ALLONE HEALTH

THE HIGHER EDUCATION EAP BUYER'S GUIDE

Building a More Effective Higher Education EAP

A resource for HR leaders, benefits administrators, and provost or student affairs partners supporting colleges and universities.



INTRODUCTION

Why Higher Education EAPs Are Different

Higher education is unlike any other workplace. Faculty, staff, and administrators balance teaching, research, student support, and institutional priorities while navigating the **unique rhythms of the academic calendar**. For more than 50 years, AllOne Health has partnered with higher education institutions to understand these realities and **build an Employee Assistance Program (EAP) rooted in their specific needs**.

A traditional EAP designed for a standard corporate office often falls short because it doesn't account for the academic calendar; the reality that faculty, advisors, and residence life staff are often the first point of contact when students are struggling; or a workforce spanning faculty, staff, athletics, and residence life, each with different schedules and needs.

Higher education institutions need an EAP **built for these realities**: one built on **both real human clinical care and digital access**. An app without a clinician behind it can't tell the difference between a professor's end-of-semester exhaustion and something that needs real intervention, and a clinician without the flexibility of an app can't reach a resident advisor who's only free between midnight room checks.

This guide covers what a modern higher education EAP should include, how to drive utilization across faculty and staff, what ROI looks like, and how to navigate procurement — so you can get the most out of the benefit you're already investing in or evaluate whether it's time for a change.



PART 1

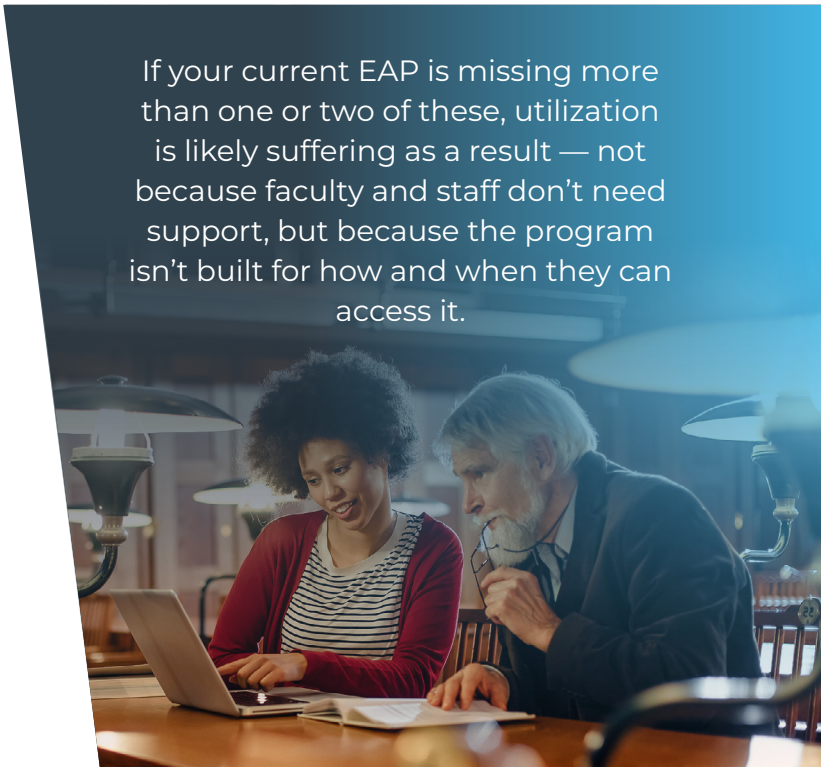
What a Modern Higher Education Employee Assistance Program Should Include

Before you can maximize an EAP, it has to be built for the job, with real human clinicians and the digital access to reach them anytime, across every part of campus. Use this checklist to evaluate your current provider or a prospective one:

- ✔ **24/7 live clinical access —** answered by a real person in an average of 10 seconds (no long hold times or complicated automated prompts)
- ✔ **Same- or next-day counseling appointments —** not two-to-four-week waits
- ✔ **Counselors experienced in supporting higher education employees —** including faculty, staff, administrators, and student-facing teams
- ✔ **Critical Incident Response (CIR) —** onsite and virtual response within hours of a campus emergency or traumatic incident affecting faculty and staff
- ✔ **HR consultation and formal management referrals —** real-time guidance for department chairs, deans, and coaches, not just individual employees
- ✔ **Legal, financial, and work-life referrals —** addressing the full picture of stress with integrated care and whole health support, beyond just mental health
- ✔ **Mobile app and digital self-scheduling —** accessible for a resident director on overnight duty or a coach on the road, accommodating non-traditional campus schedules
- ✔ **Union-aware implementation —** experience working within faculty senate and collective bargaining structures where they exist
- ✔ **Quarterly utilization and outcomes reporting aligned with your institutional priorities —** including partnership on strengthening faculty and staff resilience, retention, and well-being

Student Assistance Program available. For institutions looking to extend support beyond employees, AllOne Health also offers Student Assistance Programs (SAPs). This provides colleges and universities with the option to partner with one trusted organization for employee and student well-being. Institutions that choose both programs benefit from coordinated support and an integrated response following campus-wide critical incidents.

If your current EAP is missing more than one or two of these, utilization is likely suffering as a result — not because faculty and staff don't need support, but because the program isn't built for how and when they can access it.



PART 2

Getting the Most Out of Your EAP

For HR & Benefits Leaders

- Promote the EAP at every touchpoint, including new faculty and staff orientation, the start of each semester, open enrollment, and your institution's intranet.
- Share anonymized success stories, performance outcomes, and utilization data with provost or cabinet-level leadership to prove ROI and build ongoing buy-in.
- Treat your EAP provider as a partner and align on communications timed to the academic calendar, not just a standard corporate schedule.

For Department Chairs, Deans, & Coaches

- Work with your dedicated account manager and learn how to request organizational support before a peak stress point in the semester, not after.
- Model use of the program yourself. Leadership visibility directly drives faculty and staff trust and uptake.
- Learn to recognize early signs of burnout in staff who regularly support students through difficult moments, and know exactly where to direct someone in the moment.

For Faculty & Staff

- Understand that EAP contact is confidential. Your department chair, dean, and employer do not see individual usage or session content.
- Know you don't have to be in crisis to use it. Financial coaching, legal referrals, and childcare/eldercare support are part of the same benefit.
- Use the channel that works for your schedule, whether it's the app, live chat, phone, or in-person. Access isn't limited to business hours or the academic year.

For Faculty Senate & Union Representatives

- EAPs are typically structured to operate within collective bargaining requirements, including confidentiality and equitable access across tenure-track, adjunct, and staff ranks.
- Providers experienced in higher education can work directly with you on trainings and organizational support built for the specific pressures of academic work.

PART 3

Special Considerations by Role



Faculty: Tenure-Track & Adjunct

Tenure-track faculty face high-stakes promotion pressure; adjuncts often face job insecurity and benefits gaps. Both groups balance the competing demands of teaching, research, service, tenure, and student support through increasingly complex mental health challenges.



Athletics Staff & Coaches

Coaches and athletics staff work non-traditional hours, travel frequently with teams, and operate in high-pressure, high-visibility environments. Access needs to travel with them.



Residence Life & Student Affairs Staff

Resident directors and student affairs professionals are frequently the first point of contact when students are struggling, often on overnight or on-call duty. This role carries a high risk of burnout and turnover without dedicated support.



Administrative & Facilities Staff

Administrative, dining, and facilities staff are often overlooked in EAP communications relative to faculty. Equitable outreach and access parity matter here as much as anywhere on campus.



Campus Safety & Public Safety

Campus police and safety officers face trauma exposure similar to that of municipal first responders. They need clinicians experienced in it, plus rapid CIR after campus incidents.

PART 4

Measuring Success: What ROI Looks Like

Higher education budgets are under real constraint, and faculty and staff turnover is costly, both in lost institutional knowledge and in search expenses. Here's what to track and report on:

METRIC	WHY IT MATTERS
Utilization rate	The clearest signal of whether faculty and staff are actually accessing the benefit
Time to first counseling session	Faster access correlates with better outcomes and higher trust in the program
Absenteeism & turnover	EAP support can reduce time away from work and departures tied to unaddressed stress or burnout
Employee well-being & satisfaction scores	Captures impact beyond utilization numbers alone
Manager consultation usage	Indicates whether chairs, deans, and coaches are engaging proactively, not just reactively



Ask your provider for quarterly reporting on these metrics. If they can't provide it, that's a gap worth addressing.

What the research shows:
Meaningful outcomes start with meaningful engagement. A multi-year analysis of more than 100,000 AllOne Health EAP counseling cases found:

- Average of **3.4 sessions** per case, with a **median resolution time under 30 days**
- **One-third of cases** resolved within one month; nearly **two-thirds within eight weeks**
- **Consistent outcomes** across employee demographics and presenting concerns
- Employees engaged across **video**, **in-person**, and **phone counseling**

These results show that combining experienced clinicians with flexible access helps employees get the support they need and achieve meaningful outcomes. This is also a strong argument for holding your EAP provider to a standard beyond app usage metrics alone, especially given what faculty and staff turnover costs an institution.

PART 5

Navigating Procurement & Implementation

Higher education purchasing comes with its own timeline and requirements, especially at public institutions. A few things to plan for:

1. **RFP PREPARATION**

   Look for a provider with documented experience responding to public university or state system RFPs, as well as private institution purchasing processes.

2. **ACADEMIC CALENDAR ALIGNMENT**

   Work implementation timing around the academic calendar. Avoid rolling out or transitioning providers during finals, move-in, or peak enrollment periods.

3. **COMPLIANCE DOCUMENTATION**

   Confirm HIPAA compliance and data handling practices are documented and ready for procurement review.

4. **IMPLEMENTATION TIMELINE**

   Ask providers for a realistic rollout plan that includes department chair, dean, and coach training. Align faculty and staff communication with the start of a semester.



PART 6

Self-Assessment: Is Your Current EAP Working?

Score your current program:

- ☐ Faculty and staff can reach a live clinician in under a minute, 24/7
- ☐ Counseling appointments are available the same day or next day
- ☐ Clinicians have experience relevant to the pressures of academic work, including student-crisis exposure and seasonal workload spikes
- ☐ Critical Incident Response is available within hours
- ☐ Department chairs, deans, and coaches have dedicated consultation support they can reach and use
- ☐ Your provider has documented experience with colleges or universities
- ☐ You receive quarterly outcome reports and your utilization rate exceeds the legacy EAP industry average (3–5%)
- ☐ Faculty and staff can reach human clinicians *and* self-serve through an app or portal — not one or the other

6–8 checked: Your program is likely performing well — focus on continued promotion and utilization tracking.

3–5 checked: There are meaningful gaps worth addressing with your current provider or in your next RFP.

0–2 checked: It may be time to evaluate whether your EAP is actually built for a higher education workforce.



LET'S BUILD AN EAP THAT WORKS FOR YOUR CAMPUS

For more than 50 years, AllOne Health has partnered with colleges and universities to support the people who keep campuses running. From faculty and staff to residence life, athletics, and campus safety, our experience in higher education helps institutions deliver confidential, accessible support that fits the realities of campus life.

Visit **allonehealth.com** to request a custom quote.