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DEPARTMENT OF MILITARY AFFAIRS
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Human Resources
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WISCONSIN NATIONAL GUARD ASSISTANCE PROGRAM (WINGAP)

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CHAPTER 1

GENERAL

1-1. Purpose. This regulation defines policies, procedures, and responsibilities for the establishment and administration of the Wisconsin National Guard Assistance Program (WINGAP). This program provides education and referral services for preventing and treating problematic behaviors caused by alcohol abuse, drug abuse, or problem behavior resulting from personal problems, among Wisconsin National Guard members, employees (Technician, AGR), DMA State employees, and their immediate family members.

a. The ultimate goal of the WINGAP is to maintain and improve the mission accomplishment of the Wisconsin National Guard and the DMA. It is, therefore, focused on aiding and motivating individuals to identify, seek assistance, and resolve personal problems which may be adversely affecting job or duty performance. The program is intended as a **benefit** available to members and employees of the Wisconsin National Guard and the DMA. It assists members and employees, when requested, in resolving a broad range of personal problems, regardless of whether these immediately impact conduct or performance in the workplace.

b. WINGAP functional purposes:

(1) Assist managers, supervisors, and military leaders in identifying members' and employees' behavioral problems based on conduct and job performance.

(2) Advise managers, supervisors, and military leaders in the application of WINGAP policies and procedures.

(3) Advise managers, supervisors, and military leaders in using training programs and constructive confrontation, as appropriate, to motivate individuals to seek assistance for behavioral problems.

(4) Provide knowledgeable points of contact for communications between the Wisconsin National Guard (WING) and DMA and counseling/treatment agencies that provide assistance to troubled WING and DMA employees and members.

1-2. Statutory and regulatory basis. Public Laws 91-616 (Dec 1970) and 92-255 (Mar 1972) implemented the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act of 1970. The Rehabilitation Act of 1973 further established employee entitlement to assistance programs. Assistance programs for Federal employees were established by Federal Personnel Manual Supplement 792-2 (Feb 1980). Relevant military programs are established by ANGR 30-2, WIANG Reg 30-3, AR 600-85, and WIARNG Reg 600-85. State of Wisconsin employee assistance programs are mandated by Executive Order #77, 14 November 1985.

1-3. Definitions.

a. **Employee Assistance Program (EAP)**. A formal program established by an agency or organization to provide assistance to employees/members for personal problems (e.g. the WINGAP).

b. **WINGAP Element**. The WINGAP is organized into program elements to distinguish between the different statuses of WING members/employees, DMA employees, and their families. The different elements are governed by difference laws and regulations, and are funded under specific budgets. The following program elements are identified:

(1) WINGAP Advisory Council

(2) WINGAP Manager

(3) WINGAP Field Coordinators. These volunteers act as liaison for Technician, State, and AGR employees to provide information on WINGAP and resources that may provided needed assistance. They also may be contacted by a WING military member who wishes to discuss a personal problem. WINGAP Field Coordinators are able to direct a military member to their appropriate UADC or ANG Military Equal Opportunity officer (MEO) contact or provide the member a list of community agencies that may be of assistance to them.

(4) WINGAP Contracted EAP Agency. The **contracted** EAP Agency is a civilian agency that provides “hot line” assistance services, with professional counselors, for Technician and State of Wisconsin employees. The agency may also provide a variety of other services, as identified in the contract. (Note. The EAP Agency for Federal Technicians and State employees may be different agencies, depending on the two different contracts).

(5) WIARNG Alcohol and Drug Program. Every WIARNG unit has a Unit Alcohol/Drug Coordinator (UADC) appointed to assist the commander and unit members with identification and intervention options. The UADC is able to provide a unit member with information on community agencies that may provide assistance and/or treatment for the unit member. (Note. Federal/military funds are not authorized to pay for a Traditional Guardmember’s counseling or treatment).

(6) WIANG MEO Offices. HQ WIANG, Truax Field, and Mitchell Field ANG Bases have Social Actions Offices staffed with Traditional drilling Officers and NCOs. They are available for initial contact by an ANG member experiencing personal problems, and may provide information regarding community agencies and treatment facilities.

(7) WING Human Resources Office AGR Medical NCO. The AGR Medical NCO manages the AGR health care system. He/she can provide referral information to

assist supervisors or AGR members. Referrals for AGR members are made in accordance with the *TRICARE* healthcare system.

(8) WIANG Health Benefits Advisors are located at Truax Field, Volk Field, and Mitchell Field. Their responsibilities include assisting ANG AGR soldiers with obtaining appropriate medical assistance and/or treatment

(9) Department of Military Affairs Human Resources Officer. The DMA State Human Resources Officer manages the EAP for State employees. The State Human Resources Officer and selected State employee volunteers advise employees on using their **contracted EAP Agency**.

c. **Alcohol or other drug abuse (AODA)** is characterized by repeated use (or chemical dependence), of illegal or legal substances that have a deleterious effect on conduct and performance. Abuse is also identified as a denial of a dependence, failure to recognize a need for rehabilitation, and/or failure to take advantage of an opportunity for rehabilitation.

d. **Problematic behavior** is any behavior, including AODA, which is a detriment to an individual's own well being, the well-being of others, and impacts adversely on the individual's job performance and/or the workplace.

e. **Enabling** is defined as any behavior by which one individual causes or permits another to deny the need for solving personal problems.

f. **Confrontation** is any behavior by which one individual attempts to cause another to recognize personal problems and their negative consequences. Supervisory counseling is one form of confrontation. An intervention, which brings the perceptions and reactions of loved ones to bear on an individual, in a structured form, is another form of confrontation.

g. **Command or supervisory identification** denotes a commander's or supervisor's recognition that one of his/her subordinates may have a personal problem.

h. **Command/supervisory voluntary referral** occurs when a commander or supervisor observes that an individual's workplace behavior and/or work performance is declining and encourages the employee to contact a WINGAP program representative. In this case, the commander/supervisor is attempting to assist the employee before the employee's behavior or work performance becomes unacceptable.

i. **Command/supervisory mandatory referral** occurs following supervisory identification of unacceptable work performance or a behavior problem. The employee is directed to contact a WINGAP program representative. **NOTE**: Mandatory referral does not apply to DMA State employees. Their participation remains strictly voluntary.

i. **Self-identification** denotes an individual's independent realization that he/she has, or may have, a personal problem.

j. **Voluntary (or self) referral** occurs when, pursuant to a self-identification, an individual freely seeks formal assistance for a personal problem from a WINGAP element.

k. **Case**. A contact becomes a case when a representative of one of the WINGAP elements talks with an individual and provides assistance with a personal concern. This would be more than an informal "hallway" conversation or telephone call requesting general information about the program. A case is formal in the sense that the individual realizes that he/she is a participant in the WINGAP. A case may be in one of the following statuses:

(1) ACTIVE: From formal contact with a representative of one of the WINGAP elements:

- WINGAP Mgr
- Contracted EAP Agency (for Technicians & State Employees)
- WINGAP Coordinator
- WIARNG or WIANG Med Treatment NCO
- Unit Alcohol Drug Coordinator (UADC) or Alcohol Drug Control Officer (ADCO) - for WIARNG military members.
- WIANG Social Actions Office - for WIANG military members.

(2) FOLLOW-UP: From the inception of contact with a treatment or assistance agency (referred by one of the WINGAP elements) until the case is closed.

(3) CLOSED: No further WINGAP involvement is planned or required.

l. **Back to work conference** is a meeting between an individual and his/her counselor, a WINGAP element representative, and the individual's supervisor or military leader prior to a return to work. The purpose of the meeting is to facilitate the individual's adjustment to his/her resumption of assigned duties.

CHAPTER 2

POLICY

2-1. Program application. The WINGAP is designed to facilitate improvement of mission accomplishment and bring the greatest benefit to WING members and DMA employees, with minimum impact on various budgets.

a. The program is designed to benefit all WING and DMA employees, members, and families. Specific program elements apply to various categories of personnel.

- Federal Technician Employees
- AGR Employees
- State of Wisconsin DMA Employees
- Army and Air military (traditional) drilling Guardmembers

b. The WINGAP Manager (State Equal Employment Manager) and WINGAP Field Coordinators can explain the program elements and how they apply to various employees and guardmembers.

c. WINGAP Coordinators, UADCs, ADCOs, MEO offices, HBAs, AGR Med NCO, WIANG Med Treatment NCO, and State Human Resources Officer are all tasked with advising our WING and DMA employees, members, and families in identifying the specific program element that applies to their status.

d. These same WINGAP representatives advise managers, supervisors, and military leaders of WINGAP program elements and intervention options.

2-2. Alcohol and other drug abuse (AODA) is a treatable and preventable illness. AODA is considered unacceptable in the Wisconsin National Guard. The need to balance these considerations forms the basis of WINGAP policy.

a. Abuse of alcohol or other drugs is not tolerated. Neither will any WING employee or member consume, sell, dispense, or otherwise furnish any alcoholic beverage while on duty. Such behavior may result in disciplinary action under the WCMJ, Human Resources Regulations, or other appropriate authority, or as a violation of DMA employee work rules.

b. Consumption of alcohol is prohibited in all Wisconsin National Guard facilities and premises. This includes Wisconsin Army National Guard, Air National Guard and Emergency Management property, whether State or Federally controlled. There are only three exceptions to this policy:

(1) Consumption in unit clubs under the strict and specific rules of WIARNG Regulation 405-1, subject: Facilities Operation and Maintenance, and in base clubs and facilities in accordance with written policies of the WIANG Wing/Installation Commander.

(2) Consumption during occasional unit social events (such as Family Day, Holiday Party, Military Ball, Retirement Party) that occur either on Inactive Duty Training (IDT) weekends, when not in a paid status, or after duty hours during the normal work week. Approval is required by the MACOM commander or WIARNG Chief of Staff for Army units and the Wing Vice Commander or Base Commander for Air units.

(3) Consumption in WING military billets in accordance with base and facility policies.

c. WING and DMA employees and members will not use, possess, sell, or distribute any illegal drug. Neither will they introduce an illegal drug on any property of, or in any military operations areas of, the WING. Such behavior may result in adverse actions under the WCMJ, Wisconsin Statutes, Human Resources Regulations, or other appropriate authority, or as a violation of DMA employee work rules.

d. The WING is otherwise concerned with private behavior only if it interferes with the efficient and safe performance of assigned duties, reduces dependability, adversely affects others, or reflects discredit on the WING. Individuals are not subject to discipline, or other administrative actions, for private behavior, unless it affects or interferes with job performance.

e. Should management or the military chain of command learn that a member or employee has been convicted of driving while intoxicated by a court of law, he/she should be informed of options available through the WINGAP. Figure 5-2 provides a sample WINGAP Information Letter, for this purpose.

f. Management and/or military leadership have the authority and obligation to require a member or employee of the WING to leave the place of employment/duty if he/she is not ready, willing, and able to perform assigned duties or if his/her continued presence is highly undesirable or presents immediate threat to government property or the well-being or welfare of the himself/herself or others. If the individual is not in a condition to leave the worksite safely, he/she should be given the option of taking public transportation home, being driven home, or to a physician, by a co-worker, or having a family member called. If he/she refuses to choose, or is unable to choose, management/leadership should suggest the best alternative. If the individual resists, law enforcement officials or local/base security personnel should be called to remove him/her from the workplace. The individual should be ordered to report for work at the next scheduled duty day. Upon this individual's return to duty, the supervisory/military

chain of command should advise the individual of his/her disciplinary situation and refer him/her under the provisions of this regulation.

g. If any illegal drugs are discovered on WING property or military operations area, military or supervisory chain of command should immediately summon law enforcement officials for purposes of identification, investigation, and prosecution, as appropriate.

2-3. Mental illness. Similar to AODA, significant mental illness may be a handicapping condition. Subject to the provisions and limits described, those suffering from mental illness, stress, emotional distress, or other similar conditions, may be entitled to reasonable accommodation. They should be referred under WINGAP provisions, particularly since apparent mental illness may mask underlying AODA.

2-4. Reasonable accommodation. As mandated by the Rehabilitation Act of 1973, the WING must provide reasonable accommodation of qualifying handicaps of it's members and employees, subject to the provisions and limits described. This means that this organization will provide an individual both an opportunity for treatment, and assistance in seeking it. Sick leave, annual leave, or leave without pay will be granted to State and Federal Technician employees for treatment arranged through WINGAP. The costs of **treatment** by civilian agencies for these individuals and for traditional drilling guardmembers is not authorized from WING State or Federal funds. Each individual is expected to review their own health insurance specifics to determine limits of coverage for **treatment** of this type. AGR employees remain in an active duty status and utilize the treatment options available to them through their active duty health-care system.

2-5. Voluntary (Self) Referral. The degree to which individuals voluntarily refer themselves to the WINGAP is one benchmark of the success of the program. Such individuals must have strong encouragement to freely seek assistance in an effort to conserve their productivity and save needless personal suffering. WING and DMA personnel may be **reasonably** permitted to refer themselves, at any time, to the appropriate WINGAP element.

a. Federal Technician and State of Wisconsin DMA employees have a toll-free "hot line" available to them to contact a professional EAP counselor at any time of the day or night. WINGAP posters should be located on workplace bulletin boards and contain the telephone number. The WINGAP manager may be contacted at 608-242-3702/DSN 724-3702 for additional information. A WINGAP Field Coordinator is also available for information regarding the toll-free number and other provisions of the contracted EAP agency procedure.

b. AGR personnel may contact *TRICARE or* the Great Lakes Naval Base hospital by utilizing one of the following numbers:

(1). **Alcohol/drug problems**: 1-847-688-3650 is a 24-hour hot line monitored by machine after duty hours. 1-847-688-2193 is the 24-hour nursing hot line, and is personally monitored. The nurse that takes the call will arrange for a qualified counselor to return the AGR member's call within an hour.

(2) **Psychological stress and other mental distress**: 1-847-688-2221 is the mental health clinic number. It is monitored by a voice-mail system during non-duty hours. 1-800-941-4501 is the *TRICARE* nursing hotline and may be used anytime during the day or night. AGR personnel are reminded that if, at any time, they believe that they may be a danger to themselves, or others, they have the authority to seek assistance at a local hospital or clinic "urgent care" center (emergency room).

c. Army AGR personnel may also contact the AGR Medical NCO at 608-242-3717/DSN 724-3717 during normal working hours. Air AGR members may contact the Medical Treatment NCO at their ANG base.

d. Traditional drilling Army and Air guardmembers are encouraged to voluntarily seek assistance using their local community agencies and treatment in accordance with the coverage limits of their own health insurance. Any WING member may contact their unit UADC, Social Actions Office, or a WINGAP Field Coordinator to receive information on appropriate resources in their area.

2-6. Conduct and performance-based actions. As previously explained, the WING and DMA do not take action against it's personnel for AODA unless it violates job-related statutory and regulatory provisions or affects an individual's duty performance. WING managers, supervisors, and military leaders have the authority to take appropriate action for unacceptable, job-related, consequences of AODA.

a. Because the WING wishes to make chemically dependent individuals responsible for their own actions and provide them strong encouragement to seek assistance, any conduct or performance based actions will proceed regardless of the individual's participation in the WINGAP.

b. At the same time, whenever WING management or the military chain of command could reasonably have been expected to be aware of an individual's AODA, any conduct or performance based action taken against him/her must be accompanied by a mandatory referral to a WINGAP element under the provisions of the regulation (see paragraph 1-3i).

c. If management or the military chain of command have no knowledge of, or reason to suspect, any AODA problem that an individual may have, they are not obligated to refer him/her to the WINGAP, conduct or performance based actions against that person notwithstanding.

2-7. Criteria for successful participation. Successful participation is constituted by evidence that the individual is cooperating in his/her own treatment. Such evidence may consist of a statement by a WINGAP representative, based on communication from the treatment agency, that the individual requires, and is successfully participating in treatment.

a. A statement by a WINGAP representative, based on communication from the treatment agency, that the individual requires, and is successfully participating in treatment, and

2-8. Obligation to cooperate in treatment. While this organization may be required to provide reasonable accommodation, individuals have the responsibility and obligation to cooperate in their own treatment.

2-9. Limits of reasonable accommodation. Although the WING and DMA may have the obligation to provide reasonable accommodation, such obligation is predicated on the individual's cooperation in his/her treatment.

a. The WING and DMA have a duty to assure the safety and security of the individual, his/her coworkers, and the public. In instances where an employee constitutes a substantial present danger, that individual may be discharged or terminated from employment.

b. Because of safety and/or security considerations, management, or the military chain of command, may deem it necessary, temporarily or (with the individual's consent) permanently, to change the duties or the position of an individual who is experiencing AODA or other psychological problems, but who is participating successfully in the WINGAP.

c. Military duty personnel and excepted Federal Technicians must remain medically qualified for military membership. The determination of medical qualification is entirely an independent military system, not associated with this regulation.

d. Except as provided in pertinent labor agreements, management retains the right to deny an individual's request for leave to seek assistance. Management need not suspend a discharge or termination action because an employee is participating in a WINGAP program.

2-10. Confidentiality. Records containing the identity, diagnosis, prognosis, treatment plan, or rehabilitation of any individual may be disclosed only as provided by law and for purposes authorized by law. The **confidentiality** of such records is governed by 5 USC 552a, 42 USC 4582, 21 USC 1175, 42 CFR 2.1, and s.s. 146.81, 146.82 and 51.30 of the Wisconsin Statutes. These statutes apply to all employees and members of the WING, DMA, and their family members. Any client/patient information, including work

records and case files, must be carefully reviewed **before** release to ensure that these statutes are not violated. The following guidelines, which are also depicted in **Figure 2-1**, will therefore apply:

a. **Federal and State employees**, as well as family members, are entitled to strict confidentiality. Disclosure or release of client/patient information is determined by the individual's informed **consent**, as indicated on a "Consent for the Release of Client/Patient Information", DMA Form 85 (**Figure 2-2**). As an example, a Federal Technician is entitled to confidentiality regardless of whether in technician or military status when in communication with WINGAP representatives.

b. Full disclosure of client/patient information about Military duty (**AGR**) employees to the chain of command is **authorized** and **required**. Military duty personnel should be informed of this requirement during the first contact with WINGAP representatives.

c. While disclosure of client/patient information from civilian treatment agencies to a **Traditional guardmember's** chain of command is desirable, it is **only** legally permissible to the extent that the guardmember formally consents to disclosure. A WINGAP representative may, however, inform the chain of command of his/her own discussions with the individual. Traditional guardmembers should be informed of the limits of their entitlement to confidentiality during their first contact with a WINGAP representative.

d. Federal and state employees, as well as Traditional guardmembers, and family members have the option of limited disclosure of the client/patient information communicated by civilian treatment agencies. They may, for example, limit disclosure to permit nothing more than a statement by the WINGAP representative that they are or are not successfully participating in the WINGAP.

e. If a federal or state employee refuses or fails to authorize disclosure of any client/patient information, then management cannot be informed of his/her participation in the WINGAP. In consequence, he/she may be unable to justify a request for leave in order to participate, and furthermore will be unable to substantiate his/her cooperation in treatment.

2-11. Non-discrimination and non-retaliation. The following safeguards against discrimination and retaliation will apply:

a. An individual cannot be discriminated against or be subjected to retaliation merely because they suffer from AODA or other psychological problems.

b. Any change in the duties or position of a WINGAP participant must not be detrimental to the individual unless he/she so consents.

c. An individual who voluntarily seeks to participate in the WINGAP will not be penalized in any way for this action.

(1) Job security and promotional opportunities will not be jeopardized as a **result of participation** in the WINGAP.

(2) Admissions of previous use of illegal drugs will not be used by the WING as a sole basis for action against a successful voluntary participant in the WINGAP.

d. An individual may be **informed** of the WINGAP and it's elements, at any time.

2-12. Labor organization participation. It is WING and DMA policy to solicit and cooperate with labor organization participation in the WINGAP. Union officials are invited to serve on the WINGAP Advisory Council. Union nominees are also invited to participate in training organized for WINGAP representatives. Functioning under union auspices, union representatives may become involved with employees who are self-referrals to the WINGAP.

CONFIDENTIALITY GUIDELINES

DISCLOSURE of INFORMATION OBTAINED by WINGAP REPRESENTATIVES from:

	The Individual, requires:	An Outside Agency, requires:
Federal Tech or State Empl. & family members	Consent	Consent
AGR Employees	No Consent	No Consent
Traditional drilling Guardmembers	No Consent	Consent

Figure 2-1
Confidentiality Guidelines

Wisconsin National Guard Assistance Program (WINGAP) Consent for Release of Client/Patient Information

1. I, _____, authorize _____ (the treatment agency) to disclose client/patient information to _____.

2. I further authorize the above named individual to disclose client/patient information to the following individuals or agencies (line-out those not authorized to receive the information):

Federal Human Resources Officer / State Personnel Officer

My immediate Federal/State supervisor

My second-line Federal/State supervisor

Officers in my military chain of command

Military medical personnel

_____

_____

3. Any client/patient information disclosed will pertain solely to:

Diagnosis

Plan of treatment/rehabilitation

Extent of participation in rehabilitation program

Prognosis for rehabilitation and return to duty

4. Such information may be used only for decisions related to my job performance and conduct on the job and to my fitness for duty.

5. I understand that I may revoke this consent at any time, but any prior action taken based on this consent will remain in effect. If I do not expressly revoke this consent it will automatically expire on _____ (two years maximum) from today.

_____
(Signature & Date)

DMA Form 85
1 August 1998

Figure 2-2
WING Consent For Release of Client/Patient Information

CHAPTER 3

PROGRAM ORGANIZATION

3-1. General. The Wisconsin National Guard (WING) and DMA integrate, and wherever possible, consolidate various AODA control and prevention programs into a single organization (**Figure 3-1**). Unified management assures that components of the WINGAP are consistent with one another and reinforce each other to achieve maximum effectiveness.

3-2. WINGAP Advisory Council. The Council provides guidance to the WINGAP Manager, the WIARNG Alcohol and Drug Control Officer, and the HQ WIANG Social Actions Officer, regarding WINGAP policy, organization, and implementation. It is chaired by it's ranking officer. At a minimum, individuals serving in the following identified positions will be members of the Council:

WIARNG Chief of Staff
WIANG Executive Staff Support Officer
WING Human Resources Officer
WIARNG Military Personnel Officer
WIANG Military Personnel Officer
State Human Resources Officer
WINGAP Manager
WIARNG Alcohol and Drug Control Officer
WIANG Military Equal Opportunity (MEO) Officer
WIARNG Family Program Coordinator
WIARNG Occupational Health Nurse
DMA State Attorney
DMA State Employee Union Rep
Association of Civilian Technicians Rep

3-3. WINGAP Manager. The WINGAP manager is a fulltime WING employee (either Federal Tech or AGR) and assumes formal responsibility for the program as a formal additional duty. The manager either reports to, or works closely with, the WING Human Resources Officer (HRO). He/she manages the Federal Technician and AGR elements of the WINGAP and coordinates closely with the State Human Resources Officer, who manages the State Employee element of WINGAP. The manager also cooperates with the WIARNG ADCO and WIANG MEO Officer in conjunction with the Traditional Guardmember element of WINGAP. The WINGAP manager monitors program usage and coordinates with the Contracted EAP Agency for statistical data, promotional materials, training, and quality control.

3-4. The Contracted EAP Agency is a civilian employee assistance program (EAP) agency contracted for use by Federal Technicians and State of Wisconsin Employees. (Note: the Federal and State contracts are separate and may not necessarily be with the same agency).

a. The objectives of this “external vendor” component of WINGAP are:

- Increase accessibility of professional EAP services for Federal/State employees
- Increase employee awareness of EAP through additional promotional efforts
- Provide accessibility of EAP services outside of normal working hours
- Decrease risk of liability for WING EAP volunteers
- Offer viable options for WING Federal/State employees and family members
- Provide absolute assurance of confidentiality

b. The EAP agency, at a minimum, provides the following services for Federal Technicians and State employees:

- Toll-free crisis line, available 24 hours, seven days a week
- Employee/family member problem assessment and referral
- WING employee/management/family program orientation
- Semi-annual utilization reports
- Face-to-face counseling (if needed)
- Promotional materials
- Supervisor/management consultation

3-5. WINGAP Field Coordinators. WINGAP Field Coordinators are Federal Technician, AGR, or State employees who have a strong motivation to assist co-workers. Their role is one of liaison to the contracted EAP agency. They also assist with referrals to the EAP agency. The WINGAP Coordinators are also instrumental in assisting AGR employees and Traditional Guardmembers by providing information on local community agencies or assistance in contacting the AGR Health Benefits NCO or UADC. Individuals to serve as WINGAP Coordinators are nominated by their supervisory/command chain, and reflect, as a minimum, the following criteria:

- Strong motivation to help others
- Have the respect and trust of co-workers
- Good oral communication skills
- Dependable and satisfactory job performance
- If in recovery from AODA, no less than three years recovery without relapse

3-6. Alcohol and Drug Abuse Prevention and Control Program (ADAPCP). The WIARNG ADAPCP is that component of the WINGAP concerned, specifically, with Traditional Guardmembers in the WIARNG. It is managed by the WIARNG Alcohol and Drug Abuse Officer (ADCO) and staffed by Unit Alcohol Drug Coordinators (UADCs) in every WIARNG unit. The ADAPCP is a separate organizational element and is governed by WIARNG Reg 600-85 and AR 600-85. The ADAPCP is integrated with the other components of the WINGAP under the provisions of Appendix A to this regulation.

3-7. Drug and Alcohol Abuse Control Program. The WIANG DAACP is that component of the WINGAP concerned specifically with the military personnel of the WIANG. It is managed by the HQ WIANG MEO Officer and the MEO's at each flying unit. The DAACP is a separate organizational element of the WINGAP and is governed by ANGR 30-2 and WIANG Reg 30-3. It is integrated with the other components of the WINGAP under the provisions of Appendix A of this regulation.

3-8. State Employee Assistance Program. The State EAP is the component of the WINGAP concerned with the State Employees of the Department of Military Affairs (DMA). This component of the WINGAP is integrated under the provisions of Appendix B of this regulation.

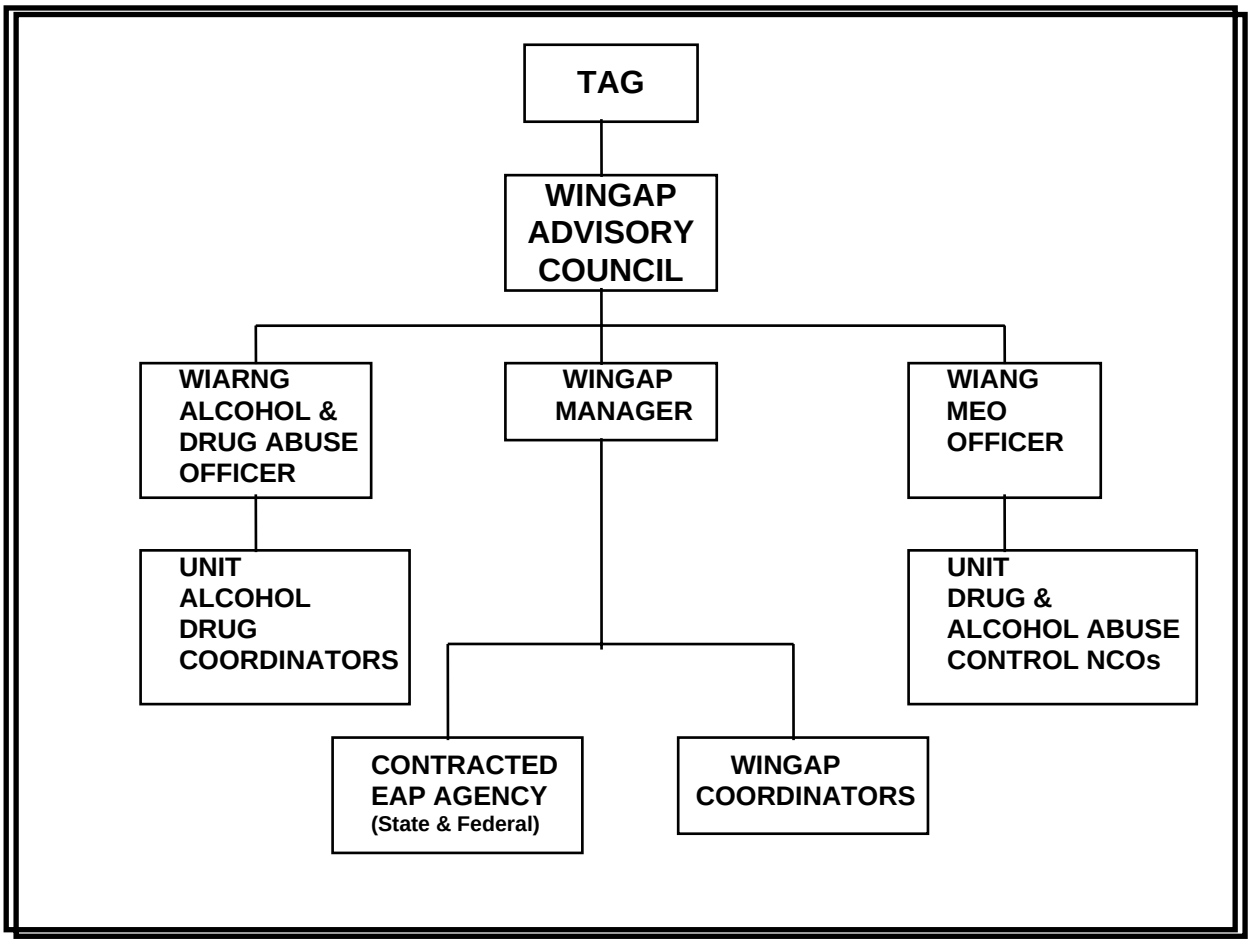

Figure 3-1

WINGAP ORGANIZATION

CHAPTER 4

RESPONSIBILITIES

4-1. The Adjutant General (AG). The AG has overall responsibility for the WINGAP. The AG, with the advice and assistance of the WINGAP Advisory Council and the WINGAP Manager, establishes and publishes program policy. The AG assures the implementation of this regulation.

4-2. The WINGAP Advisory Council. The Council serves as a steering committee regarding policy recommendations, organization, and policy implementation for all military and civilian components of the WINGAP.

4-3. The Human Resources Officer. The HRO provides the WINGAP Manager with advice and assistance in development, implementation and evaluation of the program with respect to Federal Technician employees. The HRO assures coordination between the WINGAP Manager and HR office personnel concerning supervisory referrals, adverse actions, and other personnel transactions, as necessary.

4-4. The DMA Human Resources Officer. The DMA State Human Resources Officer is responsible for development, implementation, and evaluation of the EAP program, as it affects State employees.

4-5. The WINGAP Manager. The WINGAP Manager is the program manager, as an additional duty, for coordination of all aspects of the WINGAP. He/she will:

a. Make policy recommendations to the WINGAP Advisory Council and, in turn, to the Adjutant General.

b. Arrange for appointment and training of WINGAP Coordinators.

c. Provide basic supervisor training regarding WINGAP.

d. Coordinate support of the Contracted EAP Agency.

e. Update regulations, when required.

f. Ensure promotional materials are available.

g. Ensure WINGAP Coordinators have information regarding area community and treatment agencies.

h. Coordinate with the State Employee Personnel Officer, as appropriate.

i. Provide periodic reports and analysis to OPM, NGB, and TAG.

4-6. The Contracted EAP Agency(s). The civilian EAP agency, authorized by Federal and State contracts, is the external element in the WINGAP. It provides professional assessment and referral services for Federal Technician and State personnel. Refer to paragraph 3-4 of this regulation. The EAP Agency is responsible for:

a. Promotional efforts to increase employee awareness of EAP services.

b. Providing EAP services outside of normal working hours.

c. Providing a toll-free crisis line, available 24 hours, seven days a week.

d. Employee/family member problem assessment and referral.

e. WING employee/management/family program orientation.

f. Semi-annual utilization reports submitted to the WINGAP Manager.

g. Face-to-face counseling with employees/family members (if needed).

h. Promotional materials in the form of posters and fliers/brochures.

i. Supervisor/management consultation for referral of employees.

4-7. WINGAP Field Coordinators. The WINGAP Field Coordinator is the critical element in the WINGAP process. It is not intended that a WINGAP Coordinator would intervene as an advocate between co-workers and supervisors or commanders. A WINGAP Coordinator is thus expected only to inform supervisors and military leaders of the provisions of this regulation. They are responsible to:

a. Participate in confidential discussions with individuals who are seeking information or assistance for personal problems or who have been asked to seek such help by a supervisor.

b. Advise co-workers, supervisors, and military leaders relative to WINGAP policies, procedures, and requirements.

c. Provide encouragement to co-workers to deal with personal problems.

d. Act a liaison to the Contracted EAP Agency to coordinate promotional material, quality control surveys, and act as an information conduit for base, unit, facility personnel.

e. Provide information to individuals regarding the Contracted EAP Agency and their procedures for assessment and referral.

f. Assist with referrals to community resources, when appropriate.

g. Cooperate with the WIARNG ADCO, unit UADCs, and WIANG Social Actions officials, in assisting military personnel.

h. Observe confidentiality safeguards and restrictions, and assist supervisors and military leaders with understanding specific confidentiality restrictions which apply to specific situations.

i. Report WINGAP activity to the WINGAP Manager.

j. Participating in occasional activities designed to promote awareness of WINGAP.

k. Attend periodic WINGAP meetings.

4-8. Supervisors and military leaders. The WINGAP depends heavily on the support and participation of supervisors and the military chain of command. Their responsibilities in this program comprise specific tasks. They should:

a. Monitor the conduct and performance of their personnel.

b. Recognize the signs of a problem negatively affecting an individual's conduct and/or performance, as early as possible. **(Figure 5-2)**

c. Avoid explaining away or making excuses for any possible behavioral shortcomings or postponing action to correct them.

d. Continually document unsatisfactory performance and/or conduct.

e. Counsel problematic individuals, discuss their record of unacceptable behavior with them, state clear expectations for specific improvements, and document the counseling session.

f. Provide problematic individuals with an opportunity to discuss any personal problem(s) which may account for their unsatisfactory performance and/or conduct.

g. Refrain, **entirely**, from diagnosing individuals, counseling them on issues which are not work-related, or accepting responsibility for solving their personal problems.

h. Inform individuals who volunteer information about personal behavioral problems that assistance is available to them through one of the WINGAP elements.

i. Refer individuals who **request** assistance to the WINGAP element that applies to their specific status:

(1) Federal Technicians and DMA State Employees: Contracted EAP Agency.

(2) AGR - Army: Human Resources AGR Medical NCO, Great Lakes Naval Base Hospital (see paragraph 2-5b).

(3) AGR - Air: WIANG Health Benefits Advisors, Social Actions offices.

(4) Traditional Guardmembers:

- Army - Alcohol Drug Control Officers, Unit Alcohol Drug Coordinators
- Air - Social Actions Offices

j. If presently taking action against a subordinate who has, or may reasonably be thought to have, a personal behavioral problem, refer him/her to the appropriate WINGAP element listed in paragraph 4-8i. Supervisory referrals must be coordinated with the element the individual is being referred to.

k. Observe confidentiality restrictions.

l. Coordinate all further conduct and/or performance based actions with the WING Human Resources office, the DMA State Human Resources Office, or the DMA State Attorney or Staff Judge Advocate, as appropriate.

m. If the appropriate WINGAP element "counselor" or treatment agency suggests it, participate in a "back-to-work" conference involving the individual and his/her counselor.

n. After treatment, monitor the individual's behavior carefully and maintain communication with the WINGAP Program.

4-9. WINGAP Clients. Members and employees of the Wisconsin National Guard and DMA are responsible for recognizing when they have a personal problem which affects their conduct and/or performance on the job. They are responsible for seeking assistance to resolve that problem and, as WINGAP clients, they are responsible for cooperating in their own treatment.

CHAPTER 5

PROCEDURES

5-1. Voluntary referrals. A voluntary or self-referral occurs when an employee or member of the WING, or a member of his/her immediate family, independently requests assistance. This request may be made through his/her supervisor, military chain of command, a WINGAP Coordinator, the WINGAP Manager, the State Human Resources Officer, a UADC/ADCO, the Social Actions Office, the AGR Health Benefits/Medical NCO, or the EAP Agency - as appropriate for the individual's specific status. In any case, the following must be accomplished:

a. The confidentiality rules, that apply to the individual, should be explained. The "Consent for Release of Client/Patient Information" should be explained.

b. Determine if the client should be referred to another WINGAP element. For instance, if the client is a Federal Technician employee, explain the Contracted EAP Agency toll-free system.

c. The client must be reminded of funding limitations pertaining to their status. For instance, if the client is a Traditional Guardmember, he/she should be reminded that Government funds will not pay for professional counseling or treatment, and that their own health insurance coverage should be reviewed. Army AGR members should be reminded that *TRICARE* and Great Lakes Naval Hospital provides support for them.

d. If the client's status is not covered by the Contracted EAP Agency or the AGR program coverage, they may require information regarding local community groups, local Social Service agencies, and other Government agencies. The WINGAP Field Coordinators or the WINGAP Manager would have information pertaining to the client's local area.

e. No matter which WINGAP element meets with the client, they should document the interview and maintain the documentation as "For Official Use Only".

5-2. Supervisory referrals. When a supervisor or military leader refers an employee to one of the WINGAP elements, the actions described above relative to voluntary referrals apply. In addition, the following procedures may apply:

a. If conduct or performance based action is being taken, his/her supervisor or military leader may use the "Supervisor/Commander Checklist of Problematic Signs" (**Figure 5-2**). An individual's obvious intoxication on duty constitutes another basis for a

referral. In the absence of these reasons for referral, a supervisor should merely inform the individual of WINGAP availability and give him/her the "WINGAP Information Letter" (**Figure 5-1**).

b. If an individual is not ready, willing, and able to perform assigned duties and/or the individual's continued presence is highly undesirable, or presents an immediate threat to government property, to him/herself, and/or to others, then the individual **must** be

placed on leave and removed from the worksite. The individual should be advised to report for work at the next scheduled duty day.

c. After counseling an individual appropriately, the supervisor or military leader, should select the appropriate WINGAP element to refer the individual to. (e.g. Contracted EAP Agency, AGR Medical/Health Benefits NCO, etc.)

d. Supervisors/Leaders may wish to contact the WINGAP element, **prior to** instructing the individual to contact the element. The Contracted EAP Agency, for instance, may advise the supervisor/leader to take specific steps or accomplish specific actions.

e. The WINGAP element that interviews the individual will determine what, if any, documentation is required from the supervisor/leader. If the troubled employee **agrees** to accept intervention/treatment, the WINGAP element will arrange for appropriate documents to be forwarded to the treatment agency. If the employee **refuses** or **chooses not** to accept intervention/treatment, the WINGAP element will contact the supervisor/leader and provide appropriate documentation that indicates the individual's refusal, or choice not, to participate.

5-3. Documentation. To permit accurate and complete reporting to the WINGAP Manager, and as a precaution in the event of involvement in legal proceedings, it is **vital** that the WINGAP elements keep **precise and thorough records** of any case they manage.

a. Each case file should contain documentation, if any, of behavioral problems, a "Consent for Release of Client/Patient Information", if any, and "Initial Interview Record" (**Figure 5-3**), "Follow-up Records" **(Figure 5-4)**, and any other related correspondence. The civilian contracted EAP agency files may contain their specific document formats as long as they contain the same general information as the figures in this regulation.

b. Case files may be destroyed two years after the date of the last referral they document.

c. WINGAP files are extremely **sensitive**. They are considered “FOR OFFICIAL USE ONLY”. WINGAP elements should store them in **locked containers** and otherwise safeguard their **confidentiality**.

d. Official Personnel Folders/Records will not contain any WINGAP information.

5-4. Reporting. The WINGAP Manager submits annual reports to the NGB and OPM. In addition, the Manager will report to the WINGAP Advisory Council and the AG on program development and analysis. To support these requirements, each WINGAP element will submit a report (see sample at **Figure 5-5**) to the WINGAP manager no later than 30 September each year. In addition, the WINGAP Manager will receive similar reports from the Contracted EAP Agency semi-annually.

_____
(Date)

MEMORANDUM FOR _____
(Name of Employee/Military Member)

SUBJECT: Wisconsin National Guard Employee Assistance Program

1. This document describes the Wisconsin National Guard Assistance Program (WINGAP) which is designed to assist you to request and receive assistance for any difficult personal, behavioral, or medical problem you, or a family member, might be experiencing. Examples of such problems are:

Alcoholism	Other Drug Dependency or Abuse
Family Problems	Child Abuse or Neglect
Separation, Divorce, Custody Disputes	Emotional Problems
Loss of a Loved One	Handicap of a Family Member
Financial Problems	Compulsive Gambling
Smoking	Over-eating

2. If these or other personal problems could be having a negative effect on you, I encourage you to contact _____
_____
_____(Specify the WINGAP Element the individual should contact - e.g. EAP Agency at 1-800-XXX-XXX, or Great Lakes Naval Base Hospital at 1-800-XXX-XXXX, the AGR Medical/Health Benefits NCO at 608-242-XXXX, etc.).

3. Please consider if this program could be of assistance to you. The individual's listed below are available to answer specific questions you may have regarding the WINGAP:

_____, WINGAP Manager, 608-242-3702
_____, WINGAP Coordinator, XXX-XXX-XXXX

(Signature Block)

Figure 5-1
Sample WINGAP Information Letter

SUPERVISOR/MILITARY LEADER CHECKLIST OF PROBLEMATIC SIGNS

1. Absenteeism
   - ___ Multiple absences without official leave.
   - ___ Excessive use of sick leave.
   - ___ Repeated absences on Mondays and/or Fridays.
   - ___ Frequent lateness Mondays, after holidays or paydays, or returning from lunch.
   - ___ Frequently leaving work early.
   - ___ Peculiar, unverifiable excuses or absences.

2. On the job absenteeism
   - ___ Repeated absences from work station without work-related reason.
   - ___ Frequent trips to water fountain, restroom, or break room.
   - ___ Long coffee breaks.
   - ___ Frequent illness on the job.
   - ___ Reporting to work in unfit condition.

3. Uneven or unsatisfactory job performance
   - ___ Frequent accidents on or off the job, lowering performance.
   - ___ Unusually slow task accomplishment.
   - ___ Missed deadlines.
   - ___ Alternate periods of high and low work output.
   - ___ Difficulty recalling instructions or assignments.
   - ___ Difficulty accomplishing complicated assignments.
   - ___ Frequent mistakes due to inattention and/or bad judgment.
   - ___ Difficulty recalling previous mistakes.
   - ___ Frequent improbable excuses for poor job performance.
   - ___ Often avoiding supervisor or leader.

4. Behavioral irregularities
   - ___ Irritability and unreasonable resentment, particularly of criticism.
   - ___ Wide mood swings.
   - ___ Avoidance of interaction with co-workers.
   - ___ Frequent complaints from co-workers.
   - ___ Frequent complaints about co-workers and/or family.
   - ___ Poor toleration of stressful situations.
   - ___ Long uncommunicative periods.

5. Physical irregularities
   - ___ Bloodshot, watery, glassy, or droopy eyes.
   - ___ Tremors of the hands.
   - ___ Slurred, rambling, or overly loud speech.
   - ___ Unsteady balance when walking or standing.
   - ___ Flushed, pale, or sweaty demeanor.
   - ___ Frequent breath odor of alcohol, mouthwash, mints, etc.

Figure 5-2
Supervisor/Military Leader Checklist of Problematic Signs

RECORD OF INITIAL INTERVIEW

CLIENT IDENTIFICATION:

NAME_____RANK_____AGE___Home Phone_____

Place of Employment/Unit of Assignment _____Work Phone_____

Job title/Duty assignment_____

Status: Tech___AGR___M-day___Family Member____

First line Supervisor_____or Commander's Name_____

INTERVIEW DATA

Date referral received_____ Source of referral: Self___ Supervisor/Leader ___

Date of first interview_____ Commander___ Other ___

Type of problem (if identified): Alcohol___ Other drug abuse___ Emotional problem ___ Unknown ___ Other (describe)_____

Previous WINGAP contact? YES___ Date _____ NO ___

Civilian health insurance plan (if applicable):_____

Consent to release information signed? YES ___ NO ___

PROBLEM HISTORY and DESCRIPTION (use additional pages, if necessary)

REFERRAL to OTHER AGENCY DATA

Referral offered: YES ___ NO ___ Accepted: YES ___ NO ___

Agency individual was referred to_____

Referral purpose: Assessment___ Education___ Treatment___ Other___

Number work hours expended_____

WINGAP OFFICIAL and DATE

_____ _____

Printed Name **Signature & Date**

DMA Form 86
1 August 1998

Figure 5-3
DMA Form 86, Initial Interview Record

FOLLOW-UP RECORD

CLIENT NAME_____**WORK/DUTY LOCATION**_____

DATE	CONTACT WITH	RECORD OF DISCUSSION	WORK HOURS USED

DMA Form 87
1 August 1998

Figure 5-4
DMA Form 86, Follow-up Record

WINGAP COORDINATOR REPORT **DATE:**

VOLUNTEER's NAME: **LOCATION:**

ADDRESS:

TOTAL WORK HOURS EXPENDED FOR WINGAP ACTIVITIES, THIS REPORTING PERIOD:

WINGAP ACTIVITY

FAMILY MEMBERS

	ALCOHOL ABUSE	OTHER DRUG ABUSE	EMOTIONAL DISORDER	OTHER
1. Total number cases opened this reporting period :				
2. Number cases :				
a. Currently active.....				
b. Currently in Follow-up.....				
c. Closed this reporting pd.. .				

FEDERAL TECHNICIAN EMPLOYEES

	ALCOHOL ABUSE	OTHER DRUG ABUSE	EMOTIONAL DISORDER	OTHER
1. Total number cases opened this reporting period :				
2. Kinds of referrals received :				
a. Voluntary..... .				
b. Supervisory.....				
c. Other.....				
3. Number of referrals to community agencies/treatment centers offered:				
4. Number referrals accepted:				
5. Number of cases: a. Currently active.....				
b. Currently in follow-up.....				
c. Closed this reporting period. .				
6. Number of cases Closed where: a. Client restored to sustained, acceptable performance & conduct .				
b. Client not restored.....				

7. Were any of the above Drug Abuse Cases a result of **Drug Testing**? **YES**___ **NO**___. If YES, how many? _____.

DMA Form 88
1 August 1998

Figure 5-5, Annual WINGAP Coordinator Report

WINGAP COORDINATOR REPORT (continued)

MILITARY DUTY PERSONNEL

	ABUSE	ABUSE	DISORDER	OTHER
1. Total number cases opened this reporting period:				
2. Kinds of referrals: a. Voluntary..... .				
b. Supervisory.....				
c. Other.....				
3. Number referrals to community agencies/treatment centers offered:				
4. Number referrals accepted:				
5. Number of cases: a. Currently active..... .				
b. In Follow-up.....				
c. Closed this reporting period. ..				
6. Number cases closed where: a. Client restored to sustained acceptable performance & conduct:				
b. Client not restored.....				

7. Were any of the above Drug Abuse Cases a result of **Drug Testing**? **YES**___ **NO**___. If YES, how many? _____.

MILITARY DUTY PERSONNEL

	ALCOHOL ABUSE	OTHER DRUG ABUSE	EMOTIONAL DISORDER	OTHER
1. Total number cases opened this reporting period:				
2. Kinds of referrals : a. Voluntary.....				
b. Supervisory.....				
c. Other.....				
3. Number referrals to community agencies/treatment centers offered:				
4. Number referrals accepted :				
5. Number of cases: a. Currently active..... .				
b. In Follow-up..... .				
c. Closed this reporting period...				
6. Number cases closed where: a. Client restored to sustained acceptable performance & conduct:				
b. Client not restored.....				

7. Were any of the above Drug Abuse Cases a result of **Drug Testing**? **YES**___ **NO**___. If YES, how many? _____.

MISCELLANEOUS INFORMATION

1. Do you have a **formal degree** in counseling or a related field? **YES**___ **NO**___. If YES, what level degree, and in what field?

_____
_

_____
_

2. Are you a "**certified**" Alcohol and Drug Abuse **Counselor**? **YES**___ **NO**___.

3. Regardless of your answers to the above questions, do you have **experience** in Counseling? **YES**___ **NO**___.

4. Have you received **training**, this reporting period? If so, please **describe** the type and length of training.

_____

_____

_____

The proponent of this regulation is the Director, Human Resources, Users are invited to send comments and suggested improvements to The Adjutant General, DMA Wisconsin, ATTN: WING-HR, PO Box 8111, Madison, WI 53708-8111.

FOR THE ADJUTANT GENERAL:

TERRY L. BORTZ
COL, WIARNG
Dir, Human Resources

DISTRIBUTION:
All Supervisors, Wis Army and Air NG

APPENDIX A

INTEGRATION OF WINGAP COMPONENTS

1. The WINGAP is organized to implement the various directives which govern it's components - Federal Technician, DMA State Employee, Army-AGR, Air-AGR, ARNG Traditional Soldiers, and ANG Traditional Air Members.

2. To ensure and promote the integration of component programs, the WINGAP Advisory Council advises and coordinates among the WINGAP Manager, The WIARNG Alcohol Drug Control Officer (ADCO), and the HQ WIANG Social Actions Officer.

3. WINGAP Field Coordinators serve as sources of information for UADCs and DAAC NCOS relative to community resources and WINGAP procedures.

4. WINGAP Field Coordinators may assist unit commanders in referring AGR members for treatment, regardless of whether these individuals were command or self-identified. AGR personnel will be referred by their Commander, through the Human Resources Office AGR Management Section, to appropriate medical treatment facilities in accordance with the *TRICARE* system. While, in general, WIARNG Reg 600-85 does not apply to AGR members, when appropriate for these purposes, WIARNG Reg 600-85, paragraph 3-5, will apply. WINGAP Field Coordinators who become involved in an AGR member's referral will maintain records and report in accordance with this regulation.

5. WIANG Reg 30-3 applies to WIANG AGR members, and their cases will be managed by the DAAC NCO and the unit commander. WINGAP Coordinators who become involved in a WIANG AGR member's referral will coordinate with the DAAC for maintenance of records. The WINGAP Coordinator will report their involvement, annually, on DMA Form 88.

6. The confidentiality safeguards afforded under the ADAPCP and DAACP differ significantly from those to which technicians are entitled. Consequently, Federal Technicians will be referred <u>solely</u> to the Contracted EAP Agency. These considerations do not, however, prevent a commander from separately referring a military technician for a medical evaluation through military channels.

7. Should a military technician refer himself/herself to a UADC or DAAC NCO, a WINGAP Field Coordinator should be contacted, immediately, to assist the technician with contacting the EAP Agency.

APPENDIX B

STATE OF WISCONSIN EMPLOYEE ASSISTANCE PROGRAM

1. The Department of Military Affairs (DMA) State EAP is a component of the WINGAP. Accordingly, the WINGAP is organized to satisfy the mandates of Executive Order #77, dated 14 November 1985.

2. The State Human Resources Officer is the director of the State EAP and a member of the WINGAP Advisory Council.

3. The DMA State EAP also utilizes volunteers to clarify and assist State Employees with contacting the Contracted EAP Agency.

APPENDIX C

WISCONSIN ASSISTANCE SERVICES

(1996 Listings)

1. The various county departments of Human Services are responsible for a broad program of financial and human services programs. Information and referral may be to one of the services offered directly by the agency or it may be provided by another service through an agreement or contract with the county social service department.

2. A community services board oversees the development plans and budgets for comprehensive and coordinated programs of services in alcohol and other drug abuse, developmental disabilities, and mental health. It makes certain that programs are administered effectively and provides for continuous planning, development and evaluation of programs and services to meet the needs of the community.

3. The following information is extracted from the Wisconsin Department of Health and Social Services Substance Abuse Services Directory, printed in 1996:

STATEWIDE RESOURCES

Department of Health & Social Services (DHSS)
Division of Community Services
Bureau of Substance Abuse Services
1 West Wilson Street #434
PO Box 7851
Madison, WI 53707
608-266-2717

DIVISION OF COMMUNITY SERVICES - Regional Offices
Southern - 3601 Memorial Dr., Madison, WI 53704, 608-243-2400
Southeastern - 141 NW Barstow St., Waukesha, WI 53188, 414-521-5100
Milwaukee - 819 N. 6th St., Milwaukee, WI 53203, 414-227-4501
Eastern - 200 N. Jefferson St., #411, Green Bay, WI 54301-5191, 920-448-5312
Western - 312 S. Barstow St., #3, Eau Claire, WI 54701, 715-836-2174
North Central - 1853 N. Stevens St., Box 697, Rhinelander, WI 54501, 715-365-3500
Northwestern - 522 E. Service Rd. #1, Spooner, WI 54501, 715-635-4177

Al-Anon Family Groups of Southeastern WI
8320 W. BlueMound Rd.#209
Milwaukee WI 53213
414-257-2415

Alcohol Problems Council of WI
4802 Dakota Dr
Madison, WI 53704
608-244-0445

Alliance for a Drug Free Wisconsin
W. Wilson St., #851
Madison, WI 53707 1-800-442-5772
1-800-442-5772

Center for Health Policy & Program Dev
UW Madison Medical School
433 W. Washington Ave. #500
Madison, WI 53703
608-263-1304/1-800-462-7416

Drug Tip Line, WI Dept of Justice
123 W. Washington Ave.
Madison, WI 53703
1-800-622-DRUG

Greater Milw Central Office - AA
7429 W. Greenfield Ave.
West Allis, WI 532124
414-771-9119

Koinonia Residential Treatment Center
Statewide Deaf &b Hard of Hearing Program
1991 Winnebago St. PO Box 1550
Rhinelander, WI 54501
715-362-5745 / 1-800-261-8789

Lawyers Concerned for Lawyers of WI
Rt. 2, 913 Landmann La.
Deerfield, WI 53531
414-774-4990 / 608-764-5844

Narcotics Anonymous Helpline
414-543-4850

Rational Recovery
608-255-0716

Resource Ctr on Impaired Driving
UW Law School
905 University Ave. #309
Madison, WI 53715-1094
608-265-3411

Wis Alcohol/Drug Treatment
Providers Assn c/o WAAODA
310 E. Broadway
Madison, WI 53716
608-223-3355

Wis Alcohol Drugs & Disability Assn Inc
PO Box 1177
Madison, WI 53701-1177
608-246-8582

Wisconsin Certification Board
1233 N. Mayfair Rd #207
Wauwatosa, WI 53226
414-774-7729

Wis Assn of Alcohol/Drug Abuse Counselors
PO Box 2461
Appleton, WI 54913
920-730-5566

WI Assn of Children of Alcoholics
4448 S. 15th St.
Milwaukee, WI 53211
414-782-1560

Wis Assn of Residential Facilities
1123 N. Water St.
Milwaukee, WI 53202
414-276-9273

Wis Assn on Alcohol/Other Drug Abuse
6441 Enterprise La. #110
Madison, WI 53716
608-223-3355

WI Clearinghouse for Alcohol/Other Drug Info
1552 University Ave, PO Box 1468
Madison, WI 53701
1-800-322-1468 / 608-263-2797

WI Clearinghouse Prev Resource Ctr
1552 University Ave
Madison, WI 53705
1-800-248-9244

WI Dept of Public Instr. Bureau
of Pupil Svcs
Alcohol & Other Drug Prev & Intervention
125 S. Webster, Box 7841
Madison, WI 53707
608-267-9240

WI Positive Youth Development
122 State St. #310
Madison WI 53703
608-255-6351

WI Federation of Parents for Drug
Free Youth
PO Box 100
Two Rivers, WI 54241
1-800-232-2613

WI Student Assistance Assn.
PO Box 632
Onalaska WI 54650

Women's Christian Temperance Union
446 Mary Ave
Reedsburg, WI 53959

RESOURCES by COUNTY

Adams Co Dept of Hlth & Human Svcs
149 N. Main St. Box 601
Adams 53910 608-339-3356

Ashland Co Dept of Human Svc
Courthouse, Room 101
Ashland 54806 715-682-2761

Ashland Area Council on Alcoholism &
Drug Abuse
206 6th Ave W #213
Ashland 54806 715-682-5207

Barron Co Dept of Human Svc
Courthouse, Room 338
Barron 54812 715-537-5691

Bayfield Co Dept of Community Programs
Courthouse, PO Box 276
Washburn 54891-0276 715-373-6133

Brown County Human Services
2900 St Anthony Dr
Green Bay 54311 920-391-4700

Buffalo Co Dept Human Svcs
407 S. Second St. PO Box 600
Alma 54610 608-685-4412

Chippewa Co Dept of Human Svcs
2833 County Trunk I
Chippewa Falls 54729 715-723-2285

Clark Co Community Svcs
Courthouse, 517 Court St #503
Neillsville 54456 715-743-5204

Columbia Co Dept of Human Svcs
711 E Cook St Box 134
Portage 53901 608-742-8558

Crawford Co Human Svcs Dept
111 W. Dunn St
Prairie du Chien 53821 608-326-5431

Dane Co Dept of Human Svcs
1202 Northport Dr
Madison 53704 608-249-5351

Mental Hlth Ctr of Dane Co-Assessment
702 W. Main St
Madison 53715 608-256-4502

Mental Hlth Ctr -Alcohol/Drug Treatment
625 W. Washington
Madison 53703 608-251-7458

Burnett Co Dept of Human Svcs
Burnett Co Office Bldg, Box 3
Webster 54893 715-866-4291

Calumet Co Dept of Human Svcs
206 Court St
Chilton 53014 920-849-1400/849-9317

Door County Dept of Human Svc
Courthouse, Box 67
Sturgeon Bay 53235 920-743-5511

Douglas Co Dept of Human Svcs
Courthouse Annex, 1313 Belknap St.
Superior 54880 715-394-0241

Dunn Co Dept of Human Svcs
80 Main St
Menomonie 54751 715-232-1116

Eau Claire Co Human Svcs
202 Eau Claire St.
Eau Claire 54701-3650 715-833-1977

Eau Claire Community Programs Systems
Counseling & Consulting
110C E. Grand Ave
Eau Claire 54701 715-832-5030

Florence Co Dept of Human Svcs
Courthouse, Box 7
Florence 54121 715-528-3296

Fond du Lac Dept of Human Svcs
63 Western Ave
Fond du lac 54935 414-929-3411

Fond du Lac Co Dept of Community Progr
459 E. First St
Fond du Lac 54935 414-929-3500

Grant County Dept of Human Svcs
111 S. Jefferson St., Box 111
Lancaster 53813 608-723-2136

Mental Hlth Ctr-Recovery Options
605 Spruce St
Madison 53715 608-251-7910

Dodge Co Human Svcs Clinical/Fam Svc
199 Home Rd
Juneau 53049 920-386-3500

Juneau Co Dept of Human Svcs
220 E La Crosse St
Mauston 53948 608-847-2400

Kenosha Co Dept of Human Svcs
714 52d St
Kenosha 53140 414-656-6500

Alcohol/Other Drug Council of Kenosha
1115 56th St
Kenosha 53140 414-658-8166

Kenosha Human Dev Svcs
5407 8th Ave
Kenosha 53140 414-657-7188

Kewaunee Co Dept of Community Prog
522 Fourth St
Algoma 54201 920-487-5231

Kewaunee Co Development Ctr
813 Rabas St
Algoma 54201 920-487-3541

LaCrosse Co Human Svcs Dept
309 N 4th St, PO Box 4002
LaCrosse 54602-4002 608-785-6101

Langlade Co Dept of Human Svcs
1225 Langlade Rd
Antigo 54409 715-627-6258

Lincoln Co Dept of Human Svcs
503 S. Ctr Ave, Box 547
Merrill 54452 715-536-0300

Green Co Human Svcs Substance Abuse
Pleasant View Complex, PO Box 216
Monroe 53566 608-328-9393

Green lake Co Human Svcs
Community Svcs-Outpatient
500 Lake Steel St.
Green Lake 54941 920-294-4070

Iowa Co Dept of Human Svcs
101 Leffler St, Box 98
Dodgeville 53533 608-935-9311

Iron Co Council on Alcohol/Drug Abuse
408 Silver St
Hurley 53534 715-561-3083

Jackson Co Dept of Human Svcs
221 Main St, Box 227
Black River Falls 54615 715-284-4301

Jefferson Co Human Svcs
N3995 Annex Rd
Jefferson 53549 920-674-3105

Milwaukee Council on Alcoholism & Drug
2266 N. Prospect Ave #324
Milwaukee 53202 414-276-8487

Salvation Army Adult Rehab Ctr
324 N. Jackson
Milwaukee 53202 414-276-4316

Wis Correctional Svc Outpatient
436 W. Wisconsin Ave
Milwaukee 53203 414-271-2512

Monroe Co Human Svc Dept
Rt 2 County Trunk B
Sparta 54656 608-269-8630

Oconto Co Dept of Human Svcs
501 Park Ave
Oconto 54153 414-834-7000

Manitowoc Co Human Svcs Dept
339 Reed Ave
Manitowoc 54220 920-683-4300

Marathon Co Dept of Human Svcs
1939 E. Thomas St
Wausau 54401 715-848-1381

Marinette Co Human Svcs Dept
2500 Hall Ave #A
Marinette 54143 715-732-7760

Marquette Co Dept of Human Svcs
77 Park St, Box 46
Montello, WI 53949 414-297-2177

Menominee Co Human Svcs Dept
Box 280
Keshena 54135 715-799-3861

Milwaukee Co Mental Hlth Complex
9455 Wtertown Plan Rd.
Milwaukee 53226 414-257-6995

Richland County Community Programs
1000 Hwy 14 W.
Richland Center 53581 608-647-6384

Rock County Human Svcs Dept
3530 N Cnty Trunk Hwy F, PO Box 1147
Janesville 53547 608-757-5225

Rusk Co Dept of Human Svcs
Courthouse
Ladysmith 54858 715-532-5536

Sauk Co Human Svcs
505 Broadway
Baraboo 53913 608-355-4200

Sawyer Co Info & Referral Center
105 E. 4th St, PO Box 730
Hayward 54843 715-634-8270

Oneida Co Dept of Human Svcs
Courthouse, Box 400
Rhinelander 54501 920-735-5161

Outagamie Co Dept of Human Svcs
410 S. Walnut St
Appleton 54911 920-735-5161

Ozaukee Co Dept of Comm Prog. Drug & Alcohol Abuse Svcs
121 W. Main, PO Box 994
Port Washington 53074 414-284-8128

Pepin Co Dept of Human Svcs
740 7th Ave W. Box 39
Durand 54736 715-672-8941

Pierce Co Dept of Human Svcs
412 W. Kinne, PO Box 670
Ellworth 54011 7125-273-3531

Polk County-Northern Pines Community Programs
Polk County Courthouse, Box 62
Balsam Lake 54810 715-485-3196

Portage County Human Svcs Dept
817 Whiting Ave
Stevens Point 54481 715-345-4311

Price County Dept of Human Svcs
Courthouse
Phillips 54555 715-339-2158

Racine Council on Alcohol & Drug Abuse
818 6th Ave #101
Racine 53403 414-632-6200

Washburn Co Dept of Human Svcs
Box 250, 210 W. Fourth Ave
Shell lake 54871 715-468-7878

Sawyer Co Council on AODA-Hill House
PO Box 864
Hayward 54843 715-634-5112

Shawano Co Dept of Comm Prog
505 lakeland Rd
Shawano 54166 715-526-3240 (24 hr)

Sheboygan Co Human Svcs Dept
1011 N 8th St
Sheboygan 53081 920-459-3151

St. Croix Co Dept of Human Svcs
904 Third St
Hudson 54016 715-386-9393

Taylor Co Human Svcs Dept
540 E. College St
Medford 54451 715-748-3332

Trempealeau Co Unified Board
Courthouse, PO Box 67
Whitehall 54773 715-538-2311

Vernon Co Dept of Human Svcs
Rt 3 Box 823
Viroqua 54665 608-637-3135

Vilas Co Dept of Human Svcs
Courthouse, Box 369
Eagle River 54521 715-479-7461

Walworth Co Dept of Human Svcs
County Trunk NN, Box 1005
Elkhorn 53121 414-741-3200

Washington Co Mental Hlth Ctr
551 Silverbrook Dr
West Bend 53095 414-335-4545

Waukesha Co Council On Alcoholism & Other Drug Abuse
327 South St.
Waukesha 53186 414-524-7921

Waukesha Co DHHS-Alcohol & Other Drug Abuse-Outpatient Clinic
500 Riverview Ave
Waukesha 53186 414-548-7666

Waupaca Co Dept of Hlth & HS
811 Harding St
Waupaca 54981 715-258-6304

Alcoholism & Drug Abuse Svcs of Waushara Co
310 S. Scott St. PO Box 700
Wautoma 54982 920-787-4656

Winnebago Co Dept of Comm Programs-Prevention Program
220 Washington Ave PO Box 2187
Oshkosh 54903 920-236-4820

Winnebago Co Dept of Comm Programs-Crisis/helpline
220 Washington Ave
Oshkosh 54903 920-233-7707

Winnebago Co Dept of Comm Programs - Clinical Svcs
220 Washington Ave
Oshkosh 54903 920-236-4734

Wood Co Unified Svcs
2611 12th St S, PO Box 729
Wisconsin Rapids 54494 715-421-8840

APPENDIX D

CONTRACTED EMPLOYEE SERVICES AGENCY

"SYMMETRY"

1. Effective 1 August 1998, the Federal Technician and DMA State Employee elements of the WINGAP contracted with "SYMMETRY", an out-sourced employee services agency. "SYMMETRY" will provide employee problem assessment, treatment referral and follow-up services, on a confidential basis, to any active/permanent federal technician or DMA state employee. The service is also available to these employees' family members. Employees and their family members are not restricted to the number of times they may initiate contact with "SYMMETRY" for assistance, assessment, and referral services. "SYMMETRY" will also provide short-term counseling toward problem resolution for employees and their dependents - up to three sessions - at the discretion of the "SYMMETRY" clinical staff.

2. The contract includes:

- Twenty-four hour, toll-free, phone access to employees and family members. 1-800-236-7905
- Large group employee orientation sessions.
- Management consultation, as required, on program policy and procedural matters, and on the initiation or monitoring of individual employee referrals, coaching for improved job performance, employee discipline, dysfunctional work groups, stress management and other related managerial issues.
- Managerial and supervisory training, as requested.
- Program promotional materials and activities.
- In-person assessment, referral and treatment case management, including employee back-to-work interviews for formal referrals.
- Program review, evaluation, planning and reporting.

3. "SYMMETRY" will also provide the following additional services. Coordination for these services will be managed by the WINGAP Program Manager (the SEEM), at 608-242-3702.

- Additional hours of management and behavioral health training.

- On-site workplace assistance to any employee group or department requiring counseling or intervention services due to a worksite traumatic incident. (4 per contract year).

- Additional hours of conflict mediation services.

- Additional hours of additional training in subjects such as workplace violence, prevention of sexual harassment, diversity, team building, etc.

- Additional management/employee training in selected subjects, at an a-la-cart cost basis (normally $50 to $100 per hour).