

**QUESTIONNAIRE FOR AGENCY EAP DIRECTORS/ADMINISTRATORS/LIAISONS
7/17/06 DRAFT**

INFORMATION ABOUT YOUR AGENCY/ORGANIZATION:

Name of your agency	
Your name and title	
Your address	
Your phone number	
Your e-mail address	
Number of employees covered by this EAP	
Number of others (family members, contractors, etc) covered by this EAP	

SERVICES PROVIDED BY YOUR EAP:

<i>1. Does your EAP provide these services for individuals?</i>	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
assessment			
treatment planning			
referral			
short-term problem solving/counseling/facilitating change			
follow-up			
referral and information			

collaboration with others (such as treatment facilities, managed care organizations, managers, HR staff, etc.) regarding case planning and outcomes			
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2. Does your EAP provide these services for managers and supervisors?	Yes	No	Not sure
assistance in referring employees to the EAP			
assistance in appropriately supporting employees with personal concerns that may be impacting their health and well-being			
assistance with back-to-work conferences and reasonable accommodation agreements			
performance management guidance/consultation particularly around issues related to employee conduct and performance as well as those related to occupational situations and conditions that impact employee well being			
supervisor training and education			
management consulting and coaching			

3. Does your EAP provide these services for your organizations?	Yes	No	Not sure
violence prevention and crisis management			
traumatic and critical incident services			
group interventions, support groups			
employee orientation			
educational services/programs			
special and auxiliary services (such as work-life, drug-free workplace training and handling of mandatory referrals, outplacement services, disability management, change management, or organizational development, etc.)			

4. Does your EAP provide these services that support program operations/program administration?	Yes	No	Not sure
development of and adherence to policies and procedures (general policies as well			

as compliance with applicable laws and regulations)			
outreach/marketing and publicity			
evaluation and quality improvement /assurance			
web development and maintenance			
staffing, ethics and professional development/other human resource activities			
development of program structure/design (such as budget, advisory committees, board of directors, etc.)			
referral (clinical) resource development and maintenance			
involvement with committees/groups/teams within the organization			

UTILIZATION AND OUTCOME INFORMATION:

1. In the last 12 months, what was the employee utilization rate?	_____ %
2. In the last 12 months, what was the number of " information only " contacts? _____	_____ Please provide an estimated number.
3. In the last 12 months, what was the number of participants in EAP-sponsored support groups, workshops, and educational programs ?	_____ Please provide an estimated number.
4. In the last 12 months, what was the utilization rate by non-employees (such as family members)?	_____ %
5. In the last 12 months, what was the participation in on-line services ?	_____ Please provide an estimated number.
6. In the last 12 months, what was the ratio of alcohol/drug cases ?	_____ % of all cases
7. In the last 12 months, what was the supervisor referral ratio?	
8. Do the demographic characteristics of the opened employee cases (i.e. gender, age, ethnicity, grade level) reflect that of the eligible employee population?	Yes_____ No_____
9. Of all cases that were opened in this reporting year, what was the average number of times they met with an EAP counselor ?	_____ Please provide an estimated number.
10. What is the return on investment for this EAP?	_____/_____ \$ saved for every \$ invested
11. Evaluations and audits of the EAP indicate that there are positive work performance outcomes (such as reduced leave usage, reduced turnover, lowered insurance expenditures, etc.) for this organization.	Yes_____ No_____

YOUR AGENCY’S EAP POLICIES AND PRACTICES:

	I strongly disagree	I disagree	I am neutral	I agree	I strongly agree	Doesn't apply
1. Our EAP literature, policies, outreach, and philosophies support the concepts of equity and diversity.						
2. Our EAP services do not vary because of employee or agency characteristics such as location, gender, age, diagnosis, sexual orientation, legal status, etc.						
3. Relevant representatives of this agency (including senior managers, union representatives, health and wellness programs, etc.) continuously consult with our EAP about program and any other agency matters that impact the mental health of employees.						
4. Our EAP regularly assesses the quality, effectiveness and efficiency of its operations.						
5. This agency’s most commonly needed services are available through the EAP.						
6. This organization has an effective EAP advisory body.						
7. I feel I have all the information I need to make informed decisions about our EAP.						
8. I feel I am in control of the decisions made regarding our EAP.						
9. Participation in our EAP is voluntary.						
10. Our EAP has effective communication strategies.						
11. This agency is part of any on-going meetings/conversations/steering groups where information about our EAP is shared.						
12. This agency has input into the strategies for communicating information about the EAP.						
13. This agency maintains a current System of Records notice for its EAP records (as required by the Privacy Act).						

INFORMATION ABOUT YOUR EAP SERVICE PROVIDERS:

	I strongly disagree	I disagree	I am neutral	I agree	I strongly agree	Doesn't apply
1. Our EAP staff understands equity and diversity.						
2. I am satisfied with the hours EAP staff are available.						
3. All of this agency's employees are within 60 miles or 60 minutes of the EAP.						
4. Employees of this agency are physically safe while attending the EAP.						
5. Reports of EAP safety issues are effectively resolved.						
6. Our EAP is adhering to confidentiality, safety, and ethical standards.						
7. Our EAP provides a safe, confidential, respectful, compassionate, trusting and caring environment.						
8. The staff of our EAP exhibit integrity and ethical behavior.						
9. This agency is satisfied with the services being provided by our EAP.						
10. If this agency had other choices, it would still maintain services from our current EAP staff.						
11. Our EAP staff consults with the appropriate people in this agency to assess its history, values, culture, structure, and strengths.						
12. Our EAP services were customized to meet this agency's history, preferences, values, preferences, culture, needs, and strengths.						

13. Our EAP involves key representatives in this agency in its decisions about the program.						
14. Our EAP shares its subject matter expertise with this agency so that we can make informed decisions.						
15. Our EAP easily shares information about its performance.						
16. Our EAP regularly asks me for information about the agency which may impact the health and well-being of employees.						