

MONTGOMERY COUNTY PUBLIC SCHOOLS EMPLOYEE ASSISTANCE PROGRAM

STATEMENT OF UNDERSTANDING

Program

The Employee Assistance Program (EAP) of Montgomery County Public Schools (MCPS) is a confidential, voluntary service available to all employees, retirees, and their adult household family members.

Fees

Meetings with the EAP specialist are offered at no cost to the employee, retiree or adult family member (client). Should the EAP Specialists refer the client to a resource in the community, it is the responsibility of the client to pay for those services. Health insurance coverage may cover some or all of those costs.

Confidentiality

Information concerning a client's use of the EAP will not be disclosed to anyone outside of the EAP without the written consent of the individual, except as required by law or as described below, and participation in EAP services will not be made a part of the employee's personnel record.

- *Dangerous situations:* If EAP staff believe that the client presents a danger to themselves or another individual, EAP staff may disclose information to prevent harm. EAP staff is also required by law to report suspicion of child abuse or neglect as well as the neglect, abuse or exploitation of vulnerable adults.
- *DOT covered employees:* If an employee with a CDL, covered by the Department of Transportation drug and alcohol testing regulations, reveals information about their alcohol or other drug use that causes EAP staff to be concerned for the safety of others, the EAP will take steps to ensure that the employee is relieved of safety sensitive responsibilities while provided with the opportunity to participate in treatment. The EAP will make arrangements to have the employee temporarily assigned to a non-safety-sensitive position, at the same rate of pay, while participating in treatment. *(These arrangements **do not** pertain to those individuals who access EAP services after submitting a sample which tests positive for alcohol or other drugs).* The confidentiality of the employee will be protected to the best of EAP staff ability.
- *Social Media and Mobile Device Location Services.* Due to the importance of confidentiality and the rules and regulations governing EAP Providers, EAP employees are not allowed to accept requests from current or former clients on any social networking sites (Facebook, LinkedIn, Instagram, etc.). Please be aware that when location services are enabled on your mobile devices, other people may have access to your location and possibly compromise your privacy and confidentiality. Location services on your mobile devices can be turned off by you.
- *Telemental Health Care Services:* There are benefits and risks associated with the use of telemental health. Benefits include convenience and flexibility. The risks associated with telemental health include disruption of transmission by technology failures, interruption, breaches of confidentiality by unauthorized persons, and/or limited ability by MCPS EAP to respond to emergencies. All information disclosed within sessions will be kept confidential to the extent allowed by law which includes written records. This information is protected under the Privacy Act and may not be disclosed without my written permission, except where disclosure is permitted and/or required by law. On occasion, sessions via telephone may be necessary due to technology failure or other circumstances.

Voluntary Participation

Participation in the EAP is voluntary. Employment or advancement in MCPS is not affected by an employee's decision to use (or not to use) the services of the EAP unless the employee has entered into an agreement with the Division of Human Resources and Talent Management specifying EAP participation as a special condition of employment. MCPS evaluates an employee on the basis of job performance criteria only, and not on the use of the EAP.

I have read this **Statement of Understanding** and understand its contents.

(Printed Name)

(Signature of client)

(Date)

EMPLOYEE ASSISTANCE PROGRAM

Confidential Information Questionnaire



Today's Date ____/____/____

Employee I.D. _____

Last Name _____ First Name _____

Employee Name (if different from your own) _____

Are you a previous client at the Employee Assistance Program (EAP)? ☐ Yes ☐ No

Home Address _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Gender _____ Marital Status _____ Pronouns _____ Race _____

Phone Numbers Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

How would you prefer to be contacted by the EAP? (Check all that apply)

☐ Home ☐ Work ☐ Cell ☐ Outlook ☐ Personal e-mail: _____

Job Title _____ Work Location _____

Employment ☐ Full Time ☐ Part Time ☐ Temporary ☐ On Leave ☐ Retired ☐ Other _____

How have the concerns that brought you to EAP affected your work performance? (Check all that apply)

☐ absenteeism	☐ safety	☐ relationship with students
☐ tardiness	☐ relationship with supervisor	☐ not at all
☐ quality	☐ relationship with other employees	☐ other _____

Date Hired by MCPS ____/____/____

Emergency Contact Name _____ Relationship _____ Phone _____ - _____ - _____

Health Insurance Company _____

Union ☐ MCAAP ☐ MCBOA ☐ MCEA ☐ SEIU Local 500 ☐ None ☐ Other _____

Education (what is the highest degree or level of school you have completed? If currently enrolled, highest degree received)

☐ High school/GED ☐ College degree ☐ Graduate degree ☐ Less than 12 years

Who referred you to the EAP?

☐ EAP ☐ Human Resources ☐ Union ☐ Self ☐ Supervisor

Commercial Driver's License (CDL) ☐ Yes ☐ No

How did you first find out about the EAP?

☐ ADR Brochure	☐ Supervisor	☐ EAP website	☐ EAP Workshop
☐ PAR Consultant	☐ Family Member	☐ Human Resources	☐ Union
☐ EAP Literature	☐ Other MCPS Employee	☐ Other Source	☐ New Employee Orientation

Please rate your current job performance (check one) ☐ Excellent ☐ Good ☐ Needs Improvement ☐ Poor

continued

Please list all members of your household. Please also list children who may not be living at home:

Name	Relationship	Birthdate	Occupation/ Grade in School	Living at home?
		____/____/____		☐ Yes ☐ No
		____/____/____		☐ Yes ☐ No
		____/____/____		☐ Yes ☐ No
		____/____/____		☐ Yes ☐ No
		____/____/____		☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No IF YES, please answer the following questions:

1. How often do you have a drink containing alcohol? (check one)
☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times per week ☐ 4 or more times per week
2. How many drinks containing alcohol do you have on a typical day of drinking? (check one)
☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more
3. How often do you have five or more drinks on one occasion? (check one)
☐ Never ☐ Less than once per month ☐ Once per month ☐ Once per week ☐ Daily or almost daily

Please check any of the following that have been a concern to you within the past 6 months:

☐ alcohol or drug use	☐ grief
☐ anger	☐ health issues
☐ anxiety	☐ housing
☐ bullying	☐ legal concerns
☐ career issues	☐ other person’s alcohol/drug use
☐ couples/marriage problems	☐ other persons’ mental health problem
☐ depression	☐ relationship with coworker
☐ disability	☐ relationship with students
☐ eating disorder	☐ relationship with supervisor
☐ eldercare	☐ sex
☐ family problems	☐ sexual harassment
☐ family violence	☐ suicide
☐ financial problems	☐ trauma
☐ gambling	☐ workplace stress
☐ other _____	

Over the past 2 weeks, have you had thoughts of harming yourself or anyone else? ☐ Yes ☐ No

Please briefly describe the concerns or problems for which you seek assistance:

WORKPLACE OUTCOME SUITE – 5 ITEM VERSION

GENERAL INSTRUCTIONS

Below is a series of statements that refer to aspects of your work and life experience that may be affected by the personal problems you want to address at the EAP during the past 30 days. Please read each item carefully and answer as accurately as you can.

			NUMBER OF HOURS
AB	1.	For the period of the past 30 days, please total the number of hours your personal concern caused you to miss work. Include complete eight-hour days and partial days when you came in late or left early.	
INSTRUCTIONS FOR ITEMS 2 – 5 The following statements reflect what you may do or feel on the job or at home. Please indicate the degree to which you agree with each of the statements for the past 30 days. Use the 1-5 response key to the right.			
			STRONGLY DISAGREE SOMEWHAT DISAGREE NEUTRAL SOMEWHAT AGREE STRONGLY AGREE
PR	2.	My personal problems kept me from concentrating on my work.	☐
WE	3.	I am often eager to get to the work site to start the day.	☐
LS	4.	So far, my life seems to be going very well.	☐
WD	5.	I dread going into work.	☐

Copyright © Chestnut Global Partners 2013.07.02

The EAP sends a confidential post-survey (pre-survey also) through the e-mail or by text to the phone number of your choice. The feedback you give is used to measure outcomes of EAP support.

Please check the box to consent to a follow up survey and select the method and contact information for where the follow-up survey can be sent:

☐

I agree to receive a follow up survey 90 days following the start of EAP services

Text:

E-mail:



For more information contact: Richard Lennox, Ph.D.
rllennox@chestnut.org
919.933.0797

Dave Sharar, Ph.D.
dsharar@chestnut.org
309.820.3570

1.800.433.7916

www.chestnutglobalpartners.org