

**NASPE Eugene H. Rooney, Jr., Awards Nomination
Innovative State Human Resource Management Program**



Colorado
Department of Personnel
& Administration

Program Title: Colorado State EAP (C-SEAP) Workplace Outcomes
State: Colorado
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Program Summary:

In partnership with SBIRT (Screening, Brief Intervention, and Referral to Treatment) Colorado, an initiative of the Governor, and Health TeamWorks, a multi-stakeholder collaborative working to promote integrated communities of care using evidence-based medicine and innovative systems, the Colorado Department of Personnel & Administration launched a new SBIRT initiative through the Colorado State Employee Assistance Program (C-SEAP) in July 2009. The goal was to better identify and assist employees at risk for depression, suffering from untreated depression, and/or engaging in risky substance use. One year later, in July 2010, C-SEAP expanded the project to incorporate the Chestnut Global Partners Workplace Outcome Suite (WOS), an empirically validated measurement tool designed to quantify the relationship between EAP intervention and workplace outcomes. The results were revealed in a recent study conducted by Colorado-based OMNI Institute involving more than 1,900 C-SEAP clients: employees demonstrated statistically significant improvements in absenteeism, presenteeism, and workplace distress following C-SEAP services. EAP services make a difference.

1. Please provide a brief description of this program.

C-SEAP, the internal Employee Assistance Program (EAP) for Colorado State government, is fortunate to provide EAP services under the auspices of DPA, an organization committed to the promotion of the health, safety and well-being for more than 101,000+ Colorado State employees. Substance abuse and mental health issues are critical elements of employee health that have been documented to have profound consequences for the workplace, including impacts on healthcare costs, productivity and the safety of the work environment. Since July 2009, C-SEAP has become a national leader in the use of screening, brief intervention and referral to treatment (SBIRT) in EAPs. The recent study (funded by SBIRT Colorado) utilized program evaluation data from C-SEAP to examine the prevalence of substance use and depressive symptoms among clients seeking C-SEAP services, the impacts of substance use and depressive symptoms on measures of workplace productivity, and whether employees receiving EAP services reduce substance misuse, depressive symptoms and improve productivity outcomes three months later. The results showed that absenteeism, presenteeism and workplace distress significantly improved after receiving EAP services. Specifically, the incident rate of absenteeism was reduced by almost half, from an adjusted marginal mean of 16.0 hours missed in the 30 days prior to intake to an estimated marginal mean of 8.0 hours missed in the 30 days prior to follow-up; presenteeism was reduced by 0.81 on a 1-5 scale, from an estimated marginal mean of 2.93 at intake to 2.12 at follow-up; and workplace distress was reduced by 0.45 on a 1-5 scale, from an estimated marginal mean of 2.57 at intake to 2.12 at follow-up. Savings in absenteeism alone are calculated to exceed \$4 million. Additional findings: (1) the proportion of employees screening positive for depressive symptoms

significantly decreased from intake (estimated at 80%) to follow-up (estimated at 33%), and (2) for employees screening positive for alcohol, the number of drinks per week decreased from an estimated marginal mean of 4.9 at intake to an estimated marginal mean of 3.6 at follow-up.

2. How long has this program been operational (month and year)?

C-SEAP's Workplace Outcomes program has been operational since July 2010.

3. Why was this program created? (What problem[s] or issues does it address?)

This program's intent was to create an empirically-based data collection system to measure the impact of C-SEAP services on absenteeism, presenteeism and workplace distress, and to answer the question "Do workplace outcomes improve following C-SEAP services?"

4. Why is this program a new and creative method?

This type of program had never been done before in State government. The C-SEAP Workplace Outcomes Program combines SBIRT and the measurement of workplace outcomes into one operational system and one database incorporating pre- and post-service data for the purpose of measuring results. The process opens doors for all EAPs to examine the impact of mental health concerns on productivity, to do something about it and to measure the outcome.

5. What was the program's start up costs?

OMNI Institute provided follow-up data collection and data analysis at a cost of \$14,571. The existing database (MedComp's 20/20) required an upgrade to Medcomp's Premier system at a cost of \$26,118; this cost was entirely absorbed by the Governor's Office of Information Technology (OIT). The use of SBIRT was free, and staff training was free through SBIRT

Colorado. The use of the Workplace Outcome Suite (WOS) was also free as long as C-SEAP was willing to share results.

6. What are the program's operational costs?

The program continues to use existing staff and Medcomp's Premier system at an annual maintenance cost of \$2,699 (also absorbed by OIT).

7. How is this program funded?

C-SEAP is funded through budgeted State funds.

8. Did this program originate in your state?

The combination of SBIRT and the WOS, and the Workplace Outcome Program's unique analysis of the resulting data, had not been done in State EAPs prior its development at DPA – and, to our knowledge, it had not been done in the private sector.

9. Are you aware of similar programs in other states? If yes, how does this program differ?

No. We believe that some may be using pieces of this program, i.e., SBIRT.

10. How do you measure the success of this program?

Measurement is the program's strongest business case. Measurement takes place through standardized pre- and post-service data collection: SBIRT screens, the use of evidence-based assessment instruments (DAST, AUDIT, and PHQ-9), and the use of the WOS.

11. How has the program grown and/or changed since its inception?

DPA's Workplace Outcomes Program is now institutionalized at C-SEAP. Staff is committed to its success, and employees who utilize C-SEAP have grown accustomed to an array of questions related to substance abuse, depression and measures of productivity. EAPs are workplace-

based; we must be able to show a strong return on investment.