

Part 1. THE EMPLOYEE ASSISTANCE SOCIETY OF NORTH AMERICA PROGRAM STANDARDS, rev 1998

EAP

FOREWORD

Founded in 1989 at a meeting of employee assistance professionals in Chicago, EASNA serves as an accrediting agent for employee assistance programs in North America. To do this, it provides an independent judgment which confirms whether or not a program is achieving its objectives and meeting the high professional standards set by the field. . Launched in 1990 and updated in 1993, these Standards were again updated in January 1998 to reflect state-of-the-art refinements and additions to the original accreditation document.

Since 1990, EASNA Standards have defined the benchmarks for the performance of employee assistance programs. Both purchasers and users of EAPs know that EASNA accredited programs meet the most rigorous professional service criteria in the EAP industry.

Accreditation of Employee Assistance Programs is the primary product of EASNA. Not only does accreditation provide a cost effective review mechanism, but it stimulates self-directed improvement, offers an objective perspective, and enhances the credibility of an EAP organization.. Where else can you find a volunteer peer mentor to assist in augmenting your program's reputation and consequent saleability through accreditation?

EAP professionals also benefit by establishing credibility through defined standards of training, practice, and accountability to ethics standards. An annual Institute provides a link to North American EAP trends along with upgrading of professional credentials.

EASNA's goal is to provide a leadership role in fostering excellence in EAP services, and to engage the profession and industry in dialogue regarding employee assistance standards. We provide a unique service in the accreditation of employee assistance programs, 200 of which are in the pipeline for accreditation at the beginning of 1998.

Let your organization join the voice of EASNA in the EAP community.

For further information regarding accreditation, contact Barbara Marsden, Director Accreditation Tel: (319) 421-3660 or by e-mail: marsden@genesishhealth.com

Marilyn Hayman, President EASNA, January 1998

DEFINITIONS

For the purpose of these standards:

Accreditation: To be accredited as an EASNA-accredited EAP program means that the internal or external EAP vendor is capable of providing a program which meets or exceeds EASNA standards.

Assessment and Referral EAP Model: An EAP which has as its primary focus employee education, supervisory training, crisis intervention, the face to face assessment of presenting problems of the employee and/or dependent(s), the referral of individuals who have problems to appropriate resources and systematic follow-up. This program does not include “telephone only” programs.

Case Manager: A person responsible for the management of a client’s case. This may include a telephone intake, monitoring of counseling hours, getting client feedback, and follow-up until case closure.

Contracting Organization: An employer, organization, union or association who signs a contract with your EAP organization to pay all of or part of the costs for the employee assistance program

Employee Assistance Program: A systematic confidential program in the workplace designed to assist employees and their families to identify and resolve difficulties that have an impact on the person and/or work performance. Although historically, EAPs have tended to react to individual problems, a more proactive response has been developing which also promotes and maintains employee health and well-being.

Employee: The sponsoring organization may define which full-time and/or part time paid and/or contracted. personnel it wishes to cover by its EAP services.

Employee’s Dependent: A spouse, significant other, child, step-child or adopted child for whom the employee is legally responsible, or any individual who is eligible as a family member for benefits paid by the contracting organization.

External Program: Any employee assistance program which is contracted for, as opposed to one which is employed/supported by a sponsoring/ contracting organization.

Internal Program: Any employee assistance program whose EAP counselors or employee assistance clinicians are employed by the sponsoring organization.

Managed Care EAP Model: An EAP model, which has (in addition to assessment, referral, crisis intervention and short-term counseling) written criteria regarding appropriateness of care that includes inpatient, outpatient, partial care, intensive outpatient and transitional care for alcohol abuse, drug abuse and mental and nervous (ADM) disorders that are based on sound treatment practice.

The managed care group is expected to review, authorize, and monitor inpatient administrative admissions and lengths of stay. They are also expected to review requests for extension of length of stay and to review and monitor outpatient cases that require extended assistance (beyond 15 sessions).

Clinical supervision provided by an appropriate practitioner shall be available 24 hours per day, seven days per week. An appropriate practitioner is one who is authorized to provide clinical supervision by a Federal, State or Provincial professional body.

Short-term Counseling EAP Model: An EAP which, in addition to the requirements for the Assessment and Referral Model, provides short term solution-focused counseling sessions to the majority of their EAP contracts. These programs must offer no less than three nor more than twelve counseling sessions to qualify for this designation. To qualify as one session, the session length should be a minimum of 45 minutes.

Third-Party Audit: An independent and objective review of an EAP's delivered services over a specified historical period of time.

A. ADMINISTRATION

STANDARD:

1.0 The EAP counselor must have sufficient office space to ensure confidentiality for both counselor and client(s), and an otherwise secure environment to provide safety day and night for counselor and client.

Characteristics:

1.1 Offices should have approximately 120 square feet (12 square meters) of space available per counselor.

1.2 Counseling offices should be soundproof such that conversations cannot be heard by those outside the office.

1.3 Counseling offices must provide visual privacy.

1.4 Waiting areas should, if at all possible, have at least two private entrances/exits to reduce the possibility of clients from the same organization meeting when back-to-back sessions are scheduled. (Back-to-back appointments of clients from the same organization should never be scheduled if the office has only a single exit and entrance).

1.5 Offices should have security procedures for operation during higher risk late-night/quiet hours, such as dead-bolt doors, panic alarms, entrance bells for clientele, and, if possible, at least two counselors working out of the same area.

STANDARD:

2.0 Office hours and locations must accommodate the EAP client population.

Characteristics:

2.1 Employees must be able to access a counselor for face-to-face counseling services before or after the target population's work hours.

2.2 EAP offices must be reasonably close to the majority of employee locations and accessible to mass transportation. Adequate parking for clientele is desirable.

STANDARD:

3.0 Counseling offices must be handicap-accessible and free of fire hazards.

Characteristics:

3.1 There must be no physical impediments to access of counseling offices by clients or EAP staff in wheelchairs.

3.2 There must be a posted fire emergency plan and annual inspection in each EAP site..

3.3 EAP staff must participate in and document an annual fire drill.

STANDARD:

4.0 A written policy of non-discrimination must be in place.

Characteristics:

4.1 The non-discrimination policy may be a corporate or an agency policy, but must apply to the EAP as well.

STANDARD:

5.0 There must be written procedures and accommodations for dealing with client problems that occur after hours and/or are the result of emergencies.

Characteristics:

5.1 There must be a written policy for after-hour emergencies.

5.2 There must be counselors available by telephone for after-hours calls who are trained in EAP standards to respond to an emergency, provide face-to-face counseling if required, and access

appropriate resources if needed.

5.3 There must be specialized staff preparedness for managing suicidal clients and a variety of traumatic events.

STANDARD:

6.0 There must be written job descriptions and employee contracts or letters of hiring for each EAP staff member.

Characteristics:

6.1 Job descriptions shall be detailed and performance-oriented.

6.2 Letters of hiring or employee contracts shall specify work hours, vacation and holiday rights and fringe benefits, if any.

6.3 Employee policies governing employment related matters such as dress code, disciplinary procedures, time off, office hours, etc must be written and available to employees.

STANDARD:

7.0 There must be a written policy regarding referral of EAP clients to professionals in order to prevent conflict of interest, and this policy must be available to all contracting organizations.

Characteristics:

7.1 If the corporation or agency has a written 'conflict of interest' policy, it may be used to meet this requirement provided that it applies to the EAP professional.

7.2 For EAP contracts which request that the employee be given permission to continue counseling with the EAP counselor upon completion of the short-term counseling contract, contracts must clearly indicate that no referrals will be made to an EAP professional before the entire entitlement of the short-term counseling contract, e.g. six sessions, has been met. The client must then be given a referral choice of two different organizations or individuals, one of which may be the current EAP professional. There must be a signed consent to this agreement in the client's file.

STANDARD:

8.0 The EAP must have professional liability insurance of at least \$500,000 per case. .

Characteristics:

8.1 The EAP employer must carry liability insurance which covers all staff and EAP programs. (Sub-contractors/affiliates should be responsible for their own insurance to cover counseling performed on behalf of the EAP).

8.2 Each EAP counselor must guarantee their own protection from legal action by carrying liability insurance based on accepted regional standards, and a copy of this insurance should be available in the counselor's employment file.

STANDARD:

9.0 An EAP administrator must have no less than two years of EAP experience and professional standing.

Characteristics:

9.1 An EAP administrator must be familiar with all aspects of a comprehensive EAP.

9.2 An EAP administrator must have membership in a professional EAP organization and adhere to its code of ethics.

STANDARD:

10.0 EAP clients must be notified in advance when they will incur personal costs as a result of EAP assessment services or recommendations.

Characteristics:

10.1 Notification of personal costs and liabilities should be provided when the EAP is recommending services outside the EAP.

STANDARD:

11.0 A ratio of one counselor to 4,000 employees at risk shall be the normal maximum ratio for accreditation. Where the employee population is located over a large geographical area, the ratio is determined by access to the counseling location, with the over-riding criterion being the existence of a counselor within two hours driving time. An information and referral for assessment model may have a 1 FTE:5000 ratio.

Characteristics:

11.1 A full-time counselor should be available to counsel 25 hours per week.

11.2 No counselor should average more than 30 hours per week of face-to-face counseling over any four-week period.

11.3 Administrators and support staff should not be included in the staff-to-eligible population ratio calculation unless they handle cases on a regular basis. At no time should an administrator be considered more than a half-time counselor.

STANDARD:

12.0 The financial records of external EAP firms must be kept according to generally accepted accounting principles, and should be available for review by the EASNA Accreditation team.

STANDARD:

13.0 External EAP firms must ensure that their billing format for both capitated and fee-for-service EAPs protects the confidentiality of each client.

STANDARD:

14.0 External EAP providers must have sufficient financial resources, i.e., cash and/or credit line, to cover the expenses inherent in operations.

Characteristics:

14.1 A working budget for EAP includes staff training, administrative overhead, travel and at least two months' staff salaries.

STANDARD:

15.0 Pricing EAP services is largely market-driven, but should include allowances for several basic cost-sensitive elements.

Characteristics:

15.1 The cost structure should include and have listed in the proposal:

- * projected utilization rates;
- * number of counseling sessions provided (e.g., 1-3,1-10);
- * additional training/consulting services provided;
- * unusual travel requirements;

- * educational level of counselors;
- * special staff requirements (e.g., bilingual);
- * financial impact of traumatic/change events on organization;
- * cost per hour for counseling or cost per employee (if appropriate); and
- * audit/evaluation requirements (if appropriate).

B. DESIGN AND IMPLEMENTATION

STANDARD:

1.0 The design and implementation of the EAP for the Contracting Organization is generally set out in the Proposal to bid for the contract. If relevant background information and organizational data are not readily available from the request for proposal or the organization EAP coordinator, this information must be collected to assist in developing the appropriate proposal for the EAP. Such data might include but not be limited to the following. :

Characteristics:

(Human Rights Legislation may restrict the reporting of some characteristics.)

1.1 A profile of the organization which describes the demographics of the work force characteristics including only what is legal and appropriate for the program location. For example:

- age distribution of employees (if appropriate);
- gender of employees (if appropriate);
- race of employees (if permissible);
- number of employees; and
- health coverage including mental health benefits.

1.2 Where an organization requesting EAP services endorses the requirement for a 'Needs Analysis' to facilitate program design after the proposal stage, the following additional information might be requested:

- * absenteeism rates;
- tardiness rates;
- turnover rates;
- accidental injury;
- worker's compensation claims;
- grievances, if unionized;
- health insurance claims;
- a survey of an appropriate sample of employee representatives; and
- management representatives to identify key problem areas. Such a survey would maintain the confidentiality of those interviewed..

1.3 Identification of key problem areas from the needs analysis should facilitate the construction of an action plan.

STANDARD:

2.0 The design of the EAP is based on the needs of the contracting organization and its employees. The proposed design document of the EAP should include but is not limited to the following:

Characteristics:

2.1 The method of service delivery is described using one of the following models:

- * Internal;
- * External;
 - * Combination of internal and external;
 - * Consortium;
 - * Assessment and Referral;
 - * Short-Term Counseling Model; and
 - * Short-term and Managed Care Counseling Model.

2.2 There is marked discrepancy between EAP organizations in the definition and reporting of the number of “cases” or “new clients” reported during the year, as well as the reporting of “utilization”. Each EAP organization must state clearly in each proposal:

- what constitutes a ‘case’ (e.g., one person, a family, one or several problems over time lumped together, a 15 minute phone consult, whether one individual can represent a number of different cases; etc);
- how cases are counted (i.e., in terms of new cases, total cases for the month/ year);
- what constitutes a “new” client; and
- a definition of utilization.

.(N.B. for accreditation purposes, EAP reports/proposals/contracts must reflect the Program’s definition of a “case” and any contractual agreement in this regard).

2.3 A proposal must clearly define the scope and extent of the service to be provided as a result of winning a contract for EAP services.

2.4 The nature and extent of accountability to management and advisory committee, if one exists, should be described.

2.4.1 All communications between the EAP and management, the advisory committee or other persons or groups in the organization must protect the confidentiality of EAP participants.

2.5 The qualifications, including education and experience of the program director and staff, must be described.

2.6 For external providers, the proposal of services could also include:

- experience in providing EAP services;
- prior liability experience and insurance coverage;
 - * availability of emergency coverage;
 - * office locations to provide clientele ease of access;
 - * quality control procedures;
 - * staff supervision;
 - * staff development procedures and experience;
- * response time for request for services; and
- * confidentiality provisions.

2.7 A description of program standards (for internal programs) should include:

- * acceptable time frame for EAP response to request for service;
 - * location of office(s) to provide clientele ease of access;
 - * confidentiality provisions;
 - * availability of emergency coverage;
 - * quality control procedures;
 - * staff supervision;
 - * staff development procedures and experience; and
- budget/authorization.

2.8 A plan for communicating the EAP to employees should include but not be limited to the following:

- * use of brochures;
- * orientation sessions;
- * supervisory and/or key employee training; and
- * promotional activities.

2.9 Criteria used to screen referral resources and referral procedures must be presented.

2.10 A statement of confidentiality and its limits, if any, must be clearly outlined;

2.11 A description of the means used to evaluate program effectiveness must be included; and

2.12 A definition of utilization rate and an estimate of the expected rate by contract-defined users of the EAP must be included with EAP costing information.

STANDARD:

3.0 EAP organizations must have a written policy and program description written and available to contracting organizations. It should include but is not limited to the following:

Characteristics:

3.1 A policy statement describing the operating philosophy of the EAP and including:

3.1.1 Language indicating that the purpose of the EAP is to assist employees with personal problems such as emotional, mental, social, family and substance abuse problems;

3.1.2 The fact that such problems respond to appropriate intervention and treatment; and that

3.1.3 Such problems are often progressive in nature, and early use of the EAP is encouraged to minimize adverse impact of problems on personal and family life and job performance.

3.2 A description of the kind of services offered by the EAP.

3.3 A statement concerning confidentiality clearly describing any limits to confidentiality.

3.4 The location of the EAP services and how to access them.

3.5 A clear description of the kinds of referrals and the referral process to the EAP.

3.6 A clear statement that the decision to participate in an EAP rests with the employee and/or their family members requesting EAP services.

3.7 As appropriate, a description of the return-to-work process when an employee has been referred for inpatient treatment.

3.8 A description of the responsibilities of management and of labour unions or employee associations where applicable.

3.9 The availability of emergency services.

3.10 The role and responsibilities of EAP staff.

3.11 A statement to the effect that the EAP adheres to all legal requirements.

3.12 A statement affirming that use of the EAP will not adversely affect job security , promotion or career development.

3.13A description of who is eligible for EAP services.

3.14A statement maintaining the EAP's neutrality in the organization with respect to employee/employer relations.

3.15A description of the nature and extent of preventive and health promotion activities to be undertaken through the EAP.

3.16A statement that client files are the property of the EAP provider.

STANDARD:

4.0 Organizations should be encouraged to establish a Coordinator or Advisory Committee to provide overall direction and feedback to the EAP.

Characteristics:

4.1 An Advisory Committee or Coordinator functions within Terms of Reference.

4.2 The Advisory Committee or Coordinator should receive feedback from the EAP at least on a quarterly basis.

4.3 There is active consultation or participation of both management and union leadership in a unionized environment.

4.4 Committee membership or consultation may be drawn from the following groups:

- * Medical;
- * Union/employee associations;
- * Personnel/human resources;
- * Safety and occupational health;
- * Finance;
- * Legal;
- * Training and development;
- * Line staff management; and
- * EAP staff.

STANDARD:

5.0 An implementation plan that outlines the actions required to establish a fully functioning EAP must be developed and available to the contracting organization. The following outlines the actions required to do this:

Characteristics:

5.1 The implementation plan must articulate the responsibilities of the EAP administrator and staff, the Advisory Committee (if any) and key management and union personnel.

5.2 The implementation plan should encourage "ownership" by involving a broad cross-section of the organization.

5.3 The plan must describe the premises, equipment and staff resources required.

5.4 The plan must include program promotion and employee communications involving but not limited to the following:

- printed communications;
 - * supervisory training
 - * employee orientation; and
- other promotional and educational activities.

5.5 Supervisory training sessions should include but are not limited to the following:

5.5.1 Understanding the philosophy of the EAP, which embraces:

- * a review of key elements of the policy statement stressing the following:

- * confidentiality;
- * referral process;
- * range of services;
- * location of offices and telephone numbers; and
- * roles and responsibilities of management, supervisors, and unions (if applicable).
 - * how to deal with performance problems where personal problems are a contributing factor;
 - * procedures to deal with referrals resulting from confirmed drug test and/or Drug-Free Workplace Act. (This standard refers to U.S.A. legislation and programs, and does not apply in Canada);
 - * the steps involved in making a supervisory referral; and
 - * the expectation that a supervisor-initiated referral is based solely upon performance issues or a request for assistance by the employee.

5.6 The plan must include a description of record-keeping and reporting procedures.

5.7 The plan should describe the levels and limitations of health/mental health benefit coverage.

5.8 The plan must include a description of the strategies used to integrate the EAP with the host

organization.

5.9 The plan must include the steps required to identify and evaluate the quality of community resources.

5.10 The plan must include how the EAP service is to be evaluated.

5.11 The plan should detail the steps, based on the evaluation findings, that would be taken to assure quality of service.

5.12 The evaluation plan should also contain a description of the time frames within which 5.1 through 5.11 above are to be accomplished.

STANDARD:

6.0 The EAP administrator is responsible for making periodic reports of EAP services available to the appropriate department and/or the payer of EAP services.

Characteristics:

6.1 A standardized method of calculating utilization must be clearly outlined in the annual report as outlined in B 2.2.

6.2 The report shall include data requested by program managers such that no breaches of confidentiality occur. (Note: In the case of very small firms, a semiannual or annual rather than a quarterly report may be required to preserve client anonymity. Larger employers may require monthly reports).

6.3 No program services report should make it possible to identify EAP users.

6.4 Copies of all reports should be retained on file by the EAP, and made available for accreditation site reviewers.

C. PROGRAM OPERATIONS

STANDARD:

1.0 The EAP should encourage the use of client services and make it easy for employees to identify and approach the EAP as self-referrals for assistance with problems or be referred by supervisors, employee organizations or peers when appropriate.

Characteristics:

1.1 The EAP must be promoted no less than three times per year at all work sites. Promotion may be through the distribution of promotional materials, information and education sessions and/or posters.

1.2 There should be some form of targeted promotional material made available to the eligible dependents of employees at least every eighteen months.

1.3 Employee orientation and supervisory training are essential components of an EAP and must be presented every twenty-four months or more frequently. They should be provided within four months of program start-up.

1.4 Key employee education/training should be provided to Human Resource professionals, Safety Committee Members, Benefits Managers and similar key employees including key union representatives, if applicable.

STANDARD:

2.0 There must be written policies and procedures governing the intake process.

Characteristics:

2.1 The intake process is an important part of the service. Whereas a receptionist can direct the call to another individual to do the intake, a screening/intake telephone call which determines the presenting problem requires a qualified (minimum 3 year BA) staff person who keeps up with EAP training to cope with crises. The individual who orients the EAP client to the program on the telephone must have the training and skills to determine eligibility and take relevant data in order to refer to the appropriate resource for a face-to-face assessment. The assessed problem may well differ from the presenting problem.

2.2 All clients must be informed of the benefits of their EAP program, the limits on confidentiality and the costs to them of services, if any.

2.3 Case records must be kept on all clients.

2.4 There must be criteria for determining the eligibility of individuals for EAP services.

2.5 There must be procedures to be followed, including alternative referrals, when an applicant is found ineligible for EAP services.

2.6 Statistical data must be kept on the intake process. Said data should include but not be limited to

client demographics, presenting problem, referral(s), outcome.

2.7 For external programs, the telephone intake, carried out by a qualified case manager, should determine the presenting problem sufficiently to refer appropriately. Professional counselors shall document the primary assessed problem during the initial face-to-face session.

2.8 At the initial face-to-face counseling session, the counselor and client complete the bio-psychosocial assessment, the counselor assesses the primary problem, and both determine the goal to be achieved and the preliminary treatment plan

2.9 Acceptance of a client for counseling is based upon the presenting problem, the client's goal(s) and the resources to meet goal(s) within the time constraints of the program.

2.10 Appointments for initial intake and ongoing counseling should be available during the client's non-working hours so that self-referrals can protect their anonymity.

2.11 Methods of intake should be based on the service provided by the EAP organization and the needs of clients.

STANDARD:

3.0 Counselors working with intake/referral and short-term therapy EAP models must conduct bio-psychosocial assessments at the initial face-to-face interview to guide their choice of treatment plan, e.g., counseling or referral.

Characteristics:

3.1A psycho-social assessment of each client must be developed, possibly using a checklist or anecdotal description containing, at a minimum, the following items. All questions should be checked off, and information relevant to the presenting problem must be documented in the client file. Participants must be given time to focus on their primary concerns, such as:

- environment and home;
- religion (if appropriate);
- financial status and health insurance (if appropriate);
- social and peer groups;
- interests, skills, aptitudes and interests;
- short work history;
- education;
- physical illness/somatic variables/medical treatment;
- genetically-caused biochemical imbalance(s) - psychiatric illness;
- the use of alcohol or other drugs; and
- behavioral/cognitive patterns that cause health risks, based on the physical, emotional, behavioral,

social, and when appropriate, legal, vocational and/or nutritional needs of the client.

3.2 Psychological testing (e.g., MMPI) shall be available when appropriate to suggest treatment planning alternatives. In some States or Provinces, a DSM diagnosis can only be documented by a registered psychologist.

3.3A "clinical impression" should be documented based upon the assessment.

3.4A solution-focused therapy goal must be established with the client at the initial session.

3.5 An individualized treatment plan and progress notes for each session with the client must be documented.

3.6 The EAP professional must maintain, in written form or on computer a current directory of relevant community resources with licensure, accreditation, certification and pricing information as applicable.

3.7 Referrals should be made to community-based resources for treatment when the client requires resources beyond that possible within the stated mandate of the EAP; e.g., in the case of a short-term therapy model, alcohol/drug rehabilitation or psychiatric care would be referred to a community resource.

3.8A treatment plan of referral to a community resource must be tracked as 'accepted' or 'declined' with a determined date for follow-up with the EAP client.

3.9A discharge summary must contain a closing statement regarding the disposition of the case, including referral to outside resources (if germane) and client agreement.

STANDARD:

4.0 All EAPs must be prepared to respond to emergencies (e.g., threats to self or others) immediately, to urgent situations within 24 hours and to all other situations within 72 working hours of contact.

Characteristics:

4.1 All EAP staff who handle incoming telephone calls or who counsel EAP clients must document completion of two hours per year of specialized training in responding to emergencies, and be prepared to demonstrate competence in dealing with life threatening situations. (Also see H: Staff Development, Standard 4).

4.2 All EAP staff must have ready access (at hand) to procedures and phone numbers for managing cases that involve threats of violence, including homicidal or suicidal ideation.

STANDARD:

5.0 All EAPs should have written policies and procedures that facilitate the referral of clients and the provision of consultation between the EAP, the client and the treatment provider.

Characteristics:

5.1 There should be a standard procedure for obtaining a Release of Information from an employee/client, or communication with the appropriate department when an employee must be absent from work to participate in treatment or be hospitalized, which will not jeopardize the client's employment nor stigmatize him or her.

5.2 Written policies should indicate limitations and responsibilities of follow-up, after care and transition, i.e. who follows up, when, what happens after treatment, and what happens until the client gets into treatment.

5.3 There must be policies and procedures that assure continuity of care for the client.

5.4 Written policies and procedures should be reviewed annually by the EAP administrator, the clinical supervisor and the CEO (or his/her designee) when these positions are held by separate individuals.

STANDARD:

6.0 The EAP should maintain a monthly log of clients and referral sources.

Characteristics:

6.1 The log shall include:

- referral source;
- date and method of referral;
- client identifier;
- presenting problem;
- disposition; and
- follow-up schedule (to be included only on client file).

STANDARD:

7.0 Client follow-up and reintegration into the workplace or family is essential to the EAP.

Characteristics:

7.1 Follow-up should be undertaken at least two weeks after a referral and after 90 days, six months and

one year if clinically indicated. The EAP client must give permission verbally if the only contact is telephone screening, and when seen by a counselor, must sign permission for follow-up telephone contact by the EAP. Telephone follow-up should be undertaken at least two weeks after a referral to resources outside of the EAP to ensure appropriate treatment for rehabilitation and, where the client agrees, four weeks after expected completion of treatment.

7.2 Ongoing consultation (within the confidentiality provisions and with a signed Release of Information from the client) should be available to managers as they help clients in the reintegration process, and reasonable accommodation laws should be followed.

7.3 The EAP client file should contain a closing summary, including a report of changes in condition regarding the identified problem, referral or further action by client and employer, and actions and recommendations for further action by the EAP provider.

7.4 When a client at risk, e.g., with psychiatric disorders or treatment of substance abuse, leaves voluntarily before the course of treatment is completed, the EAP will assess the risk and legally required notification will be provided to employer or family when there is imminent risk of danger to self or to others.

7.5 A written follow-up plan should be present in the client's case file and followed whenever appropriate. The clinical supervisor shall determine appropriateness.

STANDARD:

8.0 A treatment plan shall be developed for all cases involving chemical dependency and/or mental health disorders when the EAP treats (counsels) or manages care.

Characteristics:

8.1 A preliminary treatment plan is formulated at intake.

8.2 Therapeutic efforts may begin before a fully developed treatment plan is finalized.

STANDARD:

9.0 When an EAP uses subcontractors, private practitioners or branch offices to deliver EAP services, the prime contractor is responsible for ensuring that those counselors remote from the main office adhere to the same standards and quality of care that is available at the primary service center.

Characteristics:

9.1 The external EAP provider shall qualify subcontractor, private practitioners and others who provide supervisory training, employee assessment, referral and/or counseling services according to the same

quality and training standards as the primary service center. This qualification shall include the filing of a resumé, copies of credentials, liability experience and evidence of current liability insurance, as well as documentation of having read the orientation package.

9.2 The external provider shall provide expertise in a full range of presenting problems in areas where these exist. Employees at sites served by subcontractors must be notified in advance if services required differ from the stated EAP contract or policy.

9.3 The EAP must require each subcontractor/affiliate to keep records of all training/education received and make it available to the provider and/or EASNA site reviewers on request.

D: RECORD KEEPING

STANDARD:

1.0 The EAP maintains a written or computer-based case record for each client. All of the following items must be filed in the case record if applicable.

Characteristics:

1.1 Demographic information on the client, including age, sex, and race (if permitted).

1.2 Results of all assessments.

1.3 A plan for care.

1.4 Progress notes of services provided (summaries of services provided should be sufficiently detailed so that a person not familiar with the case can identify the service provided, and notes should be dated, filed in chronological order with relevant data and the signature of the staff providing the service).

1.5 A detailed account of supervisory, personnel or staff consultations, including the data for the consultation, recommendations and actions taken.

1.6 Aftercare plan.

1.7 Follow-up information.

STANDARD:

2.0 The case record must demonstrate that during the intake assessment both a psychosocial assessment and contributors to the client's presenting problem as listed in Program Operations Standard 3.1 were considered.

STANDARD:

3.0 In internal EAPs which are on site, a numeric system must be used to identify the record. For external EAPs which are completely separate from the work site, it is not essential to maintain a numeric system. It is, however, advised as other licensing bodies are now insisting on a numeric system for reasons of confidentiality, and for auditing purposes, a numeric system facilitates file review.

STANDARD:

4.0 For internal programs on site, client identification information should be kept separate from the case record. This separate file should contain, if applicable:

Characteristics:

4.1 Name;

4.2 Address;

4.3 Releases of Information;

4.4 Statement of Understanding;

4.5 Any correspondence or forms using client name; and

4.6 A signed treatment plan or agreement when two or more external referrals are provided.

STANDARD:

5.0 A program shall provide facilities for the storage, processing and security of the case records.

Characteristics:

5.1 The case records must be kept in locked and secured rooms and files.

5.2 The case records of the EAP should be kept separate from any company, personnel or medical records.

5.3 The case records should be readily available to those program staff who provide direct services to the client.

STANDARD:

6.0 Case records shall be maintained for the period of time specified in applicable federal, state or

provincial legislation.

STANDARD:

7.0A procedure shall exist for the appropriate confidential disposal of records in accordance with health records legislation.

STANDARD:

8.0 Storage of computer data, computer files, faxed information, and other types of auto information systems procedures shall be developed to prevent inadvertent and unauthorized access to client data.

Characteristics:

8.1 This may involve encryption of data, "firewall" or other security measures which ensure client names are not available to individuals outside of the EAP organization.

STANDARD:

9.0 Information systems should cover the following types of information:

- client identification;
- demographic and work data;
- referral source;
- presenting and assessed problem;
- resolution of problem;
- completion/termination of treatment/service;
- client satisfaction with service; and
- other statistical data relevant to the quarterly and annual reports.

E: CONFIDENTIALITY

STANDARD::

1.0 Confidentiality is the key component in ensuring the credibility of the EAP. Written policies and procedures for confidentiality must ensure that case records and client information are kept confidential and handled in compliance with all applicable federal, state and provincial laws.

Characteristics:

1.1 These policies and procedures specify the conditions under which information on clients may be disclosed and the procedures for releasing such information.

1.2A written consent shall be obtained from the client for such disclosures and should contain the following:

- * the name of the person, agency, or organization to which the information is to be disclosed;
- * the specific information to be disclosed;
- * the purpose of the disclosure;
- * the date the consent was signed and signature of the individual witnessing the consent; and
- * a notice that the consent is valid only for a specified period of time.

1.3 Policies and procedures shall delineate under what circumstances and conditions information may be released without written consent, including such issues as medical emergency, harm to self or other, or child abuse.

1.3.1 When information has been released under these conditions, all pertinent details of such release should be entered into the case record including:

- * the date the information was released;
- * the person to whom the information was released;
- * the reason the information was released;
- * the reason written consent could not be obtained; and
- * the specific information released.

1.4A written statement of understanding delineating the confidentiality policy and limitations shall be reviewed with the client and signature obtained before any services are rendered so that the client is informed of the program's responsibilities and procedures regarding confidentiality.

1.5 The program shall notify all employees, managers, supervisors, union representatives and other key persons of the confidentiality policies and procedures governing the operation of the program.

1.6 Policies and procedures shall delineate how client data will be used for reports, research and evaluation..

1.7 Care should be taken by the program to protect client confidentiality with regard to location of the office, appointment scheduling, and telephone calls.

1.8 If the contract with an organization specifies the possible use of a third party auditor, client authorization should be obtained in writing during the initial intake for the release of client data, with the understanding that such data will be protected, used only for audit purposes, and not be released to the contracting organization.

STANDARD:

2.0 All information related to the site review report prepared by the EASNA accreditation team shall be kept confidential.

Characteristics:

2.1 The report or portions thereof shall not be used for advertising/public relations purposes, and shall not be made available to external auditors or consultants.

2.2 It is, however, appropriate to make the accreditation status widely available and included in all presentations/proposals.

F: STAFFING

STANDARD:

1.0 EAP staff must not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions.

Characteristics:

1.1 There shall be written policies regarding staff conduct and establishing administrative responsibilities that guard against inhumane, illegal or unjustifiable actions by EAP staff.

1.2 There shall be quality assurance review procedures under the direction of the EAP administrator and the clinical supervisor.

STANDARD:

2.0 EAP counselors should limit their counseling and training activities to areas of demonstrated professional competence.

Characteristics:

2.1 EAP counselors should have specialized training and demonstrated competence in all areas of EAP practice in which they are active. This competence is demonstrated by academic training, mentored in-service experience, accredited EAP training and accreditation by a professional counseling association.

2.2 Specialized training is required for family and marriage counseling, alcoholism/drug/addictions counseling, AIDS counseling, mental health counseling and critical incident debriefing. EAP counselors who work in these areas must have documentation of this training.

STANDARD:

3.0EAP counselors shall avoid any action that violates or diminishes the legal and civil/human rights of users of their EAP services.

Characteristics:

3.1EAP counselors should inform clients of their legal and civil/human rights when such knowledge will empower the client, safeguard their job or protect their civil rights.

3.2EAPs should maintain accurate, current and pertinent records which include issues that affect the client's legal and civil rights.

STANDARD:

4.0EAPs should request that at least one internal liaison individual be assigned by the contracting organization, in order to ensure coordination and delivery of EAP services.

STANDARD:

5.0Staff qualifications for assessment and referral services shall meet the following minimum standards: a Masters degree in social work, psychology, community counseling, educational counseling, nursing, rehabilitation counseling or a Baccalaureate degree plus more than three years of full-time EAP or information-and-referral experience in a documented supervised setting prior to the Grandparent date of April 1, 1998.

STANDARD:

6.0All counseling staff must have membership in a professional organization that requires adherence to a code of ethics. Pertinent documentation must be available to site reviewers.

STANDARD:

7.0Qualifications for counseling staff that provide Assessment, Referral and Short-term counseling shall include a Master's degree or the equivalent in psychology, social work, pastoral counseling, educational counseling, psychiatric nursing, rehabilitation counseling, or those with a B.A. or B.S. in a related field and valid certification for alcoholism or drug counseling. A B.A. or B.S. degree in a related field with no special certification is also acceptable for those with at least three years experience in EAP counseling prior to a "grandparent" date of April 1, 1998. After this date, newly hired counselors must have a minimum of a Master's degree in a counseling-related field.

STANDARD:

8.0 A managed care program for psychiatric, emotional and addictive disorders must have clinical supervision available 24 per day hours by an appropriate practitioner.

STANDARD:

9.0 Case Managers in a managed care program for psychiatric, emotional and addictive disorders must have at least two years of counseling experience supervised by a licensed practitioner and specialized training in both mental health and addictive disorders or they must function as specialists for an area of care for which they have special preparation. A case manager will minimally hold an MA. or M.S. in psychology, social work, psychiatric nursing or counseling, or a BA. or B.S. degree in a related field plus valid alcoholism or drug counseling certification. He or she must be licensed appropriately per state or provincial requirements.

STANDARD:

10.0 The EAP should have a mechanism to determine credentials and experience, and to verify the references of EAP staff and all service providers within the community and in locations remote from the administrative centre of the EAP.

Characteristics:

10.1 The EAP shall maintain file documentation of educational credentials, proof of current liability insurance (if applicable) and documentation verifying experience and suitability of EAP staff, local service providers, and contracting counselors elsewhere.

STANDARD:

11.0 The EAP must have written job descriptions that define responsibilities, lines of authority, roles and qualifications of EAP staff.

Characteristics:

11.1 An organizational chart which indicates an employee's position and role in the EAP should be available.

G. STAFF SUPERVISION

STANDARD:

1.0 The EAP organization should have a supervision policy which is based upon staff credentials that outlines the frequency of supervision for both clinical and contract staff. A Ph.D./Masters individual who is licensed/certified, and has been working in the clinical or EAP field for a minimum of three years requires quarterly group supervision with the Program or Clinical Supervisor. Group supervision meetings would involve discussion of performance, knowledge, and

training issues and clinical cases should be presented.

STANDARD:

.0The organization should specify a senior member of its staff to monitor the quality and to ensure adherence to the supervision policy.

STANDARD:

3.0Contract (account) managers should report to and meet with the EAP Program Manager/Administrator for a minimum of two hours per month. This can be an individual or a team of account managers. The focus should be on maintaining and upgrading the standards of the EAP programs. Contract management activity should be documented and reported on an annual basis to the contracting organization.

STANDARD:

4.0Contract manager supervision should emphasize the Contract Manager's ability to implement, monitor and effectively coordinate Employee Assistance Program services. Supervision should also involve discussion of basic EAP principles, record-keeping, confidentiality, EAP models and organizational dynamics.

STANDARD:

5.0For both internal and external programs, professional staff with a Ph.D. or Master's level in psychological/counseling or related degree and less than three years EAP experience must have a minimum of one hour of individual supervision for every thirty (30) client contact hours.

Characteristics:

..5.1For internal EAPs, counselors with more than three years experience must have a minimum of group supervision for every thirty 30 client contact hours.

5.2For external programs, where counselors are unable to attend group supervision, particular attention is required in the hiring and/or contracting of counselors to document a minimum of three years experience, licencing or certification by their accrediting body, and initial orientation to the program.

5.3Where counselors in diverse geographic locations are subcontracted to represent the EAP, supervision should be carried out by telephone or written contact at least once for every 30 client contact hours. The EAP must have a policy related to these contacts regarding who initiates the contact, on what dates and what hours. Calls must be documented and available for EAP auditing or EASNA site reviewers.

5.4 EAP clients who are seen for more than the initial face-to-face meeting and are “at risk” (of danger to themselves or to others) must either be seen by the Clinical Director or the psychologist/counselor must confer individually by telephone or in person with the Clinical Supervisor or his/her designate about that client.

5.5 Telephone intake workers and Case Managers must meet with the Clinical or Program Director for training and supervision a minimum of twice per year.

5.6 The emphasis in supervision of all EAP counselors must be on ensuring the safety of the client, upgrading training and ensuring the quality of documentation in clinical files.

STANDARD:

6.0 B.A. level clinical staff should have a minimum of two (2) hours of individual supervision every (40) contact hours. B.A. level clinical staff who have grandparent dispensation prior to April 1998 should be subject to the same supervision guidelines as all other Master’s level counselors.

STANDARD:

7.0 Clinical supervision should be documented. For example, after discussion of a case and a review of the pertinent clinical files by the supervisor, a sheet signed by the supervisor and counselor specifying the date of supervision should be placed on the counselor’s file. The client’s file should also be signed by the supervisor and the date of supervision noted. For telephone supervision of outlying contractors, documentation should include a note in the counselor’s personal file as well as in the client’s file.

H. STAFF DEVELOPMENT

STANDARD:

1.0 Organizations need to have a documented procedure to ensure that staff receive ongoing staff development in areas associated with Employee Assistance Programs. Professional staff who counsel EAP clients must have documentation on file of their curriculum vitae demonstrating university level work in the mental health field. Individuals must have a Doctorate or Master’s level degree, or a Baccalaureate with three years experience prior to April 1998 (i.e., “Grandparented”) in counseling-related areas.

STANDARD:

2.0 EAP organizations should conduct and document an internal needs assessment/performance appraisal with every staff member on an annual basis to identify areas of individual and program weakness and develop a training program that addresses those needs.

STANDARD:

3.0 All EAP staff who interact directly with EAP corporate or clinical clients will be expected to complete Level 1 Staff Development training within the approved time limits. Applicable EAP staff must demonstrate that they have participated in the required training, or they must actively pursue the training through continuing education opportunities.

Characteristics:

3.1 Level I Staff Development training, which is required for applicable staff in an accredited program includes completing approved training in the following areas: Introduction to Employee Assistance Program Theory and Practice (16 hours), Introduction to EASNA Standards for Assessment and Referral (4 hours), and introduction to Short Term Therapy Techniques (4 hours). Curriculum vitae or documented training/certification such as EAPA which demonstrates sufficient hours in any one of these areas will exempt the individual from corresponding Level I training requirements.

3.2 Applicable BA Level employees who meet the requirements of the grandparent exclusion and wish to qualify for assessment/referral EAP models must complete the Level 1 training or document equivalencies within nine months of beginning their employment in the Employee Assistance Program profession. The annual EASNA Institute will provide the majority of the training hours required for this standard.

3.3 Ph.D. and Master's level employees must complete the Level 1 Staff Development Training or document equivalencies within twelve months of entering the Employee Assistance Program profession. Most of this training will be available at the annual EASNA Institute, and some may be completed in conjunction with graduate level studies.

STANDARD:

4.0 Employee Assistance Program professionals must complete Level II Staff Development training that is commensurate with their education level. Staff must demonstrate the achievement of the required training or they must participate in the training through continuing education opportunities.

Characteristics:

4.1 EAP counseling professionals must complete twenty hours of Level II Staff Development training per calendar year, commencing six months after employment.

4.2 Level II Staff Development training includes areas of study related to Employee Assistance Program issues. Examples of acceptable training are Confidentiality, Communication Skills, Crisis Intervention, Critical Incident Debriefing, Managed Care, Community Resource Development, Record-keeping, Case Management, AIDS Intervention, Legal Issues for EAPs and Ethical Considerations for EAPs.

All EAP staff are required to take Interfacing with Special Populations.

NOTE: Much of the EASNA Level II Staff Development Training will be provided at the annual EASNA Institute.

STANDARD:

5.0 Annual minimum training in ethical issues, addictions and crisis intervention must be established.

Characteristics:

5.1 A minimum of one hour of training in 'Ethical Issues for EAP' should be taken every year.

5.2 Professional staff should have a minimum of one hour of training in 'New Issues in Addiction' annually.

5.3 All EAP staff must have a minimum of 30 minutes per year of 'Client Rights and how to protect them'.

5.4 All EAP staff who handle incoming calls and who counsel must document annual completion of two hours training in 'Crisis Intervention'.

STANDARD:

6.0 Employees must maintain a record of attendance and successful completion of training. The documentation must include the attendee's name, title of subject, number of hours, date of training and the presenter's name and credentials.

STANDARD:

7.0 Staff Development training must be completed at accredited colleges/universities, other State or Provincially licensed institutions, or at EASNA, EAPA, CEAPA, or EACC sponsored courses. In EAPs where more than 10 Ph.D. and experienced M.A. or equivalent staff work on the same site, and where training is not readily available in the area, the EAP can apply to the accreditation committee of EASNA to have training performed on site.

I. MANAGED ALCOHOL, DRUG ABUSE AND MENTAL HEALTH CARE IN AN EAP SETTING

STANDARD:

1.0 Managed care programs for psychiatric, emotional and addictive disorder must have written criteria for appropriate level of care that include inpatient, outpatient, intensive outpatient and transitional care that are based on sound treatment practices.

STANDARD:

2.0 Managed care programs for psychiatric, emotional and addictive disorders must have written aftercare standards for alcohol, drug abuse and mental health cases that require hospitalization.

STANDARD:

3.0 Managed care programs for psychiatric, emotional and addictive disorders must have written policies and procedures that direct care into appropriate levels rather than on the rationing of care.

STANDARD:

4.0 Managed care programs for psychiatric, emotional and addictive disorders must have standards that account for dual disorders.

STANDARD:

5.0 Managed care programs for psychiatric, emotional and addictive disorders must have professional liability insurance of no less than one million dollars per case.

STANDARD:

6.0 Managed care programs for psychiatric, emotional and addictive disorders that provide EAP services must have a full-time EAP staff member who devotes the workday to administrative rather than EAP counseling duties to ensure that the full range of EAP services are provided.

STANDARD:

7.0 If counseling services are provided as part of the managed health care package, a counselor-to-individual-at-risk ratio should not exceed 1:2000.

Characteristics:

7.1A full-time counselor should have between twenty and thirty hours of counseling time available per week, and from fifteen to twenty hours available for record-keeping, follow-up and case monitoring.

STANDARD:

8.0 There must be a client tracking system in a managed care system that tracks a client for the duration of their treatment.

Characteristics:

8.1A percentage of the internal files and the subcontractor's files, e.g. 15%, must be audited by the Clinical/Program Director on an annual basis according to a documented checklist. Files chosen for

supervision should encompass the range of counseling services provided, including referral management, and should focus on the completeness of file contents. Supervised files must be signed by the auditor as having accepted the file as being up to standard.

J. QUALITY CONTROL/EVALUATION

Quality Control can be defined most simply as accountability for the provision of high caliber services. A quality control program for an EAP is a formal monitoring tool in which designated aspects of the program are evaluated, comparing performance to optimum standards. Feedback from this comparative assessment is used to adjust and enhance the program.

Whereas accreditation involves demonstration of EASNA Standards through documented policy and following through on procedures, evaluation is the measurement process which documents progress of EAP operations on a regular basis, providing the wherewithall to implement Quality Control.

STANDARD:

1.0 The EAP organization should have a written plan for evaluation and quality control which is based on its written statement of goals and objectives consistent with EASNA guidelines.

Characteristics:

1.1 Documentation of program evaluation methods that measure progress and results relative to current objectives must be maintained by the program and available for review by those who accredit programs.

1.2 The statement of purpose should describe the purpose of the service and reflect the philosophy of care.

1.3 The principal functions of the service should be listed and described.

1.4 The written evaluation plan should be based on measurable goals and objectives, and should be updated regularly as agreed in the contract. The plan should:

- specify the procedures for assessing outcomes and the review process for planning program improvements; and

- specify when evaluations will be performed and the locations where they will be carried out. All sites must be evaluated on a planned cycle.

1.5 The statement of purpose and the goals and objectives of the EAP should involve input from EAP staff and consultation with client organizations, and must be available in written form. There should be a mechanism for communicating the purpose, goals and objectives to all EAP staff. The statement of

purpose and goals must be reviewed and revised as necessary at a minimum of every three years, and dated accordingly.

1.6 The written goals must include specific business goals as well as goals which support the needs of the client organization.

1.7 Specific objectives must arise from these goals, and include both process and outcome objectives.

1.7.1 The Process objectives of the EAP should, as a minimum:

- include details of promotion strategies;
- schedule training sessions to meet EASNA requirements;
- specify evaluation criteria for production of EAP services;
- produce upgraded documentation regarding community agencies; and
- document schedules of program benefits for each contract.

1.7.2 The corresponding Outcome objectives of the EAP should specify:

- * dates for the attainment of annual promotional goals;
- * a schedule for attainment of EASNA training standards;
- * the timetable for converting evaluation results into positive changes;
- * an annual review and dissemination of the updated community agency liaison/information; and
- * dates for the reporting of results to contracting organizations.

1.8 An annual evaluation progress report must be completed for each EAP contract. The report should be distributed to EAP staff and made available on request to client organizations. This report should contain:

- * documented results of evaluation and whether objectives for each EAP contract were achieved;
- explanation of successes or failures connected with each objective;
- details of how the EAP program intends to improve its performance in areas needing improvement; and
- specific assessment of the resources required/utilized to meet objectives and/or intended changes for following year.

1.9 The written evaluation plan must specify the information to be collected and the procedures for retrieving and analyzing information. Examples of collection mechanisms include Client Satisfaction Questionnaires, Organizational Satisfaction Questionnaires, Employee Surveys, Training Evaluations, Incident Reports, and documentation of satisfaction at follow-up of service.

1.9.1 A Client Satisfaction Questionnaire should be given to each EAP client after two to four sessions. A compilation of these results should be available annually to the contracting organization.

1.9.2 A face-to-face or telephone interview should be conducted annually with a minimum of three Human Resources/Health Services/Contract Organizations' Administrators to determine satisfaction with the EAP organization and contract.

1.9.3 An evaluation sheet should be handed out following each training session.

1.9.4 An Incident/Complaint Form should be available to both the contracting organization and individual clients, and a written procedure documented for dealing with complaints. Compilation of data should be available to the Clinical Supervisor at the end of the contract year.

1.9.5 The Case Manager or EAP counselor who follows up referrals to an outside agency should document the results for annual evaluation by the Clinical Supervisor (and accreditors if applicable).

1.9.6 Each EAP organization should have a written plan for evaluation of all EAP professional staff. For example, a Checklist for Files could be distributed among EAP counselors, in order for each individual to assess their own files according to EASNA standards. 15% of client files could be audited by the Clinical Director, preferably annually. In addition, a Performance Appraisal for counselors could be filled out by counselors on an annual basis and reviewed by the supervisor with the counselor, preferably annually, and at a minimum of a three year period.

1.10 There must be some demonstration that the findings and recommendations of annual evaluations influence organizational and activity planning.

STANDARD:

2.0 If a contracting organization requests a third-party audit of the program, the EAP should recognize this as a legitimate evaluation activity designed to foster service accountability, due diligence, and program development.

Characteristics:

2.1 EAPs should ensure they are given a notice period in order to prepare for the audit and permit data retrieval, etc.

2.2 The audit firm and/or its designated auditor must be independent of the contracting organization and the EAP.

2.3 At all times during an audit, client confidentiality must be protected.

2.3.1 The scope of the audit is bound by the EAP confidentiality policy in effect during the established audit period.

2.3.2The auditor's access to client records must be limited to the scope defined in writing and as agreed in advance by informed client consent (e.g., for the strict purpose of verifying client eligibility for services).

2.3.3Client consent to release information for the purpose of pursuing audit objectives must not be obtained retroactively.

2.3.4Components of files or records must not be copied or allowed to be removed from the EAP location being audited.

2.4The scope of the audit must be mutually agreed in advance by the contracting organization and the EAP, and the audit will restrict itself to this predetermined scope.

2.5If the use or a third party is a consideration for on-going program evaluation, including program audit, a provision for the use of a third party should be incorporated into the EAP service contract.

2.6The EAP should be prepared to respond to observations shared by the auditor with the EAP.

2.7The cost for performing evaluation activity including periodic third party audits should be included in the EAP budget, and may be legitimately incorporated into the fee structure as part of an EAP service contract. However, the audit fees should be paid by the party requesting the audit, usually the contracting organization. The EAP should be prepared to cooperate to facilitate the auditor's review as part of its regular contract management activity and without additional charge to the contracting organization.

2.8The EAP should insist that the audit firm:

- * sign non-disclosure and confidentiality agreements to protect the EAP's intellectual and proprietary property; and
- * provide evidence of appropriate Errors and Omissions insurance coverage.

K: RESEARCH

STANDARD:

1.0EAPs should document their organizational policy pertaining to research on aspects of EAP.