

CHAPTER 3 - PROGRAM ADMINISTRATION

- 3-1 Introduction. EAPs are designed to provide an array of services such as assessment, short-term counseling and referral, and education and health promotion. Program design is based on the agency's mission, operation, and specific employee needs. The primary goal of the EAP is to maintain employees' ability to be fully productive by offering a wide range of services, including early intervention and prevention. The purpose of this chapter is to provide the necessary requirements to administer EAPs in HUD Headquarters and Field Offices.
- 3-2 Program Services. Program counseling and referral services can be provided through direct contract, interagency agreement (consortia), or in-house referral/counseling service. Selecting an appropriate method for providing EAP services should be based on the size of the office (Field location) population, geographical dispersion, available budget, staff years available, and employee needs.
- A. Direct Contract. EAP services provided through direct contract from a private sector source should contain the following mandatory requirements:
1. The individual(s) functioning as EAP Counselor(s) must meet State or local licensing requirements, and must possess at least one of the following:
 - a. Ph.D. in psychology;
 - b. Master's degree in social work (M.S.W.);
 - c. Master's degree in counseling psychology; or
 - d. Board certified medical doctor (M.D.) in psychiatry.
 2. EAP Counselor(s) must have a minimum of 3 years experience in providing counseling for all of the following: alcoholism, drug abuse, emotional/behavioral problems, and other areas of mental health.

3. The individual(s) serving as EAP Counselor(s) must have knowledge of Federal rules and regulations pertaining to alcoholism and drug abuse, Federal confidentiality requirements, and Privacy Act regulations concerning counseling and medical.
4. Contractor personnel must have experience in conducting supervisory/management training and

educational seminars on alcoholism, drug abuse, emotional/behavioral problems, and EAPS.

5. The contractor must have and maintain a local comprehensive referral system for the treatment of drug abuse, alcoholism, and mental health problems utilizing private/public/non-profit resources. Each referral source must have been evaluated initially for suitability, and monitored for quality, and effectiveness thereafter on an ongoing basis.
6. The contractor must provide same day telephone response to an employee's request for service. A scheduled appointment must be made within 3 calendar days. In the case of an emergency/crisis situation, the contractor must provide at least 1 hour response time. Prospective contractors should address how they propose to maintain this service.
7. The contractor must carry malpractice/liability insurance for a minimum amount of 1 million dollars. The EAP Counselor(s) must carry personal practitioner malpractice/liability insurance in the amount of 1 million dollars (see Section 3-3, Liability Coverage).

In addition to the above, the service provider (contractor) should:

- a. identify a project director to administer appropriate services;
- b. be able to meet specific reporting requirements at specified intervals; and
- c. maintain a case management system and provide a mechanism for ensuring the confidentiality of individual case files.

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The procuring of EAP services must be consistent with existing contractual regulations and procedures.

- B. Interagency Agreements - (Cooperative Agreements or Consortia). A cooperative program is one in which a number of different agencies combine to establish an effective program to serve the employees of each agency. Mandatory requirements under this option are the same as listed under Direct Contracts.
- C. In-house Referral Service. Delivery of quality services through this method is dependent on the internal EAP staff developing an effective community

network with local treatment resources, health organizations, and self-help groups. A community resource referral file is to be maintained on each organization and include the following:

1. Name, address, and telephone number of organization;
 2. Type of service provided;
 3. Hours of operation, including emergency hours;
 4. The contact person's name and telephone number;
 5. Fee structure, including insurance coverage;
 6. Client specialization; and
 7. Other pertinent information.
- D. Special Needs. Headquarters and Field Offices must ensure access to EAP services for employees with special needs (disabled employees). All Employee Assistance Offices, all persons that serve as Employee Assistance Counselors, and all contract agency firms that provide services to HUD employees must have a TDD -(Telecommunication Device for the Deaf) number that is to be advertised or given out to HUD employees, as appropriate.

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- 3-3 Liability Coverage. All practitioners and service providers are to be fully informed about liability coverage and the EAP is to ensure that all service providers have adequate personal and professional liability coverage in their areas of competence and expertise.
- 3-4 Program Funding. Expenditure of appropriated funds for the procurement of diagnostic and preventive psychological counseling services for employees has been clearly authorized by Comptroller General Decision B-187074, dated 11/7/77. Such services should not include treatment, but rather problem identification, referral for treatment or rehabilitation, and follow-up to aid an employee in effective readjustment on the job during and after treatment.
- 3-5 Ethics. Standards of conduct that apply to all Federal employees serve as binding standards for HUD staff in EAPs as well. EAP professionals (service providers) are also expected to adhere to the codes of ethics espoused by their professional organizations and licensing or certification bodies, as well as Federal, State and county laws. Any conflict of interest, actual or perceived, between EAP professionals (service providers) and HUD staff, is to be

avoided. For situations where there is a question of conflict of interest, Field Offices should contact the Assistant Field Counsel and Headquarters EAP staff should contact the General Counsel or Deputy General Counsel in the Office of General Counsel.

All Federal Government anti-discrimination statutes and regulations will be followed in the administration of the EAP.

3-6 Employee/Supervisory Education. Training and educational activities on EAP will be provided for managers, supervisors, and employees on a regular basis.

A. Supervisory/Management Training. Training for supervisors and managers is to be offered at least once annually. Training topics could include a broad overview of EAP legislative mandates, supervisory roles and responsibilities, recognizing troubled employees and how to confront them, how to use the counseling/referral service, and the relationship of EAP to the performance appraisal program and disciplinary actions.

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B. Employee Education/Awareness. Training and/or educational activities are to be made available to all employees. Staff bulletins should be issued at least once annually informing employees of the availability of EAP services. Suggested methods of providing educational/awareness activities are:

1. seminars/workshops on substance abuse, personal problems, health concerns, and dependent care (elder/child care) issues;
2. support groups on relevant topics;
3. educational materials and information easily accessible to employees on display shelves, bulletin boards, etc;
4. issuance of periodic staff bulletins or newsletters; and
5. inclusion of material on EAP in new employee orientation programs.

3-7 Program Promotion. The EAP's visibility is very important to increasing program utilization and establishing employee confidence in the program's counseling and referral services. Therefore, a well publicized program can contribute to the program's success. Examples of program promotion activities are:

- A. brochures/pamphlets made available to employees describing EAP services;
- B. periodic staff bulletins describing the program;
- C. publicity of EAP activities through union and special emphasis groups; and
- D. names and locations of EAP Counselors listed in telephone directories, bulletin boards, cafeterias, and union offices.

3-8 Recordkeeping. Records on employees who have been referred for counseling are to be maintained in a physically secure and confidential manner. Case files for each employee must be kept in accordance with applicable confidentiality requirements of Public Law 93-282, and Public Law 93-579 (Privacy Act) and any other applicable laws/regulation or guidelines governing confidentiality of counseling and medical records. All case files maintained are confidential and may be disclosed only as authorized by 42 CFR Part 2

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(Confidentiality of Client Records). Headquarters and Field EAP Liaison Officers and service providers are to take all necessary steps, including physical safeguards, to ensure against unauthorized disclosure of employee counseling records.

3-9 Program Evaluation. It is important that evaluation data on EAP efficiency and effectiveness be made available to key management officials at specified intervals. The data generated from a comprehensive evaluation will also assist the Headquarters EAP Staff in program planning and development, implementation, and accountability. Evaluation requires measurable objectives and established mechanisms for data collection. The following are program criteria to evaluate the HUD EAP:

- A. Evaluation reports are completed utilizing service providers and in-house records as data sources.
- B. Program evaluation reports will contain at least the following information:
 - 1. Demographics
 - a. number of employees counseled by problem category (drugs, alcohol or other);
 - b. number of males/females and minorities utilizing service; and
 - c. geographic locations.

2. Descriptive Data

- a. number of counseling sessions;
- b. number of voluntary referrals/management referrals;
- c. number of employees helped/not helped/too early to tell;
- d. number and type of training programs conducted; and
- e. number of union/management consultation sessions.

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3. Program Costs

- a. per capita costs, direct contract costs (consortia/contracts);
- b. administrative costs (materials, program promotion, printing); and
- c. training/education costs.

4. Feedback from Questionnaires or Surveys from:

- a. employees on services offered;
- b. managers on how EAP assisted in resolving problems; and
- c. service providers and other professional staff (Employee Relations and Labor Relations).

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