2007 Workplace SBI Survey Report:

An Assessment of Employer Practices & Vendor Products & Services

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2007 WORKPLACE SBI SURVEY REPORT: AN ASSESSMENT OF EMPLOYER PRACTICES AND VENDOR PRODUCTS AND SERVICES

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BACKGROUND

The Network of Employers for Traffic Safety (NETS), through a Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA) and support from The PEW Charitable Trusts, contracted with Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center, Department of Health Policy, to lead a study on workplace alcohol screening and brief intervention (SBI). The study spanned over two years (beginning in 2005) with research activities that included an extensive literature review, in-depth telephone interviews, a multi-year survey of SBI practices, convening of an SBI advisory panel, and development of an online Workplace SBI Toolkit and resource guide for workplace practitioners. A brief description of Year One and Year Two research activities and links to brief reports summarizing the findings are provided below. A comprehensive review of all findings and a copy of the draft prototype resource guide are contained in the annual Final Reports and are available upon request.

The activities conducted in Year One of the project included an examination of peer-reviewed literature supporting the effectiveness of SBI; the use of SBI as a clinical practice standard; SBI training and competency recommendations; government health services and foundations that invest in developing SBI demonstration projects; and, economic and clinical outcomes of SBI.[1] The first year of the project also included a survey (i.e., 2005 Workplace SBI Survey) of more than 700 employers and behavioral health vendors using both web-based assessments of SBI practices, and products and services, and selected telephonic interviews. The substantial body of peer-reviewed literature showed that SBI is an effective technique in primary healthcare and hospital emergency care for detecting and treating people who misuse alcohol. Ensuring Solutions researchers also found that alcohol SBI was endorsed or recommended by professional medical societies (e.g., American Society of Addiction Medicine), international health organizations (e.g., World Health Organization), business groups (e.g., National Business Coalition on Health, NETS), federal agencies (e.g., NHTSA, National Institute on Alcohol Abuse and Alcoholism, Substance Abuse and Mental Health Services Administration, Veterans Health Administration, Office of National Drug Control Policy) and medical profession associations (e.g., American Medical Association, American College of Emergency Physicians, American College of Surgeons, American Psychiatric Association). After gathering and analyzing Year One data, study researchers determined that the effectiveness and success of SBI programs in healthcare settings could be transferred to workplace settings and developed a conceptual model of workplace SBI to operate as a framework from which employers can build tailored approaches for specific work-related settings (see Appendix A).

In late 2007, study researchers began Year Two of the project by convening an advisory panel of employers, behavioral health vendors, SBI experts, clinicians, drug testing vendors, occupational health and health promotion professionals, and researchers. The panel worked with the research

team over the course of the year to inform the development of the online toolkit and resource guide[2] for workplace practitioners as well as flesh out the essential elements of a workplace-based SBI program.[3] After completing Year Two of the project, the research team conducted the 2007 Workplace SBI Survey – a follow-up survey to the 2005 Workplace SBI Survey of employers and behavioral health vendors.

The purpose of this report is to provide an overview of activities and findings to-date from the 2007 Workplace SBI Survey. Main findings from the 2005 Workplace SBI Survey are discussed in the Year One Executive Summary along with highlights from the literature review. Ensuring Solutions researchers examined data from both surveys to establish whether previous survey participants (as well as new survey participants) were using the same kinds of SBI techniques in 2005 and 2007. Data analysis also assessed changes employers and vendors made to their policies and practices to improve access to alcohol treatment. Unfortunately, analysis of change over time for 2005 participants was not feasible because few of them completed the survey at both time points. Consequently, the data collected in 2005 and 2007 represent a cross-section of employers and vendors at two points in time.

A discussion of the survey methods and results of the 2007 survey are present in detail below. A more brief review of main findings is presented in the 2007 Workplace SBI Survey Executive Summary.

METHODS

PARTICIPANTS

Over 100 professional organizations, associations, businesses, vendors, and consultants were contacted by email and telephone to assist with recruiting employers and vendors of products and services and/or participate themselves in the web-based survey of alcohol screening and brief intervention practices. Recruitment information was disseminated by email, member listserv, telephone, website announcements, newsletters, and person-to-person contact. Recruitment efforts were cast broadly and the "snowball technique" was used to attract a wide variety of participants in terms of size (small, medium, and large employers) and type (e.g., vendors of employee assistance programs; human resources/benefits consulting; managed care/behavioral healthcare services; and occupational health/ wellness and disease management programs).

Employers (n=471). At the 3-month recruitment period 471 employers accessed the online survey. These employers varied in size, geographical location, and industry.

Small, medium and large companies were well represented:	
Small (less than 100 employees)	29%
Medium (100 – 499 employees)	23%
Large (500+ employees)	46%

All 10 geographical regions of the U.S. and its territories were represented by employers (main headquarters and regional offices locations). The industry sector included:

◆Construction	6%	◆Transportation of goods or passengers	4%
◆Professional services (health, medical, education)	23%	◆Retail/wholesale	4%
◆Manufacturing	18%	◆Public administration (fire, police)	11%
◆Banking/insurance/real estate	7%	◆Communications/public utility	2%
◆Services (hotel, business, personal, repair)	7%	◆Other industry sectors	19%

Vendors (n=103). Over 100 vendors accessed the survey about the types of alcohol screening and brief intervention products and services offered to their client companies (employers). Vendor service areas were represented across all 10 regions of the U.S.

MEASURES

Ensuring Solutions developed and implemented two forms of the survey for the 2007 Workplace SBI Survey. They were designed to catalog current SBI approaches and techniques and assess changes in SBI policies and practices. One survey was designed to gather information on alcohol screening and brief intervention practices and approaches used by *employers*, and the other was

aimed at identifying SBI products and services offered by *vendors*, for the purpose of detecting and treating people who use alcohol in unhealthy ways. The surveys were web-based and made available 24 hours per day/7 days a week through Survey Monkey. A description of these measures is provided below and a hardcopy of each is included in Appendix B and C.

Operational Definitions of SBI

The following operational definitions of alcohol screening and brief intervention were provided to respondents as part of instructions presented prior to completing the survey.

DEFINITIONS OF ALCOHOL SCREENING AND BRIEF INTERVENTION

Alcohol Screening: The use of a valid brief questionnaire about the context, frequency and amount of alcohol used by an individual. Alcohol screening provides a quick way to identify individuals whose drinking patterns indicate that they have an alcohol problem or are at risk for developing one. Examples of valid questionnaires are: AUDIT (Alcohol Use Disorder Identification Test), MAST (Michigan Alcohol Screening Test), and CAGE (4 question screener).

Brief Intervention: The healthcare provider (e.g., EAP counselor, nurse), using the results of a screening questionnaire that indicates an alcohol problem, expresses concerns about the individual's drinking and advises the individual to cut down on his/her drinking. The healthcare provider helps the individual to develop an action plan to achieve this goal. Brief interventions are not designed to treat alcoholism, which requires greater expertise and more intensive care management.

Employer Assessment

The employer survey consisted of 24 items that assess: a) employer concern about alcohol problems among employees; b) treatment benefit adequacy and changes to improve access to alcohol treatment; c) availability of alcohol screening, the types of resources/business units responsible for conducting it, types of events that trigger screening; and mechanisms by which screening is conducted and specific tools used; d) availability of brief intervention, resources/business units used to provide it, the quantity of sessions allowable and availability, and availability of referral for intensive treatment; e) types of training provided for those responsible for conducting alcohol SBI; f) outcomes the employer considers to be important in assessing the value of an alcohol SBI program; g) importance of having an SBI program and interest in developing and testing the effectiveness of an alcohol SBI program in the employer's workplace; and h) general descriptive information (size of business, industry type, geographic region).

Vendor Assessment

The vendor survey consisted of 17 items that assess: a) adequacy of and changes made to products and services offered to client businesses to improve access to alcohol treatment; b) availability of and resource approaches used to offer alcohol screening to client businesses, mechanisms by which screening is conducted and specific tools used; and supports/benefits offered if screening is positive; c) availability of brief intervention products and services to client businesses and resource approaches used to offer interventions; d) types of training the vendor

provides for conducting alcohol SBI; e) outcomes the vendor considers to be important in assessing the value of alcohol SBI; f) importance of offering client businesses alcohol SBI products and services and interest in developing and testing the effectiveness of an alcohol SBI product that can be offered to client businesses; and g) service areas/geographic regions serving client businesses.

ANALYSIS

Descriptive statistics were used to analyze data collected from the survey items discussed above. Content analysis was conducted on qualitative data.

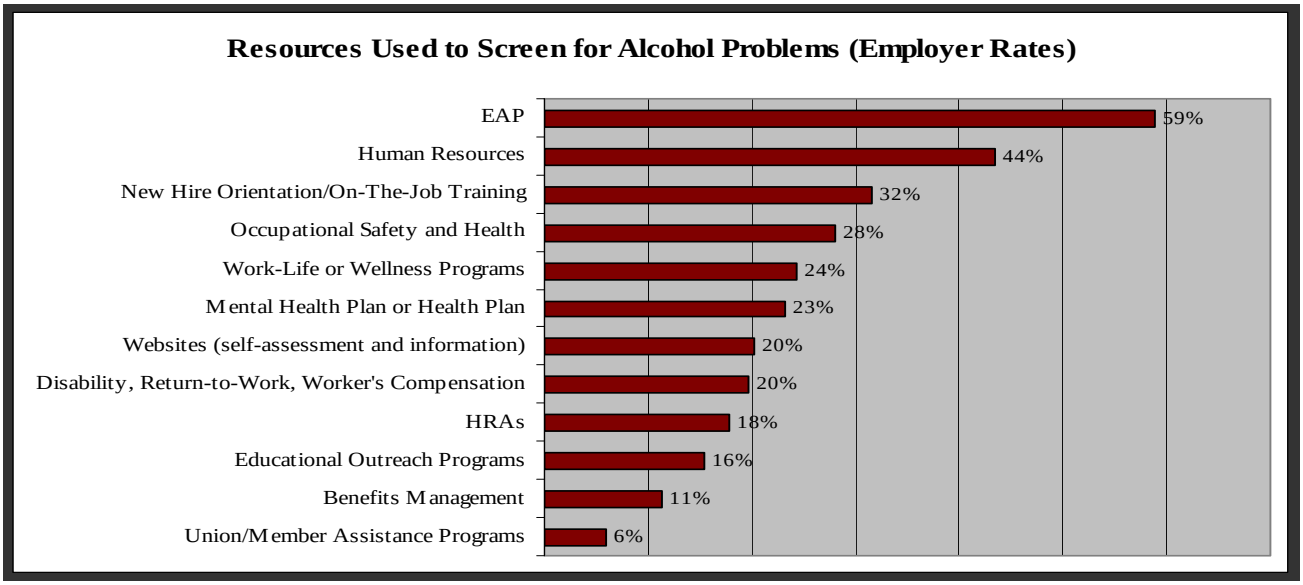
RESULTS

EMPLOYER ASSESSMENT

Concern about alcohol problems. More than 81% of employers surveyed reported that their company was either "very concerned" or "moderately concerned" about alcohol problems among employees. Only 19% of employer participants reported that they were "not concerned."

Assessing benefit adequacy. In the two years between the 2005 survey and 2007 survey, 40% of employer participants revealed their companies assessed the adequacy of its alcohol treatment benefits offered to employees. Similarly, 36% of employers reported that they did not conduct such an assessment and almost 25% reported not knowing whether an assessment of adequacy had been performed. Employers were also asked whether they had made any changes to improve access to alcohol treatment for employees in the last two years. Of the employers that reported accessing the adequacy of their company alcohol treatment benefits, 44% reported making specific changes to improve access to alcohol treatment for employees. Some employer participants gave explicit examples of the types of changes made to improve access; many of these improvements included providing better access to EAP services which included adding an EAP program or additional services to an already existing program, or revising triage processes to ensure employees' direct access to EAP services. Other changes reported included lowering service prices and having services offered at no charge, making information more accessible to employees, and instituting various kinds of drug-free workplace initiatives.

Alcohol screening. Of the 400 employers who responded to the question about when they began conducting screening, 9% (35) revealed that alcohol screening became available relatively recently ("within the last two years") while 21% (83) reported that it became available "over two years ago." Thirteen percent (50) of employers acknowledged that alcohol screening was available but that they did not know when it began. Thus, in total 42% (168) of employers reported conducting screening. The remaining 58% (232) reported that they did not conduct alcohol screening. As shown in the figure below, of the employers who did screen, most (59%) reported using the EAP to conduct the screening.

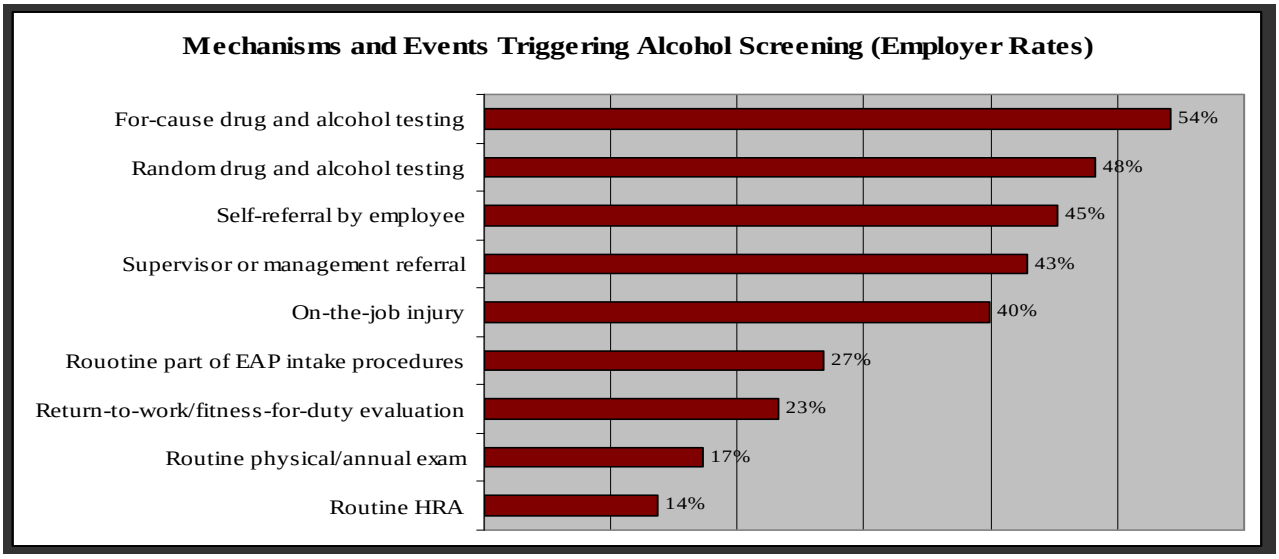


Employer participants that conducted alcohol screening also reported information about whether or not alcohol screening was given in conjunction with screening for other physical or mental health issues. More than 26% reported that alcohol screening was conducted independent of other issues. When combined with other screenings, alcohol screening was most likely to be paired with depression screening (17%) and stress screening (16%). Alcohol screening was least likely to be paired with screening for other (undefined) chronic diseases (6%).

Almost 43% of employers that reported alcohol screening indicated that face-to-face screening was the preferred form of delivery. Other delivery modalities included self-administered computer/web-based (19%), telephone (16%), and self-administered paper-and-pencil (5%). Twenty percent did not know how it was delivered.

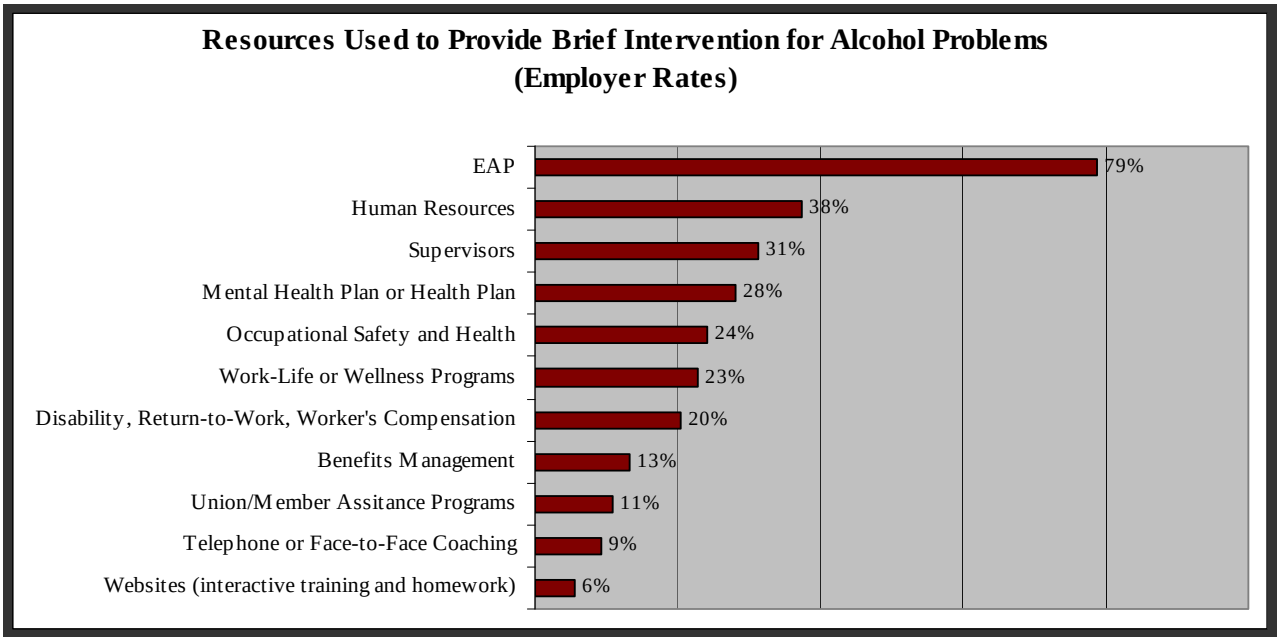
Moreover, among employers that screened, quantity/frequency screeners (e.g., how many drinks do you have in a typical day) and standardized questionnaires (e.g., AUDIT, MAST, or CAGE) (70%) were the preferred screening methods. Single-item screeners (e.g., in the last 30 days, on how many days have you consumed more than 5 drinks on one occasion) (11%) and screeners using the ASAM criteria (10%) used less often.

Most employers whose companies or vendors conducted alcohol screening indicated that for-cause drug and alcohol testing was the event that triggered the screening (54%). The figure below illustrates the rate at which other events or mechanisms triggered alcohol screening.



After screening positive for an alcohol problem 56% of employer participants reported that the person screening positive would receive a referral for treatment; 44% reported that the person would be offered further assessment or evaluation; more than 38% reported that the person would be given educational materials and information; 23% reported that the person would be given a warm transfer to either a telephone counselor or treatment program; and 19% of employer participants reported that brief intervention would commence immediately.

Brief intervention. Employers who reported conducting alcohol screening were asked about brief intervention practices in their workplace. Of the 168 who screened for alcohol problems, 71 (42%) also conducted brief intervention (i.e., they do both) and 97 (58%) only screened. An additional 57 employers reported conducting brief intervention without conducting screening (i.e., brief intervention was done alone). Thus, a total of 128 employers reported offering brief intervention. As shown in the figure below, the most frequently used resources for conducting it was EAP (79%). Online programs (6%) and face-to-face or telephone coaching programs (9%) were the least likely to be used to deliver brief intervention.



After a positive screen for alcohol problems, most (66%) offered brief interventions either immediately following screening (40%) or within 1-2 days (26%). Approximately 9% of employers who conducted brief intervention reported a waiting period of 3-7 days and only 3% had a waiting period of longer than seven days.

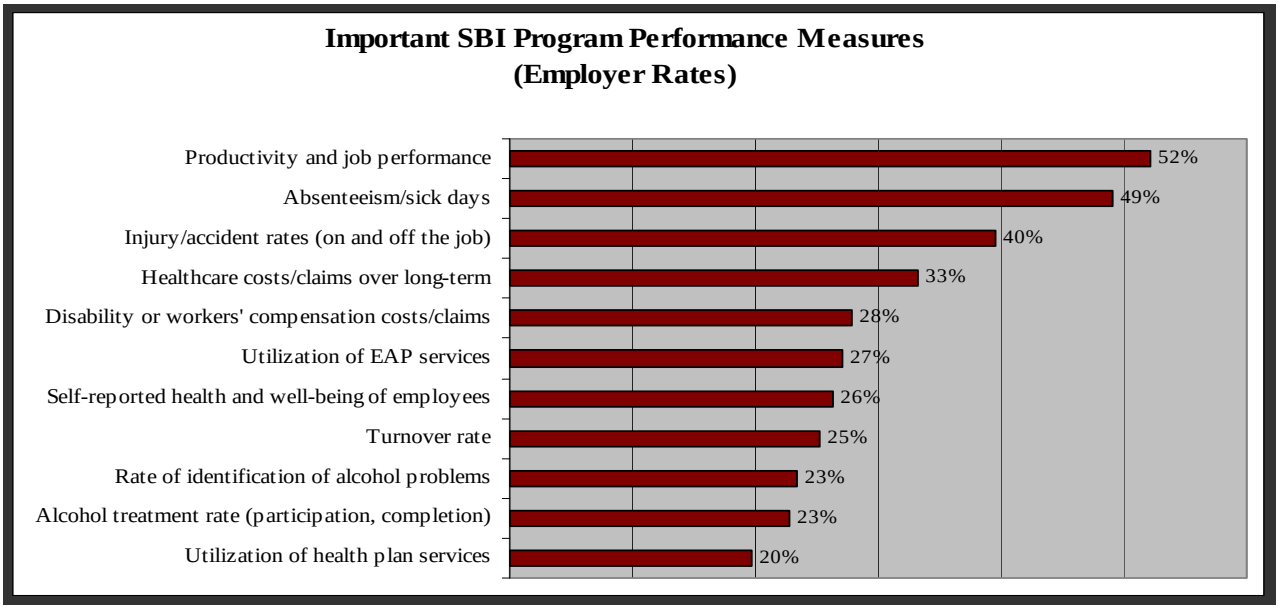
When brief intervention was accessed, employees were allotted a varied number of sessions: 1-3 session (16%); 4-6 sessions (22%); 7 or more sessions (8%); and "as many as needed/no limit" (32%). Twenty-two percent of employers didn't know how many sessions were allotted.

Among the 128 employers that provided brief intervention, 92% (107) reported providing referrals for employees who needed treatments for alcohol abuse and/or dependency that is more intensive than is offered through brief intervention.

Training. Employers that responded to the survey also reported information about specific training on alcohol screening and/or brief intervention provided to those responsible for conducting alcohol SBI. Approximately 27% of employer participants who indicated that their company or its vendors conducted alcohol screening reported that training was provided. Of the employers who indicated that that their company or its vendors conducted brief intervention, 39 (31%) reported that training was provided.

Evaluation of SBI program performance. Most employer participants (52%) indicated that in assessing the value of an alcohol SBI program in their respective companies, the most important outcomes to company leadership were productivity and job performance. Absenteeism and sick days were also cited by 49% of the employer participants as outcomes of importance in evaluating

SBI program performance. The figure below illustrates the proportion of employers that valued productivity and other outcomes to assess the value of alcohol SBI.



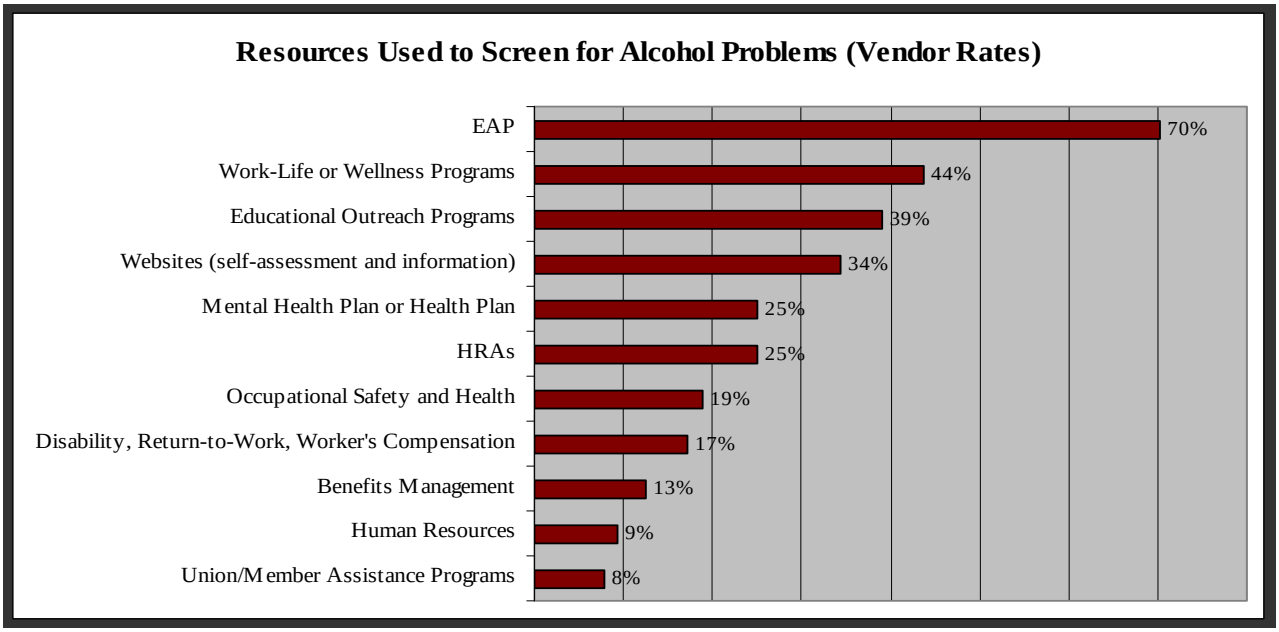
Importance and interest in developing an alcohol screening and brief intervention program. Among the ~ 300 employers that responded to these questions, about 46% reported that having an SBI program or doing SBI better was "very important" (17%) or "important" (29%) to their company; while others answered that this was "neither important or unimportant" (26%), "somewhat important" (16%), and "not important at all" (12%). Moreover, almost half expressed interest in developing an SBI program for use in their workplace.

VENDOR ASSESSMENT

Assessing product and service adequacy. In the two years between the 2005 survey and the 2007 survey, 64% of the participating behavioral health vendors indicated that they had assessed the adequacy of the alcohol treatment products and services offered to client businesses; 25% of vendors surveyed disclosed that they did not assess these products and services, and 11% reported not knowing whether an assessment had been done.

Of the vendors that did assess adequacy, more than 71% also made specific changes to products and services to improve access to alcohol treatment. Examples of the improvements their companies made included implementing standardized alcohol screening tools at intake, instituting additional mechanisms for screening (e.g., online, telephonic), adding more online assessments and self-help materials to client educational caches, creating better referral linkages between EAP and treatment programs, offering alcohol disease management programs, and making changes to/entering into new contractual agreements with providers offering more treatment/service options.

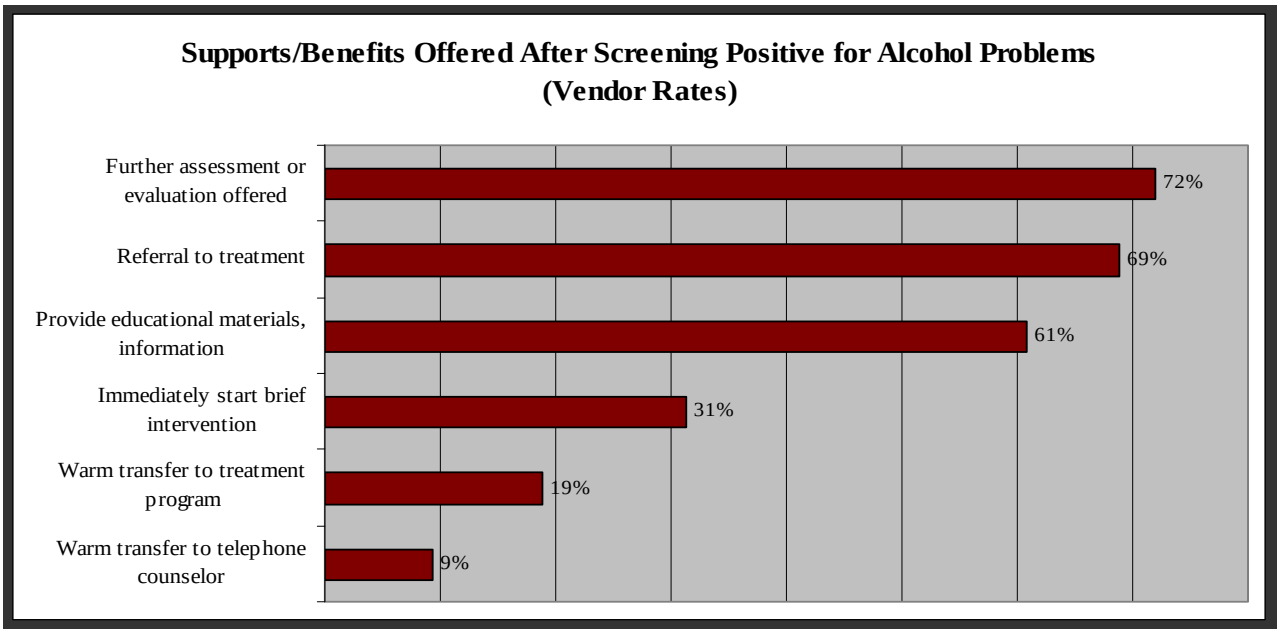
Alcohol screening. Of the 87 vendors who responded to the question about when they began offering screening to client businesses, more than 17% (15) reported that alcohol screening became available relatively recently ("within the last two years") while 47% (41) reported that it became available "over two years ago." Nine percent (8) of vendors acknowledged that alcohol screening was available but they did not know when it began. Thus, in total 74% (64) of vendors reported offering alcohol screening to its client businesses. The remaining 26% (23) did not offer screening. As shown in the figure below, the most common approaches used to conduct screening were EAP, work-life/wellness programs, educational outreach programs, and websites (e.g., self-assessment). Vendors were least likely to offer screening through benefits management, human resources, and union/member assistance programs.



Vendor participants that offered alcohol screening also reported whether or not alcohol screening was given as a component of a product or service that screens for other physical or mental health issues. More than 34% reported that alcohol screening was conducted independent of other issues. Fifty-nine percent of vendors reported that alcohol screening was part of depression screening, 48% reported it as part of stress screening and 19% reported it was part of screening for another chronic disease.

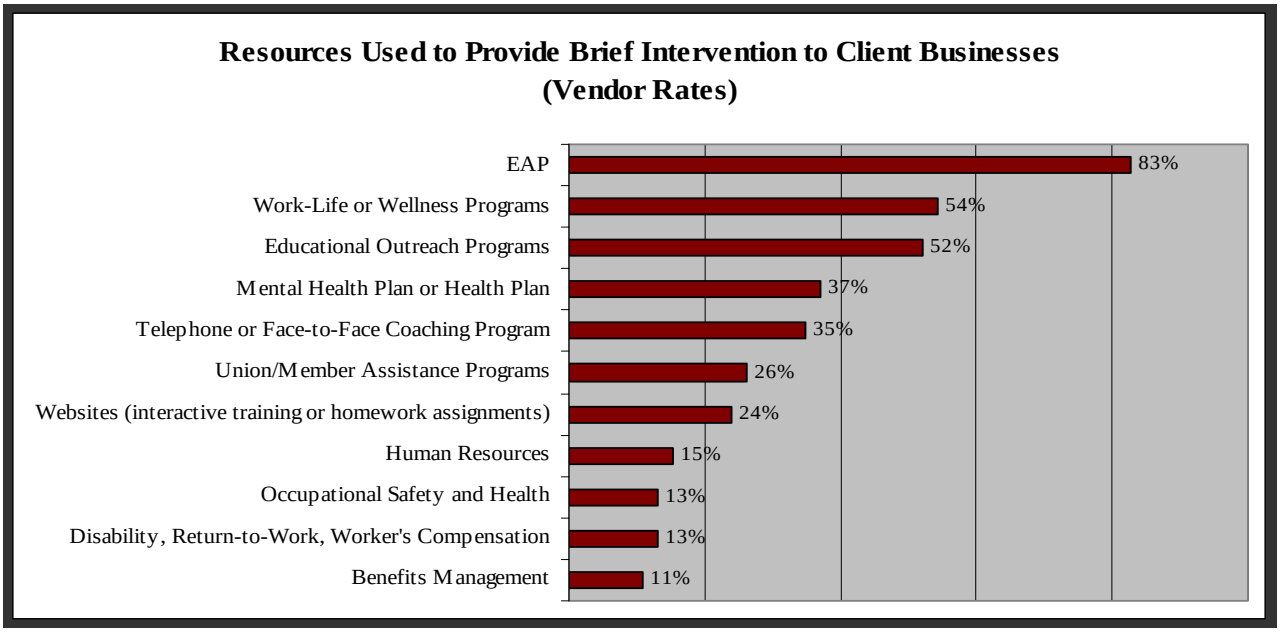
Face-to-face was the primary way that alcohol screening was delivered to employees of client businesses (70%). Vendors also offered telephone screening (31%) and self-administered computer-based (33%) screening at similar rates. Self-administered paper-and-pencil was the least likely delivery modality used by vendors (19%). Less than two percent did not know how it was delivered.

If an employee of a client business screens positive for an alcohol problem, 72% of vendors indicated that the person would be offered further assessment or evaluation and almost 70% offered referral to treatment. Many provide educational information. Almost one-third offered brief intervention immediately upon screening positive. The figure below illustrates additional supports vendors offer to employees of client businesses that screen positive for alcohol problems. Other supports/benefits included offering a 12-step program.



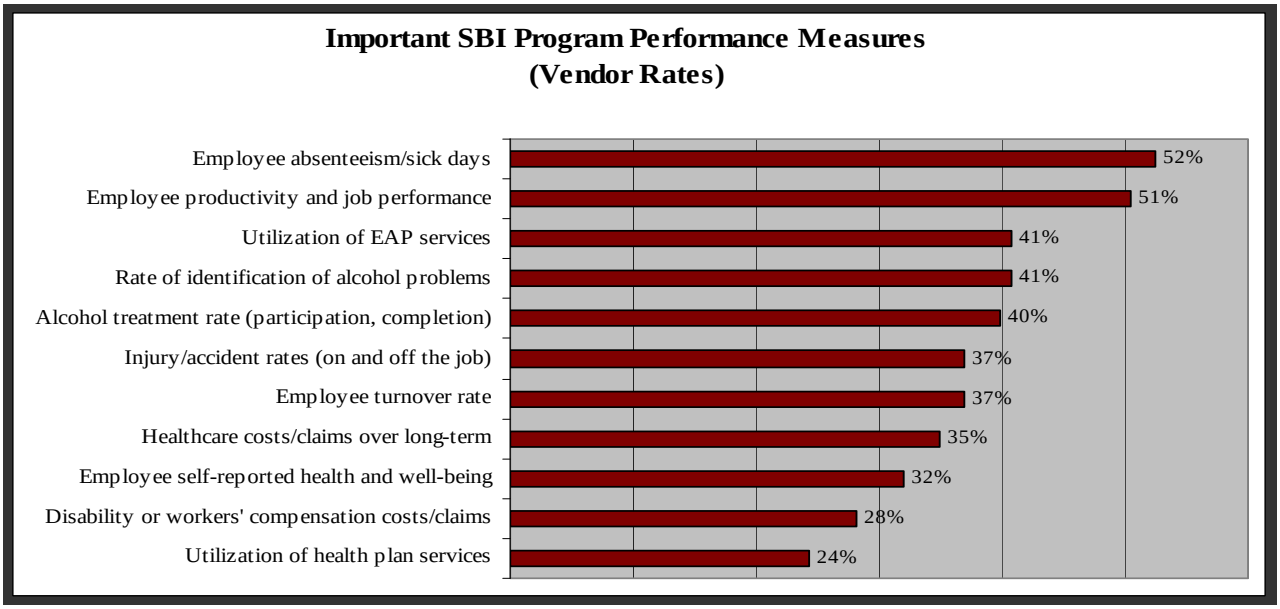
Moreover, among vendors offering screening, most recommended standardized questionnaires/screeners (e.g., AUDIT, MAST, or CAGE) (66%). Quantity/frequency screeners (e.g., how much do you typically drink and how often do you drink) were recommended by 39%, using ASAM criteria was recommended by 33%, and single-item screeners (e.g., one binge drinking item) by only 9% of vendors. Other recommended methods included the use of psychosocial assessments and comprehensive assessment tools (e.g., SASSI, SUDDS-IV, ASI).

Brief intervention. Of the 64 vendors that offered screening, 39 (61%) indicated that brief intervention products or services are also offered in cases where an individual screens positive for an alcohol problem (i.e., both screening and brief intervention are offered to client businesses) and 25 (39%) only offered screening. An additional seven vendors (15%) reported offering brief intervention alone (i.e., without offering alcohol screening). Thus, a total of 46 vendors reported offering brief intervention. As shown below, the most common resources used by vendors to provide brief intervention were EAP, work-life/wellness programs and educational outreach programs. The least likely were occupational safety and health, disability/return-to-work/worker's compensation, and benefits management.



Training. Almost 80% of vendors that responded to the survey report that specific training on alcohol screening and/or brief intervention is provided to the individuals responsible for conducting alcohol SBI. Among the 64 vendors that offer screening, more than 60% (39) indicate that they train the individuals responsible for conducting it. Of the 46 vendors that offer brief intervention to client businesses, 70% (32) provide training to the individuals who deliver the service.

Evaluation of SBI product and service performance. Most vendor participants indicated that in assessing the value of an alcohol SBI program offered to client businesses, the outcomes of most importance were employee absenteeism and sick days (52%) and employee productivity and job performance (51%). The figure below illustrates the proportion of vendors that valued these and other outcomes to assess the value of alcohol SBI.



Importance and interest in offering an alcohol screening and brief intervention program. Among the 67 vendors that responded to these questions, about 81% reported that offering client businesses an alcohol SBI product or service was “very important” (45%) or “important” (36%). Thirteen percent said it was “neither important nor unimportant” and 3% thought it to be “somewhat important”. Very few (3%) consider it “not at all important.” Furthermore, over two-thirds expressed interest in developing an alcohol SBI program that could be offered as a product or service to their client businesses.

CONCLUSION

Results from the 2007 Workplace SBI Survey revealed that employers remain concerned about alcohol problems among employees. Many employers and vendors agree that having or improving an alcohol SBI program is "important" or "very important". However, it appears that employers may benefit from additional information about the importance and benefits (health and economic) of alcohol SBI given that about half of employers report it is "neither important nor unimportant", "somewhat important" or "not at all important." Both groups also expressed interest in learning more about developing their own alcohol SBI programs and services and agree that employee productivity/job performance and absenteeism/sick days are the top two priorities when evaluating an alcohol SBI program. Both groups are also willing to make changes in their current activities in order to improve access to alcohol services and treatment. Moreover, it appears from those already conducting SBI that companies are amenable to integrating SBI (and vendors are offering products and services) using various resources and departments/divisions within the workplace as delivery vehicles, particularly the EAP.

Because of its advances in the health industry, alcohol SBI—given the availability of quick screening tools and simplified approaches to brief intervention—is also well-suited for the workplace. Despite a limited amount of evidence-based literature validating the implementation of SBI in the workplace, the first year of the NETS/NHTSA project found some evidence supporting the effectiveness of workplace SBI. SBI could be offered to workers and their families through a number of company resources and program; e.g., EAP, health promotion and wellness programs, occupational health and safety clinics, health fairs, employer-sponsored health insurance plans, disease management, or disability/rehabilitation programs (see Appendix D and E). The second year of the project provided the detailed information needed to conceptually develop a customizable SBI program that could be implemented through one or more of those resources. Given what has been gleaned from review of the SBI literature and other research activities over the course of the project, it is reasonable to expect that by incorporating alcohol SBI into workplace settings, employers will save money on healthcare costs, raise productivity, and contribute to employee well-being. Many workplaces—whether through EAPs or some other resource—are prepared to address alcohol problems through workplace SBI. Consequently, in the next phase of the NETS/NHTSA project, the study team has proposed a series of pilot tests/case studies examining the feasibility and impact of workplace SBI on organizational processes and employee outcomes. In addition, the third biennial Workplace SBI Survey is planned for 2009.

REFERENCES

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[2] McPherson, T.L. & Goplerud, E. (2008). Screening and brief intervention (SBI): Guide and Resource Manual for Workplace Practitioners. Year Two Final Report: Appendix B submitted to the Network of Employers for Traffic Safety (NETS) as part of Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA). Washington, DC.

[3] Goplerud, E. & McPherson, T.L. (2008). Alcohol screening and brief intervention in the workplace: Year Two Final Report. Network of Employers for Traffic Safety (NETS) as part of Cooperative Agreement with the National Highway Traffic Safety Administration (NHTSA). Washington, DC. [Executive Summary available at: http://www.ensuringsolutions.org/usr_doc/Executive_Summary_of_Year_2.pdf.]

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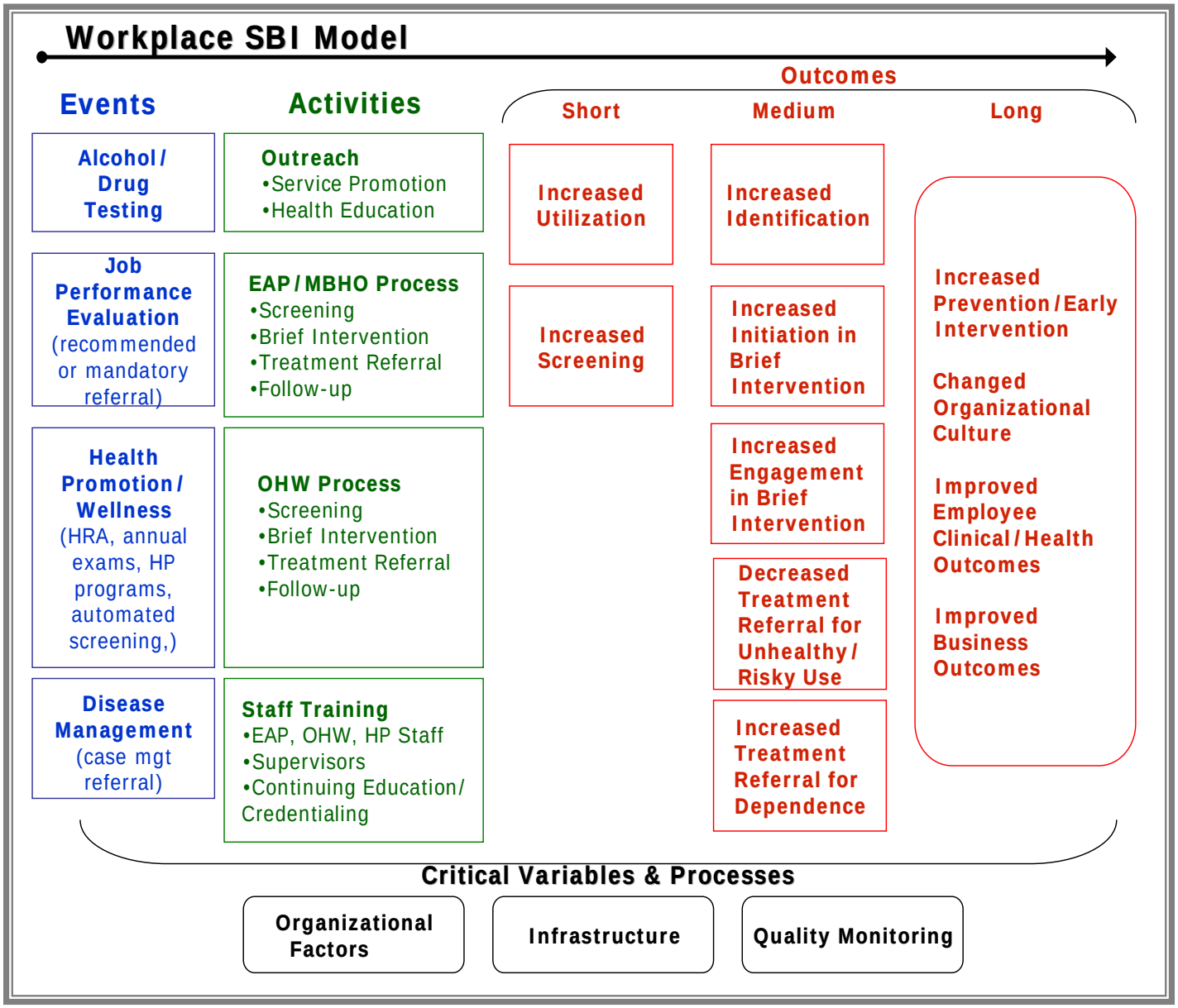
C: WORKPLACE SBI INITIATIVE POST VENDOR SURVEY

D: POST-BIOASSAY EAP APPROACH

E: OCCUPATIONAL HEALTH & WELLNESS/EAP APPROACH

APPENDIX A: WORKPLACE CONCEPTUAL MODEL



APPENDIX B: WORKPLACE SBI INITIATIVE 2007 EMPLOYER SURVEY

CONCERN ABOUT ALCOHOL PROBLEMS		
How concerned is your company about alcohol problems among employees?	☐ 1 Very concerned ☐ 2 Moderately concerned ☐ 3 Not concerned	
PEW DELIVERABLE ITEMS		
In the last two years, has your company assessed the adequacy of its alcohol treatment benefits (EAP, MBHO, health plan) offered to employees?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
In the last two years, has your company made any changes to improve access to alcohol treatment for employees?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
>(Skip pattern question) You answered "yes" to the previous question. What changes did your company make to improve access to alcohol treatment for employees? [text box]		
ALCOHOL SCREENING		
When did your company or its vendors begin conducting alcohol screening?	☐ 1 Within the last two years ☐ 2 Over 2 years ago	☐ 3 Don't know when it began ☐ 4 Don't conduct screening/NA
>(Skip pattern question) If 1, 2, or 3: You indicated that your company conducts screening. Please answer the following questions. >If 4, branch to BI section		
The following is a list of resources/business units that companies use to screen for alcohol problems. Check all that apply to your company.	☐ 1 Benefits Management ☐ 2 Human Resources ☐ 3 EAP (Employee Assistance Program) ☐ 4 Union/Member Assistance Program ☐ 5 Mental Health Plan or Health Plan ☐ 6 Work-Life or Wellness Programs ☐ 7 Educational Outreach Programs (health fairs, bulletin boards, workplace kiosk s) ☐ 8 Occupational Safety and Health	☐ 9 Disability, Return-to-Work, or Workers' Compensation Programs ☐ 10 Websites offering self-assessment and educational information ☐ 11 New hire orientation/on-the-job training programs ☐ 12 HRAs (health risk assessment or health risk appraisals) ☐ 13 Other (please specify) [insert textbox] ☐ 14 Don't know
In your company, do any of the following mechanisms/events trigger alcohol screening? Check all that apply.	☐ 1 Routine physical/annual exam ☐ 2 Routine HRA ☐ 3 Routine part of EAP intake procedures ☐ 4 Supervisor or management referral ☐ 5 Self-referral by employee ☐ 6 Random drug and alcohol testing	☐ 7 For-cause drug and alcohol testing ☐ 8 Return-to-work/fitness-for-duty evaluation ☐ 9 On-the-job injury ☐ 10 Other (please specify): [insert textbox] ☐ 11 Don't know
Is alcohol screening conducted as part of screening for any of the following physical or mental health issues? Check all that apply.	☐ 1 Depression ☐ 2 Stress ☐ 3 Chronic diseases	☐ 4 Other physical or mental health issue (please specify) [insert textbox] ☐ 5 Alcohol screening is conducted independently ☐ 6 Don't know
How is alcohol screening delivered? Check all that apply.	☐ 1 Face-to-face ☐ 2 Telephone ☐ 3 Self-administered computer/web-based	☐ 4 Self-administered paper-and-pencil ☐ 5 Other (please specify): [insert textbox] ☐ 6 Don't know
Do you recommend the use of any of the following screening methods? Check all that apply.	☐ 1 Single-item screener (e.g., one binge drinking item) ☐ 2 Quantity/Frequency screener (e.g., how much do you typically drink and how often do you drink)	☐ 3 Standardized questionnaire, e.g., AUDIT (Alcohol Use Disorder Identification Test), MAST (Michigan Alcohol Screening Test), or CAGE (4 question screener). ☐ 4 ASAM criteria ☐ 5 Other (please specify): [insert textbox]
What happens if a person screens positive for an alcohol problem? Check all that apply.	☐ 1 Further assessment or evaluation offered ☐ 2 Referral to treatment ☐ 3 Warm transfer to telephone counselor ☐ 4 Warm transfer to treatment program	☐ 5 Immediately start brief intervention ☐ 6 Provide educational materials, information ☐ 7 Other (please specify): [insert textbox] ☐ 8 Don't know
BRIEF INTERVENTION		
Does your company or its vendors provide brief interventions for individuals who screen positive for alcohol problems?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
> (Skip pattern question) If 1: You answered "yes" to the previous question. Please answer the following questions. >If 2 or 3, branch to Training section		
The following is a list of resources/business units that companies use to provide brief intervention for alcohol problems. Check all that apply to your company.	☐ 1 Supervisors ☐ 2 Benefits Management ☐ 3 Human Resources ☐ 4 EAP (Employee Assistance Program) ☐ 5 Union/Member Assistance Program ☐ 6 Mental Health Plan or Health Plan ☐ 7 Work-Life or Wellness Programs ☐ 8 Occupational Safety and Health	☐ 9 Disability, Return-to-Work, or Workers' Compensation Programs ☐ 10 Telephone or Face-to-face Coaching Programs ☐ 11 Websites offering interactive training or homework assignments ☐ 12 Other (please specify) [insert textbox] ☐ 13 Don't know
Generally, when is brief intervention conducted following a positive screen for alcohol problems?	☐ 1 Immediately, with the same person who does screening ☐ 2 Within 1-2 days	☐ 3 Within 3-7 days ☐ 4 Longer than 7 days ☐ 5 Don't know
Once identified with a positive screen, approximately how many brief intervention sessions for an alcohol problem is an employee allowed?	☐ 1 1-3 sessions ☐ 2 4-6 sessions ☐ 3 7 or more sessions	☐ 4 As many as they need/no limit ☐ 5 Don't know
Does your company or its vendors provide referral for employees who need treatments that are more intensive than brief interventions?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
TRAINING		
Is specific training on alcohol screening and/or brief intervention provided to those responsible for conducting it?	☐ 1 YES, screening ☐ 2 YES, brief intervention	☐ 3 NO training provided ☐ 4 DON'T KNOW

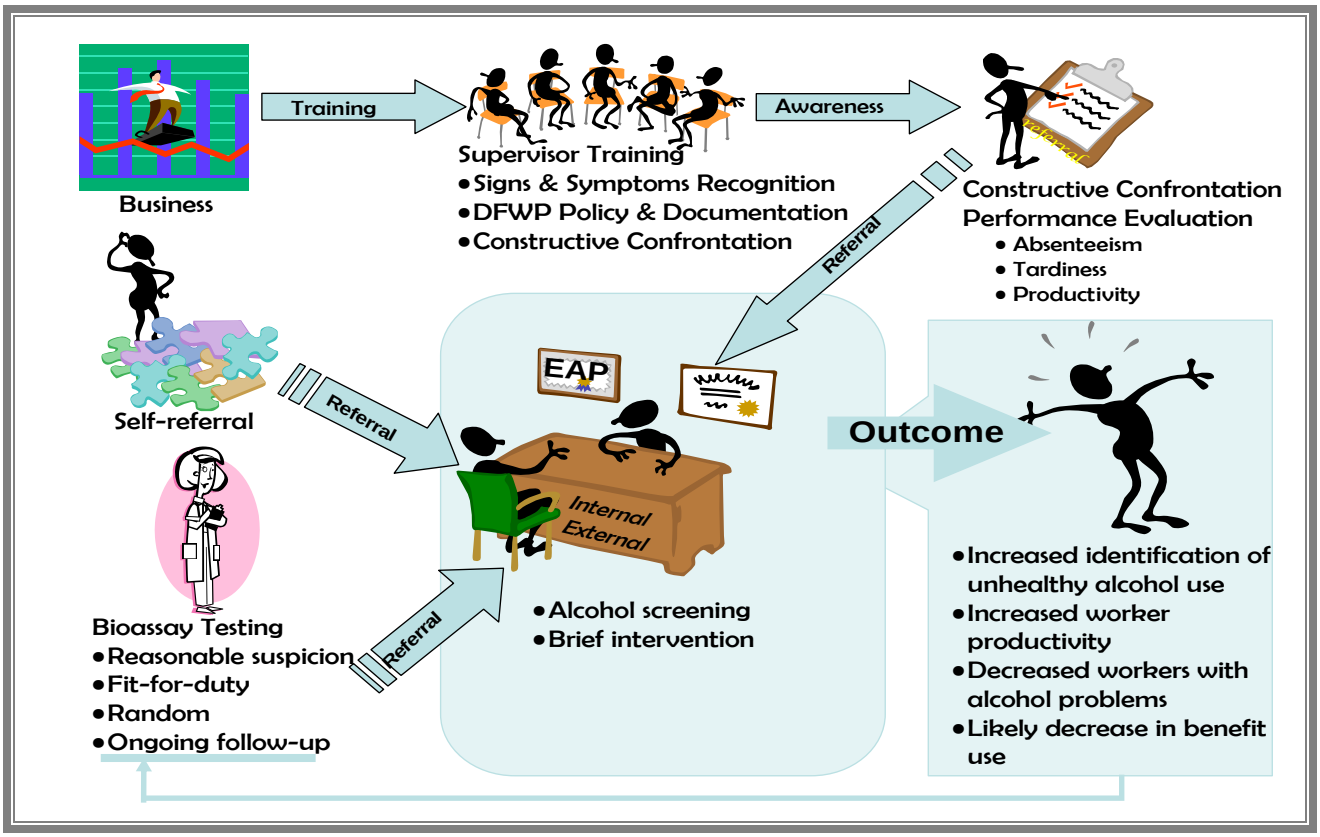
EVALUATION OF SBI PROGRAM PERFORMANCE		
In assessing the value of an alcohol screening and brief intervention program in your company, what outcomes would be of most importance to your leadership? Check all that apply.	☐ 1 Rate of identification of alcohol problems ☐ 2 Absenteeism/sick days ☐ 3 Turnover rate ☐ 4 Productivity and job performance ☐ 5 Healthcare costs/claims over long-term ☐ 6 Alcohol treatment rate (participation, completion)	☐ 7 Disability or workers' compensation costs/claims ☐ 8 Utilization of EAP services ☐ 9 Utilization of health plan services ☐ 10 Self-reported health and well-being of employees ☐ 11 Injury/accident rates (on and off the job) ☐ 12 Other (please specify) [insert textbox]
PRIORITY OF & INTEREST IN SBI		
How important is it to your company to have an SBI program, or to do SBI better?	☐ 1 Very Important ☐ 2 Important ☐ 3 Neither Important or Unimportant	☐ 4 Somewhat Important ☐ 5 Not at all important
Would you like more information on developing a program for screening and brief intervention for alcohol problems?	☐ 1 YES ☐ 2 NO	
Are you interested in participating in a demonstration or pilot project to develop and test the effectiveness of SBI in your company?	☐ 1 YES ☐ 2 NO ☐ 3 MAYBE	
What is the primary business of your company?	☐ 1 Services (hotel, business, personal, repair) ☐ 2 Manufacturing ☐ 3 Transportation of goods or passengers ☐ 4 Communications or public utility (phone, cable, electric, gas, water, refuse collection) ☐ 5 Retail store or wholesale distributor	☐ 6 Banking, insurance, or real estate ☐ 7 Public administration (fire, police, administration of government programs) ☐ 8 Professional services (health, medical, education, engineering) ☐ 9 Construction ☐ 10 Other (please specify) [insert textbox]
COMPANY INFORMATION		
Approximately how many individuals are employed by your company?	☐ 1-99 ☐ 100-499 ☐ 500-999 ☐ 1,000-4,999	☐ 5,000-9,999 ☐ 10,000-49,000 ☐ 50,000 or more ☐ Don't know
Please indicate all of the regions in which your company is located.	☐ 1 New England Region: CT, ME, MA, NH, RI, VT ☐ 2 Eastern Region: NY, NJ, PR, VI ☐ 3 Mid-Atlantic Region: DE, DC, MD, PA, VA, WV ☐ 4 Southeast Region: AL, FL, GA, KY, MS, NC, SC, TN ☐ 5 Great Lakes Region: IL, IN, MI, MN, OH, WI ☐ 6 South Central Region: AR, LA, NM, OK, TX, Indian Nations ☐ 7 Central Region: IA, KS, MO, NE ☐ 8 Rocky Mountain Region: CO, MT, ND, SD, UT, WY ☐ 9 Western Region: AZ, CA, HI, NV, American Samoa, Guam, Marianas ☐ 10 Northwest Region: AK, ID, OR, WA	
Please provide your contact information below.	Name: [insert textbox] Title: [insert textbox] Organization: [insert textbox] Telephone: [insert textbox] Email: [insert textbox]	
Please provide your mailing address below.	Street: [insert textbox] Street: [insert textbox] City, State, Zip: [insert textbox]	

APPENDIX C: WORKPLACE SBI INITIATIVE 2007 VENDOR SURVEY

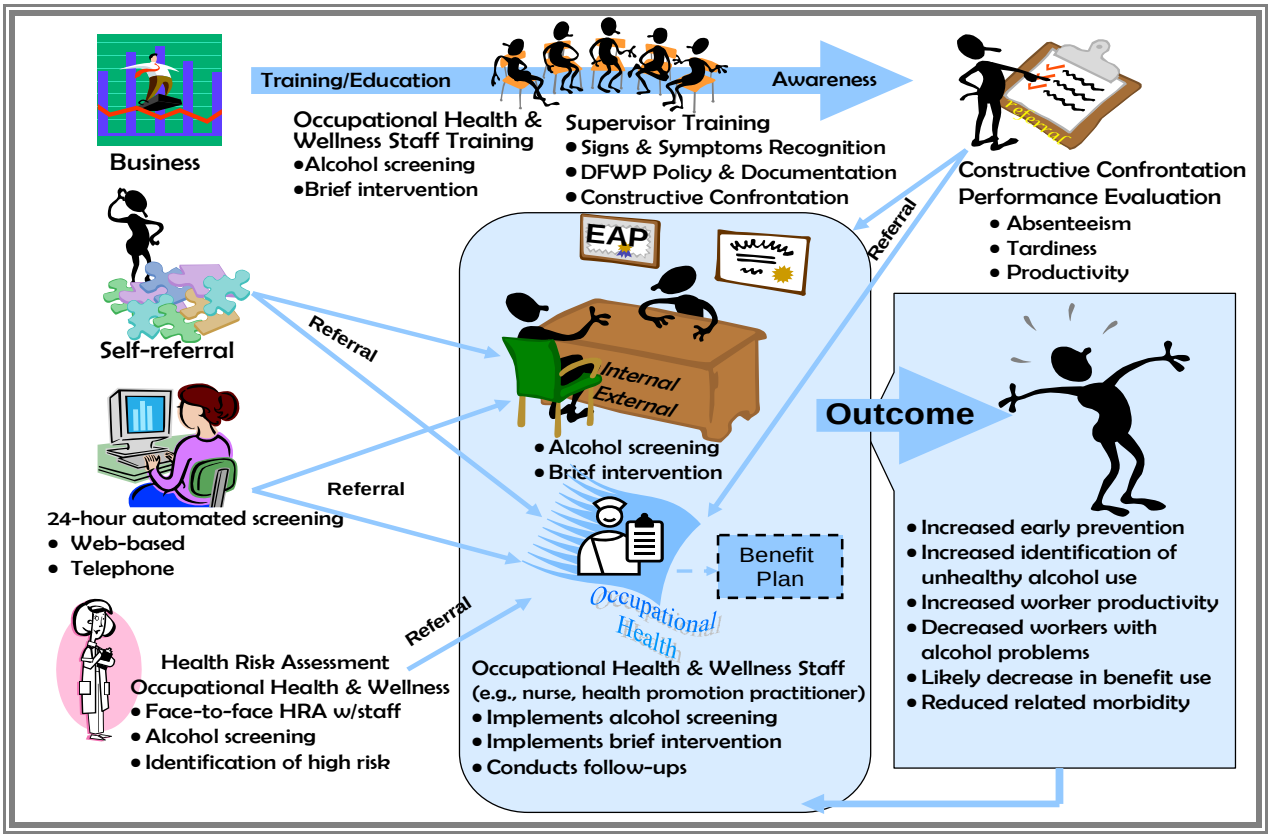
PEW DELIVERABLE ITEMS		
In the last two years, has your company assessed the adequacy of its alcohol treatment products and services offered to client businesses?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
In the last two years, has your company made any changes to its products and services to improve access to alcohol treatment??	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
>(Skip pattern question) You answered "yes" to the previous question. What product or service changes did your company make? [text box]		
ALCOHOL SCREENING		
When did your company begin offering alcohol screening to client businesses?	☐ 1 Within the last two years ☐ 2 Over 2 years ago	☐ 3 Don't know when it began ☐ 4 Don't conduct screening/NA
>(Skip pattern question) If 1, 2, or 3: You indicated that your company offers screening. Please answer the following questions. >If 4, branch to BI section		
The following is a list of approaches that vendors use to screen for alcohol problems. Check all that apply for your company in terms of ways you offer alcohol screening to client businesses.	☐ 1 Benefits Management ☐ 2 Human Resources ☐ 3 EAP (Employee Assistance Program) ☐ 4 Union/Member Assistance Program ☐ 5 Mental Health Plan or Health Plan ☐ 6 Work-Life or Wellness Programs ☐ 7 Educational Outreach Programs (health fairs, bulletin boards, workplace kiosk s) ☐ 8 Occupational Safety and Health	☐ 9 Disability, Return-to-Work, or Workers' Compensation Programs ☐ 10 Websites offering self-assessment and educational information ☐ 11 HRAs (health risk assessment or health risk appraisals) ☐ 12 Other (please specify) [insert textbox] ☐ 13 Don't know
Is alcohol screening offered as a component of a product/service that screens for any of the following physical or mental health issues? Check all that apply.	☐ 1 Depression ☐ 2 Stress ☐ 3 Chronic diseases	☐ 4 Other physical or mental health issue (please specify) [insert textbox] ☐ 5 Alcohol screening is conducted independently ☐ 6 Don't know
How is your alcohol screening product(s) delivered to employees of client businesses? Check all that apply.	☐ 1 Face-to-face ☐ 2 Telephone ☐ 3 Self-administered computer/web-based	☐ 4 Self-administered paper-and-pencil ☐ 5 Other (please specify): [insert textbox] ☐ 6 Don't know
Do you recommend the use of any of the following screening methods? Check all that apply.	☐ 1 Single-item screener (e.g., one binge drinking item) ☐ 2 Quantity/Frequency screener (e.g., how much do you typically drink and how often do you drink)	☐ 3 Standardized questionnaire, e.g., AUDIT (Alcohol Use Disorder Identification Test), MAST (Michigan Alcohol Screening Test), or CAGE (4 question screener). ☐ 4 ASAM criteria ☐ 5 Other (please specify): [insert textbox]
If an employee of a client business screens positive for an alcohol problem, which (if any) of the following supports/benefits are provided? Check all that apply.	☐ 1 Further assessment or evaluation offered ☐ 2 Referral to treatment ☐ 3 Warm transfer to telephone counselor ☐ 4 Warm transfer to treatment program ☐ 5 Immediately start brief intervention	☐ 6 Provide educational materials, information ☐ 7 Other (please specify): [insert textbox] ☐ 8 Don't know ☐ 9 Don't provide employee with supports/benefits after screening positive
BRIEF INTERVENTION		
Does your company offer brief intervention products or services to businesses for their employees who screen positive for an alcohol problem?	☐ 1 YES ☐ 2 NO ☐ 3 DON'T KNOW	
> (Skip pattern question) >If 1: You answered "yes" to the previous question. Please answer the following questions. >If 2 or 3, branch to Training section		
The following is a list of resource approaches that companies use to offer brief intervention for alcohol problems. Check all that apply for your company in terms of what you offer client businesses.	☐ 1 Benefits Management ☐ 2 Human Resources ☐ 3 EAP (Employee Assistance Program) ☐ 4 Union/Member Assistance Program ☐ 5 Mental Health Plan or Health Plan ☐ 6 Work-Life or Wellness Programs ☐ 7 Educational outreach programs (e.g., health fairs)	☐ 8 Occupational Safety and Health ☐ 9 Disability, Return-to-Work, or Workers' Compensation Programs ☐ 10 Telephone or Face-to-face Coaching Programs ☐ 11 Websites offering interactive training or homework assignments ☐ 12 Other (please specify) [insert textbox] ☐ 13 Don't know
TRAINING		
Does your company provide specific training on alcohol screening and/or brief intervention to the individuals responsible for conducting screening and/or brief intervention? If yes, check the one(s) that apply.	☐ 1 YES, screening ☐ 2 YES, brief intervention	☐ 3 NO training provided ☐ 4 DON'T KNOW
EVALUATION OF SBI PROGRAM PERFORMANCE		
In assessing the value of an alcohol screening and brief intervention product or service offered to client businesses, what outcomes would be of most importance to your book of business?	☐ 1 Rate of identification of employee alcohol problems ☐ 2 Employee absenteeism/sick days ☐ 3 Turnover rate ☐ 4 Productivity and job performance ☐ 5 Healthcare costs/claims over long-term ☐ 6 Alcohol treatment rate (participation, completion)	☐ 7 Disability or workers' compensation costs/claims ☐ 8 Utilization of EAP services ☐ 9 Utilization of health plan services ☐ 10 Employee self-reported health and well-being ☐ 11 Injury/accident rates (on and off the job) ☐ 12 Other (please specify) [insert textbox]
PRIORITY OF & INTEREST IN SBI		
How important is it to offer client businesses an alcohol SBI product or service?	☐ 1 Very Important ☐ 2 Important ☐ 3 Neither Important or Unimportant	☐ 4 Somewhat Important ☐ 5 Not at all important
Would you like more information on developing an alcohol SBI program that can be offered as a product or service to client businesses?	☐ 1 YES ☐ 2 NO	
Are you interested in participating in a demonstration or pilot project to develop and test the effectiveness of alcohol SBI program?	☐ 1 YES ☐ 2 NO ☐ 3 MAYBE	

COMPANY INFORMATION	
Please indicate all of the regions in which your company serves client businesses.	☐ 1 New England Region: CT, ME, MA, NH, RI, VT ☐ 2 Eastern Region: NY, NJ, PR, VI ☐ 3 Mid-Atlantic Region: DE, DC, MD, PA, VA, WV ☐ 4 Southeast Region: AL, FL, GA, KY, MS, NC, SC, TN ☐ 5 Great Lakes Region: IL, IN, MI, MN, OH, WI ☐ 6 South Central Region: AR, LA, NM, OK, TX, Indian Nations ☐ 7 Central Region: IA, KS, MO, NE ☐ 8 Rocky Mountain Region: CO, MT, ND, SD, UT, WY ☐ 9 Western Region: AZ, CA, HI, NV, American Samoa, Guam, Marianas ☐ 10 Northwest Region: AK, ID, OR, WA
Please provide your contact information below.	Name: [insert textbox] Title: [insert textbox] Organization: [insert textbox] Telephone: [insert textbox] Email: [insert textbox]
Please provide your mailing address below.	Street: [insert textbox] Street: [insert textbox] City, State, Zip: [insert textbox]

APPENDIX D: POST-BIOASSAY EAP APPROACH



APPENDIX E: OCCUPATIONAL HEALTH & WELLNESS/EAP APPROACH



About Ensuring Solutions

Ensuring Solutions to Alcohol Problems develops authoritative, research-based information about problem drinking for business leaders, policymakers, and others working to save lives and money by increasing access to treatment. Ensuring Solutions, based at The George Washington University Medical Center, is funded by The Pew Charitable Trusts. For more information about materials referenced in this report, workplace SBI research at Ensuring Solutions, or to participate in a pilot workplace alcohol SBI program, contact Tracy McPherson, PhD, at tracym@gwu.edu or 202-416-0413.

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Ensuring Solutions to Alcohol Problems

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER