FEDERAL EMPLOYEE ASSISTANCE PROGRAMS

FRAMEWORK AND GUIDING PRINCIPLES

MAY 16, 2006

TRANSFORMING FEDERAL EAPS

FRAMEWORK AND GUIDING PRINCIPLES

RESULTING FROM 2005 SUMMIT

STEP 1: WHAT IS AN EAP IN THE FEDERAL COMMUNITY?

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What do EAPs do?

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What is their purpose?

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Who receives EAP services?

STEP 2: ASSURING THE QUALITY OF WHAT EAPs DO

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Develop Guiding Principles

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Guiding principles will inform the development of policies, standards and definitions

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Policies, standards and definitions inform the development of performance measures, accreditation, and credentialing (these are action areas)

STEP 1: WHAT IS AN EAP IN THE FEDERAL COMMUNITY?

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What do EAPs do?

Who receives EAP services?

EAP ACTIVITIES FALL INTO FOUR CORE AREAS/LEVELS

Services provided for individuals:

- assessment
- treatment planning
- referral
- short-term problem solving/facilitating change
- follow-up
- referral and information
- collaboration with others (such as treatment facilities, managed care organizations, managers, HR staff, etc.) regarding case planning and outcomes

Services provided for managers and supervisors:

- assistance in referring employees to the EAP
- assistance in appropriately supporting employees with personal concerns that may be impacting their health and well-being
- assistance with back-to-work conferences and reasonable accommodation agreements
- performance management guidance/consultation particularly around issues related to employee conduct and performance as well as those related to occupational situations and conditions that impact employee well being
- supervisor training and education
- management consulting and coaching

Services provided for organizations:

- violence prevention and crisis management
- traumatic and critical incident services
- group interventions, support groups

- employee orientation
- educational services/programs
- special and auxiliary services (such as work-life, collaborations with drug-free workplace programs, outplacement services, disability management, change management, or organizational development, etc.)

Services in support of program operations/program administration activities:

- development of and adherence to policies and procedures (general policies as well as compliance with applicable laws and regulations)
- outreach/marketing and publicity
- evaluation and quality improvement /assurance
- web development and maintenance
- staffing, ethics and professional development/other human resource activities
- development of program structure/design (such as budget, advisory committees, board of directors, etc.)
- referral (clinical) resource development and maintenance
- involvement with committees/groups/teams within the organization

STEP 2: ASSURING THE QUALITY OF WHAT EAPs DO
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Develop Guiding Principles
(Working Group)
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Guiding principles will inform the development of policies, standards
and definitions

GUIDING PRINCIPLES EXAMINED/REVEALED AT SUMMIT

- *Clients are Source of Control*

- *EAPs are Equitable*

- *EAPs are Effective and Efficient and Decision-Making is Evidence-Based*

- *EAPs are Safe, Confidential and Ethical*

- *EAPs Exhibit Transparency, Communication, and Shared Knowledge*

- *EAPs Customize Programs to Meet Needs and Respect Values*

- *Clients Experience Continuous Healing Relationships*

The following pages will describe each principle in detail, providing possible language and the EAP activities/factors concerned with each.

CLIENTS ARE THE SOURCE OF CONTROL

Guiding principle:

Clients (individuals and organizations) make decisions about the design and delivery of their care and services. EAPs collaborate with individual clients in this decision making process. Through these collaborations, EAPs assure clients have the necessary information to make decisions, share subject matter expertise, support client self-empowerment, provide decision making support, and impart the belief that clients are capable of making their own decisions. Participation in EAPs is always voluntary. EAPs also collaborate with host organizations so they can make decisions about their EAP operations as well as EAP interventions at the organizational level. Implicit is the idea that EAPs have ongoing partnerships with key organizational units such as unions, EEO, human resources, medical/health, and work/life. When there are conflicts between the decisions of individual clients and those of host organizations, EAPs facilitate compromises.

Examples of types of EAP policies/standards that might align with this principle:

- Clients are given referral choices.
- EAP consults with key staff in organizations whenever there are developments that impact employee well being.
- Unions are involved with the EAP so that they can be pro-active and supportive.
- Policies delineate conditions under which employees can continue their services.
- Policies delineate that clients are ultimately responsible for decisions.

EAPS ARE EQUITABLE

Guiding principle:

To the extent possible, access to and quality of care provided by the EAP do not vary because of client or organizational characteristics including ethnicity, age, gender, religion, sexual orientation, disability, diagnosis, geographic location, socioeconomic status, legal status, and type of employment.

Examples of the types of EAP policies/standards that might align with this principle:

- Evaluations reflect satisfaction with cultural issues.
- Physical facilities meet disability needs.
- Program philosophies, policies, and design support equity.
- To the extent possible and whenever requested, EAP staff align with the cultural characteristics of clients.
- EAP staff are trained and understand diversity. They also assist the organization in reaching the same goal.

EAPS ARE EFFECTIVE AND EFFICIENT AND DECISION-MAKING IS EVIDENCE-BASED

Guiding principle:

Clients and companies receive services that are based on the best available knowledge and practices. Services, however, are always provided in response to and respectful of individual choice and preference. Quality and comprehensiveness of services does not vary because of factors such as the client's location and choice of practitioner. EAPs make referrals to services that are also effective and respectful of client preferences. EAPs manage their human, program and physical resources in ways that minimize waste and optimize access to EAP services. Current evidence-based practices are considered when decisions are made regarding the design and delivery of EAP services.

Examples of types of EAP policies/standards that might align with this principle:

- EAPs conduct evaluations, including client satisfaction surveys, on effectiveness and appropriateness of program.
- There are management information systems in place that support the collection of data.
- Utilization rates and other performance targets are clearly defined and met.
- Referral resources are reviewed and defined on a regular basis.
- There should be data/feedback/audits and evaluations and they should contain certain items and follow certain formats and timeframes.
- Personnel/staff requirements and training/continuing education plans and activities assure effective delivery and are in line with current evidence-based practices.
- Having sound administrative structures make for an effective organization.
- Promotion and outreach efforts are effective in reaching targeted

populations.
- Efficiency relates to maximum accessibility and minimum waste.
- The correct number and kind of staff exist.
- Evaluations show positive responses and correct utilization rates.
- Counseling services are staffed in the correct ratio and are available when needed.
- Access procedures exist and include availability; they minimize barriers.
- There should be up-to-date information on referral resources and insurance coverage.

EAPS ARE SAFE, CONFIDENTIAL, AND ETHICAL

Guiding principle:

Services for all clients should be provided in an emotionally and physically safe, confidential, respectful, compassionate, trusting, and caring environment.

Examples of the types of EAP policies/standards that might align with this principle:

- Confidentiality and record keeping (including statement of understanding and electronic issues) policies and procedures are in place and adhered to.
- Anything having to do with integrity and protection.
- Complaints and risks and grievances are responded to.
- There are reports, policies and procedures assuring safety.
- If there is research being conducted in the EAP, it is done in a safe manner.
- There is compliance with laws, regulations, and case law.
- The physical safety of buildings/facilities is assured.
- Ethical conduct by staff is assured; affiliates follow the same rules.
- HIPAA considerations

EAPS EXHIBIT TRANSPARENCY, COMMUNICATION, AND SHARED KNOWLEDGE

Guiding principle:

It is understood that all facets of EAP operations are transparent. This is balanced with the need to protect sensitive client information to the greatest extent possible. Clients and host organizations are able to access information about the performance of the EAP and any outside service providers recommended by the EAP. Individual clients have unfettered access to their own paper or electronic EAP records and to any information that will help them make decisions about their care. Host organizations have access to information that will help them make decisions about their EAPs (this does *not* include information about individual clients). Communication at all levels is effective.

Examples of types of EAP policies/standards that might align with this principle:

- Clients are informed about policies and procedures related to record keeping, confidentiality, phone monitoring, costs, limits of service.
- Evaluation and quality assurance efforts are in place and the results are available.
- Structures exist (such as steering committees) that support the transparency of the EAP.
- Training and education are parts of on-going EAP operations.
- EAPs consult with management about employees and their own development.
- Procedures regarding ownership, content, destruction, physical maintenance, and access to EAP records are clearly stated in program polices and communicated to all employees. One such policy is that clients can have a copy of their records but not the original version.
- EAP staff is informed about, understt

- Referral information is up to date.
- Consideration should be given to what standardized information will be found in each case record. This will include the use of diagnostic categories (such as the DSM).
- Records should contain no stigmatizing statements.

EAPS CUSTOMIZE PROGRAMS TO MEET NEEDS AND RESPECT VALUES

Guiding principle:

EAPs are designed to meet the most common types of needs and also have the capacity to respond to individual client and agency choices and preferences. Clinical interventions as well as all other services provided by EAPs are customized according to clients' and companies' values, strengths, and desires. It is recognized, however, that services are provided according to current standards of care and within the framework of any contractual obligations. Programs utilize a highly individualized and comprehensive process of assessment and referral that includes each client's history, strengths, needs and vision of their own recovery. This assessment and referral process also gives attention to issues of culture, spirituality, trauma, and other similar factors. Intervention plans for all EAP clients respect unique preferences, strengths and dignity. Services for the work site and organization (such as supervisor consultations, trainings, and crisis interventions) are also respectful of the organizations' histories, cultures, and unique preferences. Mutual respect as well as effective relationships between host organizations and EAPs should be present.

Examples of types of EAP policies/standards that might align with this principle:

- Intakes, referrals, follow-up, interventions, and treatments are based on needs of clients/agencies and build on their strengths.
- Training and education are customized according to organizations' needs.
- Programs, policies, communications are sensitive to cultural and ethnic variances.
- Stigma does not exist in the EAP.
- Assessment of clients is about their needs.
- EAP meets and works with managers to address troubled employees as well as provides training on how to refer to the program.
- There should be outreach individualized to the culture, clients, and so forth.
- Prevention services should be provided and have certain components.

- The philosophy of the program and program design are centered on clients/agencies.
- EAP may provide unique kinds of services as needed such as DFW, CISM, OD, On-line/telephone counseling.
- There is an advisory function/body available to the EAP.
- There should be needs assessments/analysis conducted to determine needs of clients/organizations.
- Policies and procedures should meet agency/employee needs and should include certain components.
- EAPs should have knowledge of host organizations' structures.

CLIENTS EXPERIENCE CONTINUOUS HEALING RELATIONSHIPS

Guiding principle:

Access to EAP services is uncomplicated and convenient. Services may be offered in many forms, including face-to-face, over the Internet, by telephone, and in any other manner that may be available. Whenever referrals to outside sources are suggested, the EAP helps clients make these transitions seamlessly. Whenever appropriate, the EAP empowers clients to initiate their care with outside providers. Contact (including follow-up and maintenance activities) with clients, outside providers of their services, and any others involved with their cases is continuous until the concern/intervention is resolved. EAPs actively collaborate and communicate with those involved with cases such as clinicians, practitioners, and outside programs to ensure that information is accurate, information is appropriately exchanged, and care is coordinated.

Examples of types of EAP standards/policies that might align with this principle:

- Access to EAP including response time.
- Geographic distance from user, and availability of staff.
- Continuous consultation with all involved in the EAP, including management, leaders, unions, referral resources, and health insurance providers.
- Policies (including protections of confidentiality) regarding the technology of telephone and Internet services.
- EAPs have policies and procedures delineating their relationships with other providers such as managed care companies, affiliates, and referral resources.
- Follow-up is essential.
- Referral information is reliable.
- EAPs select referral resources based on availability, services offered, and access.

FACTORS IMBEDDED IN ALL GUIDING PRINCIPLES

- IT (Work Group)
- Aligning payment with performance
- Outreach and marke