



**NOT MEASUREMENT  
SENSITIVE**

**DOE G 341.1-2A  
10-18-07**

# **GUIDE ON FEDERAL EMPLOYEE ASSISTANCE PROGRAMS**

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

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

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**INITIATED BY:**  
**Office of Human Capital Management**

## GUIDE ON FEDERAL EMPLOYEE ASSISTANCE PROGRAMS

1. **PURPOSE.** This Guide supplements the requirements and responsibilities specified in DOE O 341.1A, *Federal Employee Health Services*, dated 10-18-07, 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 Capital Management Strategic Planning and Vision at 202-586-3372.

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## 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, assessment, and short-term counseling services for work/life issues for all its employees (see Chapter IV for a list of work life issues that are normally addressed).

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 work life problems [see DOE O 341.1A, *Federal Employee Health Services*, paragraph 4c(1)(b)] 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 work life issues [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 in this timeframe. 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 able to perform assigned duties 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 general information from the counselor; specific information on an employee's problem or issue will not be provided without a written release from the employee.

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 Chief Health, Safety and Security Officer.)

Each request to see a counselor during normal duty hours should be submitted to and approved by the employee's leave-approving official. Employees may schedule a confidential appointment with a counselor during non-duty hours at their convenience without approval from their supervisors. 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. THE HUMAN RESOURCES STAFF.**

- a. Ensures that adequate employee assistance is provided and that employee assistance services are evaluated periodically.
- b. Prepares purchase requests when such services are contracted.
- c. Needs to know which positions require psychological standards that must be met as part of the qualifications review process.
- d. 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.

- e. 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.

- a. Assess employee problems.
- b. Provide short-term counseling if an employee's issue can be resolved within the authorized number of counseling sessions.
- c. Refer employees to appropriate community resources and/or 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 (68 Federal Register, 38795, dated 6-30-03)] and in applicable Federal regulations, State laws, and professional standards.

4. MEDICAL SUPPORT STAFF.

- a. Determine any physical conditions that could result in or may have caused a behavioral issue.
- b. Counsel employees on health-related issues; refer employees with chronic health issues to the EAP counselor for assistance in coping strategies.
- c. Refer those employees who manifest emotional difficulties, regardless of the basis, to EAP counselors.
- d. 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 341.1A, *Federal Employee Health Services*, 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 (Attachment 1).
    - (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.healthierfeds.opm.gov/healthierfedsmanual.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 Capital Management Strategic Planning and Vision (Departmental level office).
- (8) Human Reliability Program (HRP) staff

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

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 Assessment. 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.



# STANDARDS & CRITERIA

for the Development and  
Evaluation of a Comprehensive  
Employee Assistance  
Program

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Health Resources and Services Administration  
Bureau of Health Care Delivery and Assistance  
Division of Federal Occupational and Beneficiary Health Services

March 1990

ELEMENT **1**

*Needs Assessment*

**STANDARD:**

An EAP should have, both at the time the program is established and on a periodic basis thereafter, a mechanism to assess the needs for employee assistance. The EAP needs assessment should be aimed at identifying worksite environmental, programmatic, personnel and stress related factors deleterious to employee well-being or productivity. Program decisions should be directly related to the assessment findings and be periodically evaluated in that context.

**ASSESSMENT CRITERIA:**

*Program Development*

A needs assessment should be conducted prior to program implementation. If existing data is not sufficient then data acquisition should be a component of the needs assessment.

*Scope*

A needs assessment should include the findings of worksite evaluations, employee and supervisor surveys, epidemiological studies, demographic analyses and program reviews. Initial assessments should also include information regarding the scope of services requested by the employer and employees, an analysis of existing supervisory, personnel and medical systems for handling troubled employees and a proposal for ongoing needs assessment activity. Reports from all evaluations

should include findings and recommendations, as appropriate, for both management and the program. Program activities should address the needs assessment findings and should be evaluated as to their impact on such needs.

*Frequency*

Needs assessment by a qualified employee assistance professional, or other health professionals as appropriate, should be performed biannually. Further assessments would be necessary when requested by management, when significant agency changes occur, or as mandated by applicable regulations.



## *Program Integration*

### **STANDARD:**

An EAP should be designed to assure its integration into the structures and processes guiding the overall administration and management of an agency or program. The EAP Director should have access to, and involvement with, the management of the agency and serve as a consultant to address the impact of program and organizational change on the well-being of employees. An advisory board should be constituted with representatives from key divisions and offices, including both manager and employee members, to assure the responsiveness of the EAP to agency needs.

### **ASSESSMENT CRITERIA:**

#### *Design*

The EAP should serve as an integral part of the overall agency management process. The EAP should be positioned at an organizational level high enough to insure the involvement of senior agency or program management in the EAP. The organization and functions of the EAP should be incorporated into the policy and procedures of the agency or program. The EAP Director should serve as a consultant to management for employee behavior and performance concerns. There should be agreement between management and the Director about program emphasis, information needs, and operational policies and procedures.

#### *Scope*

Communication should be established with all appropriate agency units such as employee relations offices, occupational health and safety programs, health units, Equal Employment Opportunity programs, employee organizations, etc. The support and participation of such organizations as recognized labor unions should be a part of the EAP policy formulation and program operations.

#### *Procedure*

The EAP should provide for formal interaction of participating agency, program and employee representatives through an advisory committee that meets at least biannually. The EAP Director should chair this committee.



ELEMENT 3

### *Comprehensive Services*

**STANDARD:**

An EAP should assure the provision of comprehensive high quality clinical services, supervisory training, management consultation, and preventive health education/health promotion services appropriate to the defined needs of an agency or program. The services must competently evaluate employees and appropriately assist them in returning to and/or remaining effective in their jobs when alcohol, drug abuse, mental health problems or other events alter their work performance capacity. The EAP must have an established community referral network and coordinate its services with local resources, health organizations and self-help groups as appropriate.

**ASSESSMENT CRITERIA:**

*Scope*

*Clinical Services:* Services must include intake, short-term employee counseling and assessment for alcohol, drug abuse or mental health issues, crisis-intervention, community referral and follow up both on an individual and group basis. Based on needs assessment and current program issues, the EAP should be responsive to client and program needs using support groups, organizational development interventions, lecture series, film series, etc. to strengthen and expand the program.

*Referral:* The EAP must maintain current information about and liaison with community treatment and referral resources. These resources should be reviewed by the EAP for their effectiveness at least every 2 years. At a minimum, the factors to be used in reviewing referral resources should be: types and limitations of services offered, cost for service (including types of insurance accepted), location, hours of operation, philosophy of treatment, staff qualifications, and admission/intake procedures. The number and type of referral resources must be compatible with the needs of employees at the worksite(s). The EAP should provide employees with the names of more than one practitioner or agency for referral. Documentation of relevant licensure, accreditation, and certification credentials on all community providers (institutional and/or individual) should be on file in the EAP. The EAP should work closely with substance abuse agencies in the community to develop an appropriate support network.

*Supervisory Consultation and Training:*

The EAP should provide consultation to supervisors on matters related to employees, work environment, organizational development, and/or agency issues. Training and orientation programs for all supervisors and managers should include: an orientation to the EAP, discussion of the role played by management, identification of the troubled employee, confrontation

techniques, and methods of referral to the EAP.

*Preventive Health Education/Health Promotion:* Preventive health education/health promotion should be an ongoing part of the EAP. Informational programs should be offered directed toward developing an awareness of and preventing alcoholism, drug abuse and emotional problems which may adversely affect work performance or conduct. Additional activities should be based on needs assessments, reflecting the needs of the client population as determined by the findings of the worksite evaluations, epidemiological studies, demographic and health risk analyses, employee and supervisor surveys, consultation with management, program reviews, and agency concerns. Health education/health promotion activities for all employees should offer a minimum of six activities per year. Effort should be made to use local, community resources and services for this element.

*Policies and Procedures:* The EAP must have written policies, consistent with prevailing Federal requirements and regulations, related to alcoholism, drug abuse, mental health concerns, rehabilitation, follow-up care and other employee problems that affect performance. Policies and procedures should document the extent and complexity of the EAP services, list the staff hours for in-house service, in-

clude a clear definition of procedures for "reasonable accommodation", document the procedure for consultation with management regarding employee needs, describe back-up and emergency services, detail mechanisms for problem resolution, outreach and the procedure for the reintegration of the employees back into the work setting. Of particular importance are guidelines related to referral procedures and off-hours provision of services, and staff hours for in-house service. When EAP services are provided under contract or off site, written policies and procedures must also specify the relationship of those services to the agency or program management. EAP services should be widely publicized to assure that all employees are knowledgeable about the EAP services.

ELEMENT  
**4**

***Program Administration***

**STANDARD:**

An EAP should have policies and procedures in effect aimed at assuring the appropriateness, effectiveness and efficiency of the program in meeting the needs of both management and the employee population served. The procedures must be consistent with the Federally mandated requirements and with agency policies and procedures. This includes assurance of: availability of a sufficient number of qualified counselors; services provided in appropriate office space that assures easy access and privacy; a case record system in compliance with Federal confidentiality regulations; guidelines for assessing or measuring the quality of care; and regular review of program services. An EAP must submit annual fiscal year reports to the Office of Personnel Management on counseling activities.

**ASSESSMENT CRITERIA:**

***Scope***

***Personnel:*** The EAP Director is responsible for establishing policy, procedures, guidelines, coordinating the direct delivery of services, providing consultation to management, overseeing special demonstration projects, evaluating program activities, and submitting regular reports to the participating agencies or programs. In smaller programs the Director may provide client services. The staffing

ratio for client services should equal one counselor per 3,000 - 3,500 employees.

***Credentialing:*** The EAP must have a mechanism to assure that counseling service providers (direct, contract, or referral) are qualified to perform their duties. Prospective providers should be screened and evaluated with respect to professional education, postgraduate training, experience, professional affiliations, relevant state and/or national credentials, and references. A current credentials file, with evidence of periodic review, must be maintained for every counseling service provider. Counseling personnel should be holders of current professional and addictions treatment certifications, and remain current in their fields as evidenced by participation in continuing education programs. Providers must be routinely evaluated with respect to their counseling practice in the EAP.

***Quality Assurance:*** A comprehensive quality assurance program should be an integral part of the EAP. A program should review, on an ongoing basis, the quality, appropriateness, effectiveness, and efficiency of the services provided. The annual program evaluation should include at least two components: a record review or audit and a specific program review. The EAP should also participate in program review activities which are part of overall agency or program management.

*Records:* Separate employee client and program operation record systems must be maintained. The EAP policy and procedures manual should specify record retention policies, who may have access to records, which information will be released to whom, under what conditions, and what use, if any, can be made of records for purposes of research, evaluation and reports. Client records maintained by the EAP should never become part of an employee's personnel file and must be available only to the counseling staff. Records must be secure, legible, complete and appropriate for their professional and other permissible uses. Client records must be kept in a strictly confidential manner in accordance with the confidentiality requirements of PL 93-282 and the implementing Federal regulations of 42 CFR Part 21 (particular section 2.11 (n) as well as PL 93-579 (Privacy Act). Counselors must be thoroughly knowledgeable with these regulations and are bound by the restrictions of these confidentiality and privacy regulations.

~~*Reports:* The EAP must submit annual fiscal year reports to the Office of Personnel Management on counseling activities. Annual reports and any evaluation or needs assessment reports should be provided to management. Additional reports may be required by the Department, agency or program.~~

*Facility:* The EAP office should preferably be located onsite or with easy access to the work location. In areas where the EAP is serving a dispersed employee population, the EAP office should be within a short commute of an agency's or program's worksite. The EAP must have a 7 day a week, 24 hour answering service which provides a telephone number for callers requiring emergency assistance. The EAP office hours must accommodate the client population, assure that intake occurs within 24 hours, and provide service as immediately as possible. The office space must be private to insure confidentiality, have sufficient rooms to accommodate the case load, and provide adequate administrative space.

*Policies and Procedures*

A policy and procedures manual should fully describe all areas of program administration.



## *Program Evaluation*

### **STANDARD:**

An EAP should have a mechanism in place to evaluate the appropriateness, effectiveness, and efficiency of the delivery of services and program integration. Evaluations of the scope and appropriateness of client services, educational programs, supervisory training, and outreach activities should be performed on an annual basis and become a part of the permanent program records. Descriptive statistics should be employed whenever possible to summarize program activities and facilitate the annual evaluation. Program modifications should be made on the basis of evaluations.

### **ASSESSMENT CRITERIA:**

#### *Scope*

The following aspects of the EAP should be evaluated: services to employees with alcoholism, drug abuse or emotional/behavioral problems, utilization rate (5% is the minimum acceptable yearly utilization rate), effectiveness of referral procedures, supervisory training, employee orientation, reporting systems, availability and accessibility of services, records system, quality assurance activities, program integration, outreach activities, staffing and credential files.

#### *Frequency*

A mechanism should be in place to annually evaluate the appropriateness, effectiveness, and efficiency of EAP services.

#### *Operations*

Written evidence of program evaluations, identified deficiencies and correction plans should be available. Documented modifications in the program's assessment and intervention services should be made based upon the findings of such evaluations.

## **CHAPTER IV. WORKLIFE PROBLEMS/ISSUES**

The following are typical work life problems or issues that can result in job performance problems that may be addressed by an EAP counselor.

- Abuse
- Adult-child relationships
- Addictions (all types)
- Anger management
- 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, including post traumatic stress disorder
- Supervisory relationships
- Violence

## CHAPTER V. PROGRAM ADMINISTRATION

Administering and managing an EAP includes 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) shifts worked;
  - (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) category of cases by first-level organizations, if possible;
  - (11) number of counseling sessions authorized;
  - (12) number of employees with an access authorization/security clearance, including Human Reliability Program employees, because of the psychological evaluations involved and eligibility for personnel security's Employee Assistance Program Referral Option; and
  - (13) 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.

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

\*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.

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

2. FACILITIES. The counseling setting may be either onsite or offsite. The location and waiting area should afford the employee 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, EAP and wellness brochures imprinted with EAP contact information, books and videos for EAP resource libraries, and speakers for onsite educational programs.
    - (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 or video 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—\$85 to \$100 (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 that contractors may bill for counseling time.

## CHAPTER VI. SERVICE PROVIDERS

Various types of EAP service providers and factors are to be considered 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. DOE FEDERAL EAP COUNSELORS. The extent of employee assistance services and programs offered 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.
  - d. 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. CONTRACTORS. This category includes DOE site/facility management contractors (who may also be considered to be internal service providers), private companies, community social services organizations, and qualified individuals. For such contracts, a purchase request (PR) and a statement of work (SOW) are prepared and submitted to the local procurement office for award of a new contract or purchase order. If a master contract exists that allows an indefinite delivery or indefinite quantity (i.e., an open, purchase-as-needed provision), follow the ordering procedures of the master contract to issue tasks.
4. QUALIFICATIONS. EAP counselors should be licensed and/or certified professionals with demonstrated experience counseling employees on behavioral problems and issues, preferably with workplace issues. Licenses are state licenses. Acceptable credentials include:
  - a. CEAP—Certified Employee Assistance Professional (certification is issued by the Employee Assistance Professional Association).

- b. LCSW—Licensed Clinical Social Worker.
- c. LPC—Licensed Professional Counselor
- d. Licensed Psychologist/Licensed Clinical Psychologist.
- e. COA—Council on Accreditation (this applies to companies or practices that have been accredited by the COA; see <http://www.coanet.org>).

## CHAPTER VII. EVALUATIONS/ASSESSMENTS

EAP evaluations/assessments may be included in a Departmental evaluation program, such as the Human Capital Management Improvement Program, or may be part of Government-wide studies generated by OPM.

### 1. ROLES.

#### a. Office of Human Capital Management Strategic Planning and Vision.

- (1) Is responsible for ensuring that DOE EAPs are evaluated periodically and for following up on issues identified in self-evaluations, formal evaluations, or studies.
- (2) Reviews information on local programs and provides guidance to coordinators on administering their programs.

#### b. Office of Health, Safety and Security personnel may conduct or coordinate formal evaluations for the Director of Human Capital 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 Health, Safety and Security; 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 Capital 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 Capital Management

Strategic Planning and Vision, 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 Health, Safety and Security and the Director of Human Capital 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 Capital Management and the Office of Health, Safety and Security 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 Capital Management and the Office of Independent Oversight and Performance Assurance Health, Safety and Security resolve any differences in opinion regarding them.

3. EVALUATION CRITERIA. Organization EAPs are evaluated using the following criteria.
  - a. Requirements and criteria specified in DOE O 341.1A, DOE O 226.1, and 5 CFR 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.

## 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 341.1A, 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](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 Appendix C of the latter reference.)
5. MAINTENANCE.
- a. Records should be maintained in such a way that they can be reconstructed, particularly if a record is transferred to a new service provider (see the EAPA standard on record keeping in EAPA Standards Part 2 and DOE's record system DOE-34).
  - b. Because 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 vs. U.S. Prisons* ( 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 employees who have active cases of the change and offer continued service.
- c. The offer letter should include a consent form for the employee to sign.
- d. Upon receipt of a signed consent form, the form and the sealed file should be forwarded to the new provider.
- e. 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**

1. The following metrics are recommended 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).
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 ASSESSMENT**

Employee assistance service needs assessments should be performed periodically (e.g., every 2-3 years) and should include consideration of the factors 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 341.1A, dated 10-18-07.
- 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

Lessons learned constitute a suggested approach to fulfilling the requirements in DOE O 341.1A, *Federal Employee Health Services*, dated 10-18-07.

- 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 for the States where the applicable counselors practice 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*, (68 Federal Register 38795, dated 6-30-03).
- For employee performance or conduct problems, supervisors should include a referral to the EAP 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 employee or client records are DOE property and should be returned to the Department if maintained offsite, and ensure that all EAP contractors understand that employee or client 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 341.1-2A, *Guide on Federal Employee Assistance Programs*, dated 10-18-07, Chapter VIII, paragraph 7).

## APPENDIX D. TRAINING AND DEVELOPMENT

1. **REQUIRED.** Professional counselors must maintain their status with continuing education credits. [See DOE O 341.1A, paragraph 4c(1)(c).] 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 (CEAP) 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. Short-term counseling and case management strategies.
  - c. DOE and OPM courses on employee assistance programs and employee relations.
  - d. Conferences and seminars (see Chapter III, paragraph 2c of this Guide).

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

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](mailto:dmahy@email.foh.dhhs.gov)

**Vendor:**

Magellan Behavioral Health