# YOUTH SERVICES

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| **Policy Title:** Employee Assistance Program | **Type:** A. Administrative<br>**Sub Type:** 2. Personnel<br>**Number:** A.2.11 |
| | **Page** 1 **of** 5 |
| **References:**<br>ACA Standards 2-CO-1C-20, 2-CO-1C-25 (Administration of Correctional Agencies), 4-JCF-6D-03, 4-JCF-6D-08 (Performance-Based Standards for Juvenile Correctional Facilities) 2-7164-1 (Standards for Juvenile Probation & Aftercare Services); YS Policy Nos. A.2.7 "Drug-Free Workplace", A.2.22 "Violence-Free Workplace",A.2.60 “Domestic Violence”, and D.15.3 “Delivery of Treatment and Auxiliary Services” | |
| **STATUS: Approved** | |
| **Approved By:** *E. Dustin Bickham, JD, Interim Deputy Secretary* | **Date of Approval:** 08/11/2020 |

## I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To establish a uniform policy regarding the use of the State of Louisiana Employee Assistance Program (EAP), which is designed to assist and support employees who are experiencing personal problems and may benefit from outside management or professional help.

## III. APPLICABILITY:

This policy applies to all YS employees. Each Unit Head is responsible for ensuring that all necessary procedures are in place to comply with the provisions of this policy.

## IV. DEFINITIONS:

***Employee Assistance Program (EAP) Manager*** - A Central Office employee designated by the Deputy Secretary to ensure that EAP services are provided and that EAP records are kept in a confidential manner.

***Employee Assistance Program (EAP) - Facility Coordinator*** **-** An employee designated by the Facility Director to ensure that EAP services are provided and that EAP records are kept in a confidential manner.

***Employee Assistance Program (EAP) Community Based Services (CBS) Coordinator -*** CBS social service staff assigned to a CBS Regional Office.

***Unit Head*** – For the purposes of this policy, the Deputy Secretary, Facility Directors and Regional Managers.

## V. POLICY:

It is the Deputy Secretary's policy to maintain an Employee Assistance Program which operates as a peer referral service to any employee with a personal problem that is affecting or has the potential to affect the individual's work performance. The appropriate EAP Coordinator shall assist the employee in identifying the problem and locating sources of treatment or rehabilitative help.

## VI. GENERAL INFORMATION/OTHER REFERENCED POLICIES:

A. YS Policy No. A.2.7 was implemented to promote increased employee awareness of substance abuse and to achieve and maintain a workplace free of drugs and alcohol.

B. YS Policy No. A.2.22 was established to outline policy and procedures in order to achieve and maintain a violence-free workplace for YS employees, and those conducting business at its worksites.

C. YS Policy No. A.2.60 is intended to heighten awareness of domestic violence and provide guidance to employees regarding domestic violence issues and their impact on the workplace. In addition, this policy promotes a safe environment for its employees and communicates that violent behavior shall not be excused or tolerated.

## VII. PROCEDURES:

A. The Deputy Secretary shall designate an EAP Program Manager in the Central Office (CO).

B. Each Facility Director shall designate an EAP Facility Coordinator.

C. Social Services staff assigned to a CBS Regional Office shall serve as the CBS EAP Coordinator. (Refer to YS Policy No. D.15.3).

D. Information regarding the EAP shall be posted on employee bulletin boards.

E. Employees may gain access to the EAP by contacting the assigned Employee Assistance Program EAP – Facility Coordinator, Employee Assistance Program (EAP) Community Based Services (CBS) Coordinator or the EAP Manager, who is the Director of Treatment at YS CO, who shall ensure that services are provided.

F. Prior to the initiation of EAP for a self-referral or a supervisor's referral, the EAP coordinator shall explain to the employee the limits of confidentiality. The employee shall sign the "Employee Assistance Program (EAP) Statement of Understanding and Limits of Confidentiality" [see Attachment A.2.11 (b)], acknowledging that they understand their rights and that they elect or not elect to participate in EAP services.

G. If the employee elects to participate in EAP, the EAP coordinator shall complete an "Employee Assistance (EAP) Assessment Form" outlining the presenting problem (s) and expected outcomes to include an action plan summary. This form is used to guide/assist the EAP coordinator with initiating appropriate referrals [see Attachment A.2.11 (c)].

H. If an employee was referred by his or her supervisor and they refused to participate or was unwilling to cooperate, the EAP coordinator will inform the referring supervisor in writing of the unsuccessful completion of EAP [see Attachment A.2.11 (d)].

I. Once the referral has been facilitated by the EAP coordinator and the employee, a "Program Participation Letter" [see Attachment A.2.11 (e)] along with the "Employee Assistance Program Consent to Release Information" form [see Attachment A.2.11 (f)], will be forwarded to the community provider of choice in an effort to obtain information regarding treatment progress.

J. The EAP coordinator shall utilize the EAP "Follow-up Review" form [see Attachment A.2.11 (g)], for continuity of care and to review the need for additional referral services. Initial follow-up with the employee should be done two weeks from the time of the initial referral and every four weeks until discharge from EAP.

K. Once the employee has successfully completed a supervisor initiated referral for EAP, the EAP coordinator shall inform the supervisor in writing of the employee's successful completion [see Attachment A.2.11 (h)].

L. The YS EAP Coordinators may contact the local Human Services District or Authority who may be able to provide the services needed or the employee can access a private provider who is preferred by their insurance company. In addition, there are many other services the employee can be referred to that are free of charge to include Alcoholics Anonymous, Rape Crisis Center, etc.

The website to search for the local office is: http://www.dhh.louisiana.gov/index.cfm/directory/category/100.

M. The employee's job, career, future or professional reputation shall not be jeopardized as a result of utilizing the EAP. The program is intended to be rehabilitative rather than punitive. However, participation in the EAP does not shield an employee who has violated employee rules or engaged in criminal activities or committed criminal acts.

N. Employees with personal problems, such as alcohol or drug dependency, mental or emotional disturbances, marital, family, financial or legal concerns, etc., that are affecting or might affect job performance, are encouraged to seek help voluntarily through the EAP. Self-referrals may be made confidentially. Supervisors may also refer an employee to the EAP if they have reason to believe that a personal problem may be affecting work performance. All such referrals shall remain confidential.

O. Employees are highly encouraged to participate in the EAP program. Failure to participate shall not result in disciplinary action. Employees, however, shall be held responsible for their work performance by their supervisors.

P. An employee's work performance may be affected by the problems of his spouse or other dependents; therefore, the program is available to the families of employees as well. Spouses or other family members are encouraged to contact the appropriate EAP Coordinator or the EAP Program Manager at CO if the family is in need of a referral for assistance in coping with a problem.

Q. YS may grant leave (annual, sick, compensatory or leave without pay) for up to 90 calendar days as needed for the purpose of active treatment or rehabilitation. Leave must be approved by the employee's supervisor and/or the Unit Head.

R Information regarding an employee's participation in the EAP shall not be placed in the employee's personnel file or released without the employee's written consent.

S. Participation in the program shall not jeopardize an employee's position or future job opportunities. Informational records shall be maintained in a confidential manner by the appropriate EAP Coordinator or the CO EAP Program Manager working directly with the employee.

T. Costs associated with the EAP (the professional evaluation, treatment, etc.) are the responsibility of the employee. In many cases, this cost would be covered by health insurance. Employees who elect to receive services from their local Human Services District or Authority, may contact them in clarifying any insurance coverage.

**Previous Regulation/Policy Number:** A.2.11
**Previous Effective Date:** 07/11/2018
**Attachments/References:** A.2.11 (a) EAP Brochure August 2020.docx
A.2.11 (b) Statement of Understanding and Limits of Confidentiality August 2020
A.2.11 (c) Assessment Form August 2020
A.2.11 (d) Unsuccessful Completion of EAP August 2020
A.2.11 (e) Program Participation Letter August 2020
A.2.11 (f) Consent to Release Information August 2020
A.2.11 (g) Follow – up Review Form August 2020
A.2.11 (h) Successful Completion Memorandum August 2020

## Employee Assistance Program

### Does using the *EAP* cost anything?

All costs for services shall be the responsibility of the employee. Health insurance programs may cover a substantial portion of services such a hospitalization or outpatient treatment for alcohol or drug abuse, psychiatric services, or counseling. Health care limits how much they provide on such services, so you should realize the importance of your commitment to treatment at this point in time. Some of the most effective services, such as self-help groups, are free.

Employees may contact an EAP member at the LDH for assistance in clarifying any insurance coverage questions at (225) 922-2700.

### Who can participate in the **EAP**?

The services of the *EAP* are available to employees and their immediate family members.

A family member may contact the coordinator for themselves or the family on behalf of an employee.

**To All Employees:**

I take this opportunity to inform you of my commitment to the ***Employee Assistance Program*** in Youth Services.

On occasion, some of us may confront problems that we cannot solve by ourselves. These problems may be domestic or financial; these problems may involve alcohol or drug abuse. However, if such problems go unaddressed, they will interfere with job performance. Some of these problems may seriously affect physical and mental health and may threaten continued employment.

***EAP*** offers a means by which those employees needing assistance can be referred to appropriate resources within our local communities.

E. Dustin Bickham
Interim Deputy Secretary
Office of Juvenile Justice

For more information contact:

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Facility EAP Coordinators
ACY Chanda Wilson, 318-346-0133
BCCY Shimele Williams, 504-437-3081
SCY Kurk Paige, 318-651-5126

Or contact:

Angela Bridgewater, Treatment Director
Community Based Services
*EAP* Program Manager
(225-287-7939)
For additional information log onto:
http://new.dhh.louisiana.gov.

# *Employee Assistance Program*

**E. Dustin Bickham, JD,**
**Interim Deputy Secretary**

**Office of Juvenile Justice**
**P. O. Box 66458**
**Baton Rouge, LA 70896**

# Employee Assistance Program

## What is the EAP

It is the **Employee Assistance Program** – a program to help you deal with personal problems that affect your job performance and well-being. *EAP* has one goal – **to help you** in a time of personal crisis or other trouble.

## Why is there an EAP

To help you lead a fuller and more productive life. By doing this, everyone benefits – the employee and the employer.

*EAP* services are strictly confidential. No information about an employee's participation or problems will be divulged to any person or agency without written authorization signed by the employee. Furthermore, this information is not recorded in personnel files, nor does it serve as a negative factor in personnel decisions or yearly evaluations.

## *EAPs* can help with:

**Substance Use**
Substance Use wastes dollars as well as lives. Help is available for the employee and their family members who may have a substance use problem.

**Marital Problems**
Marital discord can cause reduced efficiency at work. Counseling is often effective in restoring communication between spouses and helping them explore alternative solutions.

**Family Problems/Mental or Emotional Disturbance**
The modern family may face a multitude of problems including emotional crisis, children using drugs or alcohol, and medical problems. The *EAP* can be the first step to finding help.

Family violence is private violence. It is a physical and/or emotional abuse of family members in the home. The *EAP* Coordinator can assist you in finding professional help if you are in this situation.

**Financial Problems**
Financial problems occasionally cause serious anxiety at home and at work. The *EAP* can refer you to a skilled counselor who can assist in resolving a financial crisis.

**Workplace Violence**
Violence by employees on other employees or youth is strictly prohibited. Employees who are stressed in other parts of their life should not bring that stress to work and express it through acts of violence towards others. The *EAP* can provide immediate referrals for employees who need a support system.

## How to take advantage of *EAP*

If an employee feels that they have a problem which may be affecting their work or any other part of their life, they may request assistance from the *Unit EAP* Coordinator. The *EAP* Coordinator shall refer the employee to the appropriate helping agency.

If time off from work is required to participate in the *EAP*, the employee's supervisor, as well as the Unit Head shall be told only that the employee is participating in the program by the EAP Coordinator. No specific information shall be revealed.

A supervisor may refer an employee on the basis of job performance. The supervisor shall not try to diagnose the problem, but is in a position to recognize a sharp decline in work performance which may be an indication of an underlying problem.

All employees are offered the services of the *EAP*, but a person is not required to avail themselves of this assistance if they does not wish to do so, unless referred by their supervisor.

The *EAP*, however, shall not shield an employee from consequences of any violation of the law or employee rules which they may commit.

Use the current letterhead

# Employee Assistance Program (EAP)
# Statement of Understanding and Limits of Confidentiality

Date:

Name:
Address:
City/State:
Zip Code:

**********
**********

This correspondence is in reference to your referral to the Employee Assistance Program. The following are some important points about your participation in the program.

Confidentiality

The information we discuss about your personal problems or receive from a professional will not be given to anyone in the department. The only information given to your supervisor will be whether or not you are participating in the program. Your relationship with the EAP is confidential. If any absence from the job is necessary, the EAP Coordinator will arrange leave with your supervisor without revealing any specific information. Certain state laws require that the EAP staff assume the responsibility for reporting to appropriate parties instances when a person is a danger to him or herself, to others, or when child or vulnerable adult abuse/neglect is involved.

Self-Referrals

If an employee or family member initiates a request for assistance, no one will be notified of the individual's use of the EAP service without that individual's written permission.

Supervisor Referral

If a supervisor initiates the referral of an employee, for example, as the result of a performance discussion, or as a result of a positive drug screen the supervisor will be notified whether or not the employee has kept the appointment with the EAP professional.

Voluntary Participation

Use of the EAP is voluntary. It is the employee's decision whether to use (or not to use) the services available. Employees are highly encouraged to participate in the EAP program. Failure to participate shall not result in disciplinary action. Employees, however, shall be held responsible for their work performance by their supervisors.

Cost

There are no charges for the services of the EAP. However, there will be charges for services provided by medical or counseling or other professionals at the agency to which you are referred. You are responsible for the cost for these services. Your health insurance plan may cover all or some of the cost. Contact your identified health plan for more information.

**August 2020**



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Continuing Contact

In addition to maintaining contact with the service provider, you are expected to maintain close contact with the EAP Coordinator. You and the coordinator will establish how frequently you are to report and by what method.

It's Up to You

The Employee Assistance Program is for you and it can only succeed with your cooperation. We will help you find the resources available to resolve your problem, but the solution is up to you.

The telephone number of the EAP is: _____

Sincerely,

EAP Coordinator

**********
**********

I acknowledge that I have read and understand this letter and have retained a copy for myself.

_____I elect to participate in the Employee Assistance Program.

_____I elect not to participate in the Employee Assistance Program.

_____ _____
Name Date

_____
Date of Birth

**August 2020**

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# Employee Assistance Program (EAP) Assessment Form

Employee's Name: _____ Date of Assessment: _____

Date of Birth: _____

Presenting Problem:

_____
_____
_____
_____
_____

Employee's Expected Outcome:

_____
_____
_____
_____
_____

## Current Signs/Symptoms

| | | | | | |
|---|---|---|---|---|---|
| **Acute Stress** | ( )yes ( ) no | **Pressured speech** | ( )yes ( ) no | **Loose association** | ( )yes ( ) no |
| **Depressed mood** | ( )yes ( ) no | **Weight loss/gain** | ( )yes ( ) no | **Psychomotor retardation** | ( )yes ( ) no |
| **Appetite disturbance** | ( )yes ( ) no | **Panic attacks** | ( )yes ( ) no | **Concentration/attention problems** | ( )yes ( ) no |
| **Sleep disturbance** | ( )yes ( ) no | **Phobias** | ( )yes ( ) no | **Impulse control problems** | ( )yes ( ) no |
| **Low energy** | ( )yes ( ) no | **Agitation** | ( )yes ( ) no | **Binging/purging** | ( )yes ( ) no |
| **Conduct problems** | ( )yes ( ) no | **Sexual dysfunction** | ( )yes ( ) no | **Irritability** | ( )yes ( ) no |

## Mental Status

| | | | | | |
|---|---|---|---|---|---|
| **Orientedx3** | ( )yes ( ) no | **Impaired memory** | ( )yes ( ) no | **Delusions** | ( )yes ( ) no |
| **Impaired Judgement** | ( )yes ( ) no | **Other cognitive impairment** | ( )yes ( ) no | **Hallucinations** | ( )yes ( ) no |

**August 2020**

**Risk Assessment** (Explain any positive findings)

| **Suicidal Risk** | | **Homicidal Risk** | | **Abuse Risk** | |
|---|---|---|---|---|---|
| **Ideation** | ( )yes ( ) no | **Ideation** | ( )yes ( ) no | **Verbal** | ( )yes ( ) no |
| **Intent** | ( )yes ( ) no | **Intent** | ( )yes ( ) no | **Emotional** | ( )yes ( ) no |
| **Plans** | ( )yes ( ) no | **Plans** | ( )yes ( ) no | **Physical** | ( )yes ( ) no |
| **Means** | ( )yes ( ) no | **Means** | ( )yes ( ) no | **Sexual** | ( )yes ( ) no |

Actions taken regarding risk factors: _____

_____

_____

## Substance Use Assessment

**Drug/Alcohol Use (For past 12 months) ( ) yes ( ) no if yes complete following:**

| Substance | Amount | Frequency | Age Began | Last Used |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Strengths/Resources**

( ) Family support
( ) Relationship stability
( ) Intellectual cognitive skills
( ) Coping skills resiliency
( ) Insight
( ) Parenting skills
( ) Socio-economic stability
( ) Communication skills
( ) Community support
( ) Spirituality/Religious affiliations
( ) Other:

**Summary of Action Plan:**

_____

_____

_____

_____

_____ _____

**EAP Coordinator's Signature/ Date** **Employee's Signature/Date**

**August 2020**

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**MEMORANDUM**

**TO:**

**FROM:** **EAP Coordinator**

**DATE:**

**SUBJECT:** **Unsuccessful Completion of EAP (Supervisor's referral)**

You referred _____ to the Employee Assistance Program (EAP) on _____. The purpose of your referral was to utilize the maximum resources of the program toward the goal of restoring or improving the employee's work performance by locating sources of treatment or rehabilitative help.

After several attempts to engage the employee to cooperate with EAP, he/she has been unwilling to cooperate or refuses services and was discharged from the program. The employee's unresolved problem may or may not interfere with his/her on the job performance in the future.

According to the EAP policy, failure to participate shall not result in disciplinary action. Employees, however, shall be held responsible for their work by their supervisor(s).

Your cooperation with the program has been appreciated.

Sincerely,

_____
EAP Coordinator

**August 2020**

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Program Participation Letter

Date: ____/____/_____

Address: _____

City/State: _____

Zip Code: _____

You are receiving as a client _____, who is an employee of the Office of Juvenile Justice.

We consider our employee a valuable resource and hope you can assist him/her in resolving his/her problem. Our employee's recovery is of great importance to us and we look forward to sharing that responsibility with you.

We ask that you keep us advised as to our employee's participation in your program. Please assign a specific person to release information to us so that we may contact them on a regular basis during our employee's treatment. Attached is a "Consent to Release Information" form signed by the client. Our main concern is our employee's cooperation with the program.

If you have any questions, please don't hesitate to contact me.

Sincerely,

_____
EAP Coordinator

EAP Coordinator's contact information (to be included in the letter)

Phone number
Email address

**August 2020**

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**Employee Assistance Program**
**Consent for Release of Information**

I have been made aware that records pertaining to my presenting complaint/problem are being kept by the EAP, and that these records are confidential. I'm also aware of the need to plan the management of my case with agencies and/or individuals outside the Office of Juvenile Justice and the EAP.

I, _____ authorize_____ to release the following non-medical information to my employer: (A) whether I have kept initial and/or subsequent appointments, (B) whether a course of treatment was recommended by the EAP counselor, (C) whether I am following the recommended course of treatment, and/or (D) whether I have completed the recommended course of treatment.

Other (Please Describe)

_____
_____
_____
_____

This authorization shall become effective _____and is subject to revocation in writing by me at any time, except to the extent that action has already been taken. This authorization shall terminate _____ from the effective date, if not earlier revoked. I understand that this information will be used only for the purposes noted above and will not be disclosed to any other person or agency without my written permission.

_____ _____
Signature of Client Date

_____ _____
Printed name of Client Date

_____ _____
EAP Coordinator's Signature Date

**August 2020**

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# Employee Assistance Program (EAP)
# Follow-Up Review Form

Client Name: _____ Case #: _____
EAP Coordinator: _____

Provider/Facility/Resource (name, address, phone):
_____
_____

**Referrals:** (check all that apply)

**Client referred to**:

☐ Substance use disorder treatment
☐ Mental health treatment
☐ Other: _____
☐ No Referral

**Level of Care:**

☐ Community Resources
☐ Outpatient
☐ Partial Hospitalization
☐ Inpatient
☐ Other: _____

**Status of Progress:**

**Target Problems (s)**

☐ Deteriorated
☐ No change
☐ Minimal improvement
☐ Moderate improvement
☐ Significant improvement
☐ Not addressed/Plan changed
☐ Unknown_____

Reason Case Closed (if applicable):

☐ Goal met/Client satisfied
☐ Client dropped out against advice
☐ Client referred
☐ other: _____

**Follow-Up:**

Routine follow-up with client, family members, if applicable, and other providers for continuity of care and to review need for additional services: Initial follow-up should be done two week from the time of the initial referral and every four weeks until discharge from EAP.

Date(s) of follow-up/attempt(s): _____, _____, _____, _____, _____
Date(s) of follow-up/attempt(s): _____, _____, _____, _____, _____

Summary/Comments _____

_____

_____

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**MEMORANDUM**

**TO:**

**FROM:** **EAP Coordinator**

**DATE:**

**SUBJECT:** **Successful Completion of EAP (Supervisor's referral)**

This memo is to inform you that _____has completed the Employee Assistance Program and has brought work performance up to satisfactory level, as agreed to upon his entrance into the program.

If you have further questions regarding the employee's successful completion of the EAP, please don't hesitate to contact me.

_____
EAP Coordinator

Cc:

**August 2020**