



An Owner's Guide to Creating and Implementing a Mental Health Program





Table of Contents

- 1 Background: The Making of a Mental Health Program
- 2 An Open Letter to the Great Lakes Bay Region from J.W. Fisher
- 3 Fast Facts About Mental Health
- 5 The Business Case
- 6 One Company's Story: Fisher Contracting
- 10 How It Works
- 11 Appendix A: Workplace Assessment Tool



Background: The making of a mental health program

This guide has been developed as part of the efforts of the Great Lakes Bay Region Mental Health Partnership to improve the mental health culture and infrastructure of the Great Lakes Bay Region.

In 2018, a work group was formed to fully utilize an Employee Assistance Program (EAP) and create a Workplace Mental Health Program that could be piloted by the Fisher Contracting Company and – after refinement – made available to all companies in the Great Lakes Bay Region.

In April of 2019, Fisher Contracting's new Mental Health Program was rolled out to the 100 plus employees in the company's Northern Division. In April of 2020, the Mental Health Program was officially expanded to cover all ten of the Fisher Companies, their 325 Michigan employees and their families.

This guide is meant to be a working toolkit for others, as they look to implement mental health resources in their workplaces throughout the region.

We hope you use these tools to advance access to mental health resources, erase the stigma often associated with mental health and continue to be champions for getting help when it is needed.

A handwritten signature in black ink, appearing to read "MS", with a small dot at the end.

DR. MATTHEW SAMOCKI

PORTFOLIO DIRECTOR, THRIVE
STEERING TEAM MEMBER, GREAT LAKES BAY
REGION MENTAL HEALTH PARTNERSHIP



AN OPEN LETTER TO COMPANIES IN THE GREAT LAKES BAY REGION

We know that our country is facing a mental health crisis. In fact, one in five adults in America experiences a mental illness in any given year. Companies and businesses are in a unique position to educate and support employees.

At the Fisher Companies, we had an Employee Assistance Program (EAP), but it was primarily used for drug and alcohol counseling. We did not promote the service for other mental health issues and stigma about mental illness kept people from seeking other types of help. Further, our health plan, while covering mental health services, did not pay anything toward the cost of service until the employee's deductible had been met. This was a significant barrier to our employees seeking and receiving mental health care.

In 2018, I attended a mental health workshop sponsored by the Great Lakes Bay Regional Alliance. It really opened my eyes to the mental health crisis. I knew that as a company, we could do something to help. As an early step, we began to reimburse employees for their mental health expenses on a dollar-for-dollar basis. I did not want the cost of services to keep anyone from seeking help.

In 2019, Fisher Contracting (one of the Fisher Companies) launched the EAP program that the work group developed (see Background section above), providing EAP services as part of its employee benefits package. The program covers five sessions for employees and their family members. At the same time, we worked with our health insurance provider to cover mental health services in the same way that other health services are covered (like a sore throat, with co-pays, etc.). For the first time, mental health benefits are managed the same as a medical visit.

In February 2020, the mental health program was rolled out to employees at all the Fisher Companies. Now, more than 500 individuals – employees and family members – can receive affordable, quality mental health care.

It is our hope that this guide provides a useful roadmap for any company wishing to create its own mental health program.

Sincerely,

A handwritten signature in black ink that reads "James W. Fisher". The signature is written in a cursive style.

J. W. Fisher, P.E.

President, Fisher Contracting Company

Steering Team Chair, Great Lakes Bay Regional Mental Health Partnership

FAST FACTS ABOUT MENTAL HEALTH

Depression is the leading cause of disability worldwide and a major contributor to the global disease burden.



43.8

million adults experience mental illness each year in the U.S.

90% of those that die by suicide have an underlying mental illness



10TH

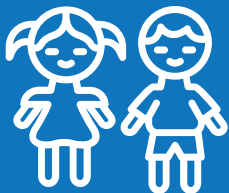
suicide is the 10th leading cause of death in the U.S.

50%
half of all chronic mental illness begins by age 14

75%
three-quarters by age 24

1 IN 5

people report they or a family member did not receive mental health care when they needed it



1 in 5 children ages 13-18 have, or will have, a serious mental illness

20%

of adults experience mental illness each year in the U.S.



60% of adults with mental illness did not receive care in the last year

\$193B

serious mental illness costs the U.S. \$193.2 billion in lost earnings every year



more than half of American's report that COVID-19 had a negative impact on their mental health

38.4%

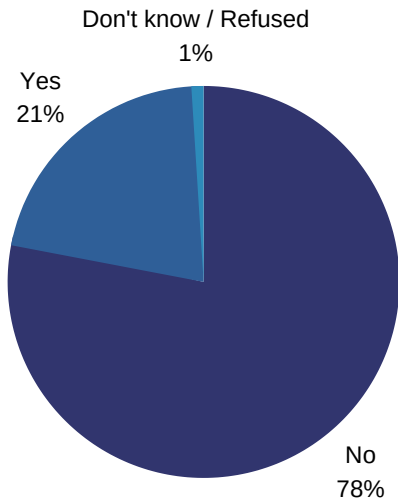
of the 421,000 adults in Michigan who did not receive needed mental health care, 38.4% did not because of cost

FAST FACTS ABOUT MENTAL HEALTH

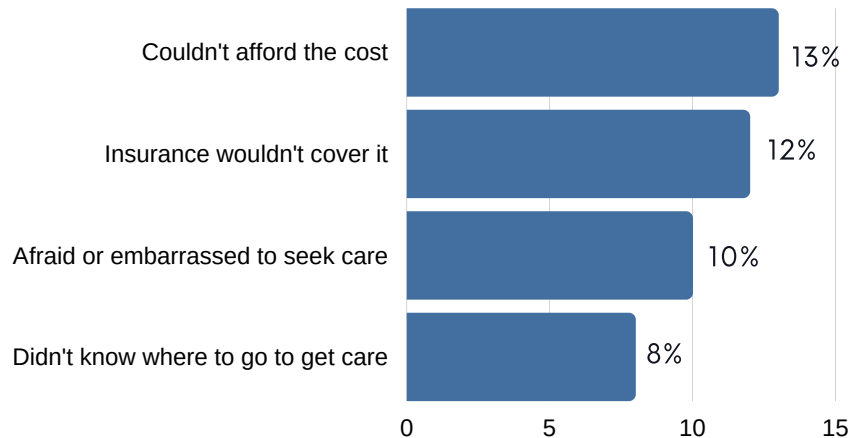
One in five Americans report they or a family member did not receive mental health services

Percentage of respondents with the following answers to questions asked in April 2016:

Was there ever a time where you or another family member in your household thought you might need mental health services but you did not get them?

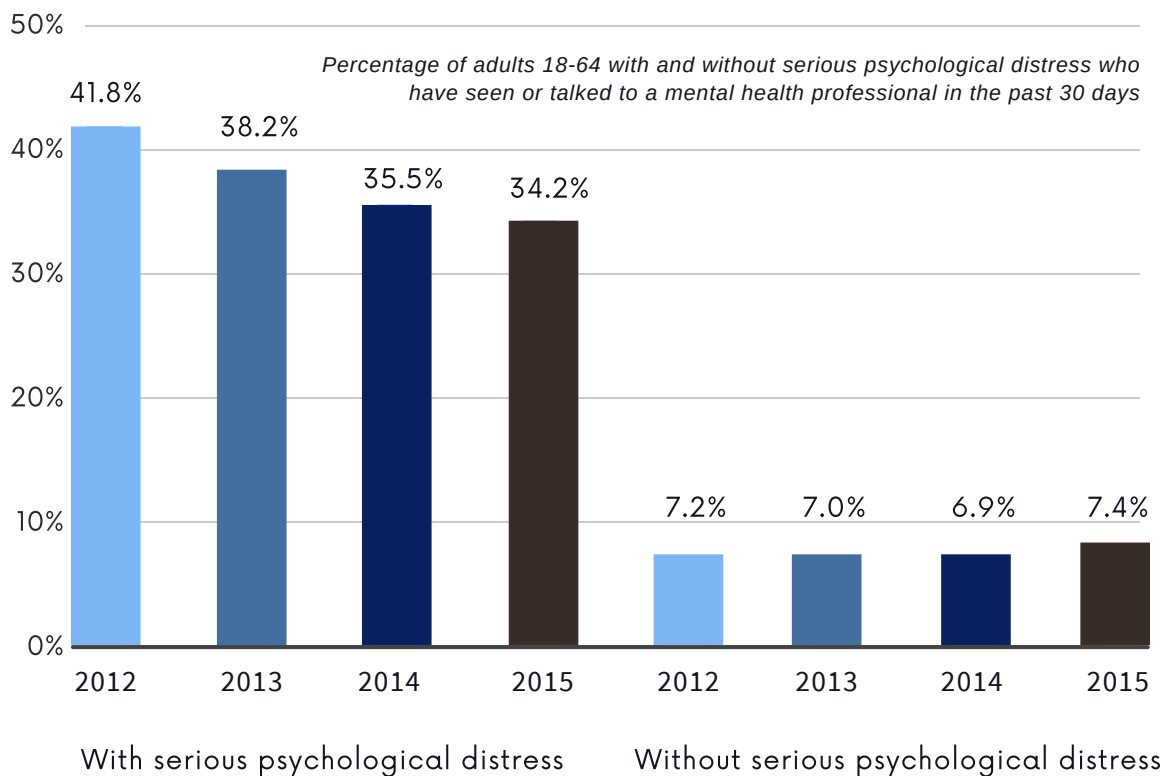


Of those who reported not receiving care, the following percentage reported the reason for foregoing care as:



Source: Kaiser Family Foundation Health Tracking Poll, April 2016

Fewer adults experiencing serious psychological distress are seeing or speaking with a mental health professional



Source: CDC National Health Interview Survey Early Release Program

*2015 data represents January - September

THE BUSINESS CASE

Mental illness costs employers and the American economy in two distinct ways: direct health care costs and indirect costs such as loss of productivity, absenteeism and disability costs. For instance, the National Network of Depression Centers reports that lost earnings due to serious mental illness tops \$210 billion per year.

Less than half of that is attributed to the direct cost of treatment (45-47 percent). About half (48-50 percent) is associated with costs to the workplace in terms of lost productivity, absenteeism and disability. Individuals with depression consume two to four times the healthcare resources compared to other enrollees. Mental illness is the number one cause of disability in the United States.

The good news is that treatment works. Mental health treatment for conditions such as depression works 80 percent of the time. Treatment has been shown to improve productivity and effectiveness on the job.¹



¹ Wendy Brennan Executive Director, National Alliance on Mental Illness-NYC Metro, et al.

ONE COMPANY'S EXPERIENCE



Fisher Contracting is a heavy civil contractor providing services to a variety of federal, state, municipal and private clients in Michigan, Kentucky and the surrounding states. It has an annual revenue of approximately \$70 million. That revenue is largely generated through firm price contracts for different projects. Those contracts range in size from a few thousand dollars to \$40 million.

Each of these projects is run by one of 15 highly intelligent and highly-skilled superintendents. They are managed by 10 project managers. These 25 people work long hours and carry extremely heavy responsibilities. If even one of them is not functioning to the best of his/her abilities due to a mental health issue, the cost to the company can easily be in the hundreds of thousands of dollars. In addition to job losses, untreated mental health problems can lead to serious and sometimes irreparable damage to customer relationships.

Fisher Contracting's clients almost all have high safety expectations. A safety performance that would be considered average for our industry will remove us from the bid lists of most these clients. We rely on our 200 craftworkers to not only work productively, but safely. Mental health issues such as anxiety and depression have been shown to increase the likelihood of a worker suffering an injury. The same is true of poor morale on the job site.

Fisher Contracting's President, J.W. Fisher, experienced this first-hand a few years back. He became aware there was a problem with one of these high-performing individuals when employees and customers started complaining. Suddenly (or so it seemed), a superintendent who everyone historically wanted to work for – and who every customer requested – became a pariah. J.W. responded by sending the employee to one of the two mental health professionals in Midland who had proven to help nearly everyone he had previously sent their way.

Then, in November of 2018, J. W. Fisher attended a mental health summit hosted by the Great Lakes Bay Regional Alliance. By early morning on the first day of the summit, he realized that:

- The mental health problem was much bigger than he imagined.
- Fisher Contracting needed to tackle the problem in a more intentional way.
- It was not just his high performers who needed help and were costing the company money. The mental health issues of any employee can impact the profit and safety of the company, its employees, its customers and the public.
- Employees needed education and access to affordable mental health care.
- A mental health program could easily be delivered as part of the company's safety program and could be tied to its wellness program.

ONE COMPANY'S EXPERIENCE

As a result of that summit, a work group was formed; members of the group utilized an Employee Assistance Program (EAP) model to include mental health coverage. These are the basics of the program:

- Five counseling sessions are covered for employees/family members through the EAP provider.
- In addition to the EAP, the Fisher Companies insurance plan has been upgraded so that mental health benefits are managed the same as other medical visits.
- Union employees have their mental health costs not covered by the EAP or their union insurance reimbursed.

The results have been an unquestionable improvement in morale and a surprising willingness to use the services provided by the EAP. It has become something that employees genuinely appreciate, and it separates us from our competitors who do not provide these services.

The cost to implement the program for the 10 Fisher Companies has been surprisingly small, especially when compared to the benefits. It needs to be noted that Fisher Contracting has collective bargaining agreements for the approximate 100 Northern Division craftworkers. They are covered under multi-employer benefit insurance plans and not by the Fisher Insurance Plan. They are covered by the EAP with Family & Children's Services and Fisher Contracting reimburses them for mental health costs not covered by their union plans or the EAP. This complicates the accounting a bit, as all 325 Fisher Companies' Michigan employees are covered by the EAP, while only the 213 employees not covered by collective bargaining agreements are covered by the Fisher Health Benefits Plan. That said, the costs for the 10 Fisher Companies to implement the mental health program for its 325 Michigan employees and their families in the plan year April 1, 2020 to March 31, 2021 were:

EAP Contract with Family & Children's Services/year:	\$ 12,000.00
In-house training costs:	7,500.00
Insurance self-paid by Fisher Companies for mental health services:	116,672.40
Absent from job to attend counseling sessions (estimated):	2,000.00
Total Annual Cost:	138,172.40

Additional Health Insurance Plan Costs

The average insurance self-paid for mental health services by the Fisher Companies in the plan years 2016, 2017 and 2018 was \$77,133.67. Therefore, the cost of upgrading our insurance mental health coverage was \$39,538.73. Note there was no premium increase. The Fisher Companies self-insure up to \$75,000 per contract, so this change did not increase the insurance company's risk.

Additional Cost to Implement the Entire Mental Health Program

The total cost for the entire mental health program including the EAP, self-paid insurance costs, training, and payroll costs for employees in counseling was \$137,172.40, for a total increase over the 3-year average of 2016, 2017 and 2018 of \$61,038.73.

ONE COMPANY'S EXPERIENCE

Benefits from the Employer Perspective



Qualitative

- Increased morale – Fisher is a company that cares
- Gives us a recruiting advantage in a tight labor market
- Increased understanding about mental illness and mental health
- Reduced risk of accidents
- Improved productivity
- Stronger relationships – employees are watching out for each other

Quantitative

Out of 325 employees and their families covered by the mental health program there were:

- 284 Mental Health office visits
- 13 Substance Abuse office visits
- 37 Inpatient days from 8 Mental Health Admissions
- 23 Visits to Family and Children Services

Total Cost for the first year was \$138,172.40, or \$425.15 per employee

- Increased cost for entire program verses 3-year average prior to launching program was \$61,038.73 or \$187.81 per employee
- Total Cost as a percentage of revenue was 0.01%
- 100% of employees have taken the Mental Health Safety Modules delivered through their safety program. All new employees receive it as part of their safety orientation.



ONE COMPANY'S EXPERIENCE



Benefits from the Employee Perspective

Fisher Transportation Truck Driver

As relayed by J.W. Fisher: On our US-10 emergency bridge repair in May of 2020 this gentleman stopped his truck, got out and ran after me. This is what he had to say:

"I can't believe that your company is providing mental health coverage like you are. My daughter suffers from chronic depression. Going through our deductible every year before the insurance kicks in was a terrible hardship. I just want to thank you. Lots of companies say they care about their employees, you guys put your money where your mouth is. Thank you, it has made a huge difference in our lives."

A Fisher Contracting Superintendent Speaking to Fisher Contracting Employees at the Mental Health Rollout in April of 2019

"Most of you know me and know the pride I have in being a good family man. When my marriage started to fail, I started to go to a dark place. I started drinking to help with my bad feelings. That only helped when I was drunk. When I sobered up, I found myself in a darker place yet. I repeated the cycle over and over until I could not escape the demons and the darkness even when drunk. It is impossible to describe the darkness and the emptiness I felt. When your mind is working right, you can't conceive of it. Finally, I nearly died of an overdose of sleeping pills.

When J. W. and Steve found out they came to my house and would not leave until one of my sons was there. They insisted that I see a mental health professional that they had confidence in and that they would pay the bills no questions asked. My message to all of you is that you cannot beat depression on your own. You may have moments when you feel better, but the next cycle of depression is worse than before. You must get professional help. I am here today as evidence that getting help works.

Take advantage of this program, do not hesitate to get help. The earlier you get it, the quicker you will feel better."

Wife of a Fisher Contracting Operator

"My husband and I had been having troubles with our marriage for several years. We went to counseling but didn't stick with it due to the cost and that the first few sessions didn't really seem to help. After we learned that the cost was being reimbursed by Fisher Contracting, we decided to give it six months and really give it a chance.

I am happy to report that while we still have work to do that the counseling has really made a difference. We both are happier with our marriage and we are better parents because of it. I am positive that we would be separated if not for this change."

HOW IT WORKS

General Guidelines

Here are a few good guidelines to keep in mind when setting up your program:

1. First do no harm, but do not let perfect be the enemy of good. No program is ever perfect. Once you have a coherent program, get it started. You can refine and expand over time.
2. Do not reinvent the wheel. Find an existing program and modify it to your needs.
3. Do not try to be a mental health professional. The goal of the program is to educate, remove stigma and provide access to affordable care.
4. Find a trusted professional to give you guidance.
5. Tie the program to your existing safety and wellness programs, if applicable.
6. Lead from the top.

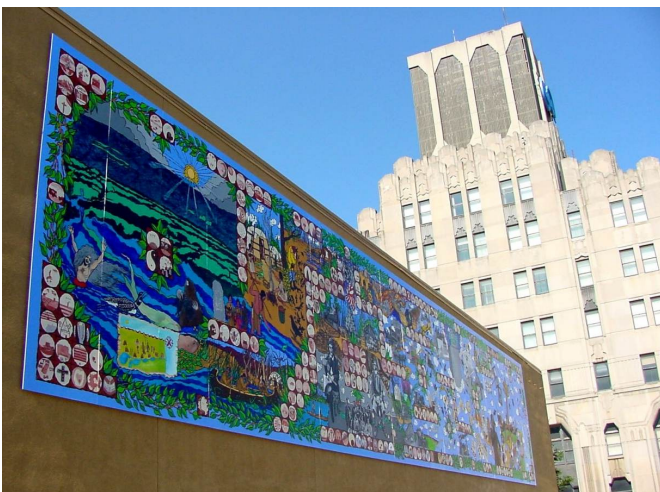
Getting Started

In the Appendix you will find a simple Assessment Tool that will help you determine where you stand now. Then, by working toward identified gaps, it will serve as a road map for creating your company's mental health program. Each company is different and may choose to stop at different points.

The information above shows that effective EAP services are available for very reasonable costs. Depending on what health benefits your company currently provides, the cost of making mental health care as affordable as medical treatments may differ from the Fisher Companies experience. Decide what your company is going to do, set timelines and go to work!

The following tools are included with this guide to help you get started.

- Company Mental Health Assessment Tool and Road Map for Building a Mental Health Program
- Introduction to the Fisher Companies EAP and Slide Deck used at the Fisher Companies' employee rollout.
- Working Well Toolkit: Leading a Mentally Healthy Business. A concise guide to mental health challenges and to building a mental health program.



APPENDIX A: WORKPLACE ASSESSMENT TOOL

Use this workplace assessment tool to gauge some of the assets and gaps in your organization as it relates to mental health care coverage, availability and other tools. You can also download an editable spreadsheet version of the tool customizable to your needs here:

[Online Mental Health Assessment Tool and Strategy for Building a Mental Health Program](#)

DO WE CURRENTLY:	BASILINE ASSESSMENT (DATE)	TACTICS FOR IMPLEMENTATION	WHO IS RESPONSIBLE?	RESOURCES	NOTES	TIMELINE / GOAL ACHIEVED	POST ASSESSMENT (DATE)
Regularly provide information about mental health issues and employee benefits to reduce the stigma sometimes associated with seeking help for mental health problems?							
Provide access to valid mental health screening tools?							
Give employees easy access to mental health support and care?							
Provide high-quality outpatient and inpatient coverage for mental health treatment when needed?							
Make it easy to understand how to access care?							
Provide appropriate access to outpatient care and a broad continuum of services, settings, and providers?							
Cover effective prescription medications for mental health conditions at a level that encourages their appropriate regular use?							
Encourage mental health and stress reduction through a comprehensive wellness and health promotion program?							
Provide managers with management skills and training in conflict resolution to reduce excessive workplace stress?							
Track disability claims for mental health conditions and provide case management services to facilitate timely return to work?							
Tie to safety and/or wellness programs or other means of education and access?							
Follow up, review and refine our internal workplace mental health program?							