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OPEN MINDS Weekly News Wire

Mental Health & Chemical Dependency Services

EAP Use of SBIRT Increases Identification of Alcohol Abuse by 50+%

After three large employee assistance program (EAP) provider organizations added protocols for routine screening and brief intervention and referral to treatment (SBIRT) for risky drinking to their telephonic services, they were able to identify 50% to 100% more employees with alcohol use issues. The pilots are part of a campaign begun last October, the Brief Intervention Group (BIG) Initiative, which aims to make alcohol screening and brief intervention the universal practice of EAPs throughout the U.S. and Canada by October 2011. The pilots, started with funding provided by the National Highway and Traffic Safety Administration and the Center for Substance Abuse Treatment to George Washington University, enabled the EAPs to modify their routine intake processes to include screening questions about alcohol consumption. The EAPs trained their EAP counselors to use motivational interviewing techniques to provide feedback about risky drinking and assist EAP clients to develop options for changing their risky behaviors. An important goal of the pilots and for the EAP members of the BIG Initiative is to demonstrate that routine alcohol screening can identify more risky drinkers and that brief counseling can produce benefits for clients and for employers.

In addition to identifying more EAP members with alcohol problems, the percentage of employees with risky drinking levels who were referred to treatment also increased significantly compared to the period before the pilot started. The EAPs—Aetna, OptumHealth, and ValueOptions—worked with corporate clients in various industries. Aetna worked with financial services company J.P. Morgan; OptumHealth worked with Medica; and ValueOptions worked with UPS. They used a pre-post comparison to evaluate the effect of adding the screening and brief intervention protocols.

The raw results from each pilot were as follows:

- Aetna's pilot spanned five months, during which, 274 of the 295 members who called the EAP for services completed the screening questions and 40% screened positive for risky drinking. Overall, 18% of EAP clients were at moderate or high-risk for alcohol-related problems. Brief intervention was offered to all who screened positive. More than three-fourths of members offered screening and brief intervention at intake agreed to clinical follow-up, and 72% set an appointment for a face-to-face session with a counselor to address issues identified during the screening.
- OptumHealth's pilot started in August 2008 and ended February 2009. During the six months before the pilot started, 681 health plan members called the EAP seeking help for mental health and substance abuse issues. Of those, 7.5% were identified as having risky drinking patterns, and less than 10% of callers were referred to treatment. During the pilot period, 383 health plan members called the EAP, of those 20.1% (77 of the 383 callers) were identified as having risky drinking patterns, and 13.3% received alcohol education and risk-reduction counseling, and another 10.7% discussed further alcohol intervention and treatment options.
- The ValueOptions pilot combined the EAP and an outpatient mental health and substance abuse telephonic referral setting; 3,091 screenings were completed over a 10-month period. Nearly seven

percent of the brief screenings indicated potential risky drinking, which led to a full screening. About half of the callers reported any alcohol use, and of those, 12% were identified as having elevated risk of problem drinking.

Eric Goplerud, Ph.D. and Tracy McPherson, Ph.D., facilitators of the BIG Initiative campaign, told *OPEN MINDS* that the EAPs involved in the BIG Initiative seek to demonstrate the business relevant value of alcohol case finding and early intervention. The EAPs that piloted screening and brief intervention and other BIG Initiative members are tracking changes post-EAP services in clients' health care use, absence from work, productivity, substance use and alcohol-related accidents and vehicular crashes. An important question still to be answered is whether there are differences in problem drinking detection and client outcomes as EAPs test different ways of delivering screening and brief intervention. Several pilots trained call center clinicians and offered SBI only through the telephone. Others have trained their office-based EAP counselors and rely only on face-to-face SBI. By creating a collaborative process among EAP leaders, managers and clinicians, the BIG Initiative members share frustrations when encountering barriers, share experiences and tips on overcoming obstacles, and support additional EAP-initiated pilots in new industries and new configurations of SBI.

The results of Optum's pilot were published as "Alcohol Screening and Brief Intervention in Telephonic EAP" in the August 2010 issue of *Journal of Employee Assistance*. A copy of the study may be requested at www.eapassn.org/i4a/pages/index.cfm?pageid=901.

Other aspects of the BIG Initiative were covered in "New Initiative Promotes Industry-Wide Use of SBIRT by EAPs," published by *OPEN MINDS* on September 20, 2010. The article is available at www.openminds.com/circlehome/eprint/omol/2010/092010mhcd8.htm.

*Editor's note: this article was revised on October 11, to reflect clarifications recommended by Dr. Goplerud.

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