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DOE G 341.1-2

12-1-03

GUIDE ON FEDERAL EMPLOYEE ASSISTANCE PROGRAMS

[This Guide describes suggested nonmandatory approaches for meeting requirements. Guides are not requirements documents and are not to be construed as requirements in any audit or appraisal for compliance with the parent Policy, Order, Notice, or Manual.]



**U.S. DEPARTMENT OF ENERGY
Director of Human Resources Management**

DISTRIBUTION:
All Departmental Elements

INITIATED BY:
Office of Human Resources Policy
and Planning

GUIDE ON FEDERAL EMPLOYEE ASSISTANCE PROGRAMS

INTRODUCTION

1. **PURPOSE.** This Guide supplements the requirements and responsibilities specified in DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03, and applies only to Federal employees. It provides the Department of Energy's (DOE's) preferred approach to implementing employee assistance programs (EAPs); however, good reasons may exist for deviating from these guidelines. This Guide is intended for all levels of personnel involved in managing and operating EAPs or contracting for such services, including National Nuclear Security Administration personnel.

DOE Guides provide supplemental information for fulfilling requirements contained in rules, Orders, Notices, and regulatory standards. Guides are also used to identify Government and non-Government standards and methods DOE finds acceptable for implementing the Department's requirements. Guides are not substitutes for requirements nor do they replace technical standards, which are used to describe established practices and procedures for implementing requirements.

2. **CONTACT.** Questions concerning this Guide should be addressed to the Office of Human Resources Policy and Planning at 202-586-8503.

CONTENTS

CHAPTER I.	BACKGROUND.....	I-1
CHAPTER II.	ROLES AND RESPONSIBILITIES	II-1
1.	Supervisors.....	II-1
2.	Human Resources Staff.....	II-1
3.	Employee Assistance Program Counselors	II-2
4.	Medical Support Staff	II-2
CHAPTER III.	GETTING STARTED	III-1
1.	Recommended Orientation Tasks for the First Quarter.....	III-1
a.	Reading	III-1
b.	Consultations	III-1
2.	Recommended Orientation Tasks for the First Year	III-2
a.	Reading	III-2
b.	Consultations	III-2
c.	Education/Training.....	III-2
d.	Needs Assessments	III-2
CHAPTER IV.	PROBLEMS/ISSUES.....	IV-1
CHAPTER V.	PROGRAM ADMINISTRATION.....	V-1
1.	Staffing.....	V-1
a.	General.....	V-1
b.	Ratio of Counselors to Employees.....	V-1
2.	Facilities.....	V-2
3.	Financial Considerations.....	V-2
a.	Budget	V-2
b.	Cost Analysis/Containment	V-3
4.	Internal Controls	V-4
CHAPTER VI.	SERVICE PROVIDERS	VI-1
1.	In-House.....	VI-1
2.	Other Government Agencies.....	VI-1
3.	Private Sector Contractors	VI-1

CONTENTS (continued)

CHAPTER VII.	EVALUATIONS/ASSESSMENTS	VII-1
1.	Roles.....	VII-1
a.	Office of Human Resources Policy and Planning, Director of Human Resources Management	VII-1
b.	Office of Independent Oversight and Performance Assurance	VII-1
c.	DOE Elements.....	VII-1
2.	Processes	VII-1
a.	Self-Evaluations	VII-1
b.	Technical Assistance Visits and Evaluations.....	VII-2
3.	Evaluation Criteria	VII-3
CHAPTER VIII.	RECORD KEEPING.....	VIII-1
1.	Ownership	VIII-1
2.	Access	VIII-1
3.	What to Record	VIII-1
4.	Confidentiality	VIII-2
5.	Maintenance	VIII-2
6.	Storage and Protection.....	VIII-2
7.	Changing Providers.....	VIII-3
APPENDIX A.	FEDERAL EMPLOYEE ASSISTANCE PROGRAM METRICS	
APPENDIX B.	NEEDS ASSESSMENTS	
APPENDIX C.	LESSONS LEARNED	
APPENDIX C1.	SAMPLE EMPLOYEE ASSISTANCE PROGRAM REFERRAL LANGUAGE	
APPENDIX D.	TRAINING AND DEVELOPMENT	
APPENDIX E.	FEDERAL OCCUPATIONAL HEALTH (FOH) EMPLOYEE ASSISTANCE PROGRAM OFFICE	

CHAPTER I. BACKGROUND

The Department of Energy (DOE) recognizes that mentally healthy employees are productive and reduce costs to the Government. Accordingly, DOE is committed to providing preventive, diagnostic, and short-term counseling services for behavioral problems for all its employees.

Title 5 United States Code (U.S.C.) and title 5 Code of Federal Regulations (CFR), Part 792, require DOE to provide employee assistance services for drug and alcohol abuse problems. DOE has authorized services for all other behavioral problems [see DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03, paragraph 4c(3)] because DOE recognizes that (1) other behavioral problems can adversely affect job performance just as substance abuse problems can, (2) the DOE Employee Assistance Program has helped employees and supervisors deal with such problems, and (3) the DOE Employee Assistance Program is an important component of DOE's work/life programs.

DOE elements should make every effort to provide or contract for high-quality, responsive services for employees with behavioral and related problems [hereafter referred to as employee assistance services or employee assistance programs (EAPs)].

EAP counselors are expected to know the work environments and organizations for which they provide services and to support both management and employee interests. Counselors should demonstrate caring attitudes and ensure that cases are well managed until they are resolved or referred or the employee chooses not to take advantage of the services available. Case followup is considered as important as the initial assessment, short-term counseling, or referral. Counselors are expected to assist employees in remote locations using the most effective methods of communicating.

Assessment of employee problems is the primary service provided by EAP counselors. Short-term counseling may follow the assessment process when it is believed that an employee's problem may be resolved by the counselor. When paid for by DOE funds this counseling may involve from two to eight sessions, but typically only three to four. Local EAP managers and coordinators determine the number of sessions to which an employee is entitled; this number varies among DOE elements. When assigning employee assistance service priorities, first priority should be given to crisis intervention, which requires an immediate, same-day response; second priority should be given to assessments following substance abuse tests that identify substance abuse problems. Such assessments should be done as soon as possible after test results are known.

Qualified EAP and human resources professionals who have thorough knowledge of the DOE program and a good understanding of the work environment should evaluate EAPs and service providers periodically. Evaluation reports are to be provided to top managers of the DOE element evaluated and Headquarters program managers who have sufficient authority to ensure that agreed-upon recommendations and required actions are implemented.

CHAPTER II. ROLES AND RESPONSIBILITIES

1. SUPERVISORS.

Determining whether an employee is mentally or emotionally fit for duty is a collaborative process involving the employee's supervisors and the servicing EAP counselor and, possibly, the medical support staff. Supervisors are responsible for making the final determination as to whether an employee will perform assigned duties based on recommendations and information from the counselor.

Supervisors can order a medical evaluation/fitness-for-duty examination only if (a) the employee's position requires the employee to meet medical standards, including psychological standards; (b) the employee's position is covered by a medical evaluation program such as the DOE medical surveillance program; or (c) the employee is applying for, or is covered by, the workers' compensation program. (See 5 CFR 339, Subpart B; Section VI, "Medical Requirements," of the U.S. Office of Personnel Management (OPM) operating manual, *Qualifications Standards for General Schedule Positions*, dated 3-22-99; and any DOE standards established by the Director of Human Resources and/or the Assistant Secretary for Environment, Safety and Health.)

Each request to see a counselor should be submitted to and approved by the employee's leave-approving official. Time spent receiving assistance from a DOE service provider and commuting to and from the provider's office is official duty time. The time may need to be accounted for as an excused absence (administrative leave) when a local time-keeping record system requires full accountability of an employee's time during duty hours. Time spent receiving assistance from a non-DOE counselor, including the commute time, should be charged as sick or annual leave or leave without pay, depending on the availability of the type of leave requested.

2. HUMAN RESOURCES STAFF.

The human resources staff—

- ensures that adequate employee assistance is provided and that employee assistance services are evaluated periodically;
- normally prepares the purchase request when such services are contracted;
- needs to know which positions require psychological standards that must be met as part of the qualifications review process;
- participates in placing employees who are returning to work following any type of mental health treatment, particularly if they are impaired in any way and need accommodation; and

- participates in determining the employability of employees who have been identified as unable to perform all aspects of their positions by employee assistance provider assessments or psychological or psychiatric evaluations.

3. EMPLOYEE ASSISTANCE PROGRAM COUNSELORS. The role of the EAP counselor is to—

- assess employee problems;
- counsel employees if counseling, within the authorized number of counseling sessions, could be effective in resolving problems; and
- refer employees to appropriate specialized service providers, as necessary.

EAP counselors should balance the employee need for confidentiality and organization needs as described in DOE's system of records notice [DOE-34, *Employee Assistance Program (EAP) Records* (61 *Federal Register*, 22040, dated 5-13-96)] and in applicable Federal regulations, State laws, and professional standards.

4. MEDICAL SUPPORT STAFF. The role of the medical support staff is to—

- determine any physical conditions that could result in or may have caused a behavioral issue;
- counsel employees on health-related issues;
- refer those employees who manifest emotional difficulties, regardless of the basis, to EAP counselors; and
- work with EAP counselors and, when applicable, employees' mental health providers and/or physicians in assessing and resolving behavioral problems.

CHAPTER III. GETTING STARTED

1. RECOMMENDED ORIENTATION TASKS FOR THE FIRST QUARTER. The following is a checklist of activities to provide orientation and background information for new DOE EAP managers, coordinators, and service providers within the first quarter that they occupy their positions.

- a. Reading.

- (1) DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03, which provides the framework and requirements for the program.
- (2) This Guide.
- (3) *Standards and Criteria for the Development and Evaluation of Comprehensive Employee Assistance Program*, published by Federal Occupational Health, Department of Health and Human Services.
- (4) The counselor's position description, if a Federal employee, or contract or inter-Agency agreement and application or resume to determine the counselor's or service provider's credentials.
- (5) The budget for the current and next fiscal year for the program.
- (6) The most recent self-evaluation or program evaluation information (see the metrics in Appendix A).
- (7) The most recent evaluation report and the corrective action plan, if one was needed.
- (8) The most recent needs assessment (see the description of a needs assessment in Appendix B).
- (9) Current OPM publications and web site information (see <http://www.opm.gov/ehs/eappage.asp>).

- b. Consultations with the following.

- (1) EAP service providers.
- (2) Employee and labor relations staffs in the servicing personnel office.
- (3) Manager or assistant manager of administration.
- (4) Local union representatives, if applicable.

- (5) Local medical support staff.
- (6) Staff of the local fitness/wellness program.
- (7) Staff of the Office of Human Resources Policy and Planning (Departmental level office).

2. RECOMMENDED ORIENTATION TASKS FOR THE FIRST YEAR. The following activities should prove beneficial to new EAP managers, coordinators, and service providers if accomplished within the first year that they occupy their positions.

a. Reading.

- (1) All references cited in DOE O 341.1.
- (2) Local EAP promotional materials.
- (3) DOE-34, *Employee Assistance Program (EAP) Records*, the records system covering employee assistance files and records.

b. Consultations with the following.

- (1) Local training officers.
- (2) EAP representatives at applicable OPM regional offices.
- (3) EAP managers in other Agencies in the area.

c. Education/Training. EAP staff should attend at least one of the following conferences or seminars.

- (1) OPM's national Work/Life/Wellness Programs conference.
- (2) Local inter-Agency meetings on EAPs.
- (3) Local, State, and national employee assistance, substance abuse counselor, social worker, and/or psychologist professional association conferences and seminars.

d. Needs Assessments. If a needs assessment has not been performed within the past 2–3 years, one should be prepared for the earliest of either a review of (1) the service provider's contract or agreement or (2) the Departmental element's budget submission. The information that should be in the assessment is described in Appendix B.

CHAPTER IV. PROBLEMS/ISSUES

This chapter identifies problems or issues that can result in or be attributed to behavioral problems that may be addressed by an EAP counselor.

- Abuse
- Adult-child relationships
- Addictions (all types)
- Child care
- Health
- Codependency
- Coworker relationships
- Disabilities
- Elder care
- Financial problems
- Grief
- Job performance
- Life-cycle changes
- Lifestyle preferences
- Marital relationships
- Mental/emotional problems
- Organizational changes (e.g., downsizing)
- Retirement
- Suspension or removal of a security clearance/access authorization
- Stress management
- Supervisory relationships
- Violence

CHAPTER V. PROGRAM ADMINISTRATION

This chapter offers guidance on administering and managing an EAP. It addresses necessary resources, internal control techniques, and educational activities. (Appendix C describes lessons learned about administering and managing successful EAPs.)

1. STAFFING.

- a. General. The number and diversity of counselors, whether in-house or available under a contract or inter-Agency agreement, depend on several organizational factors:
 - (1) size of the employee population served;
 - (2) geographical distribution/location of employees and degree of isolation from counselors and community resources;
 - (3) diversity of the employee population, including age, sex, race, and national origin;
 - (4) employee shift work;
 - (5) frequency and scope of organizational changes and extent to which counselors are involved in addressing organizational situations;
 - (6) types of jobs;
 - (7) types of employee assistance services available;
 - (8) number of crisis situations that typically occur in a year;
 - (9) total number of cases for each of the last 2–3 years;
 - (10) number of counseling sessions authorized;
 - (11) number of employees with an access authorization/security clearance, including Personnel Assurance Program and Personnel Security Assurance Program employees, because of the psychological evaluations involved and eligibility for personnel security's Employee Assistance Program Referral Option (EAPRO); and
 - (12) number of employees subject to substance abuse testing programs.
- b. Ratio of Counselors to Employees. The recommended ratio of counselors to the employee population served varies significantly among different organizations as

demonstrated by the ratios and formula given below. These ratios provide general guidelines; they should be put into perspective based on the demographics involved and budget available for each DOE element.

- (1) OPM—1:500.
- (2) Federal Occupational Health—1:3,000 to 3,500.
- (3) Employee Assistance Professionals Association (EAPA)—1:2,500 to 4,000. The formula EAPA uses for determining the number of counselors needed for in-house service is as follows.

$$\frac{\text{Annual hours of counseling}}{\text{Counseling hours available/FTE}^*} = \frac{\text{Number of covered employees} \times \text{utilization \%} \times \text{H avg. hours/client}^{**}}{\text{Work hours/FTE/year} \times \text{H \% work hours available for counseling}}$$

*FTE = full-time equivalent (counselor).

**This average does not appear to include the number of contacts per client or covered family members.

Example: Program covers 3,000 employees.
Utilization rate (no. of cases / no. of covered employees) is 10%.
Counselor averages 3.5 hours per client.
Counselor has 3 weeks vacation and 2 weeks sick leave per year.
Counselor spends 80% of his/her time counseling.

$$\begin{aligned} \text{Number of FTEs} &= \frac{3,000 \times 10\% \times 3.5}{(2,087 - 200) \times 80\%} \\ &= \frac{1,050}{1,510} \\ &= 0.7, \text{ or about } 2/3 \text{ of an FTE} \end{aligned}$$

2. FACILITIES. The counseling setting may be either onsite or offsite. The waiting area should afford the patient reasonable privacy from coworkers.
3. FINANCIAL CONSIDERATIONS.
 - a. Budget. The following factors should be considered when preparing an annual budget for EAP services.
 - (1) Historical annual use data and the cost of the service contract or agreement.
 - (2) The cost of program promotional materials such as in-house newsletters.

- (3) Minimum travel costs, including the following, unless already included in service contracts:
 - (a) costs for counselors to visit sites and/or employees to travel to counselors when facilities or personnel are geographically dispersed and
 - (b) costs of attendance at conferences.
 - (4) Education, training, and development. Types of training and development to consider are described in Appendix D.
 - (5) The cost of telephone conferences unless already included in service contracts.
- b. Cost Analysis/Containment. The following cost indicators and measures should be considered periodically, particularly during preparation of an annual budget or when a contract or agreement is being considered or is about to end. Keep in mind that costs can vary significantly because of the remoteness of locations, supply and demand, services to be provided, and number of sessions.
- (1) Per capita ratio—not more than \$26 (provider only; doesn't include DOE staff time/cost).
 - (2) Average cost per case—\$350 to \$400 (provider only; \$450 to \$500 with DOE staff cost).
 - (3) Hourly rate per visit—\$60 to \$85 (varies geographically).
 - (4) Use rate—at least 5%.
 - (5) Use of interns (i.e., those who perform work under the supervision of licensed or certified counselors).
 - (6) Comparisons of the costs of providing the service in-house with DOE employees to the costs of providing the service through a contractor or through an inter-Agency agreement. (Obtain three estimates for the same service.)
 - (7) Comparisons among providers of the following types of charges if they are for desired services and/or included in the current provider's costs:
 - (a) overhead costs (e.g., satellite offices);
 - (b) professional, collegial consultations;

- (c) preparation of management reports or written opinions;
- (d) testimonies and depositions;
- (e) travel;
- (f) professional training;
- (g) taping services (e.g., group videos);
- (h) presentations or training sessions;
- (i) materials or copies of handouts;
- (j) “800” number or 24-hour answering service;
- (k) subcontract costs; and
- (l) liability insurance.

4. INTERNAL CONTROLS. The following internal controls should be considered to ensure EAPs are administered efficiently.

- a. Documentation of referrals to the counselor and treatment provider.
- b. Automated counseling records.
- c. Database management, particularly suspense systems for program administration such as scheduling and reporting.
- d. Periodic management reports.
- e. Annual reviews, which should include—
 - (1) needs assessments (performed every 2 years);
 - (2) most recent cost and use feedback report for comparative information;
 - (3) trends;
 - (4) community issues;
 - (5) training needs based on an annual training call to identify training needs and costs;
 - (6) union contract provisions; and

- (7) requirements of other Agencies (e.g., the Department of Health and Human Services' mandatory guidelines on the Drug-Free Workplace Program and the Department of Transportation's substance abuse rules).
- f. Pertinent forms and logs, which should be consistent with the various Agency reporting requirements.
 - (1) Intake log/record of contacts.
 - (2) Employee files, which should include—
 - (a) waivers, if applicable;
 - (b) historical and demographic data (employee profile);
 - (c) issues inventory;
 - (d) correspondence, including employee referrals and management feedback; and
 - (e) case notes.
 - (3) Time management accounting records that serve as the basis for contractors to bill for counseling time.

CHAPTER VI. SERVICE PROVIDERS

This chapter describes types of EAP service providers and factors to consider when determining how services should be provided at different locations (e.g., employee health insurance coverage, which usually supplements EAP counselors for any long-term treatment and rehabilitation care needed).

1. IN-HOUSE.

“In-house” refers to services performed by DOE employees. The extent of employee assistance services and programs offered in-house may vary among sites depending on the needs at the work site, its geographical separation from community resources, and the provider’s skills.

2. OTHER GOVERNMENT AGENCIES. Inter-Agency agreements should be pursued when—

- a. the DOE element cannot afford in-house services;
- b. another Agency has an existing provider capable of meeting the needs of more than that Agency; or
- c. service can be provided in a more cost-effective manner than with an in-house or non-Government provider.

The most common employee assistance service providers in this category are Federal Occupational Health (see Appendix E); Department of Health and Human Services; and the Franchise Business Activity (formerly Cooperative Administrative Support Unit), Department of the Treasury, Seattle Region. The language in current inter-Agency service agreements may be adopted or modified, as needed, for any inter-Agency agreement or used as a statement of work when seeking an outside provider.

3. PRIVATE SECTOR CONTRACTORS. This category includes DOE management and operating contractors, private companies, and qualified individuals. When using a DOE contractor, a statement of work and a specific task assignment should be prepared and submitted to the local procurement office. If the master contract involves an indefinite delivery (i.e., this is used in an open, purchase-as-needed basis), a purchase request, accompanied by a statement of work, should be prepared. If an outside provider is being sought, a purchase request, accompanied by a statement of work, should be submitted to the local procurement office.

CHAPTER VII. EVALUATIONS/ASSESSMENTS

This chapter describes the EAP evaluation process, including performance measures, and the roles of the various organizations involved. EAP evaluations/assessments may be included in a Departmental evaluation program, such as the Human Capital Management Improvement Program (HCMIP), or may be part of Government-wide studies generated by OPM.

1. ROLES.

- a. Office of Human Resources Policy and Planning, Director of Human Resources Management.
 - (1) Is responsible for ensuring that DOE EAPs are evaluated periodically and for following up on issues identified in self-evaluations, formal evaluations, or special studies.
 - (2) Reviews information on local programs and provides guidance to coordinators on administering their programs.
- b. Office of Independent Oversight and Performance Assurance personnel may conduct or coordinate formal evaluations for the Director of Human Resources Management because the office evaluates DOE contractor programs.
 - (1) Evaluations may be conducted by one person or by a team, depending on the scope of the evaluation and the geographical dispersion of employees.
 - (2) Evaluators may include staff from the Office of the Assistant Secretary for Environment, Safety and Health; qualified employees from other DOE elements or DOE contractor organizations; DOE approved consultants; or a combination of any of these individuals.
 - (3) EAP, occupational medicine, and substance abuse evaluations may be conducted concurrently.
- c. DOE Elements with delegated personnel authority may conduct self-evaluations at any time. Staff from the Director of Human Resources Management will assist. These reviews should be conducted as part of the budget cycle and upon contract renewal.

2. PROCESSES.

- a. Self-Evaluations are based on metrics, such as those in Appendix A, that indicate how well the program is accomplishing its mission.

b. Technical Assistance Visits and Evaluations.

- (1) An onsite or technical assistance visit may be scheduled when one of the following occurs:
 - (a) significant issues, as determined by either the DOE element or the Office of Human Resources Policy and Planning, which reviews all self-evaluation reports, are discovered as a result of self-evaluations;
 - (b) a third party raises significant issues that warrant further investigation; or
 - (c) a DOE element requests an evaluation or visit.
- (2) A DOE element may be asked to respond to a request for additional information before it is determined that an onsite evaluation is needed or in preparation for such an evaluation.
- (3) Technical assistance visits and evaluations may be conducted by one person or by a team, depending on the scope of the evaluation and the geographical dispersion of employees.
 - (a) Evaluators may include staff from the Office of Independent Oversight and Performance Assurance, the Offices of the Assistant Secretary for Environment, Safety and Health, and the Director of Human Resources Management; qualified employees from other DOE elements or DOE contractor organizations; DOE approved consultants; or a combination of any of these individuals.
 - (b) While onsite, the evaluator or team holds an opening session with the EAP coordinator, EAP service provider, and applicable managers; reviews program and employee records; interviews a sampling of supervisors, employees, and union representatives, if applicable; reviews the status of the last corrective action plan, if one was needed; and holds a closeout session with the program coordinator and affected managers to discuss the draft report for the visit/evaluation.
 - (c) Every effort is made to reach agreement on the draft report while evaluators are on site.
- (4) The final report is issued jointly by the Director of Human Resources Management and the Office of Independent Oversight and Performance Assurance within 30 days after agreement on the draft is reached.

- (a) Organizations have 30 days to comment on final reports and submit corrective action plans, if necessary, to address findings.
- (b) Upon receipt of corrective action plans, the staffs of the Director of Human Resources Management and the Office of Independent Oversight and Performance Assurance resolve any issues that the staffs may have regarding them.

3. EVALUATION CRITERIA. Organization EAPs are evaluated using the following criteria.

- a. Requirements specified in DOE O 341.1 and 5 CFR, Part 339.
- b. Guidelines contained in this Guide. (Deviation is acceptable when there are sound reasons for it.)
- c. Current management issues, program priorities, and, if applicable, the last evaluation report and corrective action plan.

CANCELLED

CHAPTER VIII. RECORD KEEPING

This chapter describes access to and ownership, confidentiality, storage, and maintenance of records. The following is an acceptable approach to fulfilling the record-keeping requirement in DOE O 341.1, paragraph 4a(1) and should be included in any service agreement or contract.

1. OWNERSHIP. DOE owns all employee files and program records no matter where they are located or how they are maintained (hard copy, microform, or automated form).
2. ACCESS. The following have access to EAP information about an employee.
 - a. The organizations and individuals indicated in DOE-34, *Employee Assistance Program Records*, under the purpose and routine uses sections.
 - b. The affected employee or his/her designated representative.
3. WHAT TO RECORD.
 - a. The following constitutes the minimum adequate documentation for an employee's record according to the *Employee Assistance Law Desk Book* (Sandra G. Nye, published by EAPA and available online at http://www.eapassn.org/Store/category.cfm?category_id=6).
 - (1) Face sheet, including demographic data and personal statistics.
 - (2) Statement of problem as perceived by the referral source, client, and counselor.
 - (3) Precipitating factors and family and environmental factors.
 - (4) Relevant clinical history, including substance abuse history.
 - (5) Description of assessment procedures.
 - (6) Formulation and diagnosis (or the equivalent, recognizing that the record may be released to the employee).
 - (7) Treatment plan.
 - (8) Disposition.
 - (9) Progress notes for each client or collateral contact.
 - (10) Discharge or termination summary.

- (11) Followup notes.
 - (12) Waivers/consent forms for the release of information.
 - b. Needs assessment information.
 - c. Results of periodic internal reviews.
 - d. Information for Departmental reports.
 - e. Information for internal management reports.
 - f. Information regarding any inter-Agency agreement or contract, including the credentials of the providers.
4. CONFIDENTIALITY. Documentation on behavioral issues is regarded as very sensitive personal information. Care is needed to ensure the release of such information is only to authorized individuals in accordance with DOE-34.
- a. Specific consent forms are normally required to be signed before information can be released to anyone other than the individuals indicated in paragraph 2 above.
 - b. The specific information that must be disclosed on a consent form is available at Title 42 U.S.C., Section 290dd-2, and on page 4-20 of the *Employee Assistance Law Desk Book*. (A sample form is available at Appendixes C and C1 of the latter reference.)
5. MAINTENANCE.
- a. Records should be maintained in such a way that they can be easily understood by a third party or reconstructed, particularly if a record is transferred to a new service provider.
 - b. Because patient/counseling records are fully releasable to an employee or his/her designated representative upon request, documentation in the employee file should be such that a copy of most or all of the file can be released directly to the employee. Any information which may have an adverse effect on the employee (e.g., counselor notes, opinions, or observations) should either not be documented or, if documented, only released to the employee's counselor of choice in accordance with *Benevides v. U.S. Prisons* (771 F Federal Supp 426, 1991, and 995 F 2nd Supp 269, D.C. Circuit, 1993).
6. STORAGE AND PROTECTION. See the applicable sections of DOE-34.

7. CHANGING PROVIDERS.

- a. In preparation for a change in service provider, the existing provider should provide the EAP coordinator with a complete inventory of employee files and identify which employees are active clients. Employee files should be sealed and returned to the coordinator.
- b. Upon receipt of the above inventory, the coordinator should notify all active employees of the change and offer continued service.
 - (1) The offer letter should include a consent form for the employee to sign.
 - (2) Upon receipt of a signed consent form, the form and the sealed file should be forwarded to the new provider.
 - (3) If the consent form is not signed and returned, the sealed file should be stored in a locked cabinet until it is destroyed.

APPENDIX A. FEDERAL EMPLOYEE ASSISTANCE PROGRAM METRICS

The following information on each service provider is the minimum needed for conducting periodic evaluations of service providers. The responses should be part of a comprehensive program evaluation (e.g., for cost comparison purposes and to determine use rate and poor quality programs).

1. Name of the provider.
2. Number of employees covered, either at the time a contract was established or renewed or, if no contract, then as of the end of the fiscal year.
3. Annual cost (only include staff costs when a staff member performs as an EAP service provider, not EAP coordinator functions).
4. Total number of cases. (A case is an interaction that involves a minimum contact of at least 1 hour and results in a record of counseling and/or referral being established.)
5. Basis for provider costs [e.g., per capita at \$___/month or year; \$___/hour; DOE contract price (pro rata, fixed price, or other); or salary, if for a DOE employee].
6. Number of hours for short-term counseling and referral activities (includes all contacts with an employee or an employee's family members and all time spent on supervisory referrals and referrals to outside providers).
7. Number of hours for each of the following activities:
 - a. training, including supervisor and employee orientations;
 - b. management consultations;
 - c. critical incident stress debriefings;
 - d. work with support groups;
 - e. preparation of reports;
 - f. contract administration, including preparation of contracts, negotiations, and resolutions; and
 - g. other associated activities.

APPENDIX B. NEEDS ASSESSMENTS

Employee assistance service needs assessments should be performed periodically (e.g., every 2–3 years) and should include the information listed below. The information should be used to determine the employee assistance program goals, objectives, and activities and the resources needed to support the program.

- Organization/DOE element mission
- Organizational structure
- Types of jobs
- Number of employees by location
- Demographic data about the employee population
- Identification of priorities and services for the organization/DOE element
- Work site environmental, programmatic, staff resources, and stress-related factors that are barriers to employee well-being or productivity
- Available community resources
- Supervisor, employee, and union inputs/surveys
- The requirements in DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03
- A summary of recent program reviews
- Number and types of grievances, equal employment opportunity complaints, disciplinary actions, and appeals
- Annual report information from last assessment
- Workers' compensation cases

APPENDIX C. LESSONS LEARNED

This appendix provides lessons learned about managing and operating a successful employee assistance program. These lessons constitute a suggested approach to fulfilling the requirements in DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03.

- Top management support and involvement are essential to ensure that adequate resources are committed to the program.
- Contract with a group rather than an individual to provide depth in available resources (e.g., during normal vacation periods or when one provider is unavailable).
- Seek diversity in counselors based on the makeup of the workforce and the nature of the issues so that employees will feel more comfortable in dealing with counselors.
- Use available case management software packages because local, customized software systems are more expensive to put into place.
- When contracting for a service provider, check for professional liability coverage and professional licenses and certifications because providers may avoid what they perceive as the unnecessary cost of insurance and don't always maintain their certifications or unknowingly let their licenses lapse. These documents should be reviewed periodically, preferably as part of the preparations for negotiating or renewing contracts.
- The provider and/or coordinator should discuss confidentiality during his/her initial contact with an employee so that the employee understands the types of information that might be released, to whom, and under what circumstances. This can be done by providing a copy of DOE-34, *Employee Assistance Program (EAP) Records*, (61 *Federal Register* 22040, dated 5-13-96).
- For employee performance or conduct problems, supervisors should include a referral statement in all memorandums of counseling and letters of reprimand or suspension (see the example in Appendix C1). Supervisors should also verify visits to a counselor to determine whether an employee is making an effort to resolve his/her problems.
- Ensure that employee assistance service contracts include the stipulation that all patient records are DOE property and should be returned to the Department if maintained offsite, as contract/subcontract counselors usually feel that such records are theirs. This stipulation should be included in the service provider's contract or agreement. Ensure that all service contractor employees, including counselors, understand that patient records belong to DOE.
- Employee consent forms should be completed when changing service providers so employees are aware of the change in providers and that their records are being transferred (see DOE G 341.1-2, *Guide on Federal Employee Assistance Programs*, dated 12-1-03, Chapter VIII, paragraph 7).

APPENDIX C1. SAMPLE EMPLOYEE ASSISTANCE PROGRAM REFERRAL LANGUAGE

The language contained in supervisory memorandums of counseling and the referral component of a disciplinary or adverse action will depend on (1) the nature and circumstances related to the basis and status of the action and (2) any past efforts by the Departmental element and/or the employee specific to a referral to the employee assistance program counselor.

“If you believe you have any personal issues that may be contributing to your (performance/conduct) situation, I strongly encourage you to contact (name of service provider) of the Department of Energy Employee Assistance Program (EAP) at (telephone number). Any discussions you have with the EAP counselor will be strictly confidential; I will not be made aware of the nature of your discussions without your written permission. If you wish to avail yourself of this opportunity during duty hours, I will approve your request as an excused absence (administrative leave) to do so. If you prefer to use a non-DOE counselor, I will approve your request for sick or annual leave or leave without pay to do so during duty hours.”

See DOE G 341.1-2, *Guide on Federal Employee Assistance Programs*, dated 12-1-03, Chapter II, paragraph 1, for additional information regarding leave.

APPENDIX D. TRAINING AND DEVELOPMENT

1. REQUIRED. Professional counselors must maintain their status with continuing education credits if licensed or certified. Some of these credits can be obtained by attending Department of Energy (DOE) or Office of Personnel Management (OPM) conferences and regular meetings of local professional groups or by completing correspondence courses. For example, to maintain the Certified Employee Assistance Professional designation, 60 professional development hours should be acquired over a 3-year period.
2. TYPES. The following courses and certifications should be considered when determining the training needs of the DOE Employee Assistance Program staff.
 - a. Certifications.
 - (1) Certified employee assistance professional.
 - (2) Certified alcohol and drug abuse counselor.
 - b. Case management.
 - c. DOE and OPM courses on employee assistance programs and employee relations.
 - d. Conferences and seminars (see DOE G 341.1-2, *Guide on Federal Employee Assistance Programs*, dated 12-1-03, Chapter III, paragraph 2c).

**APPENDIX E. FEDERAL OCCUPATIONAL HEALTH (FOH)
EMPLOYEE ASSISTANCE PROGRAM OFFICE**

Effective February 1, 2001

There is one FOH program manager and one nationwide vendor contracted for 5 years.

Program Manager: Douglas (Doug) Mahy
U.S. Department of Health and Human Services/FOH
1200 Main Tower Building
Dallas, TX 75202
Phone: 214-767-3030
Fax: 214-767-0002
E-mail: dmahy@email.foh.dhhs.gov

Vendor: Magellan Behavioral Health

CANCELED