



STATE OF WISCONSIN

Department of Employment Relations

Scott McCallum
Governor

Peter D. Fox
Secretary

**345 West
Washington
Avenue**
P.O. Box 7855
Madison, WI 53707-7855
Voice (608) 266-9820
FAX (608) 267-1020
TTY (608) 267-1004
<http://der.state.wi.us>

DATE: June 7, 2002
TO: State Agency Heads
FROM: Peter D. Fox
Secretary
SUBJECT: Statewide EAP Standards

Wisconsin State government has a strong commitment to Employee Assistance Programs (EAP). Agency management, EAP directors and volunteers have utilized agency resources to help hundreds of state employees with health, financial, legal, workplace and other personal problems.

EAP programs are mandated for state government agencies by Executive Order 94, issued by former Governor Tommy Thompson (copy is enclosed). Among other requirements, the Executive Order requires the Department of Employment Relations (DER) to "establish minimum program criteria." The former DER statewide EAP Coordinator developed criteria in partnership with the statewide EAP Advisory Committee, in which most larger state agencies actively participate. However, due to the elimination of the statewide coordinator position several budgets ago, the criteria were never adopted.

The committee recently revisited and revised the draft criteria and DER is now formally establishing the criteria for state agencies and University of Wisconsin institutions.

The department and the committee recognize that agencies are operating with severely reduced budget resources. However, I do not believe the EAP criteria will pose a problem for most state agencies. Nearly every medium and large agency and UW institution currently has an established and effective EAP program that virtually meets the criteria at this time. Most small agencies have an EAP designee and can comply with the standards with some assistance from DER. A Question and Answer sheet is attached, along with a copy of the DER policy for smaller agencies that do not currently have a written policy.

I also want to assure you that it is not the intention of DER to investigate, audit or sanction an agency for failure to comply with the criteria. The criteria are meant as a guide to assure that all state employees have access to an effective EAP program.

Agencies are going through difficult budgetary pressures and some are facing employee layoffs and reorganizations. All employees are being asked to take on added tasks or new job duties. These changes can produce stress in the workplace. For these reasons, it is timely to underscore the value and role of EAP in managing stress and change in the workplace. When an organization undergoes change, its EAP staff should be one of the first resources to be

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State Agency Heads
June 7, 2002

consulted. EAP staff can provide advice and resources to agency management and to individual employees. As part of the planning team, they can suggest constructive and sensitive ways of communicating with employees, arrange "listening" sessions and offer outside resources to employees.

A copy of this letter and the standards are also being distributed to the EAP contact and Human Resources Director in your agency. Most agencies already comply with these standards, but if you need assistance, please contact Bob Van Hoesen at (608) 267-1003 (voice), (608) 267-1020 (FAX) or by e-mail at Bob.vanhoesen@der.state.wi.us.

Cc: State Agency EAP Contacts
Members, State Human Resource Management Council

QUESTIONS AND ANSWERS ABOUT EAP STANDARDS

- CONCERN:** How do we develop a policy statement on EAP if we don't have one?
RESPONSE: Agencies may use policies of other agencies as a model. Contact the Department of Employment Relations for assistance.
- CONCERN:** Who should we designate as EAP staff and EAP coordinators?
RESPONSE: Most agencies already have such a designee in their human resources or training offices. The workload in small agencies is minimal and can be assigned to the human resources director or office manager. Very small agencies could work with DER or another agency to provide EAP services to its employees.
- CONCERN:** How should we provide program promotion and education to our employees?
RESPONSE: This can be done through flyers and posters on employee bulletin boards and other areas frequented by employees (breakrooms, copy rooms, etc.) Agencies can use material already prepared by other agencies. Agencies can also post the information on their intranet. EAP information should also be shared with employees during new employee orientation and mentioned regularly in agency newsletters.
- CONCERN:** Do we have to establish a separate advisory committee or other mechanism to assist in EAP administration?
RESPONSE: Agencies may use an existing committee (e.g., Health and Safety, Wellness, management committee) to perform this function.
- CONCERN:** How much will it cost an agency to comply with these standards?
RESPONSE: Costs should be minimal, if any. There may be incidental printing costs for promotional materials. Training for EAP coordinators is only \$120 for a two-day course. Alternatively, very small agencies could request DER or another agency to provide EAP services to its employees.
- CONCERN:** Won't the recordkeeping requirements be extra workload for agencies?
RESPONSE: DER can provide electronic versions of all necessary forms. When a coordinator receives a contact from an employee, the form is easy to complete. Agency EAP personnel can simply keep contact forms in a secure location.

State Agency Heads
June 7, 2002

CONCERN: How do we conducting program evaluation, including a review of goals, preparing annual reports to management and summarizing utilization data?

RESPONSE: These activities can be conducted by the advisory mechanism in the agency with coordination by the EAP director. In smaller agencies, the report and data summary will be minimal.

If you have any questions, contact the statewide Employee Assistance Program:

Bob Van Hoesen

Department of Employment Relations

Mailing Address: PO Box 7855, Madison WI 53707-7855

Building Address: 345 West Washington Avenue, Madison WI 53703

Voice: (608) 267-1003

Fax: (608) 267-1020

E-mail: Bob.VanHoesen@der.state.wi.us

DER EAP Web site: <http://der.state.wi.us/static/eapdefault.htm>

WISCONSIN STATE AGENCY EMPLOYEE ASSISTANCE PROGRAM STANDARDS

Table of Contents

I. PROGRAM DESIGN	2
A. Service Delivery System.....	2
B. Statewide Advisory Committee	2
C. Agency Advisory Committee(s).....	3
II. MANAGEMENT AND ADMINISTRATION	3
A. Policy and Procedures Statement.....	3
B. Staffing	4
C. Confidentiality.....	4
D. Record Keeping.....	4
E. Ethics and Accountability.....	5
III. DIRECT SERVICES.....	5
A. Basic Services	6
1. Program Promotion and Education.....	6
2. Problem Identification, Information and Referral.....	6
3. Follow-up	6
4. Responding to Crisis Situations.....	6
5. Program Evaluation.....	7
B. Additional Services.....	7
1. Problem Assessment.....	7
2. Consultation with Supervisors, Managers and Union Representatives	8
3. Wellness Programming	8
4. Advanced evaluation.....	8
5. Critical incident stress management services	9
IV. GLOSSARY OF TERMS.....	10
ATTACHMENTS.....	11

WISCONSIN STATE AGENCY EMPLOYEE ASSISTANCE PROGRAM STANDARDS

Executive Order #94, signed by Governor Tommy G. Thompson on June 12, 1990, mandates that every department, independent agency in state government and the University of Wisconsin shall establish and maintain an Employee Assistance Program. The Department of Employment Relations (DER) has been designated to administer the Statewide Employee Assistance Program.

Executive Order #94 requires DER to establish minimum program criteria (standards) for all agency Employee Assistance Programs (EAPs). The standards are intended to establish uniformity for state agency EAPs, yet provide flexibility for each agency based on agency size, program accessibility and organizational differences. These program standards are intended as the minimum criteria for agency Employee Assistance Programs. Agencies may choose to exceed the standards in the design, management and administration, services and evaluation of their program. Each agency will be accountable for compliance with these standards and for making necessary adjustments when called for by the Department of Employment Relations.

The Executive Order has been provided along with these Standards.

I. PROGRAM DESIGN

A. Service Delivery System

Employee Assistance Program services may be provided through a variety of models depending on the size, organizational structure, needs and resources of the agency. These models include the following either separately or in combination:

1. A full or part-time EAP Director
2. EAP staff.
3. The use of Employee Assistance Coordinators
4. Contracting with an external EAP provider.
5. Cooperative arrangements with community resources, other state or local agencies or the Department of Employment Relations

B. Statewide Advisory Committee

This committee shall consist of agency EAP Directors and EAP Staff. The role of this committee is to advise the Secretary of the Department of Employment Relations on policy, program development and program maintenance issues.

1. The committee shall represent the needs and resources of agencies in order to provide equitable statewide services.
2. The committee's goal is to ensure that every state employee and their family members will have access to quality EAP services.
3. The committee will provide a forum for discussion of national, state and local EAP issues, the dissemination of information, and the opportunity for case and program consultation.

C. Agency Advisory Committee(s)

Each agency shall establish an EAP Advisory Committee or a comparable internal mechanism to assist in developing, maintaining and evaluating its EAP.

1. The committee shall represent the agency employing units, management, and where appropriate, unions. Membership shall also represent the diversity of the agency employee population.
2. Each committee shall assist the agency EAP Directors and/or EAP staff in developing, maintaining and evaluating the EAP within the agency.
3. Each committee shall respect the confidentiality safeguards of the EAP.

II. MANAGEMENT AND ADMINISTRATION

A. Policy and Procedures Statement

Each agency shall have an EAP Policy and Procedures statement defining the scope of the program's services, procedures and limitations. In addition to complying with other requirements in these program standards, the policy shall:

1. Define the purpose of EAP and the program services offered by the agency under Section IV.
2. Establish procedures under which employees and family members access services through EAP personnel or an external EAP provider.
3. Apply to a broad range of employee problems as they affect the workplace.
4. Establish the guidelines for confidentiality in accordance with federal and state regulations, case law and Section D., below.
5. Provide that all employee EAP records shall be confidential as provided by Federal law, state statute and agency policy and are not part of and shall be kept separate from the employee's personnel file.
6. Provide that the agency will not discriminate based on participation in the EAP.
7. Provide that the decision to participate in the EAP is that of the employee or family member requesting services and that there is no charge to the employee to contact agency EAP personnel.
8. Provide that job security will not be jeopardized as a consequence of seeking EAP services and that employees who use the program are expected to adhere to job performance requirements of the agency and are not exempt from disciplinary or other corrective action.
9. Provide that employees are able to meet with the agency's EAP personnel during their work hours, and explain any conditions regarding the use of leave by employees for purposes of accessing outside resources.
10. Strongly encourage supervisors to inform employees of the EAP and offer its services when there are disciplinary problems or when job performance or behavior falls below the expected standards of the job.
11. Include any other provisions that are consistent with collective bargaining agreements and state and federal policies, including but not limited to the Americans With Disability Act, the Family and Medical Leave Act and the Drug Free Workplace Act.

12. Include procedures regarding the selection and retention of EACs where they are used. The attached forms (DER-SEC 11, 12 and 13) may be used for this purpose, but are not required.

B. Staffing

Each agency shall retain or designate qualified staff to perform EAP duties as determined by the agency.

1. EAP Director positions within an agency shall have background and experience in providing direct services in problem assessment, information and referral, training, and management and union consultation.
2. Agency EAP Directors and EAP staff shall attend EAP training as appropriate.
3. EACs shall begin functioning only after successful completion of initial training regarding the EAC role and function within the EAP. EACs shall attend refresher EAP training as appropriate.
4. EACs shall maintain satisfactory job performance. If job performance becomes unsatisfactory, she/he shall be removed from the EAP. She/he may be returned as an EAC once job performance improves and as the needs of the agency dictates.
5. EACs may be relieved of their EAP duties at the discretion of the EAP Director or staff.

C. Confidentiality

1. Confidentiality of EAP contacts shall be maintained except under the following conditions: written consent from the employee or family member who is the recipient of services; suspected child/elder abuse/neglect; potential danger to self or others; threatened or actual significant damage to state property or operations; subpoena; and limits set by state or federal regulations. If information is released under this provision, it shall be released only to appropriate individuals or organizations. An agency may establish additional exceptions to confidentiality limitations, according to operational need.
2. Employees and family members shall be informed of the limits of confidentiality prior to receiving EAP services.
3. EAP activities shall be conducted in locations that protect the confidentiality of employees using the program

D. Record Keeping

Each agency shall maintain records of all EAP employee and family member contacts with the program.

1. An EAP contact form shall be completed for each employee or family member who uses the EAP. The form shall be completed by the EAP individual providing the service. (The attached form, DER-SEC 17, or alternative mechanism, may be used for this purpose.)
2. The agency EAP Director or EAP staff shall maintain all EAP records, except for case notes and other identifying records maintained by the EAP individual providing services.

3. EAP records shall be kept in a secured location accessible only to designated EAP personnel. These records are not accessible to administration, management, supervisors, human resources or others in or outside the agency without written consent of the employee or family member.
4. EAP records shall be kept in accordance with approved Records Retention/Disposition Authorizations. See the General Records Schedule for Personnel and Related Records, adopted by the Public Records Board (revised July 1999).
5. Destruction of the EAP records shall be done in a confidential manner in accordance with approved Records Retention/Disposition Authorizations.
6. Use of EAP records is discouraged in arbitration, workers compensation litigation, and any other dispute between the employee, union, or agency. (Legal consultation is strongly advised in these situations before releasing any EAP records or documents for non-EAP use.)
7. Agency EAP personnel shall make every effort to secure the confidentiality of information sent by mail, phone, facsimile, or modem. Supervisors who refer employees to the program shall not do so through the e-mail system.

E. Ethics and Accountability

1. Each EAP Director, EAP Staff and EAC shall sign the Code of Ethics statement (form DER SEC 014 in the Attachments.). The agency human resources manager or designee shall be responsible for ensuring that the Code of Ethics statements are signed and maintained. The EAP Director is responsible for ensuring that the Code of Ethics statements are signed by the EACs and kept on file.
2. EAP personnel shall perform their duties consistent with agency policy, procedures and the EAP Code of Ethics.
3. EAP personnel shall consult with legal counsel, human resources staff and other appropriate staff according to agency guidelines regarding difficult employee situations that may expose the agency to liability risks, including the application of state and federal employment policies.
4. EACs shall consult with EAP Directors or EAP staff according to agency guidelines when appropriate, regarding difficult employee situations that may expose the agency to liability risks.

III. DIRECT SERVICES

EAP Programs shall provide the “basic services” in accordance with the provisions listed in this Section. EAP Programs may provide the “additional services” listed in this Section and other services as deemed appropriate in accordance with the intent of the Employee Assistance Program.

An agency may use any of the following to provide the services: its own staff, staff from another state agency, the Department of Employment Relations, community resources or by contracting with a private provider.

A. Basic Services

1. Program Promotion and Education

EAP programs shall provide Program Promotion and Education, which includes the following services:

- a) Promotional materials and educational activities that promote employee wellness and encourage the use of the EAP by employees and family members, supervisors, and union representatives
- b) Notification to employees of the names of the EAP personnel and how to access services.
- c) EAP information for new employees.
- d) Information on wellness related issues.
- e) A policy statement on the value of employee wellness and prevention and their effects on personal well-being and job performance.

2. Problem Identification, Information and Referral

EAP programs shall offer Problem Identification, Information and Referral, which includes the following:

- a) Discussion with the employee to identify the nature of the problem or issue.
- b) Information as requested and referrals to available resources when appropriate.
- c) Referrals to internal departments and programs or to external community resources.
- d) Assistance to the employee in contacting the resource provider and review of benefit information regarding services that may be covered by an employee benefit program (such as health insurance).

Referral information and communication shall be handled in accordance with federal and state regulations on confidentiality.

Information and referral services do not include problem assessment, diagnosis or treatment services.

3. Follow-up

EAP programs shall offer follow-up services, which include mutually agreed upon follow-up contact(s) with the employee to review progress being made towards the plan of action and/or determinations if additional information or resources are necessary.

4. Responding to Crisis Situations

In the event of crisis situations in their workplaces, including but not limited to medical emergencies for physical and/or mental health problems, threat of or actual harm to self or others, and situations of trauma or a critical incident, the EAP program shall:

- a) Provide information and referral services about crisis intervention and trauma resources for the agency's management and employees.
- b) Assist agency management in developing policies and procedures for responding to a crisis situation in the workplace.

5. Program Evaluation

EAP programs shall conduct program evaluation, which includes the following:

- a) Goals and objectives for the agency's EAP program
- b) Annual reports to agency management regarding program operations, utilization data as described in item c), progress toward goals and objectives and recommendations for program changes.
- c) Utilization data includes:
 - i. Number of cases/people served
 - ii. Number of contacts per person
 - iii. Problem areas
 - iv. Type of referral(s)
 - v. Recommendations/options
 - vi. Client follow through

B. Additional Services

1. Problem Assessment

Agency EAP Directors or EAP staff – consistent with their education, training and experience – may conduct interviews with an employee or family member and maintain documentation of the interview in order to assess the nature of the problem(s). The purpose of these interviews is to develop a plan of action (list of options) for responding to the problem(s).

The basic elements of a problem assessment may include:

- a) The employee's or family member's statement of the problem(s)
- b) Precipitating event(s)
- c) Past history regarding the problem(s)
- d) Effect on job performance
- e) Relevant family history
- f) Level of risk to self or others
- g) Alcohol and drug abuse
- h) Corroborating data
- i) Initial impression
- j) Outcome desired by the employee or family member
- k) Options/solutions identified in the interviews

The interview and plan of action must be documented on the Contact Form in order to record the problem(s) identified, services provided by EAP, to where referrals were made, number of contacts, and amount of time spent during each contact.

Referrals for psychological and alcohol/drug abuse assessments will be made to community professionals licensed to provide these services.

2. Consultation with Supervisors, Managers and Union Representatives

EAP programs may offer Consultation with Supervisors, Managers and Union Representatives, which includes consultation with, training of, and assistance to work organization leadership (managers, supervisors and union stewards) seeking to manage the troubled employee, enhance the work environment, and improve employee performance; assess complex workplace problems and offer recommendations and resources

3. Wellness Programming

EAP programs may offer wellness programming, which includes seminars, brown bag luncheons, outside speakers, exhibits, information and other activities designed to promote the general physical and emotional wellness of employees and their families.

4. Advanced evaluation

EAP programs may engage in advanced evaluation, which includes:

- a) Collection of additional data regarding the following program activities:
 - i) Types and frequency of training provided
 - ii) Number of consultations and amount of time spent in consultation with supervisors, management and unions
 - iii) Number and amount of time spent towards employee orientation sessions
 - iv) Number of meetings with advisory committees and EACs (if applicable)
 - v) Meetings with organizational units in the agency and/or outside committees
 - vi) Speaking engagement to associations or organizations

- b) Development of a system to review the quality of the program operation on an annual basis, such as:
 - i) Employee surveys designed to determine program awareness, perceptions, concerns and recommendations for improvements.
 - ii) Interviews with specific groups within and outside the agency such as supervisors/management, Union, Human Resources and Affirmative Action personnel

5. Critical incident stress management services

EAP programs may offer the following services:

- a) EAP programs may assist management in establishing a policy and procedures for critical incident stress management services.
- b) EAP directors or staff may act as a liaison to initiate critical incident stress management services for employees. Only those EAP personnel trained in critical incident stress defusing/debriefing may conduct defusing/debriefings.

IV. GLOSSARY OF TERMS

Employee Assistance Program (EAP): A work-site program designed to assist in the prevention, early identification and resolution of behavioral, medical and productivity problems associated with employees affected by personal concerns. These include, but are not limited to: health, marital/relationship, family, financial, alcohol, drug, legal, emotional, stress, workplace conflict or other personal concerns which may adversely affect employee job performance.

Employee: Any current permanent, seasonal or temporary employee of an agency.

EAP Personnel: EAP Directors, EAP Staff and Employee Assistance Coordinators.

EAP Directors: Positions within an agency that are classified as an Employee Assistance Officer or Employee Assistance Specialist, or their successor classification titles.

EAP Staff: Those positions within an agency which have the primary responsibility within an agency to implement and manage the EAP policy and procedures, but who also perform non-EAP responsibilities. These positions exclude positions classified as an Employee Assistance Officer or Employee Assistance Specialist, or their successor classification titles.

Employee Assistance Coordinator (EAC): An employee recruited from the agency workforce who has been trained to provide EAP information and services to employees and/or family members.

External EAP Provider: An independent EAP provider who formally contracts for EAP services which are overseen by the agency.

ATTACHMENTS

The following forms or other agency-created documents may be used for the purposes outlined in the standards:

DER-SEC 11	EAP Coordinator Reference
DER-SEC 12	EAP Coordinator Re-application
DER-SEC 13	EAP Coordinator Application
DER-SEC 14	EAP Code of Ethics Statement
DER-SEC-15	EAP Authorization for Release of Confidential Information
DER-SEC-17	EAP Contact Report

Employee Assistance Coordinator Reference

Name - Employee Assistance Coordinator Applicant

Your Name

Your Telephone Number

Relationship to Applicant

Length of Relationship

____ Years

____ Months

The above-named person has applied to become an EAC,(Employee Assistance Coordinator) in the State Employee Assistance Program and has given your name as a reference. As an EAC, this person will talk with co-workers about personal and confidential information. We need to know if this applicant can be trusted, in such instances, to protect the privacy of co-workers. We would also like to know how you evaluate this person in the area identified below. Complete and return this form to the Statewide Director. Thank you for your help.

1. Thoughtful Listener. Takes time to hear what other people are saying without interrupting them or going on a tangent.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

2. Approachable. Makes it easy for others to talk to her/him.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

3. Responsible. Follows through on tasks.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

4. Common Sense. Exercises in making decisions.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

5. Nonjudgmental. Respects integrity of other people.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

6. Confidential/Trustworthy. Keeps sensitive information confidential.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

7. Appropriate. Should be considered for selection as an EAC.

1 - Strongly Agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

Signature _____ Date Signed _____



7. Do you feel you are adequately trained to fulfill your EAC role? If not, explain why.

8. Any other comments or concerns

B. CASE STUDIES. The following are situations you might encounter as an EAC. Answer the questions in the space provided.

1. You receive a call from an Employee who is a member of the opposite sex asking to see you about a personal problem. As you discuss a time and place, the Employee suggests that you come by his/her home because he/she would feel most comfortable there.

a. How would you respond and why?

b. What types of issues might you want to consider?

2. Bill has met with you three times as a EAC and wants to talk with you again. He has missed work and is presently being disciplined for absenteeism. You have made a referral, but are concerned that he wants you to act as his therapist. Later the next day, his supervisor calls and asks you if Bill has come to see you about his alcohol problem saying he wants to help Bill.

a. How would you respond to the supervisor?

b. What limits would you set with Bill and why?

3. A woman comes to see you in your capacity as an EAC. You notice she is wearing dark glasses but avoids discussing them. She tells you that she is concerned about her husband's drinking. She continues to explain that she has grown accustomed to his drinking but that her two teen-age daughters have started to act strangely and to complain about him. You learn this is the Employee's second marriage.

What issues/observations would you consider?

C. REFERENCE. Please complete the following reference information.

Immediate Supervisor - Name

Work Telephone Number

Work Address (Street, P.O. Box, City, State, Zip Code)

**State of Wisconsin
Department of Employment Relations**

**EMPLOYEE ASSISTANCE COORDINATOR
CODE OF ETHICS**

As an Employee of the State of Wisconsin, I commit myself to conduct my Employee Assistance Program related activities and relationships in accordance with this code of ethics:

1. I will adhere to the Employee Assistance Program policy and operating/referral procedures at all times in order to safeguard the integrity of the program.
2. I will not discriminate in the provision of EAP services because of race, religion, creed, marital status, age, color, sex, disability, national origin or ancestry, arrest record or conviction record, sexual orientation, political affiliation or any other basis prohibited by local, state or federal law.
3. I will do my personal best to provide high quality EAP services to the extent of my responsibilities as an EA Coordinator.
4. I will respect the privacy of all people I serve, and maintain the confidential nature of all my EAP contacts regardless of the pressures to the contrary, as prescribed by law and stated in the EAP policy.
5. I will use in a responsible manner information gained through EAP contacts.
6. I recognize that serving in the EAP does not imply professional certification or licensure.
7. I agree to continually assess my own personal and vocational strengths, limitations, biases and effectiveness, and to refer or release an EAP referral to the Director or another Coordinator or outside resource when it is in the Employee's best interest to do so.
8. I will have respect for all EAP contacts by maintaining an objective, non-judgmental and helpful relationship at all times.
9. I accept the responsibility to help protect the EAP against unethical practices by any individuals or organizations engaged in EAP programs or consultation activities.
10. I accept the responsibility for assuring that none of my individual or work related actions or practices will discredit the EAP.
11. I will make every attempt to arrange EAP contacts at a time least disruptive to my work unit, notify my supervisor when I schedule an EAP contact (if appropriate) and to keep contacts within the time permitted for this activity.
12. I agree to share my ideas and experience to further enhance and maintain the EAP.
13. I will endorse the principle that adherence to this code of ethics is a fundamental condition of serving in the EAP.

I understand that should I fail to comply with any of these ethical responsibilities, in the sole discretion of the Director, I may be removed from my role in the Employee Assistance Program.

Print Name

Signature

Date-Signed

STATE OF WISCONSIN
 DEPARTMENT OF EMPLOYMENT RELATIONS
 Employee Assistance Program (EAP)
 DER-SEC-015 (06/02)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

A. Individual Who is Subject of Record	B. Person/Organization Being Authorized to Release
Name	Name/Title
Address	Organization
	Address/Phone
Phone	

C. I hereby authorize the Employee Assistance Program (or other person or organization identified in Section B., above), to release the following information to the person or agency in Section D., below, regarding the following:

The purpose or need for such disclosure is:

D. Information may only be released to the following individual:

Name/Title	Address
Organization	
	Phone

E. I hereby authorize the disclosure of my records and information about me as specified above which may not be used by or shared for the benefit of any other party.

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated:

Authorization expires as of _____ (date).

Authorization expires after the following action takes place:

Signature of Individual Who is Subject of Record _____

Date _____

Witness of Signature _____

**STATE OF WISCONSIN
DEPARTMENT OF EMPLOYMENT RELATIONS**

EMPLOYEE ASSISTANCE PROGRAM CONTACT REPORT

- Instructions:
1. Complete form and forward to your Lead Coordinator or department EAP Director
 2. **DO NOT** indicate on this form the name of the person contacting you.
 3. Please check all that apply.

EAP Representative	Agency Location of Contact	Initial Contact Date
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CONTACT INFORMATION	PROBLEM INFORMATION	REFERRAL INFORMATION
<p>A. Contacting Person</p> <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor/Manager <input type="checkbox"/> Family/Friend <input type="checkbox"/> EAP Representative <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<p>G. Problem Presented</p> <input type="checkbox"/> Alcohol Use – Self <input type="checkbox"/> Alcohol Use – Family/Friend <input type="checkbox"/> Alcohol Use – Employee/Supv <input type="checkbox"/> Drug Use – Self <input type="checkbox"/> Drug Use – Family/Friend <input type="checkbox"/> Drug Use – Employee/Supv <input type="checkbox"/> Emotional Use – Self <input type="checkbox"/> Emotional Use – Family/Friend <input type="checkbox"/> Emotional Use – Employee/Supv <input type="checkbox"/> Family Relationship/Parenting <input type="checkbox"/> Financial <input type="checkbox"/> Job Performance – Self <input type="checkbox"/> Job Performance – Subordinate <input type="checkbox"/> Job Performance – Co-worker <input type="checkbox"/> Conflict(s) with Co-worker <input type="checkbox"/> Conflict(s) with Supervisor <input type="checkbox"/> Legal <input type="checkbox"/> Relationships <input type="checkbox"/> Medical Problems <input type="checkbox"/> Child Care/Elder Care <input type="checkbox"/> Physical/Sexual Abuse <input type="checkbox"/> Threatening Behavior – Self/Others <input type="checkbox"/> Work-Related Stress <input type="checkbox"/> Other _____	<p>K. Employee's Job Performance Affected</p> <p>Employee's Sense</p> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>B. Gender</p> <input type="checkbox"/> Female <input type="checkbox"/> Male	<p>H. Most Pressing Current Problem</p> <hr/> <hr/>	<p>Supervisor's Sense</p> <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>C. Form of Contact</p> <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Phone	<p>I. Health Insurance Information</p> <input type="checkbox"/> HMO <input type="checkbox"/> Standard Plan <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	<p>L. Referral Offered</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Yes <input type="checkbox"/> No No
<p>D. Previous Contact</p> <input type="checkbox"/> No Contact <input type="checkbox"/> Within past year	<p>J. Confidentiality Release on File</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<p>M. Referral Accepted</p> <input type="checkbox"/> <input type="checkbox"/>
<p>E. Nature of Contact</p> <input type="checkbox"/> Information <input type="checkbox"/> Consultation <input type="checkbox"/> Support <input type="checkbox"/> Problem-solving <input type="checkbox"/> Referral <input type="checkbox"/> Education <input type="checkbox"/> Follow-up <input type="checkbox"/> Other _____	<p>P. Referred to</p> <input type="checkbox"/> Health Care Plan <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> AODA Treatment <input type="checkbox"/> Self-help Group <input type="checkbox"/> Physician <input type="checkbox"/> Law Enforcement/Social Services <input type="checkbox"/> EAP Coordinator <input type="checkbox"/> Personnel <input type="checkbox"/> Affirmative Action <input type="checkbox"/> Union <input type="checkbox"/> Other Agency Resource <input type="checkbox"/> Other _____	<p>N. Employee Followed Through on Referral</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>F. Referred by</p> <input type="checkbox"/> Self <input type="checkbox"/> Co-worker <input type="checkbox"/> Union Steward <input type="checkbox"/> Supervisor- personal concern <input type="checkbox"/> Supervisor-job performance <input type="checkbox"/> Family/Friend <input type="checkbox"/> EAP Representative <input type="checkbox"/> Other _____	<p>O. Purpose of Referral</p> <input type="checkbox"/> Information <input type="checkbox"/> Assessment <input type="checkbox"/> Consultation <input type="checkbox"/> Education <input type="checkbox"/> Counseling <input type="checkbox"/> Treatment <input type="checkbox"/> Other _____	<p>K. Employee's Job Performance Affected</p>

Estimated Time Spent: Hours _____ Minutes _____

EAP CONTACT REPORT FORM INSTRUCTIONS

This form is to record each EAP contact you have with each employee or family member. **DO NOT** indicate the name of the person contacting you. In each of the categories, check all that apply. When completed, store in a secured location, preferably a locked file or drawer.

EAP Representative Write in your name as the person the employee/family member has contacted for EAP Services.

Agency Location of Contact Write in the name of the employee's agency (even if the person contacting EAP is a family member, friend or other person calling about an employee.)

Initial Contact Date Record the date of the initial EAP contact

CONTACT INFORMATION

- A. **Contacting person:** Mark category which appropriately identifies person contacting EAP. If Other, state who it is.
- B. **Gender:** Indicate whether person is female or male.
- C. **Form of Contact:** Indicate if contact is made by phone or in person. This may be different from initial contact or for subsequent contacts.
- D. **Previous Contact:** Check appropriate category.
- E. **Nature of Contact:** Check all that apply.
- F. **Referred by:** Indicate who referred person to EAP.

PROBLEM INFORMATION

- G. **Problem Presented:** Indicate problem(s) indicated by employee
- H. **Most Pressing Current Problem:** State which problem is viewed as most critical by the person, especially if there is more than one.
- I. **Health Insurance Information:** Check appropriate category. This may not be applicable depending on the nature of the contact (item E).
- J. **Confidentiality Release on File:** Check appropriate category. This may not be applicable depending on the nature of the contact (item E).

REFERRAL INFORMATION

- K. **Employee's Job Performance Affected:** Check appropriate category for employee's sense and supervisor's sense.
- L. **Referral Offered:** Indicate whether or not a referral was offered during this contact. If not applicable, check "No."
- M. **Referral Accepted:** Indicate whether or not a referral was accepted during this contact. If not applicable, check "No."
- N. **Employee Followed Through on Referral:** Check appropriate category. If not applicable, check "No."
- O. **Purpose of Referral:** Check all that apply.
- P. **Referred to:** Check all that apply.

ESTIMATED TIME SPENT

Record the estimated amount of time spent during the contact by minutes and/or hours. Round to the nearest five minutes.