requiring independent action and judgment in making decisions. Unusual cases or questionable matters are referred to the supervisor or another appropriate authority.
3. Activities and decisions are varied in nature and involve both common and unusual situations, requiring considerable independent action, judgment and creativity. The supervisor or other authority is rarely consulted.
4. Activities and decisions are highly complex. Significant independent action and judgment are required subject only to organization wide policies. Decisions may result in the creation of new methods, services, programs, processes or technology.

Question 10: Analytical Skills

How is information analyzed, examined, or used in this job? (Mark one box.)

1. No analysis or examination of information is required.
2. Collects, compiles and organizes information in accordance with established procedures or standard methods, or as directed.
3. Selects the appropriate method of analysis from established procedures or standard methods.
4. Refines and adapts established procedures and standard methods of analysis.
5. Develops procedures, methods and/or concepts of analysis.

WORK ENVIRONMENT PART C

Question 11: Occupational/Physical Risk

How often does this job require exposure to each of the following types of occupational/physical risk?

Mark 'X' for each type of risk. If an item does not apply, mark "X" for "Never."

	Never	Occasionally (10% of the time or less)	Intermittent (more than 10% but less than 50% of the time)	Regular (50% of the time or more)
A. Animal handling and care	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Burns	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. CRT exposure (computer terminals, PC screens, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
D. Cuts	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Electrical shocks	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Exposure to bloodborne/airborne pathogens	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Exposure to combative/violent people	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Exposure to loud noise	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I. Exposure to temperature extremes	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Hazardous chemicals or fumes	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
K. Job-related injuries from falls	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
L. Job-related travel	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
M. Punctures	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
N. Radiation	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
O. Repetitive motion	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
P. Risk of back injury from moving, lifting or positioning patients, equipment or materials	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Q. Risk of injuries from use of equipment on the job	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
R. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

WORK ENVIRONMENT (Continued)**PART C****Question 12: Mental Demands**

In general, how much mental demand/concentration is required in performing this job? (Mark one box.)

1. General attention to detail and mental alertness are required.
2. Some activities involve significant levels of concentration and mental attention.
3. All activities involve high levels of concentration and mental attention.

Question 13: Physical Effort

In general, how much physical effort is required in this job? Consider the effort expended in handling equipment, materials, tools or supplies. (Mark one box.)

1. Not applicable.
2. Requires handling of light-weight objects up to 10 pounds, or some standing or walking.
3. Requires handling of average-weight objects up to 25 pounds, or standing/walking for long periods of time.
4. Requires lifting, pushing or pulling of objects up to 50 pounds.
5. Requires heavy lifting, pushing or pulling of objects over 50 pounds.

Question 14: Managing People

What is this job's assigned responsibility for managing other employees? (Mark all that apply.)

1. Not applicable.
2. Prioritizes assigned tasks for other employees.
3. Coordinates and supervises project and/or work teams.
4. Hires employees.
5. Supervises employees.
6. Explains and interprets policy.
7. Implements policy.
8. Manages/responsible for a single work unit. (A work unit refers to a section, functional area, department or other organizational unit performing a single function.)
9. Manages/responsible for multiple work units.

**MANAGEMENT
PART C****Question 15: Managing Resources**

What is this job's assigned responsibility for managing key resources or projects? (Mark all that apply.)

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Not applicable. | 5. <input type="checkbox"/> Manages equipment. |
| 2. <input type="checkbox"/> Manages computer systems. | 6. <input type="checkbox"/> Manages programs. |
| 3. <input type="checkbox"/> Manages projects/grants. | 7. <input type="checkbox"/> Manages inventories. |
| 4. <input type="checkbox"/> Manages facilities. | |

Question 16: Policy Development for the Work Unit

What responsibility does this job have for developing policies for the work unit to which it is assigned? (Mark one box.)

- No role in policy development.
- Participates/has input into new policies for the work unit.
- Reviews and recommends new policies for the work unit.
- Develops and initiates new policies for the work unit.

Question 17: Policy Development for the University

What responsibility does this job have for developing policies for the University? (Mark one box.)

- No role in policy development.
- Participates/has input into new policies for the University.
- Reviews and recommends new policies for the University.
- Develops and initiates new policies for the University.

MANAGEMENT (Continued)
PART C**Question 18: Work Planning**

What level of ongoing planning of operations, projects, services or activities for the work unit is required in this job? (*Mark one box.*)

1. Most planning is done by others.
2. This job has limited involvement in work planning.
3. This job has significant involvement in work planning.
4. This job has primary responsibility for work planning.

Question 19: Strategic Planning

What level of strategic/long-range planning is required in this job? (*Mark one box.*)

1. Not involved in strategic planning.
2. This job has limited involvement in strategic planning.
3. This job has significant involvement in strategic planning.
4. This job has primary responsibility for strategic planning.

**FISCAL RESPONSIBILITIES
PART C**

**Question 20: Account Monitoring, Budget Planning/Development
Budget Management**

What is this job’s responsibility for account monitoring, budget planning/development, and/or budget management?

If this question does not apply, mark this box and go to the next question; otherwise, under each activity, mark the box that describes the amount for cash receipts, revenue/recharges, and expenses.

1. **Account monitoring** (for example, maintaining expense/revenue records, reviewing or approving expense/revenue documents, reconciling ledger sheets, generating expense/revenue reports)

	Not Applicable	\$1 - \$9,999	\$10,000 - \$999,999	\$1,000,000 - \$9,999,999	Over \$10,000,000
A. Cash receipts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Revenue/recharges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Expenses	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. **Budget planning/development:** (for example, projecting future expenses/revenues, forecasting budget amounts)

	Not Applicable	\$1 - \$9,999	\$10,000 - \$999,999	\$1,000,000 - \$9,999,999	Over \$10,000,000
A. Cash receipts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Revenue/recharges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Expenses	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. **Budget management:** (for example, setting priorities for funds, allocating dollars among various projects/units)

	Not Applicable	\$1 - \$9,999	\$10,000 - \$999,999	\$1,000,000 - \$9,999,999	Over \$10,000,000
A. Cash receipts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Revenue/recharges	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Expenses	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**IMPACT AND SCOPE
PART C**

Question 21: Impact

How much impact does this job have on each of the following? (Mark the number that best describes this job's level of impact on each category.)

DEFINITIONS:

1. Not Applicable. Does not pertain to this job.
2. Provide information or service to the category.
3. Make recommendations that affect the category.
4. Responsible for decisions that affect the category.

	Not Applicable	Provide Info or Service	Make Recommendations	Responsible for Decisions
A. Alumni	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Customers/clients/ patients/parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
C. Enrolled Students	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Faculty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
E. Financial contributors	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. General public	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Potential students	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
I. Volunteers	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Academic college	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
K. Community College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
L. Institution	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
M. Local/state/federal Agencies	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
N. Organizations outside UK	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
O. Your department	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
P. Other:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

