



# MASTER PLAN

## Employee Assistance Program (EAP)

2020

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## Purpose

The philosophy underlying the functions of the Districts Employee Assistance Program (EAP) recognizes that even the most effective employees may encounter obstacles that may, or do, impede efficiency and productivity. Understanding that employees are the District's most valuable resource, the Employee Assistance Program has developed a tiered support process to promote an optimum sense of mental well-being and productivity. Additionally, EAP provides prevention and intervention services to employees, thus enabling them to focus on ensuring not only their success, but the success of BCPS' students as well. Listed below is an overview of the Tiered Support Process.

Mental and Physical Wellness can be compromised by things like, lack of support, trauma, and unhelpful thinking styles. Often times creating unhealthy stress responses can lead to chronic illness/disability, increased absenteeism and substance use. Mental and substance use disorders constitute the fifth leading cause of short-term disability and the third leading cause of long-term disability among employees. <http://workplace.samhsa.gov/WPResearch/EAP/FactsEAPfinal.html>

The EAP will provide services to staff in alignment with the Dimensions of Health outlined in the consultant agreement recommendations and will address:

- **Emotional**— Coping effectively with life and creating satisfying relationships
- **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- **Financial**—Satisfaction with current and future financial situations
- **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational**—Personal satisfaction and enrichment from one's work
- **Physical**— Recognizing the need for physical activity, healthy foods, and sleep
- **Social**— Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**— Expanding a sense of purpose and meaning

Educating employees is what we are trying to do to reduce the problem. Using the three areas Workplace constancy, substance abuse and self-care.

## Needs Assessment

All 30k+ employees, including instructional, non- instructional, administrative and district based may access professional learning opportunities through courses that promote the creation of a safe and supportive environment, equipped with mental wellness information and healthy coping strategies needed to develop the ability to maintain consistent and optimal work performance in order to provide a free and appropriate public education for students. The need for adult mental health support has increased. According SAMHSA's

National Survey on Drug Use and Health Report (revised 2012) among adults aged 18 or older in the Miami-Fort Lauderdale Pompano Beach Metropolitan Statistical Area (MSA), 4.9 percent (200,000 adults) experienced a major depressive episode in the past year.

Since the introduction of COVID-19, a survey done by the Center for Disease Control (CDC) found that overall, 40.9% of 5,470 respondents who completed surveys during June reported an adverse mental or behavioral health condition. This included those who reported symptoms of anxiety disorder or depressive disorder (30.9%), those trauma- and stressor-related disorder (TSRD) symptoms related to COVID-19 (26.3%), those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (13.3%), and those who reported having seriously considered suicide in the preceding 30 days (10.7%) (see Table 1). At least one adverse mental or behavioral health symptom was reported by more than one half of respondents who were aged 18–24 years (74.9%) and 25–44 years (51.9%). The CDC (2020) reported, symptoms of a COVID-19–related TSRD, increased substance use, and suicidal ideation were more prevalent among employed than unemployed respondents, and among essential workers than nonessential workers.

**TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020**

		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions <sup>¶</sup>	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder <sup>†</sup>	Depressive disorder <sup>†</sup>	Anxiety or depressive disorder <sup>†</sup>	COVID-19–related TSRD <sup>§</sup>			
<b>All respondents</b>	<b>5,470 (100)</b>	<b>25.5</b>	<b>24.3</b>	<b>30.9</b>	<b>26.3</b>	<b>13.3</b>	<b>10.7</b>	<b>40.9</b>
<b>Gender</b>								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20	30	30	30	10	0	30
<b>Age group (yrs)</b>								
18–24	731 (13.4)	49.1	52.3	62.9	46	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36	19.5	16	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3	2	15.1
<b>Race/Ethnicity</b>								
<b>Employment status<sup>††</sup></b>								
Employed	3,431 (62.7)	30.1	29.1	36.4	32.1	17.9	15	47.8
Essential	1,785 (32.6)	35.5	33.6	42.4	38.5	24.7	21.7	54
Nonessential	1,646 (30.1)	24.1	24.1	29.9	25.2	10.5	7.8	41
Unemployed	761 (13.9)	32	29.4	37.8	25	7.7	4.7	45.9
Retired	1,278 (23.4)	9.6	8.7	12.1	11.3	4.2	2.5	19.6
<b>Region<sup>¶¶</sup></b>								
Northeast	1,193 (21.8)	23.9	23.9	29.9	22.8	12.8	10.2	37.1
Midwest	1,015 (18.6)	22.7	21.1	27.5	24.4	9	7.5	36.1
South	1,921 (35.1)	27.9	26.5	33.4	29.1	15.4	12.5	44.4
West	1,340 (24.5)	25.8	24.2	30.9	26.7	14	10.9	43
<b>Receiving treatment for previously diagnosed condition</b>								
<b>Anxiety</b>								
Yes	536 (9.8)	59.6	52	66	51.9	26.6	23.6	72.7
No	4,934 (90.2)	21.8	21.3	27.1	23.5	11.8	9.3	37.5
<b>Depression</b>								
Yes	540 (9.9)	52.5	50.6	60.8	45.5	25.2	22.1	68.8
No	4,930 (90.1)	22.6	21.5	27.7	24.2	12	9.4	37.9
<b>Posttraumatic stress disorder</b>								
Yes	251 (4.6)	72.3	69.1	78.7	69.4	43.8	44.8	88

No	5,219 (95.4)	23.3	22.2	28.6	24.2	11.8	9	38.7
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Adapted from: Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

**Drug Free Workplace:** Per District policy 2400 Employees are also prohibited from reporting to work or being on duty while under the influence of alcohol and/or a controlled substance. According to SAMHSA (Substance Abuse and Mental Health Service Administration) providing support (and education) through an employee assistance program (EAP) or other means will help your drug-free workplace program succeed.

8.47% of American adults report having a substance use or alcohol problem (The State of Mental Health, 2017). An estimated 2.3 million adults had both an alcohol use disorder and an illicit drug use disorder in the past year. Of the adults with a past year SUD, 4 out of 5 had an alcohol use disorder, nearly 3 out of 10 had an illicit drug use disorder, and 1 out of 9 had both an alcohol use disorder and an illicit drug use disorder. (National Survey on Drug Use and Health, 2019). The Florida BRFSS Data report (2016) stated in Broward county, 24.8% of adults 18-44 years old and 15.1% adults 45-64 years old engaged in heavy or binge drinking in 2019, the Florida Agency for Health Care Administration reported that people in the age ages 45 to 64 years had a higher rate of Drug and Alcohol-Induced Mental Disorders. Broward County had a Drug and Alcohol-Induced Mental Disorders rate of 297.4 among this age range, higher the state rate 283.61.

The 2019 N-SSATS report included 15,961 substance abuse treatment facilities, which reported a total of 1,460,706 clients in substance abuse treatment on March 29, 2019. The survey response rate was 91.4 percent overall.

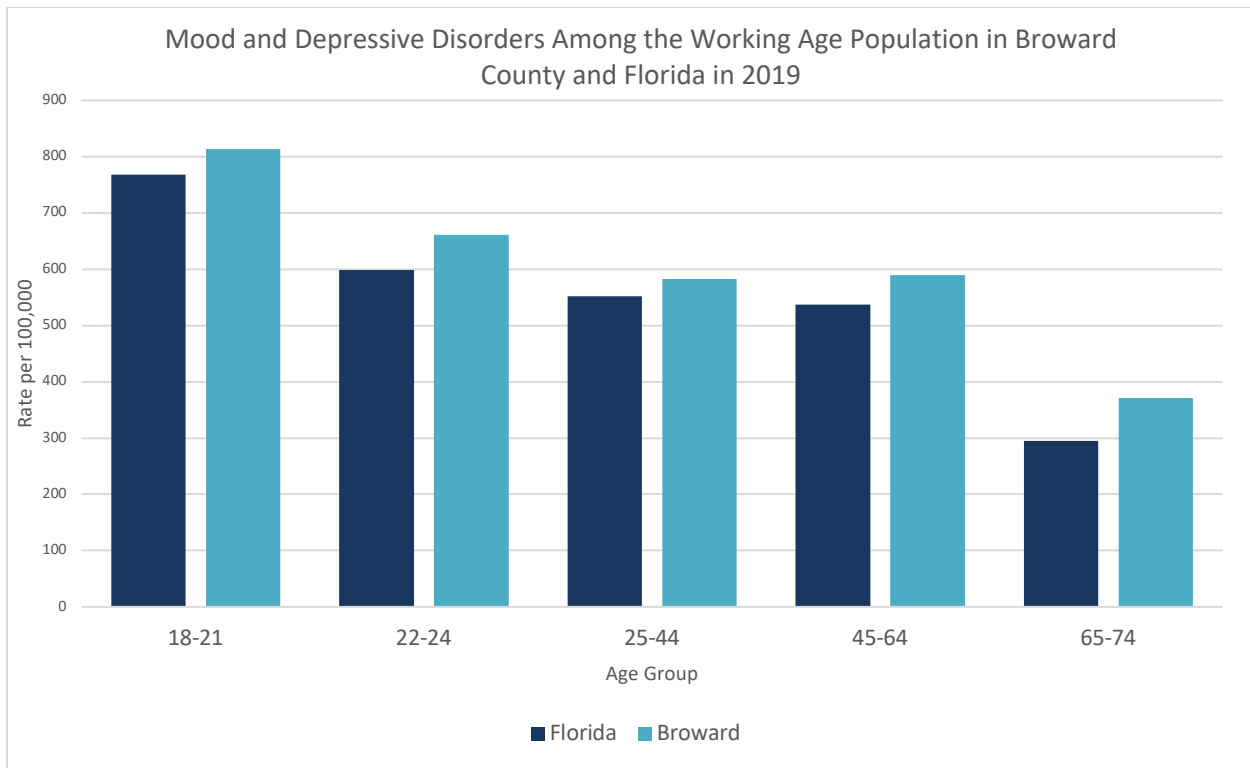
The Employee Assistance Program will provide substance abuse professional development to assist employees in avoiding and identifying misuse and abuse. As well as how to identify when additional professional supports are best.

**Resiliency Building:** The Centers for Disease Control and Prevention in the United States conducted a large-scale study which found that nearly two-thirds of insurance-holding adults had suffered from at least 1 traumatic event. Trauma often results in increased medical issues which lead to increase absenteeism and decreased productivity in employees. Resiliency building has been proven to reduce these affects, thus improving the likelihood for improved attendance and performance, needed to provide the stability and consistence needed to promote student achievement.

According to the Florida Life Course Indicator Report (2016), mental health disorders in adults (particularly depression) are associated with an increased percent of chronic disease such as cardiovascular disease, cancer, and diabetes. This is in part because chronic diseases can exacerbate the symptoms of pre-existing mental health disorders and vice-versa. Understanding the association between chronic diseases and mental health can help to

promote professional well-being and productivity. It is estimated that 68% of adults with a mental disorder had at least one medical condition and that 29% of those with a medical condition had a comorbid mental health disorder (Florida Life Course Indicator Report, 2016).

The State of Mental Health in America (2018) ranks Florida's per capita support for mental health services last among the states-US:125.9 Florida: 36.05. Adults with serious thoughts of suicide in the state of Florida is 3.59% that is 563,000 individuals (The State of Mental Health in America, 2018). The Florida Life Course Indicator Report, 2016 found that when comparing the number of incidences of suicide to homicide, 93% of counties in the State of Florida had a higher likelihood of experiencing suicide incidences over homicide incidences. In 2019, Broward County had an average suicide crude death rate of 15.1 per 100,000 among residents 20-74 years old (Florida Department of Health, Bureau of Vital Statistics, 2019). The Florida Agency for Health Care Administration (2019) reported 1 in 6 adults in the U.S. experience any mental illness within a given year (National Survey on Drug Use and Health, 2016). Among adults aged 18 or older, the percentage who had Any Mental Illness (AMI) in the past year increased from 17.7 percent (or 39.8 million people) in 2008 to 20.6 percent (51.5 million people) in 2019. Over that same period, the percentage who had serious mental illness (SMI) in the past year increased from 3.7 percent (or 8.3 million people) to 5.2 percent (or 13.1 million people). (National Survey on Drug Use and Health, 2019). Among the 51.5 million adults aged 18 or older in 2019 with past year AMI, 26.0 percent (or 13.3 million people) perceived an unmet need for mental health services in the past year, which was higher than the percentage in each year from 2008 through 2018. (National Survey on Drug Use and Health, 2019). In 2019, Broward County's rates in mood and depressive disorders leading to hospitalization were higher than the state rate among individuals 18 to 74 years old as seen in the figure below.



Source: Florida Charts, 2019. <http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.SuicideProfileDashboard>

**Workplace Constancy:** According to Forbes, workplace stress statistics for 2019 revealed a new crisis—burnout. 79% of employees are suffering from mild, moderate, and severe burnout. Chronic stress can lead to poor employee retention and high turnover rates. Organizations, therefore, need to properly measure workplace burnout and actively seek ways to mitigate it. The educational materials created by the BCPS Employee Assistance Program are designed to take a holistic approach to employee mental wellbeing and engagement. This area of professional development will promote the District’s commitment to high quality employee engagement. According to Harvard Business Review workplace stress statistics suggest employees are 52% less likely to feel stressed when the company takes care of their emotional and social well-being.

Fundamentally, there should always be an effort to understand and describe, both qualitatively and quantitatively, the nature of the relationship between an organization and its employees. An "engaged employee" is defined as one who is fully absorbed by and enthusiastic about their work and so, takes positive action to further the organization's reputation and interests. An engaged employee has a positive attitude towards the organization and its values. In a study of nearly 200 organizations, companies with the highest levels of employee engagement 21% more productive than those with low levels of engagement. Another analysis found that organizations with engaged employees outperform those without by an astounding 202%.

According to Mental Health in the workplace (2017) work is good for mental health, but a negative working environment can lead to physical and mental health problems. The American Institute of Stress reported around 80% of employees suffer from work-related stress.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPD-FWHTML/2019NSDUHFFR1PDFW090120.pdf>

<https://com-phhp-epi-ndews.sites.medinfo.ufl.edu/wordpress/files/2020/07/florida-scs-drug-use-patterns-and-trends-2017-final.pdf>

[https://cdn.ymaws.com/www.fadaa.org/resource/resmgr/files/mental\\_health/MentalHealthInFlorida\\_Brochu.pdf](https://cdn.ymaws.com/www.fadaa.org/resource/resmgr/files/mental_health/MentalHealthInFlorida_Brochu.pdf)

<https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Miami.pdf>

<https://www.cdc.gov/nchs/fastats/alcohol.htm>

[https://www.samhsa.gov/data/sites/default/files/reports/rpt29397/2019\\_NSSATS\\_StPro\\_combined.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt29397/2019_NSSATS_StPro_combined.pdf)

<https://whattobecome.com/blog/workplace-statistics/>

<https://hbr.org/2015/12/proof-that-positive-work-cultures-are-more-productive>

<http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/documents/2016%20Reports/Broward.pdf>

<http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.SuicideProfileDashboard>

The tables on the following pages describe the Desired Outcomes for professional learning in support of each role associated with this Master Plan.

## Desired Outcomes and Performance Indicators

<b>1.0 Non-Instructional, Instructional and Administrative Employees</b>			
1.1 DESIRED OUTCOME: Actively aware of resources and information available regarding substance use, misuse, and abuse prevention thus able to maintain School Board Policy 2400 Pursuant to requirements of the Federal Drug-Free Workplace Act of 1988, Florida Statute 112.0455 (Drug-Free Workplace Act).			
Performance Indicators			
Level 4	Level 3	Level 2	Level 1
Apply resource and information with fidelity when needed and has a working knowledge of the components of Policy 2400.	Able to use substance abuse prevention resource and information when responding to inquiries. Able to reference information relating to policy 2400	Demonstrate a working knowledge of Policy 2400 when referencing information. Able to access policy on the Broward Schools website.	Do not demonstrate a working knowledge of policy 2400 and available substance abuse prevention resource information
<b>Data Collection Plan: [First Audience]</b>			
Level of Measurement	Instrument/Data Type	Frequency	Responsible for Collecting Data
1. Participants' Reactions	EAP Survey Assessing Participant's Engagement in Training	1x/workshop	EAP
2. Participants' Learning	EAP Developed Pre & Post Test on Participant's knowledge of training content	1x/workshop	EAP
3. Organizational Supports	District Leaves Data Risk Management Last Chance Agreement Data		
4. Participants' Practice	EAP developed discussion Questions: Provide scenario where participants can implement strategies learned in training. Submit online via Canvas within 30 days of completing OR In	1x/workshop	EAP



	person after Training is completed		
5. Student Outcomes	Student Impact Not Direct (see Environment Health & Safety)		

**2.0 Non-Instructional, Instructional and Administrative Employees**

**2.1 Resiliency Building:** Staff will be equipped with mental wellness information and healthy coping strategies needed to develop the ability to maintain consistent and optimal work performance in facilitating the academic success of our students.

Performance Indicators			
Level 4	Level 3	Level 2	Level 1
Applies information and strategies gained from presentation to real-life scenarios effectively.	Demonstrates knowledge about information and strategies presented as well as examples of ways it can be applied.	Demonstrates knowledge of information discussed in presentation with prompting from facilitator.	Does not demonstrate effective retention of information nor strategies discussed in presentation.

**3.0 Non-Instructional, Instructional and Administrative Employees**

**3.1 Workplace Constancy:** Knowledgeable implementation of strategies that facilitate and maintain successful engagement and productivity in the workplace.

Performance Indicators			
Level 4	Level 3	Level 2	Level 1
Effectively demonstrates knowledge of two or more strategies discussed in the course and BCPS policy that can be supported with each strategy.	Demonstrates knowledge of two or more strategies discussed in the course and can identify examples of implementation of strategies.	Demonstrates knowledge of two or less strategies discussed in the course pertaining to workplace constancy.	Limited to no evidence of retention of strategies discussed in course.

**Data Collection Plan: [Second Audience]**

Level of Measurement	Instrument/Data Type	Frequency	Responsible for Collecting Data
1. Participants' Reactions	Attendance and feedback from PD Management System	1x/workshop	
2. Participants' Learning	Such as pre/posttests, embedded assessments	1x/workshop	
3. Organizational Supports	District records		

4. Participants' Practice	Evidence of implementation		
5. Student Outcomes	Student Impact not Direct		

## Evaluation Plan

<b>Level 1. Participant Reactions</b>		
<u>Audience</u>	<u>Mid-Year Evaluation</u>	<u>End-of-Year Evaluation</u>
Individuals	Workshop participation feedback form on LAB	Annual summary of feedback and attendance.
<b>Level 2. Participant Learning</b>		
<u>Audience</u>	<u>Mid-Year Evaluation</u>	<u>End-of-Year Evaluation</u>
Individuals	Varies by course, participants will demonstrate newly acquired knowledge with each training by completing a pre/posttest or other written assessment.	Analysis of pre/posttest and assessment as applicable
[Second Audience]	[Formative evaluation method]	[Summative evaluation method]
<b>Level 3. Organizational Support</b>		
<u>Audience</u>	<u>Mid-Year Evaluation</u>	<u>End-of-Year Evaluation</u>
Individuals	Quarterly District Leaves Data and Risk Management Last Chance Agreement Data or quarterly report to identify findings.	Annual summary of District Leaves Data report Annual Risk Management Last Chance Agreement Data review or quarterly report to identify findings.
<b>Level 4. Participants' Use of New Knowledge and Skills</b>		
<u>Audience</u>	<u>Mid-Year Evaluation</u>	<u>End-of-Year Evaluation</u>
Individuals	EAP developed discussion summary and completion report	Annual EAP developed discussion summary and completion report

<b>Level 5. Student Learning Outcomes</b>		
<u>Level of Impact</u>	<u>Mid-Year Evaluation</u>	<u>End-of-Year Evaluation</u>
Individuals	Student impact is indirect	Student impact is indirect