

CHAPTER 1
EMPLOYEE ASSISTANCE PROGRAM
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CHAPTER 1

EMPLOYEE ASSISTANCE PROGRAM

1. PURPOSE.

a. The purpose of the Employee Assistance Program (EAP) is to provide confidential, professional assistance to any employee with behavioral or personal problems which may impair their job performance, attendance, and/or conduct.

b. The welfare of employees and their families is a primary concern of the Department. The California Highway Patrol (CHP) recognizes that most behavioral or personal problems can be successfully managed if early identification is made and appropriate assistance is obtained. When issues manifest themselves in such a way that job performance, attendance, and/or conduct are affected, it becomes a concern to the Department. This concern is not to be construed as interference into the private lives of employees, but rather implies departmental recognition of an employee's responsibility to perform their duties in an acceptable manner.

2. POLICY.

a. The EAP services are available to all employees and their lawful spouses, unmarried dependent children, and registered domestic partners in order to assist them in coping with marital and family issues, alcohol and drug use, finances, stress and emotional concerns, and unusual work issues.

b. The statewide EAP coordinator is assigned to the Office of Employee Safety and Assistance (OESA), Employee Assistance Unit.

c. The EAP is administered by Magellan Healthcare, through a State of California Standard Agreement negotiated with the California Department of Human Resources (CalHR).

d. Publications and brochures are available to all employees. These materials may be obtained from the Department's EAP coordinator or through the Internet at the following Web site: <http://www.eap.calhr.ca.gov>.

3. CONFIDENTIALITY.

a. No information on identity, diagnosis, or treatment will be disclosed to the Department, or to anyone else, unless the individual accessing EAP services

authorizes such a release in writing. Exceptions are when Magellan Healthcare is required by law to release information under the following circumstances:

- (1) When records are lawfully subpoenaed.
- (2) When an individual expresses a desire to harm themselves or another person.
- (3) If child or elder abuse is suspected.
- (4) If the individual confesses to a crime.

b. The Department operates this program through a private, professional organization as another method of reassuring those seeking assistance that patient confidentiality will be strictly followed.

4. COVERAGE AND NATURE OF SERVICE.

a. All active employees, their spouse or registered domestic partner, and unmarried dependent children are eligible. Dependent children include natural, adopted, or stepchildren who are under the age of 26. Children of any age who are incapable of self-sustaining employment due to a mental or physical disability are also eligible. Dependent children in the military are not eligible. Depending on the employment category (see below), employees are eligible for the number of sessions listed. Please note that when both spouses or registered domestic partners are state employees, both spouses or registered domestic partners and their family members are entitled to the counseling services under each employee's employment category. Group counseling sessions of standard duration with one counselor are counted as one session.

(1) Employment Category.

(a) Level 1, bargaining units 5 and 7 employees and all exempt, managerial, supervisory, and confidential employee of the CHP.

1 Face-to-face sessions per year (July 1 – June 30).

a Seven sessions per problem type for employee, spouse or registered domestic partner, and dependent children.

(b) Level 2, all other CHP bargaining units.

1 Face-to-face session per year (July 1 – June 30).

a Three sessions per problem type total for employee, spouse or registered domestic partner, and dependent children.

(2) Problem Types.

- (a) Substance abuse.
- (b) Marital and family issues.
- (c) Alcohol abuse.
- (d) Emotional, personal and stress concerns.

b. You will not be eligible for EAP if any one of the following events occurs:

- (1) Your employment with the State of California ends.
- (2) Services are used in a fraudulent or deceptive manner.
- (3) The contract between the State of California and Magellan ends.

c. Exceptions.

- (1) Employees may use EAP for 90 days after the date of retirement.
- (2) Surviving family members of employees may use EAP services for 6 months after the death of the employee.

d. Magellan Healthcare offers the following services:

(1) Counseling Program.

(a) Confidential counseling sessions conducted by licensed mental health professionals (psychologists; marriage, family, and child counselors; or clinical social workers) who are available to assist employees in handling and/or resolving stressful situations and, when necessary, to make referrals to other professionals or organizations as needed.

(b) Any employee, including supervisors, may inform other employees of the availability of EAP services.

(2) Management/Supervisory Referrals/Consultations.

(a) Commanders and supervisors may contact Magellan to receive advice on how to handle or approach a troubled employee; however, any resulting employee involvement with EAP is voluntary.

(b) When an employee demonstrates substandard job performance and/or conduct, a commander or supervisor may consult with Magellan to discuss the appropriateness of an Employee Assistance Program Formal Supervisor Referral Memorandum (Annex A). Such a referral may be offered as a means by which an employee can improve their performance; however, contact with the EAP by the employee remains voluntary.

1 If the employee accepts the referral, the employee will be asked by the management consultant to sign an Authorization to Use or Disclose Protected Health Information form (Annex B). If the employee signs the form, the management consultant will be authorized the release of information to the designee the employee provided.

(c) Although each employee is responsible for maintaining an acceptable level of performance, the suggestion to contact Magellan Healthcare is a positive step for the supervisor to take in assisting an employee with meeting job performance requirements. Counseling may help the individual in recognizing personal problems and in developing motivation and strategies to solve them.

5. OBTAINING SERVICES.

a. Employees or their family members are encouraged to contact the OESA 24-hours a day, seven days a week, through the dedicated employee assistance line at (916) 843-3320 for EAP services or may call Magellan Healthcare directly. Supervisory or departmental approval is not required. Magellan Healthcare may be reached 24-hours a day, seven days a week, at the statewide toll-free number, (866) 327-4762, or through the Web site at: <http://www.eap.calhr.ca.gov>.

b. This access is confidential, and the caller will need to provide Magellan Healthcare with the following information:

- (1) Name of agency.
- (2) Bargaining unit number of the employee.
- (3) A general description of the problem to be addressed.

- c. The caller may request their zip code, the gender of the mental health professional, and the specialty area needed. Magellan Healthcare will provide the name, telephone number, and address of several counselors. It then becomes the responsibility of the caller to arrange for the initial counseling session and any subsequent sessions.

- d. Any complaints regarding accessing EAP services or the quality of services received should be directed to the Department's EAP coordinators, (916) 843-3320, or contact Magellan at the toll-free number, 1-866-327-4762, or visit the Magellan Web site at <http://www.eap.calhr.ca.gov>.

- e. Sick leave may be utilized by employees attending EAP sessions if properly documented on a STD. 634, Absence and Additional Time Worked Report, using established procedures for a medical appointment. If the employee wishes to maintain confidentiality, an absence may be covered by vacation or other leave credits.

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ANNEX A

SAMPLE EMPLOYEE ASSISTANCE PROGRAM FORMAL SUPERVISOR REFERRAL MEMORANDUM

State of California

Transportation Agency

M e m o r a n d u m

Date:

To: Employees Name

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Area Office

Subject: EMPLOYEE ASSISTANCE PROGRAM FORMAL SUPERVISOR REFERRAL MEMORANDUM

This memorandum serves as your formal supervisor referral to the Employee Assistance Program (EAP). It is provided by the State of California as part of the state's commitment to promoting employee health and wellbeing.

The state offers EAP at no charge to you and provides a valuable resource for support and information. The EAP is an assessment, short-term counseling, and referral service designed to provide you and your family with assistance. Participation in EAP is voluntary, and you may decline to use the service at any time.

This formal supervisor referral memorandum to EAP is confidential, and limited information (as specified in the Authorization to Use or Disclose Protected Health Information, Employer Referral Case – California form) can be released only with your written consent. Magellan Healthcare will notify your supervisor if you have accessed EAP or if you do not keep the initial appointment.

Please contact EAP management consultant (name) _____ at (telephone) _____ within five business days. The management consultant will schedule your appointment with a provider. If you plan to attend this appointment during work hours, please notify your supervisor of the date and time you will be away from the office. Should you decline to use this service or if you are unable to keep your appointment, please let your supervisor know immediately.

A copy will be forwarded to Magellan Healthcare and will not become a part of your official personnel file.

Accepted referral Decline referral

Employee signature

date



Safety, Service, and Security
CHP 51 (Rev. 06/2013) OPI 076

An Internationally Accredited Agency

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ANNEX B

SAMPLE AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Authorization to Use or Disclose Protected Health Information (Employer Referral Case – California)

1. Whose Information is Being Disclosed?

(Client Name) (Magellan Case No.) (Date of Birth – MM/DD/YYYY)

(Address) (City) (State) (Zip Code)

2. Who will be Disclosing and Receiving Information?

I hereby give permission to Magellan Healthcare or any of its subsidiaries or affiliates (“Magellan”)* and the Magellan staff performing services in connection with my treatment to: either **disclose information** to each of the following and/or **obtain information from** each of the following:

(check one or both boxes)

(Name and Job Title of Employee Contact) and successor or designer of Employer Contact (Employer Name)

(Name of Provider or other recipient)

Address – optional City – optional State – optional Zip code- optional

Phone number – optional Fax number – optional

3. What is the Purpose of the Disclosure?

To verify whether I am participating in and cooperating with the EAP, as suggested by my employer (Formal Referral)

Other (specify): _____

4. What information Will Be Used or Disclosed?

Only the following information (Client **MUST INITIAL** each item to be disclosed):

- | | | |
|---|---|--|
| <input type="checkbox"/> () Current status (compliant or Non-compliant) | <input type="checkbox"/> () Substance Abuse Evaluation | <input type="checkbox"/> () Treatment Plan |
| <input type="checkbox"/> () Attendance Records Only | <input type="checkbox"/> () Substance Abuse Evaluation | <input type="checkbox"/> () Treatment Recommendations |
| <input type="checkbox"/> () Expected Length of Treatment | <input type="checkbox"/> () Diagnosis/Assessment | <input type="checkbox"/> () Drug/Alcohol Test Results |
| <input type="checkbox"/> () Other (specify information to be disclosed and any restrictions) | | |

*Magellan Healthcare Services of California, Inc.—Employer Services and Human Affairs International of California are subsidiaries of Magellan Healthcare that operate in California.

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records and confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ANNEX A

EXAMPLE OF STATE OF CALIFORNIA, EMPLOYEE ASSISTANCE PROGRAM FORMAL REFERRAL LETTER *(continued)*

Authorization to Use or Disclose Protected Health Information (Employer Referral Case – California)

5. When does the Authorization Expire?

- This date – 90 days from today (Washington state – all cases): _____
- This day – 25 months from today (**Mandatory Referrals**): _____
- 6 months after my EAP case is closed (**Formal Referrals**): _____
- Other date or event: _____

6. Important Rights and Required Statements

- ❖ You can end this authorization at any time by writing to Magellan Healthcare at 3131 Camino Del Rio North, San Diego, CA 92108. If you make a request to end this authorization, it will not apply to information that has already been used or disclosed based on your previous permission, or end Magellan's ability to confirm information already disclosed in a legal proceeding. For more information about this and other rights, please see the applicable Notice of Privacy Practices.
- ❖ The information disclosed based on this authorization may be re-disclosed by the recipient and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ You do not need to sign this form in order to obtain treatment, enrollment, eligibility or payment for services.
- ❖ This authorization is voluntary and you do not have to agree to authorize any use or disclosure.
- ❖ You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records. Or, you may ask us for a copy at any time by writing to the same address as above.
- ❖ If you have questions about anything on this form, call to speak to a Workplace Support Consultant: 1.800.424.1565 ext. 70593.

7. Your Signature

PLEASE DO NOT SIGN THIS FORM UNTIL YOU INITIAL ALL CHECKED BOXES IN SECTION 4.

(Signature)

(Date)

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