Service Standards

Employee Assistance Program Services

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Definition

Employee Assistance Programs (EAPs) are employer sponsored workplace-related services provided internally or under a contract or arrangement with an employer, union, or organization designed to address the individual and work-related issues that interfere with a healthy and productive workplace; and support the organization in meeting its productivity goals. EAP services generally include information and referral; assessment and referral; employee education on personal, psychosocial and workplace performance issues; consultation and training for supervisors, managers, and human resource and union representatives; critical incident training and response services; and follow-up.

Note:*Depending on the services an EAP provides, the organization may be required to complete one or more additional service sections, such as: Coaching, Support, and Education Services (CSE); Case Management (CM); Mental Health and/or Substance Use Services (MHSU); or Crisis Response and Information Services (CRI).*

Note:*While many organizations have EAP services as a staff benefit, the EAP standards outlined in this section are intended only for organizations that directly provide EAP services.*

Note: *Please see EAP Reference List for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the EAP Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Employee Assistance Program Services

EAP 1: Person-Centered Logic Model

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

* • Program logic model that includes a list of outcomes being measured	
• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

* • Interviews may include:
  1. Program director
  2. Relevant personnel

EAP 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e., inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e., the size and scope of services delivered);
e. desired outcomes (i.e., the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

EAP 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. connection to formal and informal support systems;
d. health, welfare, and safety;
e. achievement of individual service goals; and
f. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Examples: *Common EAP outcomes include, for example, personal and/or workplace productivity and healthy workplace relationships.*

Employee Assistance Program Services

EAP 2: Personnel

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Program personnel have the competency and support needed to provide services and meet the needs of individuals served and customer organizations.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Interpretation: *EAP providers must be appropriately licensed in the states where the service is being received, or as required by law or regulation.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

* • Table of contents of training curricula	

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

*
- Sample job descriptions from across relevant job categories
- Documentation tracking staff completion of required trainings and/or competencies
- Training curricula
- Documentation of current caseload size per worker

On-Site Activities

*
- Interviews may include:
  1. Program director
  2. Relevant personnel
- Review personnel files

EAP 2.01

Assessment and referral, and short-term counseling personnel are qualified by:

a. an advanced degree in a human service field;
b. appropriate state licensure, certification, or registration;
c. training and experience in substance use treatment; and
d. EAP related experience.

Interpretation: *This applies to services provided through all means, including face-to-face, telephone, Internet-based online services, and other electronic communication tools (i.e., smart-phone applications).*

Interpretation: *When organizations utilize interns, individuals working towards licensure, or are unable to recruit individuals with an advanced degree, they should receive appropriate training and ensure that supervision is provided by a professional with an advanced degree.*

Examples: *Examples of related experience can include in-house EAP training; training and experience in organizational dynamics; CEAP designation; at least 2,500 hours post-master's degree clinical experience; or two years of EAP experience in a management, consultant, and/or direct service role.*

EAP 2.02

Information and referral, and intake personnel are qualified by:

a. an associate's degree in a human services profession; and
b. at least one year of clinical practicum in social work, psychology, mental health, or another human services profession.

EAP 2.03

The EAP senior manager or equivalent is qualified by:

a. an advanced degree in a field related to EAP services;

b. appropriate state licensure, certification, or registration;
c. at least two years of post-graduate experience; and
d. competence in administering and providing EAP services.

EAP 2.04

EAP counseling professionals complete annual requirements for state professional development hours (PDHs), continuing education units (CEU), or the equivalent.
Interpretation: *Such requirements should be completed at accredited colleges/universities, other licensed institutions, or through EASNA, EAPA, or CEAP-sponsored courses.*

EAP 2.05

Counselors are trained on, or demonstrate competency in:

a. EAP core technology and optional EAP services;
b. EAP theory and practice;
c. the application of counseling skills in a workplace setting;
d. crisis intervention preparedness;
e. short-term counseling models;
f. use of health care insurance benefits;
g. critical incident response services and/or psychological first aid;
h. mental health and substance use conditions;
i. work performance assessments;
j. applicable information on privacy and security regulations; and
k. organizational development and human resource management.

EAP 2.06

Non-clinical personnel, such as account managers, are trained on, or demonstrate competency in:

a. EAP products and services;
b. essential components of EAPs;
c. wellness services, as applicable;
d. risk prevention and crisis response;
e. outreach; and
f. consultation and training for managers, supervisors and union representatives.

EAP 2.07

Personnel have access to a supervisor or other professional to provide back-up and support in managing cases that involve threats of violence, including homicidal and suicidal ideation.

EAP 2.08

Personnel workloads support the achievement of client outcomes and are regularly reviewed.
Examples: *Factors that may be considered when determining personnel workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

EAP 2.09

The EAP has a system to analyze its capacity to meet the demand for services that addresses:

a. providing services in relation to risk level and urgency; and
b. ability to manage the needs of its network.

Employee Assistance Program Services

EAP 3: Access to Service

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Eligible participants and client organizations receive EAP services promptly and responsively.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Access procedures	
*	• Procedures for addressing life-threatening emergency situations	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Clients

- Review client records

EAP 3.01

The EAP communicates to customers, individuals, and eligible participants that access to services occurs through:

a. self-referral by individuals and eligible participants;
b. suggestions or referrals by supervisors, union representatives, human resources, and/or medical personnel;
c. formal referrals; and
d. mandatory referrals.

EAP 3.02 (FP)

Client or host/customer organization problems that occur during and outside of work hours are addressed as follows:

a. life-threatening emergency situations are addressed immediately, 24 hours a day, seven days a week, 365 days a year;
b. non-life threatening emergencies are addressed by the end of the next business day; and
c. counselors with clinical backgrounds are available by telephone to respond to emergencies and able to access appropriate resources either directly or by referral.

EAP 3.03

The EAP adjusts its staffing patterns and availability to accommodate the working hours of individuals at the host or customer organization, and counselors:

a. are available within a reasonable proximity of client homes, work sites, and/or public transportation, unless the geography of the area prohibits such availability;
b. offer appointments outside of normal business hours, such as at least one evening a week or on weekends; and
c. provide clear directions to the counseling site.

EAP 3.04

EAP direct service staff has access to a description of services, as stipulated under the terms of each contract, that is provided to clients and eligible participants.

EAP 3.05

The EAP offers access to services, educational resources, and manager/leadership information through a variety of channels.
Examples: *For example, services may be provided via:*

1. *in-person meetings at a private office located at the company;*
2. *in-person meetings at a private office located off-site at an EAP counselor's office;*
3. *telephone;*
4. *a website for information and education;*
5. *e-mail exchange for services;*
6. *video and audio live exchange for services; and*
7. *smart-phone based technology for texting, chat, or other communication tools.*

Employee Assistance Program Services

EAP 4: Internal EAP/Parent Company Relations

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

The internal EAP and its parent company establish in writing:

a. the services to be provided;
b. budgetary and staffing resources;
c. how confidentiality is maintained;
d. the legal relationship between the EAP and its parent company;
e. roles and responsibilities of other affiliated departments at the organization, such as work-life or wellness; and
f. clear lines of responsibility for the EAP and all EAP activities.

NA: The organization is an external EAP only.

Interpretation: *This standard does not apply to EAP providers that are contracted to provide services on-site.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*
- EAP/Parent Company agreement

On-Site Activities

*

- Interviews may include:
    1. Parent company President/CEO or his/her designee
    2. Program director

Employee Assistance Program Services

EAP 5: Program Implementation and Contract Management

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

The organization's needs and contractual obligations determine the EAP services provided and the content of service utilization reports.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*

- Implementation plan(s)
- Contract(s) with the organization

On-Site Activities

*

- Interviews may include:
    1. Parent company President/CEO or his/her designee
    2. Program director

EAP 5.01

The EAP develops an implementation plan based on information gathered in collaboration with the organization to facilitate program design that identifies:

a. tasks and responsibilities for the EAP and the organization; and
b. the timeline for completion.

Examples: *Examples of information that may be gathered to develop an implementation plan include, as applicable:*

1. *a confidential survey of individual and management representatives to identify key problem areas;*
2. *employee profiles and demographics;*
3. *employee absenteeism rates;*
4. *employee turnover rates;*
5. *accidental injuries;*
6. *health insurance costs;*
7. *worker's compensation claims;*
8. *previous EAP utilization information;*
9. *transition planning for continuity of care for existing high risk cases and those requiring ongoing case management;*
10. *regulatory and legislative requirements applicable to the customer organization;*
11. *history of disability insurance claims for mental health and/or addictions; and*
12. *descriptions and utilization figures for other relevant workplace programs at the customer organization, such as work-life, wellness, occupational medicine, and disease management programs, as applicable.*

EAP 5.02

The implementation plan includes mechanisms for promotional and employee communications.
Examples: *Examples of communications include, but are not limited to, the following:*

1. *printed communications;*
2. *company website;*
3. *referral resource database;*
4. *listservs, discussion groups, chat rooms, instant messenger, and other electronic communication tools;*
5. *training of supervisors, key management, and union representatives;*
6. *employee orientation;*
7. *coordinating branding for integration of EAP with other relevant programs such as work/life and wellness (e.g., to address the use of a combined or common web portal for multiple programs); and*
8. *other promotional and educational activities.*

EAP 5.03

Prior to initiating a contract, and at renewal, the EAP and host or customer organization address the following operational practices and definitions for reporting practices:

a. how a case for individual services is defined (i.e., criteria for case open and case closed);
b. how a “new” client is defined (i.e., a client is a person who can potentially have multiple case episodes of services);
c. the amount (for example, number of hours) of clinical and account management time projected per defined period;
d. the outcomes and metrics to be used in evaluating EAP service delivery;
e. the evidence required to assess if service performance standards are being met;
f. the methodology used to measure service user satisfaction and outcomes;
g. the measurement process for assessing outcomes for cases after using the service (i.e., level of satisfaction with the service; level of overall improvement, level of change in work performance/productivity; level of work performance in absenteeism);
h. how the utilization of individual services are counted and calculated (for use of services provided by the counselors);
i. how the utilization of other non-clinical individual services are counted and calculated (for use of services provided by the EAP for financial assistance, legal assistance, work-life services, etc.);
j. how the utilization of management consultation and other organizational level services are counted and calculated (i.e., counseling meetings with supervisors alone and with groups of supervisors and workers, on-site support after a traumatic event or crisis, support for organizational changes, etc.);
k. how the utilization of Internet and website EAP services are counted and calculated (i.e., for general information, for educational resources, webinars, affiliate counselor search tools, educational resources downloaded, assessment tools completed, etc.); and
l. the format and frequency of reports.

Interpretation: *The standard requires the EAP to designate the numerator and denominator for purposes of utilization as addressed in each of the utilization rates provided by the company (h, i, j, k, and l from above). For example: The Counselor*

Case Rate for h (see above) is calculated by dividing the total number of counselor cases (including both employees and family/dependents) by the population count of the total number of covered employees and then multiplying this figure by 100. Training to supervisors and other units are not acceptable factors to be addressed in utilization.

EAP 5.04

The EAP abides by formal contractual agreements and stipulates in writing:

a. a designated account manager;
b. objectives for the contract;
c. services to be provided and by whom;
d. financial terms;
e. facility, equipment, and staff resources required;
f. projected utilization rates;
g. mutual indemnification, when appropriate; and
h. roles and responsibilities of the EAP and customer organization.

NA: The organization is an internal EAP only.

EAP 5.05

The EAP and customer organization determine the components of data reporting.
Examples: *For example, the EAP may provide information such as:*

1. *the number of new cases opened;*
2. *types of services requested;*
3. *number of sessions provided for counseling services;*
4. *number of educational trainings or associated participants;*
5. *website usage;*
6. *the number of client and/or supervisory consultations;*
7. *the number of management consultations;*
8. *the number of other services to the organization (e.g., crisis response events);*
9. *the number of other administrative activities;*
10. *the standardized level of utilization for individual cases who received counseling from the EAP;*
11. *the standardized level of utilization for non-clinical services from the EAP;*
12. *the standardized level of utilization for management consultations and other organizational services;*
13. *the standardized level of utilization for trainings and other educational services;*
14. *the standardized level of utilization for the Internet and web-related services; and*
15. *other utilization trends, observations, and recommendations identified.*

EAP 5.06

The EAP maintains up-to-date information on each host or customer organization's demographics, business, and covered EAP benefits.
Examples: *Examples of information maintained may include, but are not limited to, employee locations; available health coverage, including mental health benefits; products or services provided by the customer organization; and whether it is a unionized or non-unionized setting.*

Employee Assistance Program Services

EAP 6: Contractor Accountability

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

The EAP implements a mechanism to ensure that affiliates and subcontractors comply with EAP policies and procedures.
NA: The EAP does not use affiliates or subcontractors.

Interpretation: *The EAP will need to demonstrate implementation of standards that address services provided by subcontractors. Implementation can be demonstrated via the contract that outlines elements of standards, and a mechanism to monitor quality. Subcontracting organizations are not required to be accredited, but as noted in the interpretation to EAP 6.04, implementation of the standards can support quality improvement.*

Note: *Organizations must also implement the standards in HR 7: Independent Contractors when they contract with affiliates, as well as RPM 6 and RPM 7 when they contract with subcontracting organizations.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Sample affiliate agreement	
*	• Procedures for conducting random quality improvement reviews of affiliates and subcontractors	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Affiliates

- Review affiliate client records

EAP 6.01

Affiliate agreements address:

a. compliance with all applicable laws, including health, safety, and accessibility laws;
b. hours of operation;
c. CEU, PDH, and other professional training requirements, including training on the EAP's policies, procedures, and service delivery model;
d. standards for physical facilities, including comfort and privacy provisions; and
e. use of standard data collection and client information forms.

NA: The EAP does not use affiliates.

Note: *See HR 7.04 regarding requirements for affiliate record maintenance.*

EAP 6.02

Agreements with affiliates require them to carry professional liability insurance in the amount of $1 million/$3 million, or as required by applicable law.
NA: The EAP does not use affiliates.

EAP 6.03

The EAP routinely conducts random quality improvement reviews of a representative sample of affiliates used in the past year to assess appropriateness of protocol and procedures.
NA: The EAP does not use affiliates.

Interpretation: *The EAP should determine an appropriate sampling methodology based on the volume of work affiliates produce (e.g., 10% of cases per year). Reviews can be conducted on-site or off-site through another quality improvement mechanism.*

Note: *See HR 7.05 regarding monitoring affiliate progress and performance.*

EAP 6.04

The EAP routinely conducts random quality improvement reviews of subcontractors to assess, as appropriate:

a. appropriateness of service delivery procedures;
b. safety of physical facilities;
c. possession of current licensure; and
d. compliance with EAP contract requirements.

NA: The EAP does not use subcontractors.

Interpretation: *Reviews can be conducted on-site or off-site through another quality improvement mechanism.*

Examples: *Examples of subcontracted services include, but are not limited to, legal services, work-life services, and financial services.*

Employee Assistance Program Services

EAP 7: Record-Keeping

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Records are maintained in accordance with the EAP's policy.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Record-keeping policy	
*	• Record-keeping procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel

- Review client records

EAP 7.01

A separate and distinct EAP record is maintained for each client that is never part of or stored with any other client related record.
Examples: *Other client related records may include managed care, personnel, medical records, or records of other services provided that are outside of the EAP's scope.*

EAP 7.02

EAP record-keeping practices are based upon an established definition of “client” and address the following:

a. when a new client record is to be created;
b. separation of client record contents when services are provided to individuals, couples, minors, and families; and
c. disclosure protocols when the client record includes services provided to individuals, couples, minors, and families.

EAP 7.03

EAP policy establishes ownership of client records.

Employee Assistance Program Services

EAP 8: Assessment and Action Planning

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Each client participates in the development of an assessment-based action plan that is the basis for delivery of appropriate services and support.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Assessment procedures	
*	• Copy of assessment tool(s)	
*	• Action planning procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Clients

- Review client records

EAP 8.01

EAP counselors/consultants obtain relevant assessment information including, as appropriate to the service provided:

a. demographic information;
b. the nature of the request or presenting problem;
c. any workplace related issues;
d. any immediate safety risks to self or others;
e. environment and home situation;
f. financial status and health insurance;
g. social and peer group support;
h. interests, skills, and aptitudes;
i. work history and military service;
j. medical history;
k. physical illness/somatic variables/medical treatment;
l. the use of alcohol or other drugs;
m. depression screening;
n. ongoing safety concerns;
o. behavioral/cognitive patterns that cause health risks, based on physical, emotional, behavioral, or social conditions; and
p. legal, vocational, and/or wellness needs of the client.

Examples: *Workplace related issues can include, for example, co-worker conflicts, conflicts with managers, drug policy violations, manager consultations, performance improvement issues, and critical incidents.*

EAP 8.02

At the initial counseling session, the counselor and the client:

a. assess the underlying problem;
b. discuss available options;
c. address how the EAP can support the achievement of desired outcomes; and
d. determine whether to retain the case for short-term counseling or to refer to an outside provider for ongoing treatment.

NA: The EAP does not provide clinical services.

EAP 8.03

An assessment-based action plan is developed in a timely manner with the full participation of the client and includes agreed upon goals, desired outcomes, and timeframes for achieving them.
Interpretation: *Some clients that receive only short-term services may not implement a full planning process whereas others with more severe clinical issues, such as high-risk cases with depression or an addiction, likely will need a plan for continued support and monitoring of treatment delivery and improvement/relapse over time. Depending on the severity of the clinical issue and the corresponding action plan, expectations for short- and long-term follow-up between the client and EAP staff may be required.*

Interpretation: *Action planning is often done within the first or second session, after the initial assessment is completed, safety risks are resolved, and potential resources for support and treatment have been identified to meet the personal and financial needs of the client.*

EAP 8.04

The EAP establishes a system for review of cases and case consultation.

Employee Assistance Program Services

EAP 9: Service Elements

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

The EAP partners with the host or customer organization to identify the needs of organizations and eligible participants, and provide services matched to client and organization goals.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	
*	• Follow-up procedures	
*	• Procedures for critical incident planning	
*	• Table of contents of training curricula	

Site Visit Evidence

*	• Resource and referral list	

- Promotional materials and/or educational newsletters or articles
- Training curricula

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Clients

- Review client records

EAP 9.01

The EAP service is designed to:

a. help organizations develop and maintain a healthy and productive workplace for their employees;
b. help individuals address the personal and work-related issues that interfere with being present and productive at work;
c. help employees and clients with relationship, family, addiction, legal, financial, emotional, stress, work-life balance, and other personal problems;
d. make referrals to appropriate services as needed; and
e. provide preventive strategies to stimulate individual awareness and education and encourage early intervention.

Examples: *The term "addiction" can address alcohol, drugs, gambling, sexual, internet, and other chemical and behavioral addictions or addictive behaviors.*

EAP 9.02

The EAP has the capability to provide the following core EAP services to the organization and individuals:

a. information and referral to support services;
b. assessment and referral;
c. employee education on personal, psychosocial, and workplace performance issues;
d. training on the EAP for supervisors, managers, and human resource and union representatives;
e. critical incident advance planning and training, and post-incident response services;
f. development of referral options for needed services not provided under the contract or not available at the EAP; and
g. capability for follow-up with more severe cases as appropriate.

EAP 9.03

The EAP maintains up-to-date information for services available in the community and demonstrates a rapid and effective response in linking clients with appropriate EAP resources and supportive interventions.

EAP 9.04

The EAP makes a referral when:

a. it cannot promptly provide services;
b. the client requires services beyond the stated or contractual mandate of the EAP; or
c. specialized resources are not available through the EAP.

Examples: *For example, in the case of a short-term counseling model, it may be appropriate to refer the client for alcohol or drug rehabilitation or psychiatric care.*

EAP 9.05

When making referrals, the EAP informs clients that they will be responsible for the cost of services beyond those provided by the EAP, and/or of any liabilities that may be incurred.

EAP 9.06

The EAP emphasizes the importance of prevention in its activities and offers client organizations:

a. promotional materials or educational newsletters or articles; and
b. at least one relevant prevention activity quarterly based on the needs and feedback of the host or customer organization and its employees.

EAP 9.07

The EAP, at the discretion of the host or customer organization, offers training which includes, but is not limited to:

a. the philosophy of the EAP;
b. confidentiality procedures and protections;
c. the range of services provided;
d. contact and accessibility information; and
e. roles and responsibilities of management, supervisors, and union representatives, as applicable.

EAP 9.08

The EAP offers appropriate education to individuals and management at the client organization on the following, as appropriate:

a. crisis intervention;
b. managing change;
c. workplace violence prevention and response;
d. tobacco, alcohol, and other drug related issues;
e. availability and appropriate use of benefits and services; and
f. supporting employees' reintegration into the workplace when they return to work from disability claims for mental health disorders, addiction, and other cases with behavioral health comorbidities.

EAP 9.09

The EAP has the capability to provide training for supervisors and union representatives on:

a. the use of the EAP as a management tool;
b. how to recognize signs of deteriorating job performance and the proper means of documenting this in the personnel record; and
c. how to make referrals to the EAP for individual job performance and behavioral problems.

EAP 9.10

The EAP arranges for follow-up contacts to determine if the individual:

a. is adhering to the action plan;
b. is improving work performance; and
c. needs a referral for additional services.

NA: The EAP does not provide high risk case management services.

Examples: *Follow-up may occur for a variety of reasons depending on the nature of the case. Reasons can include, but are not limited to, contractual mandates, clinical necessity, assisting the person in obtaining the requested services or materials, and/or determining client satisfaction with services.*

Employee Assistance Program Services

EAP 10: Work-Life Services

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Work-life services help employees integrate and achieve balance with work and family roles and demands, and create a more effective, healthy, and productive workplace.
NA: The organization does not provide work-life services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*
- Work-life information and materials
- Resource and referral list

On-Site Activities

*
- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Clients

- Review client records

EAP 10.01

The EAP assesses the current work-life situation of individuals and customer organizations to develop a coordinated, integrated accessible work-life portfolio.

EAP 10.02

Work-life services are provided based on the assessed needs of the individuals and customer organization and can include any combination of:

a. health and wellness promotion;
b. childcare and parenting resources and referrals;
c. eldercare resources and referrals;
d. consultation and referrals on life events;
e. assistance with policy and program development related to workplace flexibility;
f. consultation regarding financial support for work-life related resources and services;
g. community support and involvement opportunities; and
h. cultural change initiatives.

Examples: *Examples of life events for which consultation may be provided include education, adoption, parenting, financial or legal issues. Health and wellness promotion can focus on activities such as access to health reimbursement accounts, on-site health assessments, and health coaching on topics including chronic disease, stress management, and physical fitness. Workplace flexibility policies may address, for example, paid and unpaid time off, phased return from leave, job sharing, flexible time, and telecommuting, and programs related to on-site childcare, back-up childcare, and elder care support and resources.*

EAP 10.03

Work-life materials and information provided on the EAP's website are up-to-date and accurate.
Examples: *Examples of information to be maintained include contact information; type of service offered; licensure information; and location.*

Employee Assistance Program Services

EAP 11: Case Closing

Purpose

Employee Assistance Programs help organizations achieve business health and productivity goals, and support individuals working to maintain or improve their productivity, functioning, and pro-social behavior, as well as remain at or return to the workplace.

Case closing is a planned, orderly, client-centered process.
Interpretation: *The EAP should clearly define a "case", including what constitutes a new case, a closed case, and a re-opened case, and should be able to articulate how case closure impacts service utilization reports. Established protocols and mechanisms for determining when a case is closed will be based on the EAP's unique business practices, service model, and/or contractual obligations.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Clients

- Review client records

EAP 11.01

Case closing is a clearly defined process that actively involves the client, as appropriate.
Interpretation: *Some clients may only receive 1-2 counseling sessions and thus case closing activities may be minimal in order to meet the client's need for brief support and interest in continuing to receive services.*

EAP 11.02

Case closure is based upon the following:

a. clinically appropriate EAP services, for which the client is eligible, have been made available to and/or used by the client;
b. follow-up has been offered and/or completed; and
c. clinically appropriate treatment aftercare recommendations have been provided, as appropriate.

Interpretation: *The EAP counselor should follow-up with the client to determine whether post-EAP services were received.*