



FEDERAL EMPLOYEE ASSISTANCE PROGRAMS

GUIDING PRINCIPLES, FRAMEWORK, AND DEFINITIONS

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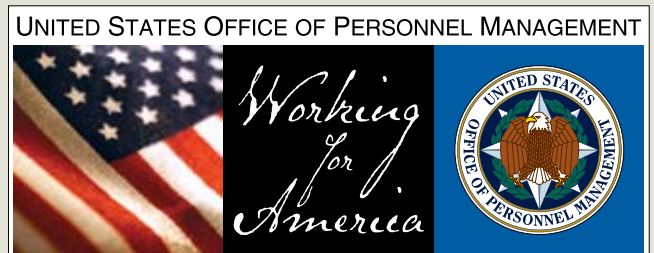


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Introduction

As a result of a Federal Employee Assistance Program (EAP) Summit convened by the Office of Personnel Management and the Department of Health and Human Services that included representatives from across Government, we are pleased to present ***Federal Employee Assistance Programs, Guiding Principles, Framework and Definitions***. Developed as a guide, rather than a requirement, for Federal EAP Administrators and other stakeholders, the information provided is based on participants' knowledge of best practices in the EAP field, as well as their own experience and understanding of EAP in Federal workplaces, and is intended to address the ways in which these programs can best meet mental and behavioral health needs of the Federal workforce.

Part 1: Guiding Principles for Federal EAPs

The Federal Government is a model employer in providing worksite-based mental and behavioral health services. In delivering these services, Federal Employee Assistance Programs (EAPs)

- 1) Deliver effective, efficient services based on the best available knowledge and practices**
- 2) Provide a safe, secure, and confidential environment**
- 3) Maintain clear, open lines of communication with stakeholders**
- 4) Treat clients equitably and demonstrate flexibility in meeting client needs**
- 5) Give clients appropriate control over their own care**
- 6) Provide continuity of care to help clients achieve their goals**

Further explanation of these Guiding Principles, along with examples of how they may be integrated into programs, policies, and practices, is provided below.

1) Deliver effective, efficient services based on the best available knowledge and practices

- Current evidence-based practices, based on research from peer-reviewed professional journals, are considered when decisions are made regarding the design and delivery of EAP services
- EAPs strive to use their resources efficiently in order to offer the greatest possible access to EAP services

Examples of EAP policies, standards, and practices that align with this principle

- Assessments/analyses are conducted to determine needs of clients and their employing organizations
- EAP personnel/staff requirements and training/continuing education plans and activities are in line with current evidence-based practices and clinical standards
- EAPs conduct evaluations, including client satisfaction surveys, on effectiveness and appropriateness of program, and use the feedback to adjust programs and services
- There are management information systems in place that support the collection of data

- There are data/feedback/audits and evaluations and they contain certain items and follow certain formats and timeframes
- There are sound administrative structures in place to support an effective organization
- Promotion and outreach efforts are effective in reaching targeted populations
- There is up-to-date information on referral resources and insurance coverage. Referral resources are regularly reviewed for quality assurance

2) Provide a safe, secure, and confidential environment

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

Examples of EAP policies, standards, and practices that align with this principle

- Confidentiality and record keeping (including informed consent and electronic issues) policies and procedures are in place and adhered to
- Complaints, identified risks, and grievances are responded to
- There are formal policies and procedures addressing physical safety in the EAP, if there is an onsite EAP office
- There is compliance with all applicable laws, regulations, and case law
- Whenever applicable, HIPAA standards/requirements are considered in creating EAP policies and procedures

3) Maintain clear, open lines of communication with stakeholders

- Individual clients have 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)

Examples of EAP policies, standards, and practices that 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
- Training and education for EAP staff are parts of on-going EAP operations
- Procedures regarding ownership, content, destruction, physical maintenance, and access to EAP records are clearly stated in program policies 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, understands, and supports human resource policies and procedures
- Referral information is up to date
- Consideration is given to what standardized information will be found in each case record. This will include the use of diagnostic categories (such as the DSM)

4) Treat clients equitably and demonstrate flexibility in meeting client needs

- EAPs meet the most common types of needs and take into account expressed client preferences
- Services are provided according to current standards of care and within the framework of any contractual obligations
- 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

Examples of EAP policies, standards, and practices that align with this principle

- EAPs should have knowledge of host organizations' structures
- Evaluations reflect broad satisfaction, across various demographic populations, with how services meet needs
- To the extent possible, physical facilities meet needs of clients and visitors with disabilities
- EAP staff is trained and understand diversity. They also assist the organization in embracing diversity
- As much as possible, quality and comprehensive services and referrals should not vary because of factors such as the client's location and choice of practitioner
- Training and education programs delivered by the EAP are customized according to organizations' needs

- EAP may provide unique kinds of services as needed such as Drug-Free Workplace (DFW), Critical Incident Stress Management (CISM), Organizational Development (OD), On-line/telephone counseling
- There is an advisory function/body available to the EAP

5) Give clients appropriate control over their own care

- EAPs provide clients with information needed to make decisions, share subject-matter expertise, support client self-empowerment, and provide decision-making support
- 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
- EAPs have ongoing partnerships with key organizational units such as EEO, human resources, medical/health, and work/life. When there are conflicts between individual clients and host organizations, EAPs facilitate compromises, as needed and appropriate

Examples of EAP policies, standards, and practices that align with this principle

- Clients are given referral choices
- EAPs offer educational programs to managers and employees about EAP services and about specific EAP-related issues
- Policies delineate conditions under which employees can continue their services
- Policies provide that clients are ultimately responsible for decisions
- As needed and appropriate, EAP staff consult with key staff in organizations when developments affect employee well-being

6) Provide continuity of care to help clients achieve their goals

- 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 information is accurate, information is appropriately exchanged, and care

is coordinated

Examples of EAP policies, standards, and practices that align with this principle

- Access to EAPs is assured and is reflected in policies and procedures related to response time, geographic dispersion of counselors, availability of staff, and so forth
- Continuous consultation is maintained with all involved in the EAP, including management, leaders, unions, referral resources, and health insurance providers
- Policies (including protections of confidentiality) are in place 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 routine
- Referral information is reliable
- EAPs select referral resources based on availability, services offered, and access

Part 2: EAP Framework

What is an EAP in the Federal Community? What do EAPs do, what is their purpose, and who receives EAP services? The answers to these basic questions can be summarized in terms of four types of core services EAPs provide.

The four types of core services Federal EAPs provide are

- 1: Individual**
 - 2: Managerial/Supervisory**
 - 3: Organizational**
 - 4: Administrative**
-

Individual Services

Services provided for individuals include

- Assessment
- Treatment planning
- Referral
- Short-term problem solving/counseling/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

Managerial/Supervisory Services

Services provided for managers and supervisors include

- Assistance in referring employees to the EAP
- Guidance about how to appropriately support employees with personal concerns that may be affecting their health and well-being
- Assistance with back-to-work conferences and reasonable accommodation agreements, in consultation with appropriate human resources specialists
- Performance management guidance/consultation particularly around issues related to employee conduct and performance, as well as those related to occupational situations and conditions that affect employee well-being, as appropriate, in consultation with human resources professionals
- Supervisor training and education

- Management consulting and coaching

Organizational Services

Services provided for organizations include

- 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, drug-free workplace training and handling of mandatory referrals, outplacement services, disability management, change management, organizational development, etc.)

Administrative Services

Services in support of program operations/program administration activities include

- Development of and adherence to policies and procedures (general policies as well as compliance with applicable laws and regulations)
- Outreach/marketing and publicity
- Evaluation, reporting, and quality improvement /assurance
- Web development and maintenance
- Staffing and professional development/other human resources 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

Part 3: EAP Definitions

Accessibility – Those provisions as stipulated by the Americans with Disabilities Act of 1990, as they apply to the Federal community through the Rehabilitation Act of 1973, as amended, providing disabled consumers physical and communications access to services. In addition, it also relates to “the opportunity of consumers to obtain services based on the location of service, hours of operation, and affordable fees.”¹

Accreditation – The formal evaluation of an organization against generally accepted criteria or standards. A professional society, non-governmental organization or a governmental agency may conduct accreditation activities.² Currently, there is no Federal, state or local requirement for an EAP to obtain accreditation in order to provide services.

Affiliates – “An individual or group of professional mental health practitioners,” or *other service oriented entities* “who, through a contractual relationship with the prime Contractor, provide EAP services to Federal employees.”³ This arrangement occurs when the prime contractor, in an attempt to satisfy the elements of a Federal EAP contract, hires subcontractors to perform some or all of the requirements of the contract, as part of an external or blended EAP model.

Agency Population – Those Federal employees who are full-time, part-time, wage-grade, term, and other directly compensated employees, receiving a W-2 for tax purposes, who are not employees of contractors. This count is usually the number used in tabulating the agency’s EAP utilization rate. (Also see Covered Lives)

Assessment – An ongoing process or evaluation in which professional expertise and skills are exercised to collect and analyze data, which in cooperation with the client, results in identifying, defining and prioritizing the client’s physical, mental, and social issues, problems or challenges. An assessment provides for an accurate diagnosis of the client and the basis for a treatment or problem solving plan.⁴

Assessed Primary Problem – An issue or problem determined by the EAP counselor to be the core issue (such as a mental health concern, work/life issue, and/or medical manifestations) that, once addressed, should result in the resolution or mitigation of the symptoms and/or problems of the client.

¹ Council on Accreditation (COA) Glossary, 7th Edition/Version 1.1

² *Ibid.*

³ Federal Occupational Health (FOH) definitions, as modified by the subcommittee.

⁴ COA Glossary, 7th Edition/Version 1.1 and subcommittee language

Assessed Secondary Problem – Additional issues that directly affect the primary problem and are often a consequence of the primary problem.

Assessed Tertiary Problem – Additional problems or issues may need to be addressed, which may be related to, or be independent of, the primary or secondary problem.

Assessment and Referral EAP – An EAP that offers services *limited* to providing assessment and information and referral to its respective clients. Sessions are limited to conducting the assessment and providing that information to the client including a treatment or problem-solving plan.

Back-to-Work Conference – A conference usually arranged by the EAP counselor with the prior consent of the employee/client, to meet with the client's supervisor, EAP counselor, union representative and other appropriate management and treatment personnel as may be pertinent to the situation, to facilitate the employee's successful return to work. (Before involving a union representative the employee's supervisor should contact the labor relations office to determine what, if any, obligation exists to notify/invite representation.) Such a conference is scheduled following an extended hospitalization or other long-term medical treatment. The conference agenda usually considers the employee's ongoing treatment and aftercare needs in coordination with the agency's expectation of the employee's performance, conduct and attendance.⁵

Biopsychosocial Assessment – An assessment based on a model of health and illness that links the nervous system, the immune system, behavioral styles, cognitive processing, and environmental factors.⁶ The assessment is performed by a well-trained and licensed mental health professional and is a precursor to any diagnosis, or any short or long-term mental health counseling or referral.

Blended EAP Model – See EAP Model

Brief/Short-term Counseling/Treatment – Services provided by the EAP counselor to the employee/client for approximately 1 to 6 sessions. The basis for the number of sessions is often determined by the philosophy of the agency and/or financial considerations. When counseling is required beyond the number of sessions originally provided, the EAP counselor is expected to ensure the employee is referred out and the linkage to the new counselor is made.

Capitation Rate – A per-employee dollar amount per year, paid by a Federal agency to an external EAP provider for EAP services, under the terms of a contract. In exchange for the payment, the EAP vendor usually provides all

⁵ Sub-committee language and Employee Assistance Professionals Association (EAPA) Glossary of Employee Assistance Terminology, 1994, page 4.

⁶ American Psychological Association (APA) definition of Psychosocial Model

contracted services regardless of the level of use (utilization) by agency's employees and covered family members.⁷ Thus, if only one employee received services the entire year, the contractor would receive 100% of the agreed-to payment. If hundreds of employees were to receive services, the contractor would have to provide the services at the agreed-to price without any additional consideration.

Capitated Risk – The assumption of responsibility by a clinician or an organization for providing specific services to clients under a pre-established reimbursement agreement,⁸ and where the contractor assumes the financial risk should the EAP services delivered exceed the contractor's cost projections.

Case – Represents a discrete unit of contact as defined by the sponsoring Federal EAP (host organization). A case may be defined by agency policy and/or within the parameters of an EAP contract. Thus, an agency can have a *counseling (clinical) case*, a *management/supervisor consultation case*, an *assessment and referral only case*, or an *information & referral only case*. When determining utilization, the reporting EAP should identify what type of cases they are reporting and report each as an individual incident rate (i.e.: Counseling cases = 6%, I&R only = 4%, etc.)

Case, Opened – A formal documented client relationship between an EAP counselor and an employee or covered family member, in which a written or electronic record is established after contact has been made between the counselor and the client. As an example, an EAP can report having a specified number of opened "counseling cases," "I&R cases," or "assessment and referral cases."

Case Management – The coordinating, monitoring and discharge planning of overall services, by the EAP counselor for the EAP client and Federal agency, to ensure treatment gains are realized and that the employee makes the most benefit of the resources at hand. This is usually a standard component of the EAP vendor's service and may or may not be provided at an additional charge, when provided by a contractor.

Chemical Dependency – Physiological and psychological dependence on a chemical, such as alcohol, tobacco, barbiturate, or narcotic, which results in a number of physical and emotional symptoms such as increased tolerance and withdrawal symptoms when the chemical is removed.⁹

⁷ EAPA Glossary of Employee Assistance Terminology, 1994, page 4, and subcommittee modification.

⁸ COA Glossary, 7th Edition\Version 1.1, page 2

⁹ *Ibid.*, page 3 and committee modification.

Client – An individual who is eligible to receive EAP services, as defined by agency policy or contract requirements. A client might include an employee or the employee’s spouse, dependent child, parent, or domestic partner, or a retiree.

Client Record – A written and authenticated compilation of information that describes and documents the assessment and present, prospective, and past services to the consumer.¹⁰ The content of the record may be defined by the Federal agency or by the EAP contractor. The format and content of a client record is usually based on accepted practice standards applicable to the EAP.

Client Satisfaction Survey – An anonymous and confidential measurement solicited from the EAP client, by the EAP contractor or sponsoring Federal agency, which reflects client satisfaction with EAP services received. A Federal agency may design its own survey instrument or have the contracted EAP design one as part of its contract requirements, with or without the Federal agency’s input. Such measurements should be routinely taken by an acceptable and easily administered means. Whenever possible, the survey instrument should allow for easy tabulation and review. Client satisfaction assessments may include, but are not limited to, such items as timeliness of initial contact, timeliness of service delivered, follow-through, effectiveness in resolving the client’s issues, confidentiality, accessibility, and conformity with the agency’s culture.

Clinical – Of or pertaining to examination, assessment, and direct counseling or treatment, as opposed to experimental or laboratory study.¹¹

Clinical Personnel/Staff – Those persons the Federal agency has designated to provide assessment and counseling services through its EAP. Such personnel are usually licensed mental health practitioners or otherwise qualified and trained professionals who provide the treatment or counseling services.

Clinical Services – Those services offered by an EAP counselor in which an assessment and counseling are provided.

Counseling Services – Specialized services and therapeutic interventions provided by both licensed and non-licensed professionals (as permitted by the sponsoring Federal agency) with the purpose of identifying and mitigating or resolving clients’ personal, professional, financial, mental health, or addiction problems or challenges.¹²

¹⁰ *Ibid.*, page 4.

¹¹ COA, 7th edition\Version 1.1, page 3, modified by including the word “counseling.”

¹² COA, 7th edition\Version 1.1, page 4, and subcommittee language.

Counselor, EAP – A specially trained individual, usually licensed in the field of mental health and addictions, who operates in an occupational setting and whose clients may be both management and employees in general.

Covered Lives – The total universe of persons who are eligible for EAP services as defined by the sponsoring (host) agency. A Federal agency might define covered lives as employees and their family members, while another agency may offer services only to employees.

Crisis Intervention – A brief type of therapy or counseling, offered to persons involved in a highly emotional or traumatic event, to prevent long-term psychological harm, with the intention of restoring the clients to at least their pre-crisis level of functioning, and referring to long-term treatment resources as may be warranted.

Critical Incident – An event, usually sudden, unexpected and potentially life-threatening, “in which a person experiences a trauma, i.e., feels overwhelmed by a sense of personal vulnerability and/or lack of control. Examples of a critical incident are a natural disaster, serious workplace accident, a hostage situation or violence in the workplace.”¹³

Critical Incident Stress Debriefing (CISD) – A structured group or individual intervention that encourages the expression of thoughts and feelings about the incident, followed by identification and normalization of symptoms, familiarization with the process of recovery, and referral to appropriate services. The EAP (in cooperation with the host organization), usually schedules a CISD at the worksite with a group of employees directly affected by a critical incident as soon as possible following the traumatic event.^{14 15}

Critical Incident Stress Management – The constellation of services or activities that may be used by an organization to respond to and manage a critical incident (core concept was developed by the International Critical Incident Stress Foundation). Services and activities include, but are not limited to, debriefings, outreach to the workforce, psycho-educational activities related to trauma, anniversary responses, etc.¹⁶

¹³ EAPA Glossary, 1994, page 7, and committee language

¹⁴ *Ibid.*, with “in cooperation with the host organization” added.

¹⁵ A CISD is a concept coined by Jeffrey T. Mitchell, Ph.D.,¹⁵ and has become an integral part of the International Critical Incident Stress Foundation (ICISF). It was originally meant to be applied among public safety, disaster response, and military and emergency service personnel by a skilled intervention team. The ICISF contends that a CISD can also be used with virtually any population, including children, when employed by a skilled intervener. Some researchers contend that “scientific studies have resulted in numerous calls for caution and restraint in the use of CISD.”¹⁵

¹⁶ FOH Definitions

Diagnosis – The process by which a social, physical, emotional, or mental problem and its underlying causes are identified by the treating physician, counselor, etc. The process involves collection and analysis of relevant information¹⁷ and should be performed by a qualified licensed professional.

Drug Abuse – An individual’s excessive use of substances (either legal or illegal) that are consumed in amounts hazardous to the health or safety of the person and/or community.

Drug Addiction – A state of physiological dependence that results from the abuse of chemical substances. In the absence of the substance, an individual experiences symptoms of withdrawal.¹⁸ (See also Chemical Dependency)

Drug Free Workplace – Those laws, regulations and policies emanating from Executive Order (EO) 12564 of September 15, 1986, and subsequently the Drug-Free Workplace Act of 1988, that ordered Federal employees to refrain from using illegal drugs, whether on or off duty. It mandates that the head of each Executive agency shall develop a plan for achieving the objective of a drug-free workplace. Elements of the plan include establishing a program to test for the use of illegal drugs by employees in sensitive positions; training for managers and employees; and establishment of EAPs that emphasize high-level direction, education, counseling, referral to rehabilitation, and coordination with available community resources.¹⁹

Employee Assistance Professional – An individual who assists the organization, its employees and their family members with personal and behavioral problems including, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, or other personal concerns which may adversely affect employee job performance and productivity. The specific activities of an EA professional may include any of the services described under the definition of Employee Assistance Program (below). EA Professionals providing clinical services must be licensed or certified in their state to provide these services.²⁰ Additional credentials may be required by the host organization.

Employee Assistance Program – An EAP is a worksite-based program designed to assist in the identification and resolution of work-related and non-work-related productivity problems associated with employees impaired by personal concerns including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, or other personal concerns which may adversely affect employee job performance. The specific core activities of EAPs include (1)

¹⁷ COA, 7th Edition/Version 1.1, page 5, (modified with the additional phrase “by the treating physician, counselor, etc.”)

¹⁸ COA

¹⁹ Executive Order 12564 and committee language.

²⁰ *Ibid.*, page 8-9

services for individuals (such as identification and resolution of job-performance issues related to an employee's personal concerns, and assessment, referral, and follow-up); (2) services for managers and supervisors (such as assistance in referring employees to the EAP, supervisor training, and management consulting); (3) services for organizations (such as violence prevention/crisis management, group interventions, and employee orientation); and (4) administrative services (such as the development of EAP policies and procedures, outreach, evaluation, and referral resources development).

Employee Assistance Program Administrator – The agency staff person responsible for managing all EAP related policies, procedures and services. This may include acting as the contracting officer's technical representative (COTR), supervising staff, providing information about the EAP to agency employees and managers, and ensuring the quality of all services provided. The Administrator is usually a Federal employee entrusted to look out for the Government's best interest and may also act as the EAP Liaison.

EAP Liaison – Those individuals employed by the sponsoring Federal agency (host) who are responsible for ensuring that the EAP contract is administered in accordance with established policies and procedures.²¹

EAP Model – The method of delivering EAP services. While the types of services offered through the EAP may vary in breadth from agency to agency, they are typically delivered through one of 5 basic staffing models. These are:

1. **Internal** model, where the EAP staff is comprised of Federal employees and there are no contractors involved.
2. **External** model, where the sponsoring Federal agency has entered into a contract for an outside vendor to provide all EAP-related services.
3. **Blended** model, where both Federal and contract personnel are involved in the delivery of EAP services. The Federal employees usually have the role of monitoring the EAP contractor's services, billing, and performance, while also providing counseling and other administrative services.
4. **Consortium** model, where a group of Federal agencies contracting with one agency or contractor to provide employee assistance services.
5. **Peer-Based Programs (or Peer Support Program)** – An in-house program, typically delivered through trained peer/coworker volunteers. Usually offers education, training, and referrals.

Employee – See Agency Population

²¹ FOH Definitions

Ethics – Formal principles or values for evaluating practices that are right or wrong, good or bad. Most professional organizations have ethical codes of conduct that define general standards of appropriate professional conduct.

Ethical Standards – A specific set of professional behaviors and values (code of ethics) the employee assistance professional must know and abide by, including confidentiality, accuracy, privacy, and integrity. A non-licensed EAP professional or counselor should, at a minimum, abide by the Employee Assistance Professionals Association (EAPA) Code of Ethics and Employee Assistance Certification Commission (EACC) Code of Professional Conduct.

Evaluation – A qualitative or quantitative measure of EAP performance related to program goals. A **process** evaluation measures the activities associated with the daily operation of the program, such as number of employees seeking services, the waiting time between initial contact and help, and the number of consultation services resulting from supervisory referrals. An **outcome** evaluation measures the results of EAP activities, such as return on investment and supervisor rating of employee’s performance after EAP intervention.²²

Fee-for-Service – Payment to providers/contractors, by a Federal agency, only for those EAP services rendered. Usually based on an hourly fee for services actually performed, such as counseling time, training hours performed, or time spent providing information.

Fitness for Duty (FFD) – An employer’s determination of an employee’s preparedness to work. Fitness-for-duty policy and procedures are often associated with the use of alcohol or illegal drugs, yet may also deal with an employee’s general physical or mental readiness to perform in a particular position. FFD procedures may require medical and/or psychological evaluation of an employee, or drug testing of an employee exhibiting unusual or bizarre behavior. FFD procedures may be regulated by Federal law.²³ Federal EAPs must exercise extreme caution in becoming involved in determining an employee’s fitness for duty, in order to avoid confidentiality, legal and other ethical entanglements, and should especially refrain from conducting a FFD on an employee who had previously been an EAP client. To further delineate FFD reporting, the EAP’s Statement of Understanding should highlight any reporting requirements the Federal (host) agency has required in this regard and explain it to each employee/client before EAP services are rendered. For further discussion on agencies’ authority to require or offer medical examinations see 5CFR §339, “Medical Qualification Determinations.” Fitness-for-Duty determinations are to be distinguished from a counselor’s “duty to warn.”

²² EAPA page 9

²³ EAPA, page 10, with committee narrative added at the end.

Follow-up – One or more contacts with an EAP client to monitor progress and/or the impact of the EAP recommendations or referrals to treatment resources and to determine the need for additional services. Follow-up may consist of telephone contact, in-person interviews, written satisfaction and progress surveys/questionnaires, and a review of job-performance and attendance records. Follow-up is a monitoring process, not a therapeutic process such as aftercare.²⁴

Host Organization – The Federal agency or sub-agency that provides the resources to establish and support EAP services.

Information and Referral – Data addressing specific subjects or community services a client has requested (e.g., psychologist, elder care, child care, legal referrals) and that the EAP has researched and provided to the client.

Intake – The entry point at which a *potential EAP client's* eligibility is assessed against established criteria and a preliminary evaluation of the presenting problem occurs.²⁵ Usually the first appointment with the counselor is when the intake occurs. Intake usually begins in the first appointment with the counselor.

Last-Chance Agreement – A signed agreement between an employee and the employing Federal agency, usually drafted by the employing agency's Employee Relations unit, that specifies management's expectations regarding the employee's performance, conduct and attendance over a defined period. The agreement may require EAP participation and other treatment requirements and certain reporting requirements to management to demonstrate adherence to the agreement. Any failure to meet all the requirements of the agreement on the part of the affected employee may result in the employee's termination. While such an agreement may mandate the employee to work with the agency's EAP, an employee cannot be forced to accept EAP services. In the event an employee signs a last-chance agreement and later refuses to work with the EAP as the agreement requires, the agency may separate the employee for non-compliance.

Management Consults – Expert advice given to leaders, supervisors, human resources, and/or union representatives regarding the management of potential or actual performance and conduct concerns. One example is coaching a supervisor on how to refer an employee to the EAP.

Management Referral – Referrals to the EAP that are initiated by an employee's manager/supervisor because of performance or conduct concerns. Such referrals can be oral or in writing and are not considered disciplinary actions.

²⁴ *Ibid.*

²⁵ COA page 7, with the additional words "*a potential EAP client's*" were added.

Mandatory Referral – A referral by the supervisor to the EAP for an employee’s positive drug test or other events designated by the agency. While this referral to the EAP is mandatory, there is no authority or requirement to compel an employee to partake of EAP services, which are voluntary. Failure to do so, however, may have adverse consequences for the employee.

Non-Clinical Staff – EAP staff who typically are not certified, licensed or authorized to provide assessments, diagnosis or counseling services. They provide other types of support to the EAP such as conducting triage, providing referral information to clients, and providing training.

No Show – A failed appointment, where the client failed to meet with the counselor as was previously agreed to. Usually in fee-for-service contracts, a “no show” may not be billed by the counselor/vendor.

Opened Case – See Case

Organizational Development – A professional process or activity designed to assist an organization, agency, or office to move from one level of performance or mode of operation to another in the shortest time possible.

Outcome Goals – Expected results related to EAP services.²⁶ Such goals might be a reduction in sick leave, improved organizational efficiency, etc.

Outcome Measures – Standards by which outcome goals can be evaluated to determine whether goals have been attained.

Peer Support Personnel – Federal employees who have volunteered to participate in an agency’s Peer Support Program. Peers are non-professionals who usually have a limited role in assisting their peers when there are traumatic events at work or other personal challenges. (See “EAP Model.”)

Per-Employee Cost – The total cost of operating an EAP divided by the number of persons eligible for services. Total costs would include salaries, benefits, travel, rent, and other operational costs including contract costs. This is a measure by which a Federal agency can evaluate its EAP costs relative to the market place. Current information on pricing norms can usually be found through EAP professional associations such as the Employee Assistance Professional Association.

Presenting Problem – The personal concern or issue as described by the EAP client prior to assessment by the EAP professional.²⁷

²⁶ EAPA page 13.

²⁷ *Ibid.*

Primary Problem – (See Assessed Primary Problem)

Program Audit and Evaluation – The process conducted by experienced EAP counselors to review a Federal EAP to ensure that it is performing according to law, regulation, policy, procurement regulations and accepted standards of clinical practice. Such audits may be initiated by the EAP itself, by the Federal agency’s internal audit system or by an external EAP vendor. Federal agency audits and evaluations must ensure, at a minimum, the confidentiality of client records and conform to 42 CFR part 2, “Confidentiality of Alcohol and Drug Abuse Patient Records.”

Quality Improvement – The process that assures an EAP has the means to evaluate its performance and improve that performance in order to deliver a quality service or product. The quality improvement plan is defined by the sponsoring Federal agency, the requirements of an EAP contract, or as may be developed by the contractor and sponsoring Federal agency.

Referral –

1. **Self-referral** – voluntary and confidential use of the EAP by an employee who suspects that he or she has an alcohol, other drug, emotional, and/or other personal concern.
2. **Formal or informal referral** – referral to the EAP by a supervisor or other management official of any employee who has deteriorating job performance, time, attendance and/or conduct problems, either orally or in writing.
3. **Other referral** - referral to the EAP of an employee by a union official, medical review officer, health unit, or through any means other than a self-referral or a supervisory referral.²⁸

Release of Information – A document signed and dated by a client, giving the EAP (counselor) permission to release specific information about the client, to a person outside the EAP. The release format should, at a minimum, reflect the provisions of 42 CFR part 2, subsection 2.31, *Form of written consent*. Some agencies may also be covered by HIPAA requirements.

Return to Work Agreement – An agreement among an employee, the employee’s supervisor, the EAP, treatment provider and other parties as may be appropriate, to establish a set of conditions for the employee’s return to work. It is usually issued following extended leave for treatment for substance abuse or physical or mental illness. The conditions found in the agreement are usually related to duties, conduct, attendance and treatment scheduling. The agreement also states any consequences, if agreed-upon conditions are violated and what action the supervisor may take. A Return to Work Agreement should be drafted in consultation with the agency’s Employee Relations staff.

²⁸ FOH Definitions

Risk Management – A systematic process for evaluating and reducing potential harm that may befall personnel, consumers of service, an organization, or a facility.

Session – A meeting between an EAP counselor and client, usually lasting 45 to 50 minutes.

Short-Term Counseling – See Brief/Short-term Counseling/Treatment

Statement of Understanding – A document that describes *the limits of confidentiality* and the services available through the EAP. It is given to the employee at the beginning of the first session and must be signed prior to the employee receiving counseling. The elements of the statement must contain those reflected in 42 CFR part 2, subsection 290.ee-3, the Health Insurance Portability and Accountability Act (if applicable to the agency), and other unique circumstances about the EAP that should be disclosed to the employee.

Supervisory Referral – See *Referral*

System of Records Notice – A notice published in the Federal Register by a Federal agency with an EAP records system, announcing it has established and will retain EAP records. The Privacy Act (5 U.S.C. 552a) and OMB Circular A-130 require a Federal agency to alert the public that it has established a system of records about individuals. “The term ‘system of records’ means any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.”²⁹ The notice must explain what records are retained, how long they are retained, who the records holder is, and how EAP clients may access their EAP records, among other things.

Telephonic Counseling – Counseling performed over the telephone either at the request of the EAP client, due to situational circumstances, or based on the EAP model offered by the sponsoring (host) Federal agency.³⁰

Treatment – The process through which a patient receives services designed to resolve mental health and/or substance abuse problems.³¹ Treatment is the

²⁹ The Privacy Act of 1974; 5 U.S.C. ss 552a, as amended

³⁰ Telephonic counseling allows for quick and timely services, but lacks human interaction and fails to assess body language which can affect clinical conclusions. When licensing is an issue it raises additional confusion when the client being served is out of state and the license held by the counselor is issued by a different state. This is more of an issue when the EAP client is not an employee (family member or significant other) and raises liability concerns for the Federal agency and other affected entities.

³¹ EAPA Glossary, 1994, page 6

application of some form of intervention to mitigate or eliminate some identified ailment. Traditionally, in mental health it is in the form of medication or talk therapy (counseling). In the EAP context, treatment and counseling are interchangeable terms, since mental health counseling also is designed to resolve mental health and/or substance abuse problems. (See also Counseling Services).

Unit Cost – A calculation of the price or value of a fixed amount or unit of service that takes into account the sum of all organizational expenditures involved in the provision of that service.³²

Utilization Rate – The annual rate at which EAP services are being utilized by those eligible for services. There are separate utilization rates for each of the services offered by the EAP (such as assessments of individuals, family member use, training attendance). There are formulas for determining utilization rates in each of these areas. In the first example (individual employee utilization), the formula would be: Number of employee cases opened in this reporting year divided by the number of employees who were eligible to participate in the EAP during this reporting year x 100. These rates are typically compared to benchmarks in the EAP industry.

³² COA, page 12.