



Substance Abuse and Mental Health Services Administration



Building Collaborative Models for Workplace Managed Care Substance Abuse Prevention: A CSAP Working Forum

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Workplace Managed Care Substance Abuse Prevention & Early Intervention Programs — Background and History

SAMHSA

Since 1986, the United States has pursued an aggressive policy of research in and support for effective prevention, early identification and early intervention efforts against substance abuse. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitation services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA is composed of three Centers that carry out the agency's mission of providing substance abuse and mental health services:

- ◆ The **Center for Mental Health Services (CMHS)** heads efforts to speed the application of mental health treatments for patients with mental illness.
- ◆ The **Center for Substance Abuse Prevention (CSAP)** leads the Federal efforts to prevent substance abuse among the Nation's citizens.
- ◆ The **Center for Substance Abuse Treatment (CSAT)** has programs designed to improve treatment services and make them more available to those in need.

CSAP, DWP

Within CSAP, the Division of Workplace Programs (DWP) is responsible for oversight of the Drug-Free Federal Workplace, Executive Order 12564, September 15, 1986, which established model comprehensive drug-free workplace programs, specifically as a demand reduction, prevention, early identification, and intervention Presidential Initiative. The five elements of the Drug-Free Federal Workplace are:

- ◆ clear policy of no use
- ◆ employee education about the dangers of illicit drug use and workplace consequences of drug use
- ◆ supervisor training about their responsibilities under the policy
- ◆ access to employee assistance programs (EAPs) and treatment referral
- ◆ accurate and reliable drug testing consistent with policy.

Drug-Free Federal Workplace programs have been implemented in 120 Federal agencies with 1.8 million employees. Mandatory guidelines for Federal Workplace Drug-Testing Programs have been adopted by the Department of Transportation and the Nuclear Regulatory Commission for their regulated industries. Federal Workplace Drug-Free Policies work—the

positive rate is 1/10th of the national average, or only 0.5 percent compared to 5 percent for other workplaces nationally. DWP also oversees the National Laboratory Certification Program (NLCP) providing the “gold standard” for workplace drug testing, and provides accurate, reliable drug testing results to both the public and private sectors.

Workplace Managed Care Initiative

“Workplace Managed Care (WMC) is the integration of substance abuse prevention and early intervention programs, activities, and strategies within the context of the workplace and managed care services offered to employees and their families (covered lives). This can include integration of activities of employee assistance programs (EAPs), human resources, security, management, managed care organizations, or other companies that interface with the managed care organization, including external EAPs. Although WMC is not a totally new concept, the integration of these components is an innovative approach currently changing the format from which substance abuse prevention and early intervention is offered to universal, selected, and indicated populations. The physical location for receiving services may be at the workplace, managed care organization, at home, and at a variety of sites and through multimedia.” (Galvin, 1999).

In 1997, SAMHSA/CSAP sponsored the “Cooperative Agreement for Public/Private Sector Workplace Models and Strategies for the Incorporation of Substance Abuse Prevention and Early Intervention Initiatives into Managed Care” or WMC study, along with a WMC Coordinating Center and WMC Cross-Site Evaluation Team. This study was initiated to discern best practices for substance abuse prevention and early intervention in a workplace and managed care setting. Nine grants were funded to study individual WMC designs and analyze both retrospective and prospective data. A substantial number of the grant programs are tied to broader health care services, including wellness, health promotion and education, and behavioral health services. Early indications are that this research will lead to the knowledge base required for workplaces and health care policy makers to adapt these programs. The WMC Cross-Site Evaluation team is working with CSAP and the grantees to analyze data across the nine sites. The CSAP WMC Coordinating Center is

building a knowledge base of other related materials and information which will serve to inform workplaces, health care providers and purchasers, EAPs, researchers, benefit advisors, and others with an interest in this area.

Nine Grants Funded by CSAP in November 1997

CSAP funded nine grants in November 1997 to develop a sound knowledge base identifying best practices.

- ◆ The grant program documents the procedures and outcomes of ongoing WMC prevention and early intervention programs and strategies.
- ◆ The WMC project seeks to augment existing evidence of positive return on investment of substance abuse prevention integrated workplace and health care providers’ efforts.
- ◆ The project is conducting a cross-site analysis that assesses how well these programs can be adapted by other workplaces and publicly funded Medicare/Medicaid populations.

The nine WMC Grantees are:

- ◆ Behavioral Health Research Center of the Southwest, in conjunction with a major health care service organization
- ◆ Development Services Group, Inc., in collaboration with Kaiser Permanente
- ◆ Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care
- ◆ ISA, in cooperation with an insurance company
- ◆ Pacific Institute for Research and Evaluation, in collaboration with a transportation corporation
- ◆ Stanford University
- ◆ University of Virginia
- ◆ The Walsh Group, in conjunction with a technology manufacturing corporation
- ◆ Weyerhaeuser, in conjunction with the University of Washington.

Grantees have approximately 25 work sites nationwide and provide interventions to more than 52,600 employees and family members in ages ranging from birth

to 87. Grantees have indicated that they will roll out the interventions to over 100 work sites nationally and internationally as findings are produced. Study sites range from close collaborations to loosely knit partnerships among health care provider organizations (both primary and behavioral health), human resource departments, EAPs, security programs, and other entities.

What WMC Programs Are Finding

The WMC experience is already indicating that:

- ◆ WMC Programs can be implemented without interrupting the workflow or health care objectives.
- ◆ Substance abuse prevention and early intervention can be a common goal among workplace managers, managed care representatives, unions, employees, and employee assistance professionals. A participant in a recent WMC focus group commented that, “in terms of lessons learned. . .the place where the bottom line comes together for unions and management is in prevention and early intervention. . .capturing the people before they need intensive services.”
- ◆ Workplaces are an excellent venue for reducing stress of employees who are parents by providing substantial information and training on how to prevent substance abuse in their children. Both parents and their children benefit from this type of program. For our Nation, we are able to reach thousands with prevention messages and thereby reduce the costs of treatment.

Several WMC Grantees Have Produced Early Findings

- ◆ In a retrospective study of a transportation workplace, findings indicated that employee injury rates were reduced when a peer-to-peer substance abuse prevention program was introduced.
- ◆ Additionally, there was a steep drop in passenger and non-employee injuries per thousand revenue-miles, and injury medical treatment and disability costs dropped.
- ◆ As part of a workplace health promotion program, workers who received substance abuse prevention

materials in an insurance-related company showed important gains in reducing risk related to substance abuse. Significant findings include:

- Increased perception of the risks of alcohol and other drug use.
 - Increased perception of the associations between their health and substance use.
 - Decreased use of alcohol and other drugs to relieve stress.
- ◆ In a health outreach intervention in a university setting, proactive wellness counseling led to greater decreases in alcohol and tobacco risks.
 - The percent of highest “at risk” drinkers counseled who lowered their drinking to a safe level had 16 percent greater decrease than those not counseled.
 - ◆ Further, in an alcohol management study in a university setting, alcohol consumption was reduced by about 14 percent over the course of the program and a nine-month follow-up.

WMC Makes Sense

- ◆ A SAMHSA/CSAP-sponsored WMC focus group held this past year indicated a clear need for partnership between managed care organizations and employers to effectively deliver substance abuse prevention and early intervention.
 - One participant commented, “we’ve learned what works effectively with employers is partnering with the health care system.” Others noted that employers don’t have enough human resources staff to run drug-free workplace programs, and the managed care companies don’t have the expertise with the particular corporate population. By partnering, they can achieve a good, integrated system.