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ORDINANCE NO 170392

Title

*Contract with CAPE Employee Assistance Program, not to exceed $53,250 per fiscal year, for counseling assistance to employees (Ordinance)

INTRODUCED BY	Filed: JUL 26 1996
Mayor Vera Katz	Barbara Clark Auditor of the City of Portland
NOTED BY COMMISSIONER	
Affairs	
Finance and Administration Vera Katz	By: Cay Kershner Deputy
Safety	
Utilities	For Meeting of:
Works	
BUREAU APPROVAL	ACTION TAKEN:
Bureau:	
Prepared by Date Rita Drake 7/19/96	
Budget Impact Review: _x_ Completed ___ Not Required	
Bureau Head: Charles A. Moose CHARLES A. MOOSE, PH.D., Chief of Police	

AGENDA		FOUR-FIFTHS AGENDA	COMMISSIONERS VOTED AS FOLLOWS:	YEAS	NAYS
Consent ✓	Regular	Blumenauer	Blumenauer	✓	
NOTED BY		Hales	Hales	✓	
City Attorney		Kafoury	Kafoury	✓	
City Auditor		Lindberg	Lindberg	✓	
City Engineer		Katz	Katz	✓	

ORDINANCE NO. 170392

*Contract with CAPE Employee Assistance Program, not to exceed $53,250 per fiscal year for counseling assistance to employees (Ordinance)

The City of Portland ordains:

Section 1. The Council finds:

1. The Police Bureau is in need of an employee assistance program to officers by providing counseling sessions including referral and short term problem solving for psychological, job related illness, and stress.

2. The Bureau has deemed it advisable and desirable to engage the professional services of a qualified firm to conduct these services.

3. The formal bid process has been completed and several firms were contacted. Solicitations were performed through the Bureau of Purchases.

4. A selection committee was utilized and recommended CAPE Employee Assistance Program as the selected contractor.

NOW THEREFORE, the Council directs:

a. The Mayor and the Auditor are authorized to execute an agreement with CAPE Employee Assistance Program attached hereto as Exhibit A.

Section 2: The Council declares that an emergency exists in order that the assistance can be provided for officers immediately; therefore, this ordinance shall be in force and effect from and after its passage by the Council.

Mayor Vera Katz JUL 31 1996
Capt. Stan Grubbs
July 19, 1996

Barbara Clark
Auditor of the City of Portland

By
Deputy

170392

City of Portland
Bureau of Police

Request for Proposal #199

EMPLOYEE ASSISTANCE PROGRAM

Submitted By:

CAPE Employee Assistance Program
5520 SW Macadam, Suite 200
Portland, OR 97201
Telephone: (503) 243-6970
Fax: (503) 224-4981

Proposal Contact:

Laura Bryan, MSW, LCSW
Director

May 28, 1996

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A. MANAGEMENT/OWNERSHIP

1. **Organization Name:** Network Behavioral HealthCare, Inc. dba **CAPE** Employee Assistance Program

   Marketing Contact/ Representative: Laura Bryan

   Title: Director

   Address: 5520 SW Macadam, Suite 200
   Portland, Oregon 97201

   Telephone: (503) 243-6970 or 1-800-258-6616

   Fax: (503) 224-4981

2. **CAPE** Employee Assistance Program is a program of Network Behavioral HealthCare, Inc., an Oregon Registered 501(C)3, private, non-profit organization. **CAPE** is governed by a Board of Directors and our CEO, Leslie Ford. There are no shareholders/owners.

3. **Ongoing Contact Person:** Laura Bryan, Director

   Address: 5520 SW Macadam, Suite 200
   Portland, Oregon 97201

   Telephone: (503) 243-6970

   Alternative Contacts: Susan Waterman, Clinical Director
   Kate Staples, Office Administrator

4. ***PLEASE NOTE:*** *Information listed below is proprietary information regarding **CAPE** company contracts. Per request by our companies, this information must be held confidential and not for public review.*

Name of Company	# of Empl.	Util. Rate	Contact Name	Phone
OHSU	8200	5%	Ivy Lenz	494-6468
Legacy Health	6840	9%	Patty Davis	415-5745
City of Portland	3800	10%	Peggy Anet	823-6986
Precision Castparts	2200	7%	Ruth Cuzack	652-3578
Portland State University	1300	7%	Pam Merrick	725-4931

5. Please see Appendix A for resumes of **CAPE** staff.

B. BACKGROUND/EXPERIENCE/LOCATION

6. **CAPE** EAP sees approximately 572 clients per month, including both new clients (150) and returning clients (421).

7. **Diversity: CAPE** is an Equal Opportunity Employer and is certified by the City of Portland as an Affirmative Action workplace. We participate in active recruitment and hiring of counselors of varying ethnic, cultural and sexual orientation backgrounds, as well as provide training to our personnel on cultural diversity sensitivity. Our experience with diverse ethnic groups is broad. We have affiliation through Network Behavioral HealthCare, Inc. with Chinese Mental Health Services. We have the ability to provide services to Hispanic clients through bilingual staff members. Our staff is also well educated in the unique treatment issues of Hispanic and African American clients. **CAPE** also has a TDD available for hearing impaired employees, and has a therapist who is proficient in American Sign Language for this population.

   As part of our quality assurance process, we look to assess and ensure adherence to the highest ethical values and conduct. These honor our professional code of ethics and lay a solid foundation for all of **CAPE's** services. We have an outstanding history of providing ethical counseling and consultation services to both employees and client companies.

   Discrimination: Education and information is the key to the cultural shift organizations are making toward being discrimination-free. Employers are realizing the importance (and cost) of not developing and implementing a policy to protect all persons at the work-site. **CAPE** supports our companies in developing this process, realizing the importance for both the employer and the employee to be free of discrimination. **CAPE** is able to provide speakers and information to our companies to begin this lengthy and often difficult process.

   Public Sector: CAPE is contracted with many companies and organizations which are funded by public dollars. Schools, cities and other service organizations face constant issues of funding cuts, layoffs, voter opinion, increased work loads, union contracts and media focus. Our familiarity with the public sector not only helps **CAPE** staff provide our companies with support and consultation, but helps us to understand the employee who might be facing the complexity of both personal and work-related problems.

8. **CAPE** offers five (5) Portland area office locations. We also have 25 affiliate locations throughout Oregon and Washington for employees who live outside of the Portland area. **CAPE** will gladly develop an office in other locations if volume and interest warrant.

Main Office
John's Landing
5520 SW Macadam, #200
Portland, Oregon

Gresham Office
1550 NW Eastman Parkway
Gresham, Oregon

Oregon City Office
1001 Molalla Avenue
Oregon City, Oregon

Tigard/Beaverton Office
9730 SW Cascade Blvd.
Tigard, Oregon

Vancouver Office
650 Officer's Row
Vancouver, Washington

Vancouver Office II
1220 Main St.
Vancouver, Washington

Please see Appendix C for our Affiliate locations.

9. All of **CAPE's** offices in the Portland area are staffed by **CAPE** employees, with the exception of the Vancouver II office. Other locations can be developed as needed.

10. **CAPE** is not affiliated with a national EAP. **CAPE** is a Portland based, independent program. We do serve as the local provider for a number of national organizations.

11. **CAPE's** two supervisory staff, the Director and the Clinical Director, have degrees in Master's of Social Work and are licensed with LCSW certification. The Clinical Director, Susan Waterman, also has a certificate as a CADC II, Certified Alcohol and Drug Counselor. Our Ph.D. consultant, Luahna Ude, is a Licensed Clinical Psychologist, and provides regular consultation and review of our cases.

C. EAP SERVICES

12. **CAPE** offers a comprehensive range of services for our companies and their employees. To effectively deliver the broad range of services, **CAPE** professional staff utilize a number of methods. These approaches are thoughtfully selected by combining the experience of our clinicians with the needs of the client. An employee assistance program must continually balance the needs of its multiple customers: the individual employee, the supervisor, and the company as a whole. Some of our most-utilized program components are listed below:

    - Assessment, problem identification and referral as appropriate
    - Short term problem solving therapy
    - Case management, including advocacy through health systems
    - Telephone consultation with employee and/or supervisor for personal or work-related problems
    - On-site services such as trainings, workshops, management consultation, mediation, team building, wellness committees, and problem-solving meetings
    - Participation in policy development
    - 24-hour helpline access
    - Critical incident debriefing
    - Use of written education materials and custom-made videos
    - Commitment to the development of creative services for enhanced assistance to the employees of our companies

13. **CAPE** Employee Assistance Program was developed in 1976, making this our 20th year serving Northwest employers.

14. **CAPE** clinicians are hired for their education, experience and skill in being generalists, that is, the ability to assess and work with most problems facing our clients. Some clinicians have areas of expertise, as well. It is critical in EAP work to be an excellent diagnostician, knowing how and if a problem can be resolved within the context of the EAP model, or if referral is more appropriate.

CAPE counselors all have skill in: drug and alcohol work, marital counseling, areas of mental and emotional distress such as depression, anxiety, work-related issues, and major psychiatric disorders (i.e., bipolar disorder).

Areas of expertise beyond the generalized categories listed above, and the estimated percent of services in each area are:

Family Therapy (All)	21%
Parent-Small Child	15%
Parent-Adolescent	12%
Grief and Loss	15%
Eating Disorders	5%
Eldercare Needs	5%
Physical Illness	7%
Gay/Lesbian Work	10%
Christian Counseling	8%
Gambling	2%

15. **CAPE's** staff are available to schedule appointments from 8:30 am to 5:00 pm, Monday through Friday. Hours for counseling are Monday through Friday, from 7:30 am to 8:00 pm. Appointments are available on Saturday at the main office on Macadam Avenue.

    If a situation were to require urgent assistance during non-business hours as described above, the **Police Bureau** and its employees do have a resource to turn to. By calling either our Portland number or our area-wide 800 number, our crisis team can be reached 24 hours a day. Our trained crisis team is provided through our parent organization, Network Behavioral HealthCare, Inc. They are full-time, Master's level, crisis intervention counselors, extremely skilled in the very unique and critical specialty of crisis services.

16. **CAPE** has relied on employee (and dependent) self-report for identification of employment. This policy has been supported by our companies and has worked well. However, **CAPE** would be most willing to develop a new protocol with any organization, to confirm employment.

    If a person calls who is ineligible, we will refer that individual to an appropriate counseling resource. If the person is in crisis, we will conduct the appropriate intervention despite his/her technical ineligibility. This intervention will be followed by an appropriate referral once the caller is stabilized. We will not turn away any individual who is in immediate need.

17. An appointment is easily made by calling either our Portland number, or our 800 number outside of the Portland Metropolitan area. A person will always answer the call, day or night; we do not use voice mail for incoming calls. Our reception staff is available 8:30 am to 5:00 pm, Monday through Friday to schedule appointments.

    For employees using the Affiliate offices throughout Oregon and Washington, a call to our Portland office using the 800 number will access our receptionist. She will provide the name and number of the provider in their specific area. We will also call that provider to alert them to the employee's request. Appointments after the initial one can then be made directly with the affiliate provider.

18. **CAPE** promises an appointment within four working days of the first call, for non-emergent requests. Usually we can offer one sooner, but our goal is within four working days. If the employee has special requests such as, "Tuesdays at 6:00 pm, in the Gresham office, with a female counselor," the wait for an appointment may be more than four days.

    Emergency appointments when employees are in crisis are provided the same day. Staff will assess the situation by phone to see if more serious action is called for, such as hospitalization. Intervention by telephone, case managing the situation (calling family, doctors, facilities) and same day appointments are all options to the person in crisis.

19. Most clients (80-90%) entering into the EAP system are self-referred, while about 10% are supervisor referrals. Supervisor referrals have increased in some industries, with more strict policies around drug and alcohol use and inappropriate behavior (anger/loss of control).

20. **CAPE** has an excellent supervisor referral program. It has been developed to be extremely effective and supportive, but must include an integrated effort of policy clarification, communication and consistency.

    Many employers are developing personnel policies which include referral to the EAP. The behaviors most often warranting such a mandate include reasonable suspicion or positive test results for drugs or alcohol, anger management problems, and poor work performance or behaviors which may require a fitness for duty evaluation. **CAPE** staff work closely with company policy, such as requesting a copy of a Last Chance Agreement and reviewing it with the referring supervisor before the employee comes to **CAPE**, so that the facts and needs of the supervisor are perfectly clear.

    When reporting to supervisors, we report the information which is most useful to the supervisor. Typically this consists of attendance, progress, and completion reports. If, for example, we learn that a work performance problem is caused by a family problem, we will generally not release information regarding the family problem, as this is not usually within the

parameters of supervisory concerns. We will, however, discuss ways the supervisor might approach the employee, support the employee, set limits, and define expectations with the employee. If we are aware of any warning signs the supervisor should be alert for, we will also discuss these.

When a supervisor-referred employee arrives at **CAPE**, the client will be asked to sign a Release of Information form so that the clinician may freely communicate with the supervisor or Human Resources person. Copies of release forms can be kept by company personnel offices and can be mailed or faxed to **CAPE**, or brought in by the employee. If the employee agrees to sign, **CAPE** is able to inform the employer of the employee's attendance, treatment recommendations, progress and completion of the recommended treatment.

Evaluation of the problem and the recommendations may include further psychiatric/psychological assessment, collateral information, or perhaps an evaluation at a treatment facility to define the level of treatment needed. Communication with the referring supervisor or HR person is essential throughout the process.

It is **CAPE's** experience that when an employee willingly follows through with a mandated referral to the EAP, there is often success in resolving the issues which may have jeopardized his or her job. Should an employee refuse to sign the release, the **CAPE** counselor carefully discusses the possible consequences with the employee. Without a signed release, we must call the supervisor to let him/her know we can give no information. At that point, the company decides the consequences based on non-compliance with the referral. (See Appendix D for **CAPE** Mandate Procedure.)

CAPE's excellent Supervisor's Training accentuates the importance of how to best identify, document, discuss and follow-through with difficult behaviors of troubled employees. Thorough discussion of the supervisor-referred employee is a part of this training, giving supervisors the information and confidence required to address tough issues.

Providing supervisors with the critical tools they need to succeed as managers is essential for both prevention of workplace problems and successful intervention with such problems. Knowing how to observe, define, document, and address problem performance and follow-through as needed is a skill supervisors must have to be both confident and effective. Although two-hour training sessions are the preferred format for presenting this key information, sessions of different lengths are possible by arrangement. Our supervisor training program has been developed through presentations to hundreds of supervisor groups and has been rated as outstanding by participants.

Our newly revised Supervisor's Guide accompanies the two-hour training we provide all supervisors and managers. The book is up-to-date, and is a valuable reference when faced with difficult situations. Please see the back cover of this Proposal binder for a copy of this Guide.

Other trainings for supervisors include:

- Alcohol and Drug Awareness
- Supervising in the Drug-Free Workplace
- Motivating Employees
- Working with Troubled Employees and Performance Problems
- Communication Skills
- Dealing with Difficult People
- Violence in the Workplace

Please see Appendix E for the complete list of descriptions of **CAPE** trainings.

Consultation to supervisors and managers who request assistance regarding an employee problem is available through our telephone Helpline service. When a problem arises, a manager just needs to call **CAPE** and request a supervisor consultation. **CAPE** senior staff are available to provide advice and support, asking questions with regard to the nature and history of the problem, attempts to challenge or change the behavior, current performance status, policy issues, and so on. Our skill and knowledge can help the manager find new solutions, or confirm that they are exactly on the right track. Our crisis team is also trained in consultation to managers, so when issues come up at night, consultation is available.

It is our responsibility to confer with the referring supervisor about our client assessment, recommendations, and follow-up of recommendations (i.e., alcohol treatment). We will continue the ongoing consultation until there is resolution to the problem. If the employee has refused to sign a Release of Information or has rescinded one, we will not be able to discuss the case unless threat of harm to self or others seems imminent. Certainly, it will be clear if there is non-compliance from the employee, and further consequences can then be followed.

21. Supervisor trainings are beneficial for all persons who manage other employees. Many employees are promoted into management positions as a result of seniority and/or excellent work, but most have not had the benefit of knowing how to handle difficult situations, often with employees who were peers at one time. Finding the balance, where to "draw the line," is difficult for new managers who want to be both liked and successful.

    Meeting with key **PPB** personnel to decide a strategy for this training will be important. Jim Fairchild, who provides most of our organizational training, can help plan the number of trainings with the Bureau. We recommend annual "refresher" trainings, which will also reach any new managers not yet trained.

    Supervisor training is provided by Jim Fairchild, M.S., and Rick Ralston, L.C.S.W. Both clinicians have many years of experience as supervisors and therapists. Mr. Fairchild, in particular, has concentrated his advanced training in the field of Business Psychology, and facilitates many of our on-site consultations.

    Supervisor trainings are conducted in a seminar format, with interaction between the trainers and participants considered critical. Transparencies, handouts, a workbook and flip chart or chalkboard are used. Material is presented and discussed with emphasis on questions and answers. Role-playing is often used, but no one is pressured to participate. Presenters are flexible and creative. They will adapt each session to meet the needs of the participants.

    We recommend that anyone with supervisory responsibilities attend these programs. We also recommend that union stewards attend the supervisor trainings. Others are welcome, as the employer requests.

    Training sessions are held at locations designated by the employer. We come to the job site for trainings; it is not unusual for trainings to be conducted during evening and midnight shifts. The frequency of trainings is established by the employer. We recommend the initial round of trainings be held as close to the contract signing as possible.

22. **CAPE** considers the training sessions we provide to be a critical component of the EAP program. Training serves two very basic functions. First, it establishes a presence within the company, which serves to remind employees of the EAP. As employees become familiar with the trainers, they become increasingly comfortable with the concept of seeking therapy themselves. The second major function of trainings is that they provide information which is useful to prevent problems before therapy becomes necessary.

The training sessions **CAPE** conducts are not canned or pre-packaged. When it comes to training, one size does not fit all! Each employee group is different. Each work environment is different. Our policy is, therefore, to design each training experience to fit the needs of the audience. We like to obtain as much background information as possible from a representative of the organization. We then do our research and put together an experience which is specifically geared to the needs of those who will participate.

We utilize a variety of training formats ranging from highly structured seminars complete with slides, graphs, interactive exercises, etc., to informal "brown bag" discussions, where we meet over lunch with employees to discuss the topic in question. In all cases, we prefer to involve the audience. Questions are always encouraged. We try to stay away from lectures whenever possible.

A list of some of the most requested training topics is enclosed in Appendix E. If there is a topic of interest that is not on this list, **CAPE** will be glad to design a training specifically for the **Bureau.**

23. **CAPE** is able to provide trained staff for dispute resolution and mediation. They are skilled in techniques to mediate conflicts which may arise between employees, employee and supervisor, and among work groups.

Conflict resolution is a sensitive matter which must be carefully approached in a well thought-out manner. If we are to become involved in conflict resolution on a formal basis, we ask that the area supervisor request our presence. Without the supervisor's commitment, there is too great a risk that the clinician's involvement will create more, rather than less, conflict.

Once we have been called in, we like to interview all parties involved privately. This gives us an opportunity to assess what is occurring, the willingness/ability of the participants to engage in constructive problem-solving, and to establish a rapport with each person. We frame our participation as being directed toward mutually acceptable outcomes. In doing this, we like to work not only with supervisors, but with union stewards and EEOC personnel when appropriate.

After doing the initial assessment, we will sit down with the appropriate supervisory and organizational representatives, and map out a plan for the intervention. Interventions may include process groups, sensitivity training, training in conflict resolution skills and communications skills. If the level of intensity is such that bringing participants together is likely to be unproductive without additional individual preparation, we will do the ground work first.

When engaging in this type of conflict resolution, we commit ourselves to the process for as long as it takes.

D. ASSESSMENT COUNSELING

24. The process from the initial phone call until referral for treatment is as follows:

    a. When a client calls for an appointment, the receptionist answers and obtains basic information, including name, company under which coverage is provided, and a telephone number at which the caller can be reached. Our receptionists are trained to be supportive, cooperative, and non-threatening to all persons, with particular attention to those in crisis. If the receptionist feels that the person is in crisis, she will transfer the caller to a therapist, who will conduct a telephone intervention before all of the basic information is gathered.

    b. The client and the receptionist will then select a time and office location convenient to the client. The case will be assigned to a therapist with expertise in the problem area described by the caller. Before the call is over, the receptionist will provide the caller with directions to the office and request that he/she arrive fifteen minutes early for the initial appointment in order to complete brief paperwork.

    c. Clients arriving at our office locations will note that each facility, though different, is designed with comfort and security in mind. Exterior areas are well lighted with off-street parking. Interior spaces are clean and home-like, not clinical in the sense of a hospital or doctor's office. Natural and indirect lighting, comfortable furnishings, and sound dampening qualities add to the environment.

    d. When the client arrives for the intake appointment, he or she will spend a few minutes completing our paperwork. If the client is in crisis, we require only that the consent to treatment be signed at that time. We do try to keep paperwork to a minimum, but feel it is important that each client have the opportunity to review his/her rights as a client, including the right to confidentiality. We also ask for the client's permission to make contact after the treatment is completed for the purpose of soliciting feedback.

    e. The client will then meet his/her therapist. Our clinicians begin sessions promptly, so there will be no long waits. The therapist will begin the session by helping the client feel at ease, and by asking if there are any questions regarding client's rights. These will be answered and the client given a document to keep which serves as a reminder of those rights. The therapist will also remind the client of the duration of the session (50 minutes), the number of sessions available under the client's benefit, and the renewal date of the contract/sessions. The therapy process then begins, and at the end of the session, the client and therapist establish a plan for continuing

the counseling and/or discuss other appropriate options.

f. During the initial counseling session(s) the counselor, with the help of the client, completes the following:

- Identifies the presenting problem(s)
- Determines relevant history of the problem(s)
- Obtains collateral information as appropriate (family, supervisor, friend)
- Assesses pertinent underlying issues contributing to the problem
- Stabilizes any pressing crisis
- Formulates a problem solution plan with the client

Assessment: Following careful assessment and problem identification, the **CAPE** counselor will determine how the problem(s) can be addressed within the framework of the EAP. Our goal is to provide the client with a safe and trusting environment, where problems can be confidentially discussed with comfort and respect. Most problems presented to **CAPE** counselors can be resolved within the EAP program, though much depends on the number of sessions available and the nature of the problem(s).

Under many contracts, the clients have sufficient time to complete the treatment without necessitating a referral. If this is not the case, it is usually clear to the therapist within one or two sessions. In either case, our policy is to empower the client by including him/her directly in the treatment planning process. We will make our recommendations based on clinical considerations, but the client is always free to accept or reject our advice.

Short Term Counseling: **CAPE** counseling staff are skilled in the treatment of a broad range of problem areas. Many difficulties presented to **CAPE** clinicians are able to be resolved within a minimal number of sessions, perhaps requiring support, information, resources and/or short term therapy. An example of a short term model includes cognitive-behavioral therapy, which helps clients identify a) how a behavior or way of thinking can become a problem/pattern, b) what is sustaining that problem/pattern, and c) what needs to happen differently for that problem/pattern to be resolved.

In a six session model, it is critical that the therapist determine not only the nature of the problem, but the limits of treatment as well. **CAPE** wants each client to have a safe, positive and effective counseling experience, so that should continued work be necessary, their experience at **CAPE** served as a strong "starting point."

The problem areas listed in Appendix F are examples of how a **CAPE** therapist might manage the treatment, always considering the most appropriate course of therapy for the particular person and problem.

<u>Referral Process:</u> Some problems are too complex or serious to be resolved in brief treatment. Others require specialized programs and intervention, often as adjunct services to **CAPE's** assistance. Should the **CAPE** counselor determine that ongoing help will be necessary, a referral for the appropriate treatment (i.e., chemical dependency or mental health services) is made. Whether or not the **CAPE** counselor provides all of the necessary treatment, it is both a value and an ethic of **CAPE's** to case manage and follow-up with a client until either the problem is resolved within the context of the EAP model, or the client is well-connected with the referred provider.

Clients are presented with several options for referral. When making referrals, we recommend resources that will provide the most appropriate care in the most cost-effective manner, within the client's insurance plan and income resources. Additionally, it is our goal to match our clients with the practitioner or group having the best reputation for success when the client's coverage permits a choice of treatment provider.

Our staff is familiar with all major medical plans, mental health and chemical dependency coverage restrictions, the major health systems which deliver these services, and the complex benefit plans which are now available through employers. If medical benefits are to be accessed, we will research what restrictions to coverage may apply, as well as who are appropriate providers on the health plan panels.

We strive to assist clients through the sometimes confusing process of seeking help while encouraging personal responsibility and empowerment. Some clients can become immobilized by a problem and require assistance from their counselor in calling a provider, setting up an appointment time, and case managing the process. Others will benefit therapeutically by calling prospective providers, interviewing them, and making an appointment. We coach clients to make certain this process will go smoothly.

Then, as arranged with the client, we check back regarding follow-through and progress. If appropriate releases of information have been signed, we also check with the treatment facility or therapist, to provide information and continuity of care. **CAPE** staff encourages clients to let us know what works well and what doesn't in terms of referrals, so that we can act immediately. We also send a survey to those clients who have given us permission, regarding our services and those of the provider to whom they were referred.

All referrals are tracked, and statistics provided to **PPB** will reflect a

breakdown of the number and type of service referral.

Case management: Case management is comprised of services that often occur outside of the usual counseling hour. These may include "brokering" services for the client, which often creates a network of support that did not exist in the beginning. Many problems need case management assistance for both support and continuity of care. Case management services include, but are not limited to: obtaining information about such services as chemical dependency treatment, eldercare or childcare resources; inquiry about the nature of services; review of brochures; reference checking; setting up services; writing reports; and calling physicians (with appropriate releases). These hours are not taken from the number of session hours available to the employee and are accounted for in the utilization report.

25. The average number of visits an employee uses before being referred (using the six-cap model) is 3.04. Referrals usually occur when the assessment provides information that the treatment either needs a specialist outside of the EAP, or the treatment requires more time than the context of the EAP model allows. Also, there are times when the referred provider (Kaiser, for example) may not be able to schedule an immediate appointment for the employee, in which case **CAPE** will continue to see the employee as a resource and support.

26. Assessment and counseling visits are counted in terms of *time*, which for a six cap model means six hours. Typically visits are 50 minutes long to allow for charting a file note, case management (telephone calls), etc. One hour sessions can be divided into two 30 minute sessions, as some employees prefer.

    The *number* of family members who come in does not affect the total number of hours available for use; five family members can come in all together to see a **CAPE** therapist and they will have used only one hour. If the family stays for the second hour, it will be counted as an additional session.

    Should a parent come to one session and a child to another (whether or not it is about the same problem), each session is counted separately; two sessions would be used.

    If a family member experiences a subsequent problem, that person is able to use any of the sessions that remain. If the number of available sessions is rapidly decreasing, a referral using the medical benefit might be more appropriate. **CAPE** will never refuse to see an employee in the case of an emergency, even with all sessions used. Ethically we are bound to help when a crisis occurs; keeping an employee safe overrides any issue of session use.

For employee-manager issues and workgroup sessions, we recommend the time (cost) come from the prepaid on-site hours or be paid for through a fee-for-service (by the hour) agreement. Our experience shows that taking time from employees' counseling sessions which involve the attendance of supervisors, leaves little or no available sessions for personal issues he/she may be facing at that time, or later in the contract year.

Likewise, hours used for work-group sessions can be subtracted from the prepaid hours in the contract, or may be paid for through a fee-for-service agreement (again, by the hour).

27. **CAPE** is licensed by the State of Oregon for providing mental health services. This licensure is more rigid than the current NCQA requirements. **CAPE** requires all clinical staff members to have a Master's Degree in Counseling, Social Work, Psychology, Nursing (Psychiatric) or other Master,s Degree with a special interest (i.e., our trainer, Jim Fairchild, has an MS in Education, which is a teacher/trainer field). We also require all staff to have licensure, including LCSW, LPC, RN, CEAP, CADCII, Ph.D. license. Several of our staff are candidates for licensure this year. **CAPE** staff average 16 years of experience in mental health.

    Each counselor must attend regular supervision meetings with our Clinical Director and consulting Ph.D. psychologist. Each counseling staff member must submit an annual training plan which outlines areas for continued professional education and licensure. In addition, **CAPE** sponsors in-house training in a variety of relevant clinical topics.

28. Counselor Specialty Areas:

Specialty Area	# Counselors
Family Therapy	8
Parent-Small Child	6
Family-Adolescent	10
Grief and Loss	7
Eating Disorders	2
Eldercare Needs	2
Physical Illness	2
Gay/Lesbian Work	5
Christian Counsel	2
Gambling	2

Staff Race/Minority Breakdown:

Caucasian	20
African-American	2

Other Minority/Special Skill:

Hearing Impaired Specialist (ASL)	1
Bilingual (Spanish)	3
Access to multilingual translators	

29. An effective employee assistance program must offer a staff skilled in a broad knowledge base of problem areas, problem identification, and assessment. Our affiliate providers and referral resources also meet all of **CAPE's** rigid credentialling requirements, including personal interview, education, experience, references, licensing, reputation, insurance, customer service, responsiveness, and quality assurance plan before contracting or becoming a referral resource with our organization. These clinical professionals are carefully selected for the breadth of their experience in providing counseling, knowledge of EAP issues, professional credentials, and familiarity with needed community-based resources.

    At **CAPE** we believe in using client feedback to measure our effectiveness and to continually improve our services. Therefore, each client who has given us written permission is surveyed sixty days after the last date of service to gather information regarding client satisfaction, follow-up with referrals, and self-reported outcomes. This information is reviewed regularly and is used as part of our Quality Plan. Each training is also evaluated by all attendees. This data is collated and the results are returned to the organization's point person for that training. Client surveys can be found in Appendix G - Client Surveys.

30. Referrals to community-based programs can be instrumental in developing foundations of support and education to those entering or maintaining a new level of health, be it sobriety or mental health. The availability, accessibility and low (or no) cost nature of these programs are most useful to 1) persons maintaining sobriety and good mental health but still needing support, normalization and substitutive "survival skills", and 2) persons who may still be in denial about the seriousness of their issue, but who find the non-threatening structure of these programs safe and supportive, until a decision is made for more structured treatment.

    Complete and accurate assessments are key to determining the most appropriate referral to make for our clients. Once a determination is made of what the problem is, the **CAPE** therapist must then gather information about what type of treatment would be most successful and attainable for the client. Historical data, such as previous treatment, success or failure of that treatment, family/friend support network, financial/insurance coverage

and client input and preference are all important elements in forming recommendations that are most likely to be successful.

31. Our counselors refer to the following treatment options according to client need:

    a. **Inpatient facility:** Chemical dependency programs have made many changes over the past few years, with fewer recommendations of inpatient care. Most usually, inpatient CD treatment occurs when there might be a medical concern (i.e., elderly, diabetic) and medical staff are available for emergencies requiring medical attention. Inpatient care is also an important option for people who have a dual diagnosis where both the addiction and mental health needs complicate treatment. Every treatment facility provides its own assessment to decide which level of care is most appropriate, even when **CAPE** counselors make assessments and recommendations of EAP clients. For liability reasons, this must be a part of their treatment plan.

    b. **Residential treatment center:** Residential treatment centers are most commonly used when addicted persons need the structure of a "clean and sober" community. This community structures time and provides a network of support for those clients who would most certainly find failure in sobriety with lack of family, friends and unstructured days. This option is best for persons who have lost jobs, family, friends and hope in becoming sober. Again, residential treatment providers have final determination of the appropriateness of this treatment for the referrals EAP therapists make to them.

    c. **Psychiatric hospital:** With this being the most restrictive mental health environment, careful assessment is made to determine the seriousness of the client's condition, including a DSM-IV diagnosis. Is the person a danger to self or others, or is the person so disabled that the structure of inpatient support is necessary to keep that person (and others) safe? Psychiatric hospitalizations can also be the most appropriate choice when medications need to be evaluated, particularly with fragile populations (i.e., medically complex, elderly, dual-diagnosed, depressed and disabled persons who need a safe environment before medications take effect. When appropriate, **CAPE** therapists support a client's decision to voluntarily admit themselves into a psychiatric hospital, though there are times when we need to access a county mental health professional for commitment procedures. A determination of the appropriateness and level of care needed for each individual is always made at psychiatric hospitals.

d. **Outpatient treatment:** This option is used for persons with either chemical dependency and/or mental health issues which require more treatment and support than what is provided in the context of EAP services. Outpatient treatment is a frequent option for persons who are able to manage and cope with their problems as they're being resolved, through regular contact with either a mental health counselor or chemical dependency program which offers outpatient services. Often, clients referred into this treatment option have insight into the issue(s), support from family and friends, coping skills, willingness to continue treatment, and are without major medical or mental health risks.

e. **Counseling without referral to treatment:** Counseling without a referral to a treatment program is most appropriate for persons who do not exhibit symptoms of current substance abuse, who do not warrant the need for more intensive mental/emotional treatment, whose functioning level is fairly stable, but who need to examine what dynamics, both historical and present, impact current thinking and behavior.

32. The therapist who performs the initial assessment also performs the treatment, unless a specialty area is assessed which would indicate the need for a transfer to another therapist.

33. Confidentiality is the foundation of our service. If employees are not confident of their privacy, they will not use the service. We take all necessary steps to ensure the confidentiality mandated by ORS 109.675. The utilization reports provided to our companies are also reviewed to ensure that they protect confidentiality. Clients receive a statement which describes the right to privacy and describes the situations which require that confidentiality be broken. (See Appendix H, Treatment Consent Form.)

    Client confidentiality is legally and ethically respected by **CAPE** EAP staff, including both clinical and support staff. All records are locked and secured in a filing room; efforts at scheduling co-workers at different times are made; most of our offices have back doors; our reception area has a window that is kept closed while making telephone appointments; we do not Fax client information, unless a secured Fax machine is in place. We do not discuss our cases with anyone except **CAPE** supervisory staff and our Ph.D. consultant.

    CAPE uses only case numbers for some billing purposes, and deletes Male/Female categories from our utilization report if a workplace is predominately one gender or has very few employees. **CAPE** also relies on consultation with the Network's Human Resources department and legal counsel with regard to any sensitive situation where confidentiality might be jeopardized. Our practice is to make careful and thoughtful decisions as an organization based on legal doctrine, when any confidentiality issue arises.

34. Confidentiality may be broken (after consultation) in the following circumstances:

No information regarding clients will be released to any person, organization, or group without the express, written permission of the client, except as required by Oregon law in cases of suspected child, handicapped or elder abuse; danger to self or others; medical emergency; or in response to court order. All records and case notes are the property of **CAPE**.

35. The liaison between the employee, the company, and the HMO facility is an integral part of EAP work. There are several ways this is important.

First, the liaison role is important in trouble-shooting systems problems. Identifying frustrations such as access to treatment, which may include appointment times or location availability, can provide health-care providers with important information through which changes can be made. **CAPE** will identify and work with providers in finding solutions to systems problems, while assuring **PPB** that their employees will have a smooth continuity of care.

One such example of **CAPE's** recognition of this role is the Director's position on the Kaiser Health Care Advisory Board, addressing a myriad of systems issues. Also, **CAPE** routinely invites providers of treatment facilities to our staff meetings to discuss program components and any obstacles we may have encountered with our linked systems.

Second, the EAP therapist who manages supervisor-referred employees who need specific treatment will work closely with the **Police Bureau** in identifying the treatment recommendations, before advising that the employee be returned to work. These considerations include attendance, participation and completion of treatment. Smooth communication between the EAP, the treatment facility, and the employer are essential in these cases.

36. An important element to EAP services is the follow-up contact, to be sure that problems are being resolved. **CAPE** staff have several protocols to follow to complete the counseling process.

First, if the client was referred to a health-care provider or treatment facility, a signed Release of Information form gives our counselors permission to inquire about the ongoing care. We confirm that the client actually entered treatment, is following through, and receive reports on client progress. Next, we call or write clients who were not referred and who have not returned, to see how they are doing, and encourage them to call for an appointment should the need arise. (We must have written permission to call or send mail.) Whether or not clients feel the need to return, they usually respond very positively to the follow-up call.

Follow-up with a referring supervisor or HR person is considered essential in supervisor-referred cases, letting them know the progress of the employee while perhaps addressing re-entry issues if the employee was off work for the time of the treatment.

37.

	Substance Abuse	Other
No visits (telephone)	0%	5%
1 - 2 visits	0%	15%
3 - 4 visits	1%	50%
Referral outpatient	85%	15%
Inpatient/residential	5%	1%
Education	8%	4%
	100%	100%

E. PROVIDER SELECTION

38. **CAPE** Employee Assistance Program is an established Portland company, having its own staff of employees, providing benefits and covering them with the Network's liability insurance. We have an established network of referral resources to private practitioners, to whom we refer our clients for ongoing or specialized treatment. There is no contractual agreement between **CAPE** and these providers.

39. **CAPE** has no contracts or compensation arrangements with Outpatient, Inpatient or Residential providers.

40. **CAPE's** method of selecting providers for ongoing Outpatient work *after* the EAP therapist has determined further treatment would be beneficial, is very much like the selection process for our own staff. **CAPE** requires that referral providers have:

    - Master's Degree or higher
    - Licensure (or special quality or characteristic that makes referral preferable and appropriate)
    - Experience and skill in the specific problem area
    - Excellent reputation
    - No malpractice suits
    - Full liability coverage
    - Responsiveness to our referral
    - Business organization: appointments, billing, insurance, promptness
    - Excellent feedback from the client about the provider
    - Quality Assurance: ongoing training, CEUs, managed care systems

    An additional advantage **CAPE** offers is that many of our employees are long time Portland residents, having attended graduate schools in Portland. Many are familiar with most practitioners through school, networking, training, consultation and for some, as co-workers at some point in their career.

    Please see Appendix I for our list of referral providers. This is not an exhaustive list, as we add practitioners regularly, and often update our data base with providers on HMO panels.

41. The providers we refer to are credentialed in a variety of ways. Most commonly, they are credentialed with Ph.D. or LCSW (Licensed Clinical Social Worker) licensure. Some are LPC (Licensed Professional Counselors), others may be Psychiatric Mental Health Nurse Practitioners, while a very few may not be credentialed, but offer other qualities which will benefit the employee (i.e., career counseling).

42. Residential treatment centers are selected based on the employee's insurance provider system, so that the maximum amount of coverage will be granted. If cost is not an issue, several options are given to the employee and they are "coached" in how to interview and select one that matches their need.

Residential treatment options are selected based on reputation, accessibility, options of treatment modalities, aftercare services, cost/insurance eligibility, feedback from clients, and cooperative consultation with **CAPE** staff.

43. Providers make no payment to become a part of our network.

F. PROVIDER EDUCATION/QUALITY OF CARE

44. **CAPE** does not issue reports to those providers to whom we refer employees, after the EAP benefit has been used.

45. At **CAPE** we believe in using client feedback to measure our effectiveness and to continually improve our services. Therefore, each client who has given us written permission is surveyed sixty days after the last date of service to gather information regarding client satisfaction, follow-up with referrals, and self-reported outcomes. This information is reviewed regularly and is used as part of our Quality Plan. Each training is also evaluated by all attendees. This data is collated and the results are returned to the organization's point person for that training. Client surveys can be found in Appendix G - Client Surveys.

46. No. The purpose of **CAPE's** survey is to obtain information from the employee about our services and the services provided by the referred therapist, recommended by the EAP therapist.

47. **CAPE** maintains an ongoing review process of all professionals who provide services for **CAPE**, including those who deliver services outside the Portland-Metropolitan area (our Affiliate providers). Certainly our surveys are key in the review process; we look for patterns that may need to be addressed, as well as repeated strengths of the clinician and program. Complaints are immediately responded to by **CAPE's** Director, investigating the situation and finding resolution.

    An example of what is reviewed are staff and Affiliate scheduling patterns. We check to see if the scheduling (i.e., every week, every other day, every month), when compared to the presenting problem of the employee (depression, career resources, etc.), can demonstrate appropriate or inappropriate use of EAP sessions. If there is a pattern of a problem found during our review, we discuss the situation and problem-solve with the EAP therapist.

    CAPE has a designated Affiliate Coordinator who oversees recruitment, hiring and ongoing communication with our Affiliate providers.

48. **CAPE's** Affiliate Coordinator trains our providers who are outside of the Portland-Vancouver area, providing them with information about our program, values, requirements, paperwork and contract information concerning local companies in their area.

G. DATA REPORTING AND CLAIM PAYMENT

49. The Utilization Reports are designed to ensure confidentiality to employees. These reports provide your administration with useful cumulative and trend information. In addition to tracking employee utilization, our report also identifies:

- Number of new cases each month
- Number of returning cases each month
- Gender of employee (except when confidentiality is jeopardized)
- Number of family members seen
- Occupational codes (i.e., AFSCME, Management)
- Employees referred by supervisors
- After-hours crisis contacts
- Hours of on-site consultation to management
- Hours of telephone consultation to management
- Hours of training provided
- Hours of mediation services provided
- Number of Clients referred to other services, including:
  - -Inpatient Chemical Dependency
  - -Outpatient Chemical Dependency
  - -Inpatient Mental Health
  - -Outpatient Mental Health
  - -Self-help groups (AA, etc.)
  - -Other Community Resources (i.e., public health)
- Hours of type of service (counseling, referral, case management)
- Hours by type of problem (Alcohol, Drug, Couple, Family, Work-Related, etc.)
- Count of employees (by numbers, not hours) receiving help in problem area

Utilization reports can be provided either monthly or quarterly.

Reports can be developed to provide the following information:

- Age of employees
- Employment status
- Number of visits per client (UR report can average this)
- Health Plan participation
- New employees using EAP service from one contract year to another

Information not currently tracked on statistical basis:

- Waiting time for service after referral
- Results of treatment by category including numbers
- Follow-up status

CAPE Employee Assistance Program is committed to the continued development of our MIS system, with the goal of accommodating the requests of our companies. Please see Appendix J for a sample Utilization Report.

50. **CAPE** client statistics are audited for accuracy on a monthly basis to ensure that client records are absolutely correct. Following the monthly data audit, these records are used to provide information to our client companies in the form of Utilization Reports. We also have data entry routines which require that client information be verified both during case opening and closure. Open client lists are provided to the therapists on a regular basis for the purpose of verifying client information and providing a tool for case management and tracking.

    Computer access to client records requires a network login password. All computer users log out each night and our network file server is kept in a locked room. Data entry forms containing client information are also kept in a locked file room at night, ensuring privacy for our clients.

51. Confidentiality is critical to the success of any therapy program and we adhere strictly to State and Federal laws governing confidentiality, as well as to the ethical guidelines of our professional licensing boards.

    In the event that we become aware of a situation in which a client presents an imminent threat to his/her own personal safety or the safety of another (including suspicion of abuse), it is our duty to report, with or without the client's permission.

    With regard to illegal activity and/or serious job infractions, the employee would be carefully assessed in terms of:

    - Level of seriousness/danger (could the behavior result in harm to self or others?)

    - Willingness (or non-compliance) to obtain and progress through further evaluation (i.e., testing) and/or treatment

    - History or patterns of same behavior with unsuccessful treatment

    - Complicating situations impacting behavior: Work issues, divorce or other personal issues

Should our assessment confirm 1) concern that the behavior could result in harm to self or others, and/or 2) that there was denial or unwillingness to proceed into further evaluation or treatment, and/or 3) that the history and patterns demonstrate a continuation of the behavior, and/or 4) other events make the situation more volatile or desperate, **CAPE** would immediately notify appropriate Bureau personnel.

We will encourage employees to share critical information with appropriate **PPB** personnel. We may further encourage the employee to sign a waiver of confidentiality with regard to the issue, so that our clinician can establish an ongoing dialogue with the supervisor(s) involved.

Certainly, we would collaborate with the **Portland Police Bureau** to design a protocol which meets the needs of the **PPB** while staying within the bounds of State and Federal laws.

52. **CAPE's** goal is to provide professional, quality and effective services to all employees. We intend to measure quality by identifying goals in three areas: utilization goals, process (or responsiveness) goals and performance goals.

CAPE would encourage a review of utilization expectations; the **PPB** use is very high with the current system. It is difficult to know if the high volume will continue with a new, external EAP or if familiarity with the new EAP will require time for the building of confidence. High use may be the nature of the law enforcement industry, as employees continually face issues of stress and pressure, requiring the support of the EAP. A goal may be to decrease utilization, as a result of strong EAP support and problem-solving. One method to reduce high utilization is by providing trainings and workshops, supporting the needs of the employees in a more educational and preventative manner. Decreased utilization may also be seen as a concern to **PPB** personnel. This is an important area where discussion about what the Bureau expects would help ascertain utilization goals.

With regard to process goals, we measure responsiveness by tracking the length of time between the initial phone call and the first appointment, immediacy of response to requests from supervisors, responsiveness to complaints, requests for materials, development of newly requested services, etc. **CAPE** is very responsive to the suggestions and requests of our companies. We encourage communication about what is and isn't working, so that we can discuss the options and solutions. The areas we would focus on as primary goals would be negotiated according to the priorities of the **Police Bureau**.

The third area, performance goals, is based on employee outcome satisfaction. We measure client satisfaction via anonymous self-report on a number of items. The results of our satisfaction surveys will be available to your staff.

Quality Assurance is the keystone of an effective client service, and a thorough plan will help achieve success in the utilization, process and performance goals. **CAPE's** Quality Plan includes the following:

- Individual clinical supervision of each therapist by the Clinical Director.
- Peer chart review of client service records.
- Ongoing group clinical consultation with our consulting Psychologist.
- Each client or company complaint is managed by our Director. The concern will be investigated by interviewing appropriate staff, reviewing documentation, and speaking with clients or company personnel as appropriate. Our staff is committed to reviewing any complaints and reporting back to the concerned party with findings within two working days.
- Accurate evaluation reports: clear protocols surround the entry and validation of client data to ensure the validity of our statistical reports.
- Regular, ongoing staff training targeting confidentiality, resources, relevant legal concerns, and skills development.
- Liaison meetings with client companies.
- Client surveys (See Appendix G).

H. IMPLEMENTATION AND EMPLOYEE COMMUNICATIONS

53. Laura Bryan, MSW, LCSW, Director
    Susan Waterman, MSW, LCSW, CADC II, Clinical Director
    Jim Fairchild, MA, Organizational Development Specialist, Training Coordinator, Mediator

54. Laura Bryan, MSW, LCSW, Director
    Susan Waterman, MSW, LCSW, CADC II, Clinical Director
    Jim Fairchild, MA, Organizational Development Specialist, Training Coordinator, Mediator
    Rick Ralston, MSW, LCSW, Staff Clinician, Trainer
    Sandy Jackson, RN, CEAP, Staff Clinician, Mediator, Trainer

55. Ongoing visibility of the EAP service, along with support and advocacy from key leaders within an organization, contribute to this goal.

    Quality Materials: **CAPE** provides attractive, professional quality promotional materials.

    - **CAPE** will furnish posters for all job sites.
    - Brochures which describe our services will be distributed by arrangement with **Bureau of Police** administrators.
    - Wallet cards will be provided for easy reference.
    - Payroll Stuffers are available on topical issues.

We provide a sufficient number of brochures for use in orientations, trainings, counseling and new employee orientation by Human Resources. We can also provide brochures for a home mailing. We find that a home mailing is the most successful way to notify spouses and other family members, as well as employees, of their EAP benefit.

Additional Promotion: In order to further promote the EAP, **CAPE** will:

- Provide informational articles, at the request of the **Police Bureau**, for inclusion in newsletters or bulletins. Reserving a corner of an ongoing publication for news from **CAPE** is an easy way to keep the service visible to employees. One of our companies copies the wallet card in one corner of a quarterly newsletter as a reminder of the available benefit.
- Included in the prepaid hours are on-site programs such as wellness workshops, brown bag lunch seminars, and health fair participation.
- Brochures or fliers on mental health and health-related topics.

We believe in collaborating closely with the **Police Bureau** to promote the EAP benefit, and will gladly attend any meetings to present our information.

See Appendix L for samples of promotional materials.

56. Yes. All of the above mentioned items are available throughout the year, and annually.

I. FEE SCHEDULE

PROPOSED RATE: OPTION 1

SERVICES	FY96-97	FY97-98
Clinical Services: 6 session model*		
10-13% Utilization		$41,500 or
14-16% Utilization	**$49,500	$49,500 or
17-20% Utilization		$58,300 or
21-25% Utilization		$67,875
On-site Services:		
50 Hours of Trainings (including Supervisor Trainings), Workshops, On-Site Consultation, Program and Policy Development, Mediations/Group Dispute Resolution, Group Consultation, Critical Incident Debriefings	$ 75 per hr. $3,750 per yr.	$ 75 per hr. $3,750 per yr.
TOTAL COST:	**$53,250**	**$45,250 (10-13%)** **$53,250 (14-16%)** **$62,050 (17-20%)** **$71,625 (21-25%)**

Other Services Included:

- Unlimited Orientations
- 24-Hour Crisis Helpline
- Unlimited Telephone Consultation (both work-related and personal)
- Promotional Materials

Additional Services @ Fee-for-Service Rates:

• Trainings, Workshops, On-site Consultation, Group Consultation, Program and Policy Development	**$ 85 per hr.**
• Mediations/Group Dispute Resolution	**$100 per hr.**
• Critical Incident Debriefing (CISD)	**$120 per hr.**

* *Six sessions per eligible household per year.*

** *This rate is based on 15% utilization and 3.85 average sessions per client for the contract year 96-97. Current utilization rate estimated at 18%.*

PROPOSED RATE: OPTION 2

SERVICES		FY96-97	FY97-98
Clinical Services: 6 session model*			
10-13% Utilization			$41,500 or
14-16% Utilization		**$49,500	$49,500 or
17-20% Utilization			$58,300 or
21-25% Utilization			$67,875
	Total:	**$49,550**	**$41,500 (10-13%)** **$49,500 (14-16%)** **$58,300 (17-20%)** **$67,875 (21-25%)**

Other Services Included:

- Unlimited Orientations
- 24-Hour Crisis Helpline
- Unlimited Telephone Consultation (both work-related and personal)
- Promotional Materials

On-site Services:

Portland Police Bureau can determine the number of on-site hours that best suit the needs of the Bureau and budget considerations.

	FY96-97	FY97-98
Trainings (including Supervisors Trainings), Workshops, On-site Consultation, Program and Policy Development, Group Consultation	**$ 85 per hr.**	**$ 85 per hr.**
Critical Incident Debriefings	**$120 per hr.**	**$120 per hr.**
Mediations/Group Dispute Resolution Group Consultation	**$100 per hr.**	**$100 per hr.**

* *Six sessions* per incident *per eligible household per year.*

** *This rate is based on 15% utilization and 3.85 average sessions per client for contract year 96-97. Current utilization rate estimated at 18%.*

APPENDIXES

Appendix A Cape Staff Resumes

Appendix B Cape Staff Bios

Appendix C Affiliate Locations

Appendix D Mandate Procedures Flow Chart

Appendix E On-Site Services

Appendix F Common Problem Areas

Appendix G Client Survey

Appendix H Treatment Consent Form

Appendix I Referral Resources

Appendix J Sample Utilization Report

Appendix K Certificate of Insurance

Appendix L Promotional Materials

Laura W. Bryan, MSW, LCSW

PROFESSIONAL EXPERIENCE

1994 - present: **Director**
CAPE Employee Assistance Program

- Business/Contract Development
- Ongoing Contract maintenance and Renewal
- Quality Assurance
- Product/Service Development
- Marketing and Public Relations
- Policy Development
- Supervision of Management Staff

1992 - 1994 **Operations Director**

- Direct supervision of seven staff and ten contract employees
- Oversee affiliate offices in Oregon and Washington
- Program Development, planning, budget, customer service/consultation to client companies and their employees
- Oversee ACCT, critical incident debriefing team
- Train supervisors and employees, carry caseload of clients using assessment and referral and /or short term therapy to individuals, couples and families

1990 -1992 **Program Coordinator/Therapist**
SE Mental HealthNetwork/CAPE Counseling Services

- Triage incoming clients
- Program development
- Coordination of services for out-client services
- Provide both brief, solution focused and long-term therapy, as appropriate
- Provide assessment/referral and short-term therapy to individuals with EAP benefits
- Trainings (e.g., parenting, D & A, assertiveness)
- Consultation to both employees and supervisors

1987 - 1990 **Team Leader**
SE Mental Health Network

- Supervised team of five staff, who coordinated and provided a variety of services for the mentally ill
- Supervision, evaluation, team building, problem-solving program development, case consultation and review
- Provide assessment outreach, advocacy, therapy and coordinator of services

1987 **Coordinator of Case Management Services**
Elahan Center for Mental Health and Family Living

- Individual and group supervision of Case Management team, which provided clients with therapy, support, advocacy and resources
- Developed residential services (four group homes) as team effort, other adjunct services (Drop-Inn Center)
- Active in advocacy of homeless mentally ill, making presentations at various conferences
- Provided case management and/or therapy to caseload of 25 clients
- Supervised volunteers

1984 -1986 **Housing Coordinator**
Elahan Center for Mental Health and Family Living

- Position developed to meet low income/disabled housing needs for CMI population
- Residential facilities were developed, requiring public relations/education of both public and private sectors
- Member of the Emergency Housing Task Force Board
- Supervised four staff, carried caseload of 25 clients

1980 - 1984 **Case Manager**
Elahan Center for Mental Health and Family Living

- Assessed and provided services to caseload of 25 clients, including those involuntarily committed through the court system (ITA)
- Liaison to local hospital
- Involved in emergency needs, resource coordination, support, therapy, and co-led groups for incest victims, parent-training and post-hospitalization support

1979 - 1980 **Mental Health Therapist**
St. Vincent's Medical Center

- Conducted mental status examinations, assessed patient needs, provided individual therapy
- Interviewed families, located outside resources for patients upon discharge

1975 - 1977 **Learning Resources Specialist/Counseling Aid**
Hillsboro Union High School

- Helped develop program as an alternative high school for potentially high risk drop-out students
- Assisted in supervising 60 students in classroom activities, including individual counseling, tutoring, groups, problem-solving, program development with strong emphasis on encouraging involvement and providing support

EDUCATION

BA 1979 Pacific University
Major: Psychology
Honors: Dean's List, Outstanding Senior in Psychology

MSW 1990 Portland State University

LCSW 1993 State of Oregon #1936

ADDITIONAL TRAINING

- Depressive Disorders in Adolescents
- Drug and Alcohol Assessment
- Oregon Confidentiality and Liability Issues
- Diversity in the Workplace
- Systemic Treatment for Short-term Therapy
- Self-Esteem and Health
- Organizational Conflicts
- Carl Whitaker's Reflection, A Family Therapist
- Multi-generational Approach to Family Therapy
- Narrative Therapy
- Critical Incident Debriefing (Jeffrey Mitchell Model)
- Depression/Antidepressants/Stress
- Supervision/Evaluation Process
- Beyond Prozac

Cindy T. Brodner, MA
324 S.E. 30th Place
Portland, Oregon 97214-1919
(503) 235-2225

EXPERIENCE

1993-Present: **Employee Assistance Counselor**
CAPE Employee Assistance Program, Portland, Oregon
Provide short-term counseling and appropriate resources to individuals, couples and families. Plan and present on-site seminars for employees covering a variety of topics. Mediate conflict resolution sessions with employee groups and families. Facilitate critical incident debriefings for groups affected by traumatic events.

1991-1993: **Educational Consultant**
Child Care Support Services, Portland, Oregon
Planned and presented on-site seminars to employees in a variety of work settings. These seminars usually consisted of two lunch time meetings covering a variety of topics relevant to employed parents. In addition, I was responsible for developing monthly "Parenting Tips" newsletters for employers who have contracted for this service.

1990-91 - **EAP Therapist Intern**
CAPE Employee Assistance Program, Portland, Oregon
Provided short-term, solution focused therapy to individuals, couples, and families in crisis. My work focused on thorough assessment procedures, sometimes resulting in referral; communication skill building, relaxation techniques, cognitive/behavioral change, education, and self-care training.

1985-87 - **Peer Counselor**
The Counseling Center, Vancouver, Washington
Successfully completed a "Process Therapy" course. In my capacity as a peer counselor, I met with individuals and couples on a weekly basis and co-facilitated a couples group and a self-esteem group for court mandated adolescents. All sessions were video taped and critiqued in supervisory meetings.

EDUCATION

Master of Arts, 1991: Counseling Psychology
Lewis and Clark College, Portland, Oregon

Bachelor of Arts, 1981: Emphasis: Health Education & Psychology
The Evergreen State College, Olympia, Washington

CONTINUING EDUCATION

Couples: A Family of Origin Approach - 1994, Family Therapy Institute
Speaker, David Freeman shared his expertise in working with couples in short-term treatment settings, incorporating "family of origin" concepts.

Social Change & Families: The Revolution Within - 1993, Portland State University
Workshops, lectures and panelists presenting information designed to explore the state of families from a historical perspective, as well as the current situation in Oregon.

Treatment of Adult Survivors of Incest & Child Abuse - 1992, Marylhurst College
Lecture, discussion, small group exercises and a clinical demonstration to give an overview of the etiology, assessment, treatment and recovery process for adult survivors of incest and child abuse.

Costa Columbus

3025 SW Flower Terrace
Portland, Oregon 97201
(503) 245-9282

Objective To use my CLINICAL DIAGNOSTIC and SUPERVISORY skills, with my HUMAN RESOURCES background, including my MANAGERIAL and "PEOPLE" abilities, in interesting, useful work.

QUALIFICATIONS

Teaching and Training

Developed and co-facilitated team-building and other workshops for managers in vocational rehabilitation departments in Oregon, Washington and Idaho.

Developed and facilitated counselor education workshops, as an Instructor in Educational Counseling, for counselors, managers and teachers in Oregon, Idaho and Washington.

Taught and tutored various ethnic and racial individuals in public schools and in Upward Bound. Taught basic educational skills to minority individuals in a GED program.

Taught as a substitute teacher in Lane County secondary schools; tutored basic education skills in Tongue Point Job Corps Center, Astoria.

Developed, and was a trainer in, job search skills training programs at Portland Opportunities Industrialization Center, Inc. and Friendly House, Portland. This is a minority, low-income training center for under-employed and unemployed individuals.

Train groups in appreciating diversity and prejudice reduction.

Counseling and Consulting

Counseled minority and culturally diverse individuals in mental health and substance abuse treatment settings including Lane County Mental Health Clinic, Burnside Projects, Family Counseling Center, private practice, etc.

Prepared comprehensive psychological evaluations and treatment plans for over 1,500 offenders in the criminal justice system as a Staff Psychologist, Client Diagnostic Center, Oregon Corrections Division.

Counseled in vocational rehabilitation settings, including testing, job placement and training plans, career development and OJT supervision.

Counseled, tested and evaluated court-referred drunk drivers in the Multnomah County Alcohol Safety Action Program.

Prepared psychological evaluations for MED and CMI individuals, was a crisis team member as a state certified Commitment Investigator and Examiner, at Family Counseling Center, St. Helens, OR.

Consulted in public and private vocational settings, including Oregon Department of Vocational Rehabilitation and Executives International, Portland.

Prepared comprehensive alcohol & drug/mental status evaluations, staffed clients for treatment programs, provided clinical supervision to Assessment Team.

Administration and Supervision

Administered/coordinated Psychiatric Rehabilitation Counselor Training Program, supervising graduate counseling students and counselors-in-training, in the Department of Psychiatry, Oregon Health Sciences University, Portland.

Coordinated graduate practicum for master's students, including academic advising, career guidance and personal counseling.

Developed, administered and supervised education and recreation programs, including pre-school education, job training and development programs, as a Community Development Specialist, Economic Opportunity Commission, Inc. (Community Action Program), Santa Clara County, California. Recruited minority individuals in community programs and facilited their job training. Helped Hispanic individuals and families organize and run effective self-help groups, i.e., a welfare rights organization, a pre-natal/well-baby clinic.

Managed the Mental Health Program at Burnside Projects, Inc., Portland; developed dual-diagnosis program, supervised staff, consulted with counselors and case managers, provided psychological & substance abuse evaluations, and treatment plans.

Mediation

Mediate in Small Claims Court (Multnomah County), Landlord-Tenant, and Better Business Bureau mediation programs.

Work History

1974 - present: Staff Psychologist, Vocational Counselor, Alcohol & Drug Assessment Counselor, Clinical Supervisor, M.H. Program Manager, Teacher, Trainer, Administrator, Consultant

1973 - 1974: Doctoral Candidate, Department of Counseling, University of Oregon, Eugene

Prior to 1973: Related and unrelated work, training, education and travel (Details on request)

Education

Ph.D., Counseling Psychology, University of Oregon, Eugene

M.A., Counseling, University of Oregon, Eugene

B.A., Sociology, University of California, Los Angeles

Background

I was raised in multi-racial and multi-ethnic neighborhoods in New York City and Los Angeles. My parents were Greek immigrants and I was partly raised in a minority culture.

References

Available on request

REFERENCES - COSTA COLUMBUS

Jean DeMaster, M.A.

Executive Director
Transition Projects
Portland, Oregon (503) 222-9362

Kim Duncan

Vice President
Marketing and Planning
Oregon Public Broadcasting
Portland, Oregon (503) 293-1969

Shannon Stewart

Director
Multnomah County Mediation Program
Portland, Oregon (503) 248-3318

John Butler, M.D.

Psychiatrist (Retired)
Private Practice
Portland, Oregon (503) 228-3531

James A. Mason

Circuit Court Judge
Circuit Court of Oregon
Columbia County Courthouse
St. Helens, Oregon (503) 307-0157

Harold James, Ph.D.

Director
Rehabilitation Counselor Training Program
Department of Counseling
University of Oregon
Eugene, Oregon (503) 486-4090

Robert Kruger, Psy.D.

Clinical Psychologist
Private Practice
Portland, Oregon (503) 659-6336

JAMES J. FAIRCHILD, MS

0315 SW Florida Street
Portland, OR 97219
(503) 452-1978

2/90 - Present	Network Behavioral HealthCare, Inc., Portland, Oregon. *Organizational Development Specialist & Senior Clinician*
	Responsible for the development and implementation of services for corporate clients. Provide consultation to managers and directors focusing on personnel issues; conduct assessments of working environments and processes; mediate resolution of workplace conflict; assist in the development of policies and procedures; facilitate meetings, work groups, retreats, and strategy sessions; and design and conduct workshops, seminars, team building activities, and other educational experiences for employees. Other duties include conducting therapy sessions with individuals, couples, and families seeking assistance.
3/85 to 10/89	Porter/Starke Services, Inc., Valparaiso, Indiana. *Director - Community Support Services*
	Member of the Senior Executive Staff of a private psychiatric hospital and community mental health center. Complete responsibility for divisional operations. Responsibilities included program development; development/implementation of policies and procedures; recruitment, selection, training, supervision, and evaluation of staff; executive level committee work including chairmanship of several; coordination of services with monitoring bodies from the State, Federal, and independent professional practice spheres as well as special interest and activist groups; budgeting for the division including salary/benefits administration; grant writing; and public relations functions.
11/83 to 3/85	Porter/Starke Services, Inc., Valparaiso, Indiana. *Director of Services - Starke County*
	Developed and coordinated hospital and outpatient services for a county-wide area. Conducted individual, couples, and family therapy; provided clinical supervision to therapists working with chemically dependent, child/adolescent, and general adult populations; developed and coordinated services for local physicians, social service agencies, nursing homes, law enforcement, schools, and courts.

PROFESSIONAL EXPERIENCE (cont.):

3/81 to 11/83 — Porter/Starke Services, Inc., Valparaiso, Indiana.
Aftercare & Extended Services Manager

Psychiatric social work position providing brief psychotherapy to clients requiring crisis intervention or assistance in locating food, clothing, shelter, and medical attention. Established a network of cooperating social service agencies. Conducted individual and couples therapy. Consulted with local business and governmental organizations with regard to human resource, interpersonal, and supervisory issues.

3/77 to 3/81 — NIBCO, Inc., Elkhart, Indiana.
Corporate Communications Coordinator

Middle management position with a multi-national, Fortune 500 corporation. Trained sales, technical, and allied personnel; produced multi-media presentations; planned and staged national and regional conferences, meetings, and seminars; developed marketing incentive programs; coordinated trade show activities; conducted advertising and public relations functions including art/photography direction; copywriting; editing; and layout of national print advertising, catalogues, brochures, and price lists.

EDUCATION:

1994 — Portland State University, Portland, Oregon.
Completed course work required for certificate in Negotiation & Mediation.

1989 — Illinois School of Professional Psychology, Chicago, Illinois.
Completed 36 hours of course work in pursuit of a Doctorate in Clinical Psychology at an APA approved graduate school.

1979 — Masters Of Science in Secondary Education, Indiana University.
Cumulative index for MS Degree: 4.0 on 4.0 scale. Simultaneously earned sufficient credits for majors in Psychology, U.S. History, and World History.

1973 — Bachelor of Arts Degree in Sociology and Political Science. Indiana University. Cumulative Index: 3.35 on 4.0 scale.

Nancy W. Freeland, LCSW, ACSW, CEAP

PROFESSIONAL EXPERIENCE:

1981 - Present — **Therapist**
CAPE Counseling Service

- Office coordination and clinician at the Vancouver office.
- Supervisory trainer, workshop facilitator.
- Debriefing team.
- CAPE representative to Employee Assistance Professional Association.

1984 - Present — **Therapist**
Private Practice

- Provide therapy for individuals, couples, and families.

1979-1981 — **Counselor - Child/Family/Adolescent**
Columbia River Mental Health

1978-1979 — **Program Director (Youth and Family Resources)**
Columbia River Mental Health

1976-1978 — **Program Coordinator/Counselor (Adolescent and Family)**
Columbia River Mental Health

1975-1976 — **Counselor - (Adolescent/Drug and Alcohol)**
Columbia River Mental Health

1974-1975 — **Counselor (Adolescent Day Treatment)**
Columbia River Mental Health

1973-1977 — **Instructor (Modern Dance)**
Reed College

1972-1973 — **Instructor (Dept. of Speech-Drama-Dance)**
California State University

1971-1972 **Graduate Assistant (Instructor)**
Department of Speech
Ball State University

EDUCATION:

B.A.	1967	Major: Speech-Drama Allegheny College
M.A.	1972	Major: Speech-Drama Ball State University
M.S.W.	1980	Major: Direct Service Portland State University

MEMBERSHIPS AND ACCREDITATIONS:

Certified Social Worker - State of Washington (CSW)
Licensed Clinical Social Worker (LCSW) State of Oregon
Community College Instructor Credential, (Lifetime Credential)
State of California
Certified Employee Assistance Professional (CEAP)
Academy of Certified Social Workers (ACSW)
Member of National Association of Social Workers (NASW)
Member of Employee Assistance Professional Association (EAPA)

MAILE L. GRUMM, M.A., LPC
Licensed Professional Counselor

1099 SW Columbia St., Suite 401
Portland, Oregon 97201

503/241-3454

R E S U M E

MAILE L. GRUMM, MA, LPC

Professional Experience

Private Practice:

Northwoods Counseling Associates
Portland, Oregon
April 1994 to present

Montavilla Counseling Center
Portland, Oregon
March 1987 to March 1994

Agency:

Child and Family Counselor
Metropolitan Family Services
Aloha Family Services Office
Aloha, Oregon
April 1994 to present

Peer Review Committee member for Metropolitain Family Services
Twelve Session Model of assessment of services August 1994 to present

Clientele

Pre-Adolescents and Adolescents
Relationship and Family Issues
Adult Individuals
Groups (Didactic and Process-oriented)

Treatment Philosophy

My work with clients emphasizes the influence of family of origin, perceptions of experiences and developmental issues. Assessment and treatment techniques are based on behavioral, cognitive and developmental theories. The goal of counseling is for the client to develop a better understanding of self, life experiences and the ability to work toward psychological well-being.

Areas of Expertise

Life Transitions
Depression
Loss/Grief
Trauma/Recovery
Family and Relationship Issues

Professional Workshops-Presented (partial list)

Communication Skills
Relationship Issues/Intimacy
Parenting Skills
Violence and Abuse in Families
Creativity
Women's Issues
Assertiveness Training
Conflict Resolution
Spirituality and Pain

Volunteer Work

Cascade Aids Project, Portland Oregon. Volunteer Therapist, 1993
Advisory Board, Family Nursery/Crisis Nursery, Volunteers of America
Portland, Oregon, 1992 to present

Education

Master of Counseling Psychology
Lewis & Clark College, March 1987
Portland, Oregon

Bachelor of Arts
San Francisco State University, May 1979
Major in Psychology

Licenses/Certifications

Oregon Board of Licensed Professional Counselors and Therapists
License #C0361

National Board of Certified Counselors
License #23817

References Available Upon Request