CITY OF CHICAGO
OFFICE OF INSPECTOR GENERAL

2025

# Audit of the Department of Human Resources' Employee Assistance Program

April 17, 2025

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# Acronyms

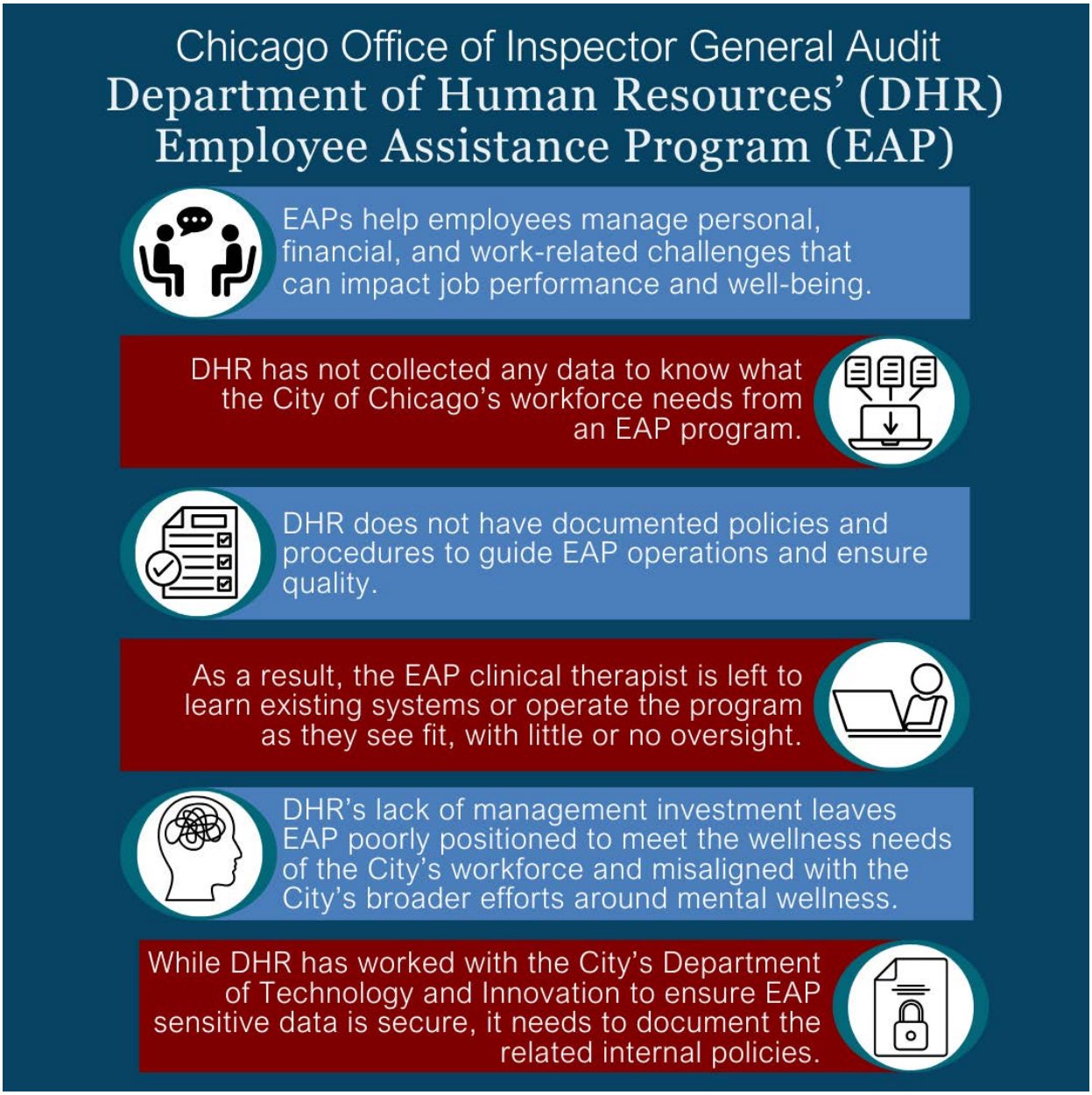
| | |
|---|---|
| AFSCME | American Federation of State, County, and Municipal Employees |
| CFD | Chicago Fire Department |
| DHR | Department of Human Resources |
| DTI | Department of Technology and Innovation |
| EAP | Employee Assistance Program |
| EAPA | Employee Assistance Program Association |
| HIPAA | Health Information Portability and Accountability Act |
| OIG | Office of Inspector General |
| OPM | U.S. Office of Personnel Management |

## Mental Health Resources

This report addresses issues of mental health. If you are experiencing a mental health crisis, please call or text 988 to reach the Suicide and Crisis Lifeline, or use the chat at 988lifeline.org. If you or someone else is at risk of imminent harm, please call 911.

For non-crisis mental health and substance use resources, as well as other social services, call 211 or visit https://211metrochicago.org/.

The Chicago Department of Public Health connects users with additional mental health resources, such as walk-in support services, at https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/cdph-suicide-prevention-initiative/mental-health-crisis-resources-in-chicago.html.


Chicago Office of Inspector General Audit
Department of Human Resources' (DHR) Employee Assistance Program (EAP)
EAPs help employees manage personal, financial, and work-related challenges that can impact job performance and well-being.
DHR has not collected any data to know what the City of Chicago's workforce needs from an EAP program.
DHR does not have documented policies and procedures to guide EAP operations and ensure quality.
As a result, the EAP clinical therapist is left to learn existing systems or operate the program as they see fit, with little or no oversight.
DHR's lack of management investment leaves EAP poorly positioned to meet the wellness needs of the City's workforce and misaligned with the City's broader efforts around mental wellness.
While DHR has worked with the City's Department of Technology and Innovation to ensure EAP sensitive data is secure, it needs to document the related internal policies.

# I | Executive Summary

The City of Chicago Office of Inspector General (OIG) conducted an audit of the Department of Human Resources' (DHR) Employee Assistance Program (EAP). The objectives of OIG's audit were to determine whether DHR designed and administered the Employee Assistance Program to address the needs of the City's workforce and comply with recordkeeping requirements.

## A | Conclusion

The purposes of an EAP are to address workplace productivity issues and connect employees with mental health and other personal services. DHR cannot determine whether the City of Chicago's EAP achieves either of these aims because the program lacks structure, guidance, and clear goals. This has limited the EAP's usefulness as a tool to support employees and improve their job performance. Moreover, the program, with its shortcomings, does not align with the City's broader efforts to strengthen mental health care infrastructure for Chicagoans.

OIG also concluded that, while DHR has worked with the City's Department of Technology and Innovation (DTI) to ensure sensitive data is secure, DHR should document its related internal policies.

## B | Findings

OIG found that DHR has not positioned its EAP to meet the needs of the City's workforce. The City's civilian EAP has no documented policies and procedures to guide operations and ensure consistent, standardized service delivery.[1]

In addition, OIG found that although DHR worked with DTI to identify and address data security issues regarding sensitive EAP information, DHR has not documented internal policies to ensure it continues to protect this information and comply with legal requirements moving forward.

## C | Recommendations

OIG recommends that DHR assess and document the EAP needs of the City's workforce to account for demographics and work location in addition to historical usage of the service. Additionally, DHR should set program goals informed by its assessment of workforce needs and collect relevant data to monitor the program's progress toward these goals. DHR should develop policies and procedures to ensure consistent service delivery. DHR should also regularly review and update the list of external agencies to which the EAP refers clients for additional services, to ensure it is complete and accurate. In partnership with DTI, DHR should document policies and procedures identified by DTI's risk analysis to standardize EAP staff responsibilities around data security and ensure ongoing compliance with the Health Information Portability and Accountability Act (HIPAA) Security Rule.[2]

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[1] The Chicago Police Department and the Chicago Fire Department have their own dedicated EAPs. Employees of those departments are not eligible for DHR's program for civilian employees.
[2] U.S. Department of Health and Human Services, "The HIPAA Security Rule," October 20, 2022, accessed March 4, 2025, https://www.hhs.gov/hipaa/for-professionals/security/index.html.

## D | DHR Response

In response to OIG's audit findings and recommendations, DHR stated that it has requested that the City reclassify the clinical therapist position to an EAP counselor, which would "not only provide therapeutic counseling but also provide strategic development and oversight of the EAP program." DHR stated that it would be the responsibility of the EAP counselor to,

- conduct an assessment of the needs of the City's workforce;
- determine the program goals and key performance metrics based on the assessment;
- develop policies, procedures, and outreach plans; and
- update the EAP referral lists.

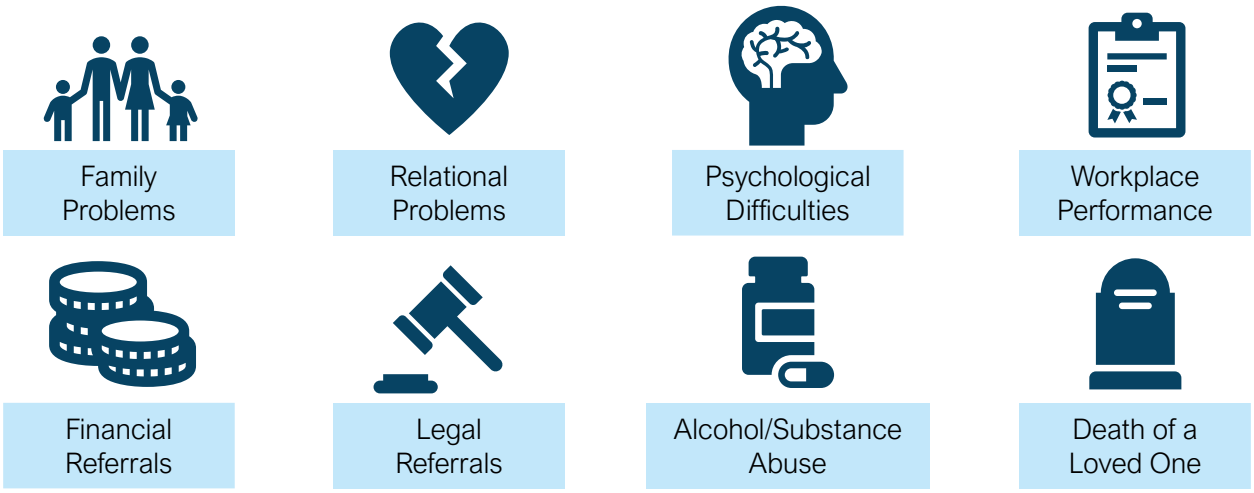
DHR stated that it would develop standard operating procedures to ensure EAP recordkeeping complies with HIPAA.

The specific recommendations related to each finding, and DHR's response, are described in the "Findings and Recommendations" section of this report.

# II | Background

An EAP is a set of professional services that an employer offers free of charge to employees experiencing personal or work-related problems. These services may include short-term counseling, referrals to specialists, and case follow-up. EAPs address not only workplace productivity issues, but also personal issues that may affect job performance or mental health—such as alcohol and substance abuse, stress, and grief. Figure 1 shows examples of reasons employees may seek assistance from an EAP.

Figure 1: EAPs Can Address a Range of Concerns in Employees' Lives.




Source: OIG visualization.

## A | Purpose and Models of EAPs

The U.S. Surgeon General describes workplace well-being and mental health as a "critical priority for public health."[3] In addition to the harm they can cause employees, mental health and substance abuse issues can affect employers through excessive employee absences, reduced productivity, turnover, and even workplace accidents and death. Because EAPs can help mitigate these risks, such programs are an attractive investment for private and public-sector employers alike. Figure 2 below shows some of the various ways in which EAPs can benefit employers.

[3] Office of the U.S. Surgeon General, "The U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being," U.S. Department of Health and Human Services, October 20, 2022, accessed March 4, 2025, https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf.

Figure 2: In Addition to Employee Benefits, EAPs Can Also Provide Benefits to Employers.


Source: OIG visualization.

Programs of this sort trace their origins in the United States to World War II-era efforts to address substance abuse issues in the workplace. These evolved to include counseling support for the additional issues discussed above.

An employer may provide EAP services themselves, contract with an external provider, or provide a hybrid model of both internal staff and an external contractor. According to research sponsored by the Employee Assistance Program Association (EAPA) and EAP services provider TELUS Health, most employers use an external contractor for EAP services.[4] Figure 3 below shows how some other government employers structure their EAP services in comparison to the City's EAP.

Figure 3: Chicago's EAP Uses a Similar Model to Other Government Employers But Employs Fewer Clinicians.

| | City of Chicago | Cook County, Illinois | New York City | Baltimore City |
|---|---|---|---|---|
| Model | In-house | Contracted Vendor | In-house | In-house |
| Approximate Workforce Size | 16,000 | 20,000 | 200,000 | 14,000 |
| Clinicians | 1 | Contractor required to meet demand | 20 | 4 |
| Sessions Offered | 5 | 6 | 5 | 6 |

Source: OIG visualization of information from the City of Chicago, Cook County, New York City, and the City of Baltimore.

[4] Mark Attridge, "Workplace Outcomes Suite (WOS) EAP Industry Global Report No. 6: Use and Effectiveness For Over 140,000 Counseling Cases from 2010 to 2022," TELUS Health and Employee Assistance Professionals Association, June 21, 2024, accessed March 4, 2025, https://archive.hshsl.umaryland.edu/handle/10713/22543. The EAPA is a membership organization for employee assistance professionals with a mission "to promote the highest standards of practice and the continuing development of employee assistance professionals, programs, and services." TELUS Health is a health and wellbeing service provider with a goal to "help organizations support the mental health of their employees and families."

## B | The City of Chicago's Civilian EAP

DHR provides EAP services to all civilian employees of the City of Chicago.[5] The City of Chicago typically staffed its EAP with one clinical therapist III position, a City of Chicago employee. The EAP serves employees and their eligible family members with confidential clinical assessments, short-term counseling, and referrals to external service providers.[6] In addition, the EAP offers training and consultation for managers, administrators, and supervisors on how to use the program's services to support their employees. The EAP acquires clients both through self-referrals and referrals by supervisors. Participation in the program is completely voluntary and free of charge.

As a matter of practice, the EAP refers employees who are members of the American Federation of State, County, and Municipal Employees (AFSCME) to that organization's Personal Support Program, which offers similar services. However, like other civilian City employees, AFSCME members remain eligible to use the City's EAP, as noted in AFSCME Council 31's current collective bargaining agreement with the City.[7] As of October 1, 2024, 16,391 City employees were eligible for the EAP's services.

The EAP clinical therapist position requires at least a master's degree in psychology, social work, or another form of counseling. Potential clients schedule services with the clinical therapist via a dedicated phone number or email address, which are available to employees through the City's intranet. The clinical therapist generally schedules appointments between 9:00 am and 5:00 pm, Monday through Friday. They can also be available outside these hours to provide crisis services following major events or emergencies.

Employees and their eligible family members are entitled to five free EAP sessions per year. City employees can schedule their first session during work hours, but the other four must be scheduled outside of their work hours. Due to the limited number of sessions, the clinical therapist conducts only short-term therapy and refers issues requiring longer-term treatment to other care providers. The EAP has a list of agencies to which it refers employees for specialized services, such as couples counseling or substance abuse treatment. Most employees choose virtual EAP sessions held over Microsoft Teams, but the clinical therapist is also typically available for in-person sessions at the DHR office at City Hall. In addition to providing direct clinical services, DHR's former clinical therapist had also begun delivering quarterly group workshops to City departments. These provided wellness resources around topics such as managing stress and self-care.

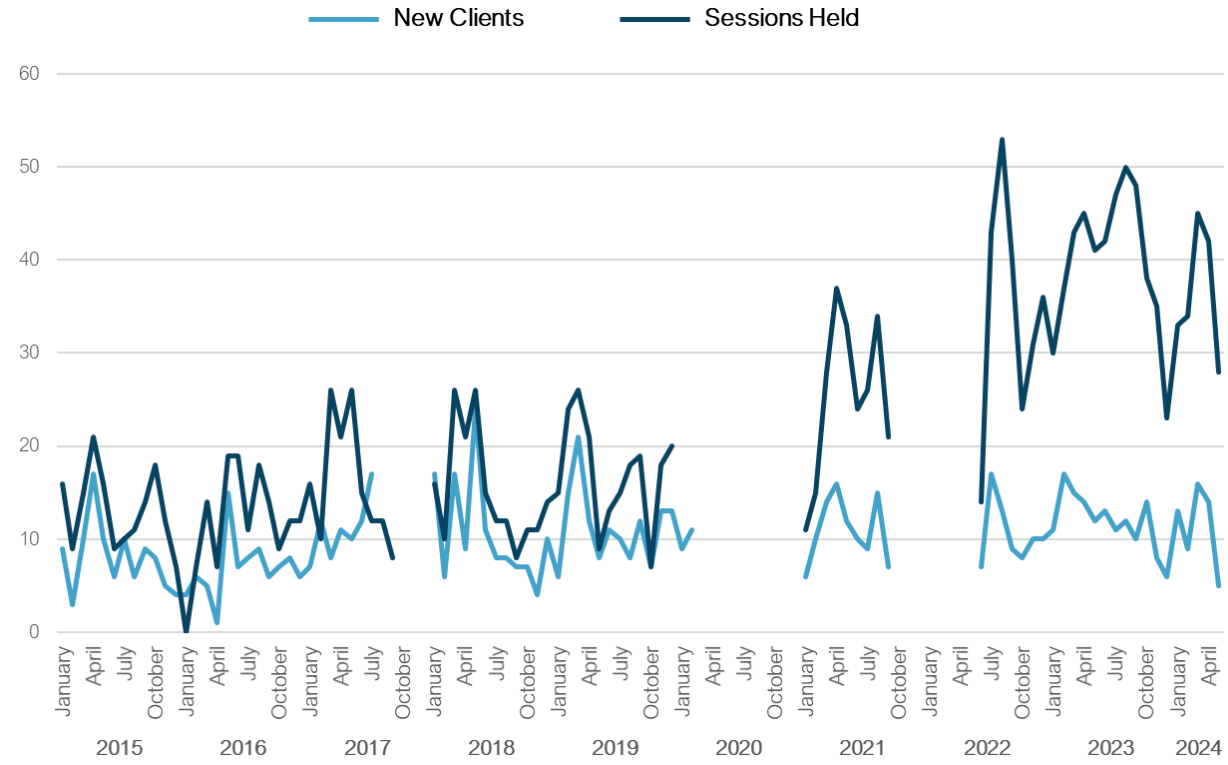
As part of a preliminary assessment with a client, the EAP's clinical therapist collects demographic information such as gender, race/ethnicity, age, marital status, educational attainment, primary language, and City department. DHR does not aggregate this information for program reports or analysis; it remains in each client's individual case file. The clinical therapist does internally report

[5] The Chicago Police Department and the Chicago Fire Department have their own dedicated EAPs. Employees of those departments are not eligible for DHR's program for civilian employees.
[6] Eligible family members are defined by the Chicago Benefits Office to include the employee's spouse, children, adopted children, unmarried military dependent children who are Illinois residents, dependents of whom the employee is a legal guardian, civil union partners, and same sex domestic partners. Chicago Benefits Office, "Healthcare and other Benefits Open Enrollment Guide 2025," 6, accessed March 4, 2025, https://www.chicago.gov/content/dam/city/depts/fin/supp_info/Benefits/OpenEnrollment/2025/2025_Open_Enrollment_Guide_Plan_A_LMCC.pdf.
[7] City of Chicago, "Collective Bargaining Agreement Between the City of Chicago and the American Federation of State, County and Municipal Employees, Council 31,"Section 27.5, accessed March 4, 2025, https://www.chicago.gov/content/dam/city/depts/dol/Collective%20Bargaining%20Agreement3/AFSCME11_CBA.pdf.

data on number of clients served and sessions held. These reports also include the number of cases referred to other providers, but do not indicate to whom the referrals were made.

In 2023, the EAP reported opening 143 new cases and holding a total of 479 sessions. Figure 4 illustrates the numbers of new EAP clients each month and total sessions held each month from January 2015 to May 2024, which show general growth in the program. However, OIG urges caution when interpreting this chart. The EAP's self-reported service figures lack data for parts of 2017, 2020, and 2021. In addition, service reports from the first half of 2022 conflict with one another and cannot be verified; thus, they are omitted from the chart below.

Figure 4: Employee Engagement with the EAP Has Generally Grown Since 2015, But DHR's Service Reports are Not Complete or Fully Reliable.



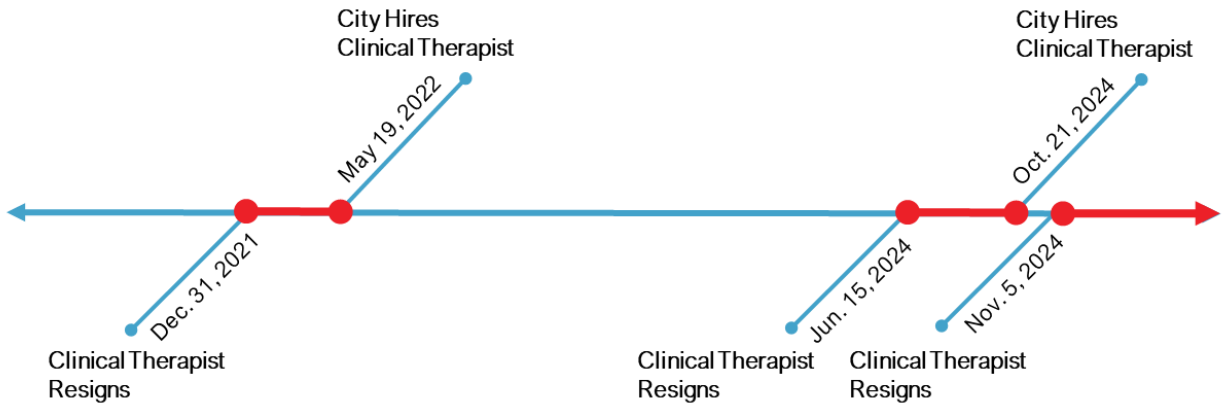

Source: OIG visualization of data from DHR.

The EAP's total program cost for 2024 included the clinical therapist's $135,741 budgeted salary and estimated fringe benefits, plus the cost of this position's materials and office at City Hall, which are not broken out in DHR's overall budget.

Due to turnover, at times DHR has had no clinical therapist to staff the EAP. When the clinical therapist left their role in 2022, DHR coordinated with a clinician at the Chicago Department of Public Health to staff the program until the vacant position was filled. This interim period lasted from January 1, 2022 to May 19, 2022, when a new clinical therapist was hired for the EAP. As of June 15, 2024, the position became vacant again, and clinicians from the Chicago Fire Department (CFD) EAP staffed the program until DHR could fill the position. On October 21, 2024, DHR hired a new clinical therapist for the program. This person departed the position approximately two weeks later, leaving the EAP once again unstaffed. DHR stated that, until it made another hire, CFD's EAP

would again handle employee requests for therapy. Figure 5 lays out a staffing timeline for the EAP since the beginning of 2022.

Figure 5: Since 2022, the EAP has had three separate periods of time without a dedicated clinical therapist.




Source: OIG visualization

# III | Objectives, Scope, and Methodology

## A | Objectives

The objective of the audit was to determine whether DHR designed and administered the EAP to address the needs of the City's workforce and comply with recordkeeping requirements.

## B | Scope

This audit focused on DHR's operations of the civilian EAP from May 2022 until June 2024, during which the EAP was staffed with a clinical therapist.

The Chicago Police Department and Chicago Fire Department each have a dedicated EAP and were not included in this audit. OIG did not assess the clinical quality of EAP services.

## C | Methodology

To understand industry standards for EAP operations, OIG reviewed the EAPA's Standards and Professional Guidelines for Employee Assistance Programs and interviewed EAPA. OIG also reviewed the U.S. Office of Personnel Management's (OPM) *Federal Employee Assistance Programs Guiding Principles, Framework, and Definitions*.

To understand how other jurisdictions understand and apply standards to their own EAPs, OIG spoke with employees that oversee the EAPs for Cook County, the State of Illinois, New York City, and the City of Baltimore, as well as the clinical director for AFSCME's Personal Support Program.

To determine whether DHR designed and administered the EAP to address the needs of the City's workforce, OIG interviewed the EAP clinical therapist and DHR management. OIG reviewed EAP program documentation including internal reports of aggregated service numbers, the list of external agencies to which the EAP refers, and outreach and marketing materials. OIG also requested any available EAP policies and procedures, needs assessments, user feedback (e.g. client surveys), performance evaluations, and referral agency assessments, none of which DHR could ultimately provide. OIG neither requested nor received any individual case files. OIG interviewed human resources liaisons at three other City departments about their employees' known interactions with the EAP. OIG also attended a virtual wellness workshop hosted by the EAP.[8]

To determine the extent to which DHR fulfills its EAP recordkeeping requirements, OIG reviewed the City's HIPAA Security Rule Risk Analysis, DTI's EAP security audit, the relevant portions of HIPAA, and requested any DHR organizational policies on confidentiality, record ownership and destruction, and information security. OIG also interviewed members of the Information Security Office within DTI as well as the EAP clinical therapist and management about their understanding of these requirements and their practice.

[8] In addition, OIG staff participated in a separate wellness workshop EAP conducted for the benefit of OIG employees during the timeframe of the audit. This was initiated by OIG operations staff, not as part of this audit engagement.

## D | Standards

OIG conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for its findings and conclusions based on its audit objectives. OIG believes that the evidence obtained provides a reasonable basis for its findings and conclusions based on its audit objectives.

## E | Authority and Role

The authority to perform this audit is established in the City of Chicago Municipal Code § 2-56-030, which states that OIG has the power and duty to review the programs of City government in order to identify any inefficiencies, waste, and potential for misconduct, and to promote economy, efficiency, effectiveness, and integrity in the administration of City programs and operations.

The role of OIG is to review City operations and make recommendations for improvement.

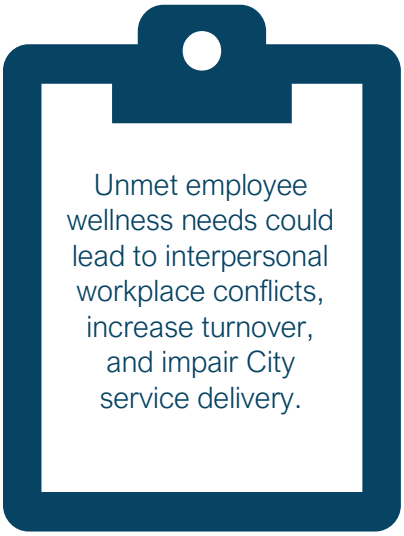
City management is responsible for establishing and maintaining processes to ensure that City programs operate economically, efficiently, effectively, and with integrity.

# III | Findings and Recommendations

## Finding 1: DHR has not positioned its Employee Assistance Program to meet the needs of the City's workforce.

DHR provides minimal oversight and lacks documentation of processes to support a sustainable EAP. When the EAP's lone clinical therapist or members of DHR management overseeing the program turn over, the department can offer little documentation or historical knowledge of program practices. This lack of guidance and clear expectations leaves a lone clinical therapist ill-equipped to serve the wellness needs of over 16,000 employees and their families. One departmental liaison to DHR reported that these needs have included support for matters as serious as domestic violence and attempts at suicide. DHR management told OIG that because they are not aware of any particular problems with the program, they are focused on improving other DHR programs instead.

Upon taking the position in 2022, the EAP's previous clinical therapist received no training and very little documentation on how to run the program. The clinical therapist stated that they requested additional guidance several times, which DHR management never provided.[9] Additionally, the clinical therapist stated that keys to secure the EAP office's filing cabinets were not available when they took the role, and that they were not notified of—and, thus, were unaware of—the EAP's dedicated intake email address until approximately four months into their tenure.[10] DHR never gave this person a performance evaluation and did not conduct an exit interview when they left the role in 2024.




DHR's lack of program management support for the clinical therapist negatively impacts continuity of operations, especially when a clinical therapist leaves and a successor must be onboarded. Unmet wellness needs could prevent the City from improvements core to an EAP program. Specifically, employee work productivity issues could go unaddressed, and the City may not identify and resolve

[9] According to DHR, during the clinical therapist's tenure she reported to a managing deputy commissioner through November 2022, the previous DHR commissioner from December 2022 through June 2023, and a first deputy commissioner from July 2023 until she left the City's employ. Mayor Johnson, who took office in May 2023, appointed the current DHR commission in December 2023.

[10] In February 2024, the clinical therapist stated that, because she had been unaware of the dedicated email address, she shared her individual City of Chicago email address with clients and that she still received EAP-related messages at that email address. That clinical therapist left the position in June 2024. A test email to their individual email address did not result in an automated email delivery error and went unacknowledged.

employees' personal concerns that may affect job performance.

The EAPA and OPM have each published extensive standards and principles for managing effective EAPs.[11] These recommend that EAPs,

- conduct assessments to understand their employees' wellness needs;
- document operating policies and procedures;
- maintain active referral partnerships;
- set program goals, collect outcomes data, and evaluate progress towards those goals; and
- conduct outreach to ensure employees in need are aware of EAP services.

Peer EAPs serving similar workforces, including New York City, Cook County, the State of Illinois, and AFSCME, generally recognize and observe these principles. Below, OIG explores the extent to which the City of Chicago's EAP reflects them.

## A | DHR Has Not Performed an Assessment to Determine the City's and its Employees' EAP Needs.

EAPA standards state that the design of an EAP "be based on an assessment of organization and employee needs." EAPA further states that intent of the assessment is "to help determine the most appropriate methods and models of providing EAP services given the unique characteristics of the organization's structure and culture." An assessment of the City's needs, as well as those of its eligible employees, would allow the City's EAP to determine the appropriate scope and method of services to deliver. DHR, however, has not performed any formal assessment to determine the EAP needs of the City's 16,000-member civilian workforce and their relevant family members, or the resources needed to meet those needs. In addition, DHR has not collected any formal user feedback, such as through client surveys, to improve program performance moving forward.

EAPs in other jurisdictions assess the wellness needs of their employees in various ways. New York City's internal EAP accounts for employees' wellness needs by collecting and reviewing usage data and client feedback to inform how and where it delivers services. Cook County previously operated an internal EAP, staffed by a single clinician who conducted in-person therapy sessions during regular work hours. In 2017, the County's Department of Risk Management analyzed its usage data and moved to an external contractor. This addressed the County's identified need to expand service hours and provide a range of locations and methods for employees to access services.

Without any assessment of the wellness needs of the workforce, DHR cannot ensure it is delivering appropriate EAP services that address the issues civilian employees face or prioritizing areas of high need.

[11] Employee Assistance Professionals Association, "EAPA Standards and Professional Guidelines for Employee Assistance Programs," 2010, accessed March 4, 2025, https://cdn.ymaws.com/eapassn.org/resource/resmgr/eapa_standards_and_professio.pdf.
U.S. Office of Personnel Management, "Federal Employee Assistance Programs: Guiding Principles, Framework, and Definitions," September 2008, accessed March 4, 2025, https://www.opm.gov/policy-data-oversight/worklife/reference-materials/eapguide.pdf.

## B | DHR Has Not Documented Policies and Procedures to Guide EAP Operations and Ensure Quality.

Written operating and administration procedures help an EAP provide clients distinct, identifiable services and ensure continuity of care, according to EAPA guidance. DHR has not documented policies and procedures for its EAP operations. This has forced the program's lone clinical therapist to discover existing systems on their own and left them to operate the program with little input from DHR management.

When the EAP's previous clinical therapist took over the position, DHR provided them with one page of guidance on when to see employees and when to refer them to other City or external resources. DHR provided the clinical therapist with a list of potential referral resources with the guidance, but the list was out of date.[12] Beyond this limited guidance, the clinical therapist was left to set their own expectations for meeting with clients, saving program records, promoting EAP services, and collecting performance data.

Moreover, without clear program documentation, the EAP cannot identify which employees are eligible for services. The previous clinical therapist expressed confusion as to whether certain AFSCME members could receive EAP services, given that AFSCME operates its own union-based personal support program. (As noted in the Background above, AFSCME members are indeed eligible for the EAP in addition to the union's program.) The clinical therapist also reported that they did not understand which family members were eligible for EAP services, had sought clarification from DHR management, but received no answer. The clinical therapist reported that they had generally referred the spouses and children of employees to other services. Furthermore, the one-page guidance mentioned above directs the clinical therapist to refer children under the age of 12 to the "child's school counselor or a child specialist." As noted in the background of this document, spouses and children of employees are eligible for five free EAP sessions per year.

Finally, the absence of EAP policies and structure creates an ad-hoc process for finding program coverage when the clinical therapist position turns over, which has occurred twice in the last two years. Not only can the lack of program policies and procedures negatively affect staff retention, in such instances DHR has had to find coverage from other departments for extended periods while the EAP was unstaffed.[13] A Chicago Department of Public Health psychologist handled EAP requests from January to May of 2022, before DHR made a hire to fill its vacant EAP clinical therapist position. Again, this clinical therapist left in June 2024, whereupon clinicians from CFD's EAP took over new civilian EAP requests for approximately six months until the position was filled. One departmental liaison to DHR was surprised to learn that CFD's EAP was covering the civilian program during this time. They expressed concern that employees calling the civilian EAP for services may not have understood why they were routed to a voicemail for CFD. Now that the clinical therapist position is again empty, DHR reports that CFD's EAP is handling civilian employee requests once more.

[12] See subsection D below for OIG's assessment of EAP's list of referral partners.
[13] The previous clinical therapist was later hired at the Chicago Police Department (CPD) EAP and indicated that the existence of documented policies at CPD EAP was a factor in their decision to go there.

## C | DHR Has Not Collected Outcomes Data to Evaluate its EAP.

Evaluating EAP services by establishing program goals and collecting client outcomes data (such as client satisfaction surveys, health care claims, or worker absenteeism) helps ensure that an EAP was designed and administered to meet those goals and operates effectively toward those goals. DHR has established no EAP goals and has not collected data on outcomes that could be used to assess its program's effectiveness. The clinical therapist internally reported only information about the number of sessions held, clients seen, referrals made, and cancellations, which DHR management used to monitor the clinical therapist's productivity. None of this data captures types of client needs or clients' experiences with the services they received. Furthermore, DHR has not evaluated client progress nor followed up with employees who received EAP services or referrals.

## D | DHR Has Not Verified the Accuracy of its EAP Referral Agency Information nor Followed Up with Clients After Referrals.

Selecting needs-based referral resources, maintaining up-to-date information about them, and conducting routine and documented follow-up with referred clients are all important steps to ensure an EAP provides effective care. DHR has not maintained current information on the external agencies to which its EAP refers clients. This limits the program's ability to refer clients to appropriate and capable external resources.

When the previous EAP clinical therapist assumed the role in 2022, DHR provided them with a list of 12 external organizations to which they could refer clients. Information for many of the resources on the list was incomplete or inaccurate, including incorrect phone numbers and locations that were no longer in operation. One location had not housed the listed agency since at least 2013. The previous clinical therapist stated that they would occasionally refer clients to supplementary agencies or resources that were not included on the list. The EAP did not track this information or follow up with clients after referring them, so it is unclear how often clients used the services of each of these agencies.

Without confirming even basic information on its referral list, such as the accuracy of the contact information, DHR cannot reliably connect EAP clients with relevant service providers.

## E | DHR Has the Opportunity to Increase Awareness of the EAP.

Outreach and promotional activities can help ensure an EAP reaches the people it is intended to serve and that it is fully utilized. DHR's EAP has conducted some targeted engagement with City departments, though there exists no formal process for this outreach and it often occurs only in response to requests from City departments.

The EAP's previous clinical therapist stated that they did not engage much with human resources liaisons at the various City of Chicago departments, other than referring clients' work-related complaints to them. However, departments have reached out to the EAP for specialized service. For example, the Civilian Office of Police Accountability requested that the clinical therapist speak to the agency's new hires every six months, which the EAP has done.

Other departments have contacted the EAP to request group sessions and extended hours for therapy in the wake of employee deaths, which the EAP also accommodated. Nevertheless, two departmental liaisons OIG interviewed stated that they found it difficult to reach the EAP at times in which the program had no clinical therapist and other departments were covering the program's intake. One expressed concern that DHR had not notified departments that CFD would be covering the civilian EAP's service requests after the previous clinical therapist left DHR. This liaison also stated that, despite referring one to ten employees to the EAP each month, they did not know much about the program and would have liked to see more communication about it from DHR.

The previous clinical therapist also began delivering virtual wellness presentations once per quarter as an attempt to increase employees' awareness of EAP. They intended to make these available for all employees, not just those receiving counseling services. However, the clinical therapist only promoted these events to departments that had previously inquired about EAP services and stated that they were generally not well attended.

The EAP uses some general outreach strategies to make City employees aware of the services available to them. DHR's Programs and Services landing page on the City of Chicago Intranet—accessible to City employees only—includes information on the types of personal issues the EAP can help address along with the program's contact information. DHR also circulates an EAP print brochure with similar information.

# Recommendations

1. DHR should assess and document the EAP needs of the City's workforce. This assessment should take into account Citywide workforce data including demographics and work locations, and go beyond merely gathering historical usage information from the program itself.
2. DHR should set EAP program goals that are informed by its needs assessment and collect relevant data to monitor the program's progress towards these goals.
3. DHR should develop policies and procedures that ensure incoming staff are trained and EAP services are delivered consistently. Among general program policies and procedures, these should also include expectations for:
    a. the method and schedule for needs assessments;
    b. periodic evaluation of program goals;
    c. a departmental outreach plan informed by the needs assessment; and
    d. appropriate follow-up with clients after treatment or referral to assess program outcomes.
4. DHR should regularly review and update the list of external agencies to which EAP refers clients for additional services, to ensure it is complete and accurate.

# Management Response

1. *"DHR agrees with the assessment of the City workforce's EAP needs. This work will be led by a new EAP Counselor position, once filled."*

2. *"DHR will determine the program goals and key performance metrics based on needs assessment discussed in (1) above."*

3. *"The new DHR administration saw the need to elevate the program administration to the more strategic position of EAP Counselor. This position will not only provide therapeutic services but also lead program development, management, and evaluation, including the development of appropriate policies, procedures, and outreach plans.*

   *"The position will report to the new Managing Deputy of Strategic Planning & Administration to ensure oversight."*

4. *"DHR agrees with the need for EAP referral lists to be current."*

# Finding 2: While DHR has worked with DTI to ensure sensitive data is secure, DHR has not documented its related internal policies.

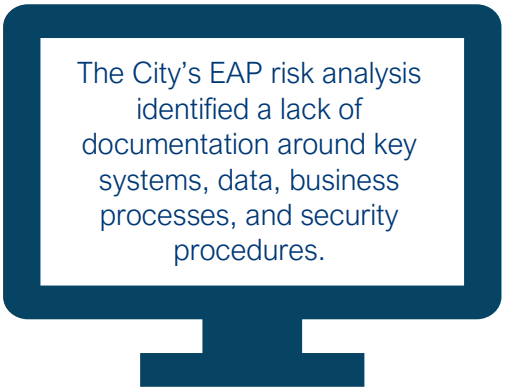
The United States Department of Health and Human Services established the HIPAA Security Rule which "establishes national standards to protect individual's electronic personal health information [. . . ]."[14] The Security Rule requires safeguards to "ensure the confidentiality, integrity, and security of electronic protected health information." The EAP is among the City-operated systems and services that face potential risks to the confidentiality, availability, and integrity of electronic protected health information. In 2022, the City conducted a Security Rule risk analysis to analyze these systems and services, and identified control gaps, risks, and risk mitigation recommendations. The vast majority of these issues were to be addressed by the Bureau of Information Technology under the Department of Assets, Information, and Services—now known as DTI—at a Citywide level. DTI is working with each of the City's services that encounter electronic protected health information to implement corrective actions.

DHR has worked with DTI to ensure that its storage of EAP client data complies with the HIPAA Security Rule. However, DHR has not documented any security protocols nor records management procedures to ensure current and future EAP staff know the necessary data security requirements. Given that this work was done with the previous clinical therapist alone, and that person has since left DHR, the Department has already lost much of its institutional knowledge around this work. DHR management did not provide the former clinical therapist with expectations or guidance on how such procedures should be documented. Guidance from both the EAPA and OPM agrees that EAPs should provide secure and confidential data storage environments with written procedures governing access, maintenance, and destruction of records.

The City's HIPAA Security Rule risk analysis helped identify potential risks to the confidentiality of the EAP's records. DTI determined that most of the EAP's identified risks were DTI's responsibility and would be addressed by developing certain Citywide data security corrective actions. DTI worked closely with DHR's then-clinical therapist to learn about the systems the EAP had in place and ensure the Citywide corrective actions could be adopted at the EAP level. The risk analysis identified risks related to the EAP's lack of documentation around key systems, data, business processes, and security procedures. For example, one corrective action directed the EAP to save client records in a protected program folder rather than the clinical therapist's individual network drive.

[14] U.S. Department of Health and Human Services, "The HIPAA Security Rule," October 20, 2022, accessed March 4, 2025, https://www.hhs.gov/hipaa/for-professionals/security/index.html.

Working with DTI to implement corrective actions will help ensure the EAP complies with HIPAA's data security and records management requirements. However, DHR cannot ensure the EAP will maintain compliance moving forward without documenting the procedures required to do so. As identified in Finding 1, an absence of documented procedures leaves each successive clinical therapist to decide how to secure client records and other sensitive information. This risks future failures to follow the security procedures identified by DTI, creating the potential for exposure of employees' protected health information. Should the EAP eventually fall out of compliance with HIPAA, the City would be at risk of legal liability. HIPAA establishes strict rules for how entities like EAP handle personal health information. Unintentional non-compliance can lead to civil penalties, which range from $100 to $50,000 per violation, with a maximum of $1.5 million per year, depending on the level of negligence.[15] Unclear or lax procedures could also disrupt the EAP's regular operations if client data cannot be accessed—a risk DTI identified in its EAP risk analysis. This could potentially discourage City employees from utilizing the EAP or trusting DHR with their sensitive information more broadly, as EAPA guidance states that maintaining confidential and retrievable records facilitates trust in EAP program services.




# Recommendations

5. DHR should work with DTI to document policies and procedures identified by the City's risk analysis to standardize EAP staff responsibilities around data security and ensure ongoing compliance with the HIPAA Security Rule.

# Management Response

5. *"DHR's storage of EAP client data is in compliance with the HIPAA Security Rule. DHR's Finance & Administration Bureau will work with DTI to develop Standard Operating Procedures for EAP recordkeeping to ensure HIPAA compliance."*

[15] United States Federal Government, Code of Federal Regulations, § 160.404.

# V | Conclusion

The purposes of an EAP are to address workplace productivity issues and connect employees with mental health and other personal services. DHR cannot determine whether the City of Chicago's EAP achieves either of these aims because the program lacks structure, guidance, and clear goals. This has limited the EAP's usefulness as a tool to support employees and improve their job performance. Moreover, the program, with its shortcomings, does not align with the City's broader efforts to strengthen the mental health care infrastructure for the people of Chicago.

Finally, OIG found that although DHR worked with DTI to identify and address data security issues regarding sensitive EAP information, DHR has not documented internal policies to ensure it continues to protect this information and comply with the HIPAA Security Rule moving forward.

# Appendix A | Complete Management Response

CITY OF CHICAGO

**DEPARTMENT OF HUMAN RESOURCES**

April 8, 2025

Deborah Witzburg
Inspector General
City of Chicago
Office of Inspector General
231 South LaSalle St., 12th Floor
Chicago, Illinois 60604

RE: OIG Audit of the Department of Human Resources' Employee Assistance Program

Dear Inspector General Witzburg,

The Department of Human Resources is in receipt of the OIG Audit of the Employee Assistance Program. DHR's response is respectfully submitted as follows:

**Executive Summary**

Thank you for the opportunity to provide additional context and clarifications to the Office of Inspector General's Employee Assistance Program (EAP) Audit. The Department of Human Resources' (DHR) mission is to establish and implement fair and equitable employment policies and programs to protect our employees. The City's Employee Assistance Program was created to provide non-sworn employees with confidential, professional assistance on both personal and work-related problems across a range of health, financial, and social issues. The new administration in DHR welcomes constructive criticism and seeks continuous improvement in our work.

In response to the OIG's Employee Assistance Program Audit, DHR clarifies that no employee seeking EAP services was unable to reach the EAP or went without EAP services during this time. However, DHR understands the importance of a strong EAP and DHR's new administration has been working on strengthening the administrative backbone of the Department, including the Employee Assistance Program. As additional context, we note that historically the recognized need for confidentiality for employees using the EAP led DHR management to create space for the clinical therapist to lead the work. DHR management understood that employees are sensitive about coming to DHR for any counseling. To mitigate employee fears, DHR management prioritized the autonomy of the clinical therapist. With the new DHR administration, DHR is working to ensure that this separation is balanced with the need for program management and support, and several of the OIG's recommendations have already been researched and are in the process of implementation.

**Finding 1: DHR has not positioned its EAP to meet the needs of the City's workforce.**

The new DHR administration has already submitted the reclassification of the clinical therapist position to a more strategic position of EAP Counselor. This new title would not only provide therapeutic counseling but also provide strategic development and oversight of the EAP Program. The EAP Counselor would be responsible for outreach through trainings and presentations to City Departments to familiarize employees with the EAP Program. As part of this new title's work, a baseline EAP needs assessment would be conducted to provide a foundation for the creation of program goals and metrics.

This EAP Counselor position would report to the Managing Deputy of Strategic Planning and Administration for program oversight and strategic guidance. DHR management recognizes the importance of better balancing client confidentiality with stronger administrative management of the EAP Counselor. The Managing Deputy will oversee the creation of written policies along with standard operating procedures to ensure program continuity.

In parallel to the work done to create the new EAP Counselor position, DHR has been in discussions with Sister Agencies to understand how a third-party EAP program provider could augment City of Chicago offerings. DHR will conduct a cost-benefit analysis this year on a third-party vendor.

**Finding 2: While DHR has worked with the Department of Technology & Innovation (DTI) to ensure sensitive data is secure, DHR has not documented its related internal policies.**

DHR's storage of EAP client data is in compliance with the HIPAA Security Rule. DHR's Managing Deputy of Strategic Planning and Administration will ensure that written records management and security protocols are in place by Q4 2025.

Thank you for your continued assistance.

Sincerely,

Sandra Blakemore
Commissioner

4750

OFFICE OF INSPECTOR GENERAL
*City of Chicago*

Deborah Witzburg
*Inspector General*

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## Management Response Form

Project Title: Audit of DHR's Employee Assistance Program
Project Number: C2023-000000315
Department Name: Department of Human Resources
Date: [ ]
Department Head: Sandra Blakemore, Commissioner

| OIG Recommendation | Agree/ Disagree | Department's Proposed Action | Implementation Target Date | Party Responsible |
|---|---|---|---|---|
| 1. DHR should assess and document the EAP needs of the City's workforce. This assessment should take into account Citywide workforce data including demographics and work locations, and go beyond merely gathering historical usage information from the program itself. | Agree | DHR agrees with the assessment of the City workforce's EAP needs. This work will be led by a new EAP Counselor position, once filled. | Q1 2026 | EAP Counselor |
| 2. DHR should set EAP program goals that are informed by its needs assessment and collect relevant data to monitor the | Agree | DHR will determine the program goals and key performance metrics based on needs assessment discussed in (1) above. | Q1 2026 | EAP Counselor |

| OIG Recommendation | Agree/ Disagree | Department's Proposed Action | Implementation Target Date | Party Responsible |
|---|---|---|---|---|
| program's progress towards these goals. | | | | |
| 3. DHR should develop policies and procedures that ensure incoming staff are trained and EAP services are delivered consistently. Among general program policies and procedures, these should also include expectations for:<br>a. the method and schedule for needs assessments;<br>b. periodic evaluation of program goals;<br>c. a departmental outreach plan informed by the needs assessment; and<br>d. appropriate follow-up with clients after treatment or referral to assess program outcomes. | Agree | The new DHR administration saw the need to elevate the program administration to the more strategic position of EAP Counselor. This position will not only provide therapeutic services but also lead program development, management, and evaluation, including the development of appropriate policies, procedures, and outreach plans.<br><br>The position will report to the new Managing Deputy of Strategic Planning & Administration to ensure oversight. | Q1 2026 | EAP Counselor/ Managing Deputy of Strategic Planning & Administration |

| OIG Recommendation | Agree/ Disagree | Department's Proposed Action | Implementation Target Date | Party Responsible |
|---|---|---|---|---|
| 4. DHR should regularly review and update the list of external agencies to which EAP refers clients for additional services, to ensure it is complete and accurate. | Agree | DHR agrees with the need for EAP referral lists to be current. | Q4 2025 | EAP Counselor |
| 5. DHR should work with DTI to document policies and procedures identified by the City's risk analysis to standardize EAP staff responsibilities around data security and ensure ongoing compliance with the HIPAA Security Rule. | Agree | DHR's storage of EAP client data is in compliance with the HIPAA Security Rule. DHR's Finance & Administration Bureau will work with DTI to develop Standard Operating Procedures for EAP recordkeeping to ensure HIPAA compliance. | Q4 2025 | Managing Deputy of Strategic Planning & Administration |

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The City of Chicago Office of Inspector General is an independent, nonpartisan oversight agency whose mission is to promote economy, efficiency, effectiveness, and integrity in the administration of programs and operations of City government.

OIG's authority to produce reports of its findings and recommendations is established in the City of Chicago Municipal Code §§ 2-56-030(d), -035(c), -110, -230, and -240.

For further information about this report, please contact the City of Chicago Office of Inspector General, 231 S. LaSalle Street, 12th Floor, Chicago, IL 60604, or visit our website at igchicago.org.

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Alternate formats available upon request.