
**EMPLOYEE ASSISTANCE PROGRAM
COST ANALYSIS PROGRAM
FOR INTERNAL EAPS
(EAPCAP-IN)**

COST INTERVIEW GUIDE FOR INTERNAL EAP CASE STUDIES

Prepared and Conducted by:

Research Triangle Institute
Health and Human Resource Economics Program
Revised March 1998

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CONTENTS

INTRODUCTION..... 2

A. CLIENT INFORMATION 3

B. PERSONNEL INFORMATION 5

C. BUILDING INFORMATION 7

D. EQUIPMENT INFORMATION 11

E. CONTRACTED SERVICES 16

F. MISCELLANEOUS RESOURCES AND COSTS 17

COMMENTS SPACE..... 19

Name of interviewer(s): _____

Interview date: _____

Program name: _____

Names, titles, and telephone numbers of program employees attending the session:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The data in this module corresponds to fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as “the fiscal year”).

INTRODUCTION

The purpose of this interview is to collect resource use and cost information pertaining to the operations of your Employee Assistance Program (EAP). The information provided in this interview will be held in confidence and will never be reported in a way that could directly identify your program. Despite this assurance, if there is any information that you consider especially sensitive, please indicate so. Thank you for your participation.

We are interested in identifying both those costs that the EAP incurred as expenditures, and those that the EAP would have incurred as expenditures if it had not been able to use certain resources free of charge. For costs that took the form of expenditures, please extract the cost data from expenditure records rather than from budgets, since budgets frequently do not accurately predict resource use. For costs that the EAP would have incurred as expenditures had certain resources not been free of charge (or for resources which are shared between different departments within the company), we will estimate costs in one of two ways: 1) determine the percentage of total resources used by the EAP and multiply this percentage by the total cost of the resource; or 2) estimate the cost the program would have incurred if a shared resource had not been available. We are collecting costs incurred by the provider only. In other words, we are not collecting costs incurred by the employee, or the social costs.

A. CLIENT INFORMATION

for fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

A1. How many employees were eligible for EAP services in the fiscal year? *(Please explain in the Comments section if the number of clients for the fiscal year wasn't typical.)*

No. of Employees _____ Typical? (Y/N) _____

A2. How many different clients did your EAP serve during the fiscal year? *(Please explain in the Comments section if the number of clients for the fiscal year wasn't typical.)*

No. of Total Non-Employee (e.g., dependents)

Clients _____ Typical? (Y/N) _____

No. of Total Employee

Clients only _____ Typical? (Y/N) _____

What is this EAP's definition of a client contact?

A3. How many different clients did your EAP serve for substance abuse problems during the fiscal year? *(Please explain in the Comments section if the number of personal substance abuse clients for the fiscal year wasn't typical.)*

No. of Non-Employees _____ Typical? (Y/N) _____

No. of Employees _____ Typical? (Y/N) _____

A4. On average, how many hours of face-to-face counseling did clients receive from the EAP in the fiscal year? *(Please explain in the Comments section if the hours of face-to-face counseling sessions for the fiscal year wasn't typical.)*

Average Hours

per Client _____ Typical? (Y/N) _____

Is there a difference in the average number of hours per client based on presenting problem? If so, explain the client group and the average number of face-to-face counseling hours received.

A5. On average, how many hours of telephone counseling did clients receive from the EAP during the fiscal year? *(Please explain in the Comments section if the hours of telephone contacts for the fiscal year wasn't typical.)*

Average Hours

per Client _____ Typical? (Y/N) _____

A6. What was the average number of clients you served (either face-to-face or over the phone) in a week during the fiscal year? *(Please explain in the Comments section if the average number of clients served per week in the fiscal year wasn't typical.)*

Avg. No. Non-Employees

per week _____ Typical? (Y/N) _____

Avg. No. Employees

per week _____ Typical? (Y/N) _____

A7. What has been the average number of clients served per year since your EAP began?

Avg. No. Non-Employees

per year _____ Typical? (Y/N) _____

Avg. No. Employees

per year _____ Typical? (Y/N) _____

B. PERSONNEL INFORMATION

for fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

B1. List the number of full-time equivalent (FTE) EAP staff by position, the annual full-time salary for each position, and the percentage of EAP time spent on counseling during the fiscal year. (Note: Assume 1 FTE = 2080 hrs./yr.)

Position	Number of FTEs	Average Full-Time Salary	Total	% of EAP Time on Counseling (include face-to-face and telephone)
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____
_____	X	\$ _____	= \$ _____	_____

B2. What was the total of other labor costs in the fiscal year (e.g., FICA, health insurance, pension and retirement, disability, worker's compensation, other fringe benefit cost)? *(Please provide any calculations used.)*

Other Labor Costs \$ _____

B3. What was the total overtime cost in the fiscal year? *(Please provide any calculations used.)*

Overtime Cost \$ _____

B4. What volunteer services did your EAP receive during the fiscal year? What would you estimate the cost of these volunteer services to be if you had to pay for them? *(Please provide any calculations used.)*

	Volunteer/Volunteer Services	Hours	Estimated Wage Per Hour	Estimated Cost	% of Time Spent on Counseling
1.	_____	_____	\$ _____	\$ _____	_____
2.	_____	_____	\$ _____	\$ _____	_____
3.	_____	_____	\$ _____	\$ _____	_____
4.	_____	_____	\$ _____	\$ _____	_____
5.	_____	_____	\$ _____	\$ _____	_____
6.	_____	_____	\$ _____	\$ _____	_____
Total Volunteer Labor Cost					\$ _____

BUILDING NO. _____

C. BUILDING INFORMATION

for fiscal year: ____/____/____ *to* ____/____/____
Month Date Year Month Date Year

C1. What buildings were used for any purpose by your EAP during the fiscal year?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Complete the following set of questions (C2. through C19.) once for each building used by your EAP for any purpose during the fiscal year. Photocopy and number each set of questions accordingly.

BUILDING NO. _____

C2. What is the primary use of the building?

C3. Where is the building located?

C4. For what purpose(s) did your EAP use the building?

C5. How large is the space that the EAP used during the fiscal year, and what percentage of the building is used by the EAP?

Space _____ sq. ft. % of Bldg. _____ %

C6. Was all the space noted in C5 used full-time by the EAP (i.e., for the equivalent of 2000 hours per year)? (*Circle one number.*)

Yes..... 01 (Go to C8)

No..... 02 (Continue)

C7. List the rooms or space in C5 not used full-time during the fiscal year, their square footage, and the hours per year that the EAP used them. (This includes office space for those persons listed as EAP personnel in Section B who do not work full-time on EAP activities).

	Rooms Used Less than Full-time	Square Footage	Hours Used per Year by EAP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

BUILDING NO. _____

C8. During the fiscal year, did your EAP transfer operations from this building to another? (*Circle one number.*)

Yes..... 01 (Continue)

No..... 02 (Go to C11)

C9. For how many months did your EAP use this building before transferring to another?

No. of Months _____

C10. What is the location of the building to which your EAP transferred?

C11. In the fiscal year, did your EAP (not the firm) own, use free of charge, or lease or rent the building that has been assigned the building no. at the top of the page? (*Circle one number.*)

Owned 01 (Continue)

Used Free..... 02 (Go to C16)

Leased/Rented 03 (Go to C19)

C12. What was the cost of building repairs and maintenance (R & M) in the fiscal year? (*Please explain in the Comments section if the R & M for the fiscal year wasn't typical.*)

R & M \$_____ Typical? (Y/N) _____

C13. What was the market value of the building, including land, in the fiscal year?

Market Value \$_____

C14. What is the total service life of the building?

Service Life _____ years

C15. Of the total service life of the building noted in C14, how many service years remained in the fiscal year?

Remaining Life _____ years

BUILDING NO. _____

C16. What would you estimate the monthly rent to be if you had to pay rent instead of owning the building or using it free of charge? *(Please provide any calculations used.)*

Estimated Rent \$ _____

C17. If this space were not available to your EAP, what would you use as an alternative?

C18. What is your estimate of how much this alternative would cost? *(Please include all costs, including estimates, for example, of additional travel expense required, if possible. Please provide any calculation used.)*

Cost of Alt. \$ _____ per month

(GO TO D1)

C19. What was the monthly lease or rent of this building?

Lease or Rent \$ _____

D. EQUIPMENT INFORMATION

for fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

D1. What equipment was purchased by (or for) your EAP in the fiscal year? (*Include only individual equipment [e.g., computer] and categories of equipment [e.g., desks] worth more than \$500.*)

Equipment	Units	Cost/Unit	Total Cost
Office Furniture (<i>desks, tables, filing cabinets, chairs, etc.</i>)			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Computers (<i>hardware, accessories, etc.</i>)			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Electronic (<i>TV, VCR, FAX, phone, projector, etc.</i>)			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

D1. Continued.

<u>Equipment</u>	<u>Units</u>	<u>Cost/Unit</u>	<u>Total Cost</u>
Vehicles			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Other Equipment			
		\$	\$
		\$	\$
		\$	\$
		\$	\$

D2. What equipment did you have on hand for use at your treatment program in the fiscal year? If rented, please include the monthly rental payment. Otherwise, please provide a description of the equipment which may include an estimate of the quality of the equipment. (Include only individual equipment [e.g., computer] and categories of equipment [e.g., desks] worth more than \$500.)

Office Furniture	Units	Rent/Month	Condition			Age
			Excellent	Fair	Poor	
Chairs		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Desks		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filing Cabinets		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Computer	Speed (mhz)	RAM (mb)	HD Size (mb)	Rent/Month	Other Features	Age
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

D2. Continued.

<u>Electronic</u>	<u>Make</u>	<u>Age</u>	<u>Units</u>	<u>Rent/Month</u>	<u>Features</u>
TV				\$	
VCR				\$	
FAX				\$	
Projector				\$	
Phone				\$	
Printer				\$	
				\$	
				\$	
				\$	

<u>Vehicles</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Miles</u>	<u>Rent/Month</u>
					\$
					\$
					\$

<u>Other</u>	<u>Make</u>	<u>Age</u>	<u>Units</u>	<u>Rent/Month</u>	<u>Features</u>
				\$	
				\$	
				\$	
				\$	
				\$	

E. CONTRACTED SERVICES

for fiscal year: / / to / /
Month Date Year Month Date Year

E1. List consultants and contracted personnel, the number of hours they work, their average hourly rate, and service provided for the fiscal year.

Consultants or Contracted Personnel	Number of Hours/Year	Average Hourly Rate	Total	Service Provided
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
_____	_____	X \$ _____	= \$ _____	_____
Total Contracted Labor			\$ _____	

E2. Please explain anything atypical about contracted services in the fiscal year.

F. MISCELLANEOUS RESOURCES AND COSTS

for fiscal year: ____/____/____ to ____/____/____
Month Date Year Month Date Year

F1. What was the cost of the specific miscellaneous items listed below in the fiscal year? *(Please provide explanations for non-typical costs)*

Electricity	\$ _____
Gas	\$ _____
Licenses	\$ _____
Taxes	\$ _____
Garbage	\$ _____
Pest Control	\$ _____
Insurance (e.g., liability)	\$ _____
Water and Sewer	\$ _____
Telephone	\$ _____
Repair and Maintenance	\$ _____
Printing and Duplicating	\$ _____
Transportation	\$ _____
Publications	\$ _____
Staff Training	\$ _____
Staff Travel	\$ _____
Security (e.g. alarms)	\$ _____
Software	\$ _____
Minor Equipment (value < \$500)	\$ _____
Office Supplies	\$ _____
Postage	\$ _____
Other	\$ _____
Total	\$ _____

F2. What was the estimated cost of the specific miscellaneous items listed below that were used by your EAP free of charge in the fiscal year? (*Please explain.*)

Electricity	\$ _____
Gas	\$ _____
Licenses	\$ _____
Taxes	\$ _____
Garbage	\$ _____
Pest Control	\$ _____
Insurance (e.g., liability)	\$ _____
Water and Sewer	\$ _____
Telephone	\$ _____
Repair and Maintenance	\$ _____
Printing and Duplicating	\$ _____
Transportation	\$ _____
Publications	\$ _____
Staff Training	\$ _____
Staff Travel	\$ _____
Security (e.g. alarms)	\$ _____
Software	\$ _____
Minor Equipment (value < \$500)	\$ _____
Office Supplies	\$ _____
Postage	\$ _____
Other	\$ _____
Total	\$ _____

F3. Please explain anything atypical about miscellaneous resources and costs in the fiscal year.

COMMENTS SPACE

Q #	Explanation
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____

Q #	Explanation
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____

Q #	Explanation
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____

Q #	Explanation
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____ _____
_____	_____ _____ _____ _____