NAS FADAP EVALUATION QUESTIONS

FA= Flight Attendant

FAs (Flight Attendants)

FADAP= Flight Attendant Drug and Alcohol Program

PHP= Partial Hospitalization Program

IOP=Intensive Outpatient Program

OP= Outpatient Program

Anything in Red- Requesting Further Clarification to Answer

A. PROGRAM STRUCTURE

1. Where does FADAP's funding come from? Funding comes directly from FAA. We are currently funded under a five (5) year agreement which spans from September 10, 2020 to September 9, 2025.

The periods of performance are as follows:

Base Period: September 10, 2020 – September 9, 2021

Option Period 1: September 10, 2021 – September 9, 2022

Option Period 2: September 10, 2022 – September 9, 2023

Option Period 3: September 10, 2023 – September 9, 2024

Option Period 4: September 10, 2024 – September 9, 2025

a. **What are the administrative and other costs of FADAP?** Costs of FADAP can be broken down into two categories- Labor and Non-Labor. Labor Costs include the provision of a project manager, project coordinator and project administrator. Non-Labor costs include the performance of the below activities and deliverables by key staff. Labor and non-labor costs for each of the base year and option years average $427,773 per year. Approximately 50% of the funds go to labor costs and 50% to non -labor cost in any given year above.

Flight Attendance (FA) Outreach Program

AFA-CWA will develop a plan to reach all currently active and employed flight attendants regardless of affiliation of airline or labor union. This outreach program must consider work schedules, geographic constraints, location, etc. of flight attendants. The outreach plan must focus on establishing groups of flight attendants willing to be sponsors and point of contacts for the initiation of an intervention for flight attendants and family of those suffering from an addiction disorder. On a monthly basis, the FADAP program manager and coordinator schedule and deliver presentations, overviews, and meetings at the request of airline

leadership and Flight Attendant workgroups. Additionally, FADAP program staff conducts site visits and on-site trainings about Flight Attendant recovery issues and documentation requirements to clinical staff at treatment programs. The final proposed outreach program must be reviewed by the FADAP Advisory Board, and approved by the FAA Technical Officer.

Educational Materials

AFA-CWA must ensure a wide distribution of FADAP brochures, posters and other educational materials, as directed by the AFA-CWA and the FADAP Advisory Board. The primary target of this distribution must be flight attendants, their families, managers, and representatives. These educational materials should reflect emerging substance abuse trends and issues within the flight attendant profession, especially prescription drug misuse/abuse and alternatives to opiate based pain medication. These educational materials will be produced in consultation with the FADAP Advisory Board. Also, AFA-CWA must create up to two voice-over power point educational presentations for FADAP stakeholders per year. The final proposed Educational Materials must be reviewed by the FADAP Advisory Board, and approved by the FAA Technical Officer.

Flight Attendants Education Seminars

AFA-CWA must conduct a minimum of one (1) educational seminar per year which educates on average one hundred fifty (150) flight attendants, airline labor/management, Employee Assistance Programs (EAPs), and other related industry stakeholders in recognizing and intervening early with substance abuse. It also serves as a forum for the cross-sharing of successes, innovations and research. Additionally, FADAP conducts two regional seminars per year to educate peers and employers on Flight Attendant drug and alcohol prevention, early intervention and recovery support. All topics must be presented by expert professionals in the fields of medicine, addictionology, law and human resource management. The final agenda, list of lecturers, and seminar location must be reviewed by the Contractor's Advisory Board, and approved by the Technical Officer. Each seminar must consist of approximately 20 hours of state-of-the-art lectures/presentations over a 2-3-day period. Additional regional seminars must be administered at various locations throughout the country to a maximum of two (2) per year. The final agenda, list of lecturers, and seminar locations must be reviewed by the FADAP Advisory Board, and approved by the FAA Technical Officer.

FADAP Tracking Database Maintenance

AFA-CWA must update and maintain a FADAP Tracking Database. The FADAP tracking database must provide a sterilized case tracking database to engage in case management. The database must be maintained and updated with the input of the FADAP Advisory Board to evaluate key workplace outcomes. Also, AFA-CWA must provide a researcher, specializing in workplace outcomes, conducts routine quality assurances of the data and provides data interpretations/analysis. The purpose the FADAP Tracking Database is to quantify the overall effectiveness of the FADAP program, identify possible risk factors for facilitating the development of the disease, treatment failures, and any program improvement and identification of program weaknesses. The database must track all individuals who contact the program for information and referral for an intervention or evaluation.

FADAP Website

AFA-CWA must ensure proper maintenance of the FADAP Website and ensure the domain name of www.fadap.org. The FADAP website is to be a key informational resource for flight attendants and their families concerning both FADAP and the recovery resources available. The website also allows users to contact FADAP key personnel, to register for educational seminars and to request materials from FADAP.

Outreach

AFA-CWA must develop a plan to reach all currently active and employed flight attendants regardless of affiliation of airline or labor union. Consideration must be given to work schedules, geographic constraints, etc. The outreach plan must focus on establishing groups of flight attendants willing to be sponsors and point of contacts for the initiation of an intervention for flight attendants and family of those suffering from an addiction disorder. AFA-CWA will schedule and deliver presentations, overviews, and meetings at the request of airline leadership and flight attendant workgroups. Additionally, AFA-CWA must conduct site visits and on-site trainings about Flight Attendant recovery issues and documentation requirements to clinical staff at treatment programs. FADAP also attends meetings/trainings of other peer programs, like HIMS.

Mentoring

AFA-CWA must provide mentors as part of the FADAP Program. The individuals that will provide mentoring are other Flight Attendants who have been in recovery for at least two years. The mentors will be workplace-based recovery volunteers who are willing to share their recovery experiences and successes with newly recovering Flight Attendants emerging from treatment. The mentors host twelve step meetings for Flight Attendants called "Wings of Sobriety" on a monthly basis. They must provide the newly treated flight attendant with tips and tools on maintaining recovery while flying. Mentors must be recruited and paired with newly recovering Flight Attendants as they transition out of primary treatment.

FADAP Advisory Board Meetings

AFA-CWA must hold, at a minimum, one meeting per year with the FADAP Advisory Board. This board of representatives from Flight Attendant management and Flight Attendant leaders provides advice and guidance around FADAP project deliverables and activities. The Advisory Board may enlarge its membership provided no additional costs are incurred under this Contract. As specified in this section, the Contractor must obtain the advice and counsel, and act upon the findings and recommendations of the Advisory Board. The Advisory Board must monitor progress and provide guidance to meet the requirements of this section and must meet in conjunction with one of the program meetings. Actions must be approved by the Technical Officer.

Progress Reports

On a quarterly basis, the Contractor must prepare a contract progress report, which describes significant technical accomplishments of the quarter, and identifies major milestones and tasks under the contract planned and achieved.

b. What services are paid for directly by the FADAP program? See A.1.a

c. What is borne by the airlines vs. general government funds? There are no obligated costs associated with an airline or union participating in FADAP. The following resources are available to any Flight Attendant union/airline at no cost to them.

• A 24/7 toll free call center which will patch all callers directly into their organization's peer program or FADAP Staff if no peer is available at the time of the call.
• A website dedicated to educating Flight Attendants about substance abuse and serving as a means to identify and connect with peers at their organizations (www.fadap.org).
• Electronic and hardcopy FADAP promotional and educational materials
• Educational seminars /conferences to advance the knowledge and skills of peers and organizational stakeholders on substance abuse related issues in a multi-carrier format.
• Access to a network of recovering Flight Attendants who volunteer their time to support Flight Attendants in the early stages of recovery as they return to flying.
• Access to a network of treatment programs and professionals that have an understanding of Flight Attendant culture and occupational requirements as well as expertise in providing services to them.
• On-site consultation and training on creating or enhancing a FADAP for one's Flight Attendant workgroup.

Airline management/unions may individually or jointly choose to support the operations of the FADAP program at their airline in whatever manner they so deem appropriate (i.e. coordinating space positive travel to attend FADAP training, paying for expenses associated with attending FADAP seminars/conferences, allowing peers to drop flights to attend FADAP educational seminars, training their flight attendant leaders/supervisors through FADAP.

d. What is the composition of treatment elements within episodes? Typically, we advocate that the average FA treatment episode includes a detox phase (as needed), a 28–30-day residential treatment and then step down to PHP and/or IOP followed by OP. The goal is to provide the FA with professional and peer support for at least one year. However, given that FA treatment is not defined by FAA (as with HIMS) nor typically guaranteed in an agreement as part of the Airline's participation in FADAP (as with HIMS), FAs are only provided the level of treatment that is authorized and continuously approved by their health insurance carrier based on case-by-case medical necessity. In authorizing care, the insurance companies apply the same criteria to Flight Attendants for admission and continued care authorization as they typically do for all of their other general beneficiaries. There are two notable exceptions to this statement- 1) At Alaska Airlines and Horizon Airlines (both under the Alaska Air Group) FADAP was able to construct a program where FAs can receive a minimum of 30 days of residential treatment at no cost to the FA (no out of pocket or deductible) at facilities that specialize in treating FAs under FADAP. The Alaska Air Group has directed its behavioral health care manager to charge the company for 100% of all treatment costs and to automatically authorize the 30 days. Step down outpatient treatment is authorized using the customary insurance case management process and the flight attendant is responsible for their outpatient co-payments. 2) At Southwest, FAs placed by FADAP peers into in- network FADAP residential treatment receive an automatic authorization of 28-30 residential days. Within each treatment episode, the following are offered- detox, a psychiatric evaluation, medical evaluation, individual and group therapy,

substance abuse education, trauma specific interventions, family treatment, medical clearance for MAT and case management services. Other treatment tracks/concentrations maybe offered and vary by residential facility.

e. What is the variation in treatment costs? Because FADAP does not pay for any professional clinical/medical services, we do not track treatment cost. Treatment cost is dependent upon the in-network provider rate negotiated between that treatment provider and the managed care organization. Generally, we have seen that the average allowable rate for one day of "residential" care ranging from $600-$900. Prior to placement, we have the FA's selected facility run the FA's insurance. This way, the FA understands the financial commitment prior to placement and FADAP helps the FA strategize how they will afford it (sick leave pay, 401K loan, family resources, state disability programs, union and/or company offered disability programs etc). FADAP treatment programs will develop payment plans with FAS and will complete the necessary paperwork for short term disability, medical hardship funds sponsored by the airline or their union etc.etc…

2. What is FADAP's definition of success? To create a culture of safety which will be able to assist flight attendants in meeting their personal and professional goals through substance-abuse awareness, combined with self and peer referrals for assistance, and the implementation of a flight attendant specific recovery support system.

3. What is FADAP's definition of sobriety? Continuous abstinence from all mood changing substances one day at a time.

4. How do flight attendants get into FADAP and is there a minimum criteria beyond what is listed in the FADAP Handbook? I am not quite sure if "Flight Attendants" means the FADAP peers or Flight Attendants that are in need of treatment placement? Flight attendants in need of treatment, regardless of affiliation or employer, can use FADAP services either as a self-referral or other referral. There are no entry criteria other than being a Flight Attendant. They can call for assistance directly to their local peer or the fadap hotline.

5**. What forms must flight attendants going through FADAP complete and are copies available (beyond what has already been provided to the committee)?** There are no forms that FAs ***MUST*** complete to participate in FADAP treatment placement. Completion or partial completion of any form is voluntary. As of August 11th, NAS has received all forms (two self-surveys, survey around satisfaction with the treatment facility and survey around satisfaction with the peer program) The only other form a FA is requested to sign is the treatment facility's release of information for the referring peer and their team of back-up peers (usually 3-4 additional peer volunteers). Since peers fly, there is always a back up team of peers to step in to assist should their primary peer not be available. FADAP staff is also included on the release should the primary peer and the back-up team of peers be unavailable.

6. What are the infomercials and other promotional materials that the flight attendants are getting beyond what is listed on the "Recovery Resources" section of the FADAP website?

- Pushed- out monthly e-lines to 2500 plus aviation stakeholders at 25 airlines which then get pushed out to the FA work group
- Flight Attendant "Well-being app" cards

- Informational videos listed at the bottom of the FADAP home page for airing in crew rooms (closed caption was included since the monitor sound is sometimes turned off) and during FA initial and recurrent trainings.
- Printed brochures for new hire and recurrent trainings across 21 airlines including the FADAP brochure, brochure for the family and the FA job description card. All these materials are shipped directly to the Flight Attendant work group or to Airline management for inclusion in FA training packages.
- FADAP Facebook page
- Family Education and Parent Café information sheets distributed to FA family members and to FAs struggling with a family member's SUD.
- Post Treatment resource folders for FAs discharging from treatment
- Recovery pins for Flight Attendants in recovery. FAs wear these pins to initiate conversations with other crewmembers about recovery, about FADAP and serve as a source of pride. The pins have been so well received that the HIMS program requested funding to also make pins available.

a. Who is the audience for these materials? Ex. Airlines looking to create a peer organization? All employees? Our materials address multiple target audience. Prevention, early intervention messages and family support are for all flight attendants. Treatment messages are for Flight Attendants struggling with SUDs, messages on de-stigmatization and treating SUD as an illness vs. willful behavior are for managers / supervisors and Flight Attendant leaders/unions. Information on setting up a FADAP or enhancing one's FADAP program with best practices are for all airlines, Flight and Flight Attendant leaders (union leaders) Information on mental health is for all flight attendants, information on managing a workplace mental health crisis is for FA leaders and supervisor

7. Does FADAP address tobacco? We have not addressed tobacco use as a formal component of FADAP. We have provided referrals for smoking cessation resources.

8. **Under what authorities was FADAP' data collected?** See FADAP contract deliverables in A1a.

Is there documented permission to share data for research purposes (even if the data is de-identified)? We currently share the data with the Advisory Board. We also provide overviews of the data with Airlines and Flight Attendant Leaders/union. Other shares for research purposes would be handled on a case-by-case basis with advisory board in-put.

Is there any plan to increase data about participants? We are certainly open to suggestions. Currently, we review data elements that would be beneficial at every Advisory Board meeting This has resulted in the expansion of collect data over time. Input from the Advisory Board and our FAA COTR resulted in shift from collecting strictly clinical information (which is how we started out in 2010-2014) to workplace outcome measures.

Are the statistics on the website from recent data or overall? I am happy to provide information on the statistics you are identifying if I can have the FADAP website reference location. The FA statistics under the "FA Leadership and Mgt" section of the website are dated between 2010-2020.

9. What are the rates of burnout, mental illness, and SUD in the workplace? I don't believe I have ever seen a rate for "burnout" in the workplace. For mental illness, NAMI quotes that 1 in 5 U.S. adults

experience mental illness each year. For SUD, a previous FADAP Advisory Board member wth NORC, Eric Goplerud, quoted to FADAP an 8% rate of SUDs in transportation. Right now, the NSC/NORC substance use calculator is quoting 7.5% for SUD in transportation employees.

More prevalent than non-safety sensitive positions? Our early surveys of Flight Attendants (2012 and 2013) show that approximately 10-12% of FA's are engaged in misuse/abuse behaviors around alcohol, drugs and medications. Within all DOT safety sensitive groups for aviation, Flight Attendant rank first or second for DOT drug test violations along the various testing reasons (pre-employment, random, for cause/suspicion, post-accident, follow-up testing) compared to all other aviation safety sensitive work groups.

Comparative due to support networks? Please clarify question.

Is the aviation industry concerned about this issue? SUD present a predictable risk to safety. In line with the DOT's emphasis on creating safety management systems (SMS), safety risks should be anticipated and prevented rather than waiting to react to a safety occurrence.

10. What percentage of active flight attendants are currently in FADAP and what is the historic range and/or trend? FADAP is designed to allow Flight Attendants to reach directly to the peers at their own airline (either telephonically or in-person) or to go through the FADAP 800 central helpline for assistance. With local peer programs at multiple bases from 24 airlines, its statistically impossible to say how many active flight attendants have received some type of prevention information, intervention and/or referral for assistance from all the local FADAP programs on a yearly basis. The local peer teams are not required to report their assistance contacts into our data base unless that contact results in a residential placement in a FADAP facility. Currently, 19 of the 24 peer teams at airlines report into the residential database. Thus, referrals of FAs to IOP, individual therapy, 12 step programs are not captured in the FADAP data base. Since September 2010, 1,762 FAs have been placed in FADAP residential treatment. Random surveys of teams at various airlines have allowed FADAP to confidently conclude that for every Flight Attendant placed in a FADAP residential treatment, 3 FAs are receiving some form of local peer assistance /intervention that does not result in a FADAP residential placement. Reasons for this have included 1) The FA is still in the contemplative stage of change 2) no insurance 3) inability to get off line as a probationary FA 4) caregiver obligations 5) failure to meet medical criteria for residential level of care etc.

11. Has there been any notable change in how FADAP is administered and/or structured over time? Has there been any notable change in FADAP-provided therapy and/or treatment?

There has not been any changes to FADAP key staff since the inception of the program. The statement of work that AFA has been operating under across all four FAA funding cycles has remained relatively stable. Below are some adjustments to deliverables and FADAP procedures.

- We've made adjustments and changes to the data base to reflect workplace outcomes, capture mental health diagnosis, and differentiate satisfaction with treatment facilities vs, with the peer program.
- During 2020, 2021 and part of 2022, we moved to virtual training for peers and on-line educational sessions due to Covid.

- We created new screening criteria and admission procedures for Flight Attendants entering residential treatment due to risk of COVID.
- We began engaging FAs in more virtual step-down care since many outpatient providers closed their in-person services.
- We expanded services to include family members' access to FADAP treatment
- We coordinated a no-cost 6-month education program lead by a mental health professional for family members.
- In 2020, we began proving FADAP peer support and referral services to FAs presenting only with a primary mental health concern given their high risk for substance misuse/abuse.
- Across 2021 and 2022, the FADAP Advisory Board authorized FADAP to focus on not just substance use messaging and outreach but also mental health messaging to all airline stakeholders.
- In June 2022, we conducted a virtual training for all FADAP peers on mental health first aid in the workplace.

12. What is the training to become a peer? Mentor? What is the difference between these roles? What is the range of peer support services that can be provided? Every peer program can choose to send their peers to the one-day multi-carrier FADAP regional seminar which is held two times per year. They can also invite FADAP staff to provide them with their own on-site peer training. This single carrier training usually occurs when the airline or union is training a large number of their own peers. The one-day peer training agenda includes the following topics: 1) Nature and models of "addiction", 2) Successful interventions- motivating the FA to accept help 3) Types of SUD treatment 4) Best treatment practices for FAs 5) The treatment continuum 6) Safely moving the FA into treatment 7) FADAP peer case manager checklist 8) Re-occurrence (relapse) prevention 9) FADAP resources 10) What you need to know to function as a peer 11) Peer self-care. After the one-day training, the peers enter a period of "being shadowed" by a more senior peer for several months. Peers at each FADAP program have access to periodic virtual continuing education trainings, virtual FADAP treatment site-visits and the 2.5 days of education provided during the FADAP conference. We also provide a certification track for FADAP peers to advance their education and training to become certified as LAP-Cs, CEAPS, NCAC and/or to maintain their licenses as mental health professionals. Towards that effort, FADAP is recognized as an approved educational provider with Labor Assistance Professional Association, Employee Assistance Professional Association, National Association of Alcohol and Drug Counselors, and the Maryland Board of Social Work Examiners.

There is no formal training for Mentors.

A peer is appointed into their position by the union and/or management leadership depending upon which entity sponsors the peer program. A mentor self-identifies and volunteers without leadership appointment. A peer undergoes training while a mentor does not. The peer role involves a formal commitment to a peer team to participate in the FADAP case management process. This process could involve working with multiple Flight Attendants across 12 or more months. The mentor role involves informal communication if all parties agree to the communication and when parties are available. There is no formal process. It is more akin to the relationship dynamics of a twelve-step sponsor than a case manager. However, the mentor does not replace the twelve-step sponsor. The FA is encouraged to have both a mentor and a sponsor simultaneously. The mentor provides occupational specific tips and

supports on managing recovery in the first year whereas the sponsor is most likely not occupationally oriented.

The range of support services that a peer can provide include:

- Initial and on-going peer support ,
- problem assessment,
- development of joint action plan,
- referrals as needed,
- coordination of treatment placement,
- coordination of or serving as a sober escort to treatment as needed
- tracking the FA's weekly progress during treatment
- participation in treatment discharge planning,
- follow-up,
- assistance with understanding and complying with airline policies (especially leave and return to work policies),
- assistance with accessing short- and long-term disability
- assistance with accessing union and/or company "assistance funds"
- assistance with complying with the DOT return to duty "SAP" process and
- assistance with Canadian inadmissibility regulations following a substance use criminal charge.

a. How much confidentiality is permitted between flight attendants and peer counselors?
Unless there is a release of information and/or risk of harm to self or others, the peers will maintain confidentiality. If there is a concern about suicide and a lower-level intervention has not abated that concern (i.e., transportation to an emergency room, involvement of a family member, emergency psych consults etc.) the peer will contact the local resources / authorities for a well fare check.
What is the threshold for reporting to FADAP, airlines, FAA? There is no requirement to report to the airlines or FAA. Most of the FADAP programs, with the exception of Delta and SkyWest, originate and are sponsored by the flight attendant union with varying levels of company endorsement at the different airlines.
b. How do you believe flight attendants view the usefulness of the peer counselors you develop and employ? Flight Attendants feel safe receiving support, information and guidance from the peers as they are "one of their own". They typically express gratitude for the peer's volunteerism.
In the August 2022 annual report of FAs placed in residential an average score of 4.55 or higher (on a 5-point scale) is reported for the below questions
1) I would recommend the peer assistance program to another Flight Attendant.
2) If I needed help in the future, I would use the Flight Attendant peer assistance program again.
3) I am satisfied with the Flight Attendant peer assistance program.
4) Having access to a Flight Attendant peer assistance program made it possible for me to ask for help for my substance use problem.
5) Without the Flight Attendant peer assistance program, I would not have made it into treatment.

c. Are there any additional requirements to become a mentor volunteer beyond being an active flight attendant and having at least 2 years of "solid recovery?" Having the same gender identity as the recovering flight attendant (exceptions maybe recommended). Willingness to allow FADAP to share their name and contact information with a FA coming out of treatment. Willingness to engage with that FA and to offer support that is mutually agreeable to both (which could include flying with them, meeting them for coffee, sharing meeting information, taking them to a meeting etc. or other sober buddy activities).

13. How incorporated is FADAP into the flight attendant culture? There is only one regional airline (Republic Airlines) that is still looking to make a FADAP peer program available to their FAs. FADAP programs at the various airlines are in varying stages of size and maturity. Some are fully assimilated into labor and management communications, training programs and FADAP partnership activities. Others are just inching down this pathway. **How prevalent is FADAP in the average flight attendant's work environment**? At some airlines, FADAP is highly visible and well known (i.e., every passenger manifest lists FADAP) At others, the program is still earning its visibility and FAs are still learning how and when to use the resource for themselves or a flying partner.

a. Who is the target audience for the handbook and annual conference? The handbook is distributed to all FADAP regional attendees and to flight attendant leaders and managers whenever we conduct FADAP orientations. It is also provided to new FADAP Advisory Members.

14. What prompts FADAP to reach out to a flight attendant? Who does this outreach? How is the outreach made? FAs can self-identify via phone or in-person to a local FADAP peer at their own airline. They can also call the FADAP central hotline The FA can also be identified by others based on observed behaviors, social media postings, performance records, etc. Referral sources may include a concerned manager/supervisor, family member, fellow flight attendant, pilot, union rep etc. We've even had FA neighbors call the FADAP hotline. They can reach a local peer with their airline via phone or in-person. They can also call into the FADAP hotline to discuss their concern about a FA. The local FADAP peer will reach out to this FA who is suspected of needing assistance and gently guide them in reviewing the concerns and resources available. Peers do NOT have to wait for the FA to self-identify. They can conduct an outreach call to the referred FA based on another's concern. After the initial shock of the outreach call, most referred FAs comes to understand that the peer is calling to assist, to protect the FA's integrity, privacy and possibly job. The goal is to intervene before safety and the job are put at risk and before their flying partners choose another pathway to resolve their concerns.

a. How are DUI or other legal charges related to drug/alcohol used as a form of early identification? Flight Attendants have no FAA mandatory disclosure requirements to report a DUI/DWI. However, a DUI and/or DWI will create an entry bar into Canada for a minimum of 5-10 years. As such, Flight Attendants know to give FADAP a call to address this bar through FADAP's Canadian Legal resource referral. This call gives FADAP an opportunity to screen FAs for SUDs.

We do also manage scenarios where FAs can contact FADAP from jail or a 72 hr mental health hold. In these scenarios, we offer the FA a significant amount of motivation to accept FADAP help when they discover we can coordinate their release directly to medical care and treatment.

15. How is SUD screening/early intervention incorporated into the hiring process? SUD screening/early intervention is not a part of the hiring process. Airlines are the only entity involved in the hiring process. ADA protects FAS from being asked about medical conditions before an offer of employment is made. Once an offer is made, FAs are subject to pre-employment testing under FAA requirements. Also under FAA requirements, the hiring airline must check on the Flight Attendant's previous airline's drug and alcohol testing record. If the FA had a test violation, DOT regulation states the FA cannot engage in FA functions unless and until they have completed the DOT "return to duty process". The SAP process includes a substance use evaluation by a "Qualified Substance Abuse Professional", completion of the SAP's recommended education or treatment, clearance by the SAP to return to Flight Attendant duties and a negative return to duty drug/alcohol test. FADAP helps all flight attendants who test positive complete the SAP return to duty process, regardless of whether that first airline retains the FA or terminates the FA. We know that most FAs are motivated to return to flying, even if its not their original airline. We want to optimize this motivation in assisting them to achieve sobriety, even if they will be or have already been separated.

B. TREATMENT AND RECOVERY

1. Who reports possible substance abuse issues, who treats, who suspends/fires, and who reinstates? Airlines do not report FAs with a SUD, a failed drug test or DWI/DUI to FAA as they must with pilots. Employers may have a concern about a FA's substance use, but they can only remove them from flying under a "fitness for duty" requirement or if the FA failed a drug/alcohol test. They can also call FADAP and ask us to assess and address the Flight Attendant., which they do. This is done with confidentiality intact. There is no requirement/authority to report back to management unless the FA so authorizes the peer.

The following airlines offer a conditional reinstatement on a case-by-case basis after a test violation: Alaska, American, Delta. Hawaiian, Horizon, SkyWest, United. All other airlines terminate FAs following a test violation.

a. What is the incentive for a peer to report a colleague who may be struggling with a substance use disorder? In reporting to FADAP a concern about a flying partner's substance use, the reporting FA knows that the peer program will maintain both the reporter's and the reported's confidentiality; That the reported FA is more likely to engage in help from the peer program and that such a report will hopefully result in mitigating future flying and safety concerns with that FA.

b. What are the rules for reporting or not-reporting a colleague with suspected substance abuse issues? There are no FAA requirements for a FA to report a FA. A few airlines do require a FA to report an intoxicated working crewmember. Before Flight, most crewmembers will give the FA a chance to call off sick and then the crew will contact FADAP. During Flight, most crew will ask the FA to sit down and declare themselves sick. The crew will then call FADAP when they land**.** For more information on this, please review the informercial on the FADAP website entitled "Save a peer". **How often are external tips received?** Most of our referrals that result in treatment placements come from concerned crewmembers or FA representatives**.** As we know, it's the person with the illness that is often the last one to recognize and seek help for a SUD. The more advanced the disease, the greater and more complex the denial can be.

c. Can flight attendants continue to work while undergoing treatment? No. Many FAs sit reserve and those that do bid schedules don't have access to schedules that get them off flying for the same day of the week across the many weeks of outpatient treatment. One has to get off line completely even if one is in PHP or IOP. Flight Attendants maybe able to work around OP if they are senior enough and don't sit reserve. Schedule control through seniority at many of the legacy airlines translates into needing 40 plus years as a Flight Attendant.

2. Is a flight attendant's treatment paid for by the airline's insurance or FADAP-specific sources? There are no funds from FADAP for treatment. The FA uses their insurance or is subject to self-pay if they have no insurance. For those without insurance, FADAP refers into sliding fee scale programs and/or helps the FA qualify for Medicaid, if available.

a. What does coverage for FADAP treatment look like across airlines? Most airlines offer a range of policies from which to select including HMOs, EPOs, PPOs with or without an HSA attached. Coverage typically ranges from 50% to 80% of allowable charges with deductibles ranging from $1500 to $7,000/yr.

b. What is the typical cost per episode? Given that costs vary by facility, negotiated insurance rate, level of care and days authorized, I am providing per day allowable rates that a treatment program may be authorized to provide- **$**600-$900p/ residential day, $450-$650- p/PHP day, $250-350 p/IOP day. Between 2019 to 2021, 445 Flight Attendants entered residential treatment. 230 spent an average of 28-39 days in treatment either under some combination of the residential/PHP pay-rate; 158 spent 40-60 days at the residential/PHP pay rate; 46 spent 60 plus days at the residential/PHP rate and 11 discharged AMA before treatment completion. So, as you can see, calculating the average cost of treatment for a Flight Attendant is somewhat challenging.

3. What is the process for getting flight attendants treatment and who is involved beyond what is listed in the FADAP Handbook? FADAP Peers follow the below checklist in placing FAs into residential treatment. This and other peer checklists are available at the FADAP website under the peer tab. FA peers along with their team leaders and FADAP Staff are responsible for 100% of all these steps in the process. The company may assist with flight transportation for the FA and a possible sober escort; may assist with pulling the Flight Attendant off line ahead of formal leave documentation and may cover the cost of the FAs out of pocket/deductible at select airlines where partnership programs exist between FADAP and the airline.

Peer Check List for Treatment Placement and Support

PRE-TREATMENT

_____ Motivate FA to accept help.

_____ Obtain FA's insurance information

_____ Identify 3 treatment options based on insurance, special needs, location (Contact Chair, or Deb or Heather to discuss treatment options)

_____ Provide options to FA for FA selection

_____ Call our point of contact at FA's selected treatment with referral and client history

_____ Treatment Program will contact FA to coordinate intake and movement to treatment

_____ Contact Deb or Heather to share that a FA is on way to treatment, name of treatment program and any known work-related issues that are involved

_____ Provide on-going support to the FA as needed until they move to the Treatment facility

_____ Make sure our point of contact has CURRENT FMLA/Medical/STD forms and CURRENT submission instructions.

_____ Provide FA with any important instructions around following company leave procedure (ie. Requesting FMLA paperwork from leave management department/vendor; continuing to call in absent until leave is approved etc. (YOU MUST know your leave policy)

Following Residential Treatment Entry

_____ Confirm that treatment facility completed all leave paperwork and faxed it to the appropriate location within the first day or two of FA's arrival

_____ Confirm that the FA is properly adhering to any leave requirements until leave is approved.

_____ Continue to follow up to confirm that FA's leave was approved.

_____ Once a primary therapist is assigned to the FA, provide the primary therapist with important case history including work related concerns.

_____ Receive weekly updates from the primary therapist

_____ Two weeks before discharge, discuss discharge plans with primary therapist. Make sure names of FADAP mentors are included in discharge plan.

_____ Join conference call coordinated by primary therapist with FA to discuss the discharge plans.

Post Residential Treatment

_____ Within 24 hours of discharge, contact FA for peer support

_____ Contact FA weekly to encourage FA to remain committed to continuing care plan and assess wellness (first 12 weeks post discharge)

_____ Contact FA minimally every 2 week for months 3-6.

_____ Contact FA minimally monthly from months 6-12

a. What is the process for telephonic evaluations? What do these include? The peer conducts the initial screening assessment to identify if a substance misuse issue exists and determines the extent,

seriousness and urgency of work-related issues. The peer will motivate the FA to engage in an clinical intake process with a FADAP facility of their choice. The peer will then coordinate having our national contact representative from the FA's selected treatment program conduct a clinical interview with the FA. This can be accomplished within 10-30 minutes of the initial peer contact. The intake contact will gathering psycho/social/medical/substance use history to determine clinical needs, the appropriateness of residential level of care, if the FA will meet medical necessity criteria for placement, and if the fit with that facility is appropriate. If the FA agrees to placement, the facility will assess the insurance coverage level and FA's portion of cost. The peer will discuss the residential placement and finances with the peer to support follow through with residential placement within the next 48 hours or sooner depending upon clinical urgency and next scheduled day to work. We don't want the FA to report to work once assessed as having an active SUD.

b. How does open season impact access to treatment/services? How easily navigated are these changes? FADAP staff surveys the summary plan descriptions of each of the new health plans identified in each of the airline's open season in late October. With that information, we adjust the master "behavioral health coverage" chart for airlines across the system. That chart is included in the peer regional training. We appreciate it when there is continuity of insurance from year to year (assuming the coverage is more rather than less robust).

c. How much choice do flight attendants get in determining where to seek treatment? Are they given multiple programs as options? How many? FAs can choose to go to whatever treatment they want. When they come through FADAP, we give them 2 to 3 FADAP programs to review for selection. We believe that selecting a treatment facility is the first opportunity for the FA to take responsibility for their recovery. We recommend they get up on-line and review the programs before making a decision. We recommend that they include family members in this process wherever possible.

4. How are approved treatment programs identified? Flight Attendants, peers, pilots, company EAPs, airline benefit managers and Health Insurance Companies all recommend treatment programs to FADAP. Individual treatment programs can also approach FADAP. Prior to approving a facility, we conduct a site visit (site visit instrument has been shared with the committee), review clinical schedules and staffing credentials, accreditations, interview staff, interview any flight attendants and/or peers who have used the facility, ask the pilots and internal EAPs what they think about the facility, ask members of the Labor Assistance Program (peer programs across multiple industries) what their experience has been etc. Prior to any placement, each facility must agree to a minimum half day training for their staff with FADAP about the Flight Attendant culture, occupational demands and stressors and agree to adhere to required FADAP communication and paperwork.

What kinds of outcome data are required for approved treatment programs? Please clarify question. Are you asking if we evaluate outcome data that the treatment program has published regarding their success rates before we approve them as a facility or are you asking what data the treatment program must provide to FADAP on the outcomes of our FAs?

5. What is FADAP's approach to monitoring and surveillance (testing)? The FADAP program does not monitor. They provide peer support and follow-up. The FADAP program does not engage in testing. Unlike the HIMS program, Flight Attendants participation in FADAP remains confidential, unless they so

choose to disclose to the company for access to select support (flight benefits, coverage of deductibles/co-pays etc.).

a. Who is responsible for monitoring the flight attendants going through FADAP? The peers and peer team leads are responsible for all follow up with the FAs going through FADAP

6. How is testing done differently for different substances, and how good are the tests? What are the base rates of prevalence for each substance? Not applicable. We do not test FAs and FAs are not tested as a part of FADAP.

7. How do flight attendants get evaluated? How often are there negative results (ex. no probable cause)? Is the aviation neurological standard higher and what is the rationale? (ex. More demanding day-to-day job duties compared to others?). Flight attendants are NOT medically certified, so there are no FAA required tests or evaluations as a part of FADAP or prior to return to work.

a. Could the committee see de-identified medical evaluations and/or progress reports of FADAP flight attendants? Absolutely

b. What communication is required from treatment programs to FADAP? See attached checklist for FADAP treatment programs which identifies required communications with FADAP. All FADAP facilities have this checklist.

Treatment Program Case Management Checklist for FADAP FAs.

_____Provide telephonic/email confirmation of Flight Attendant's admission to Flight Attendant Peer Case Manager.
_____Obtain release for exchange of information with Flight Attendant Peer Case Manager

_____Fax FMLA/Medical leave paperwork to the appropriate company contact and to Flight Attendant Drug and Alcohol Program with confirmation of receipt from Flight Attendant company contact. This documentation needs to be completed within 72 hours of admission. FAX copies of the documentation sent into the confirmation receipt to Deborah McCormick (confidential fax) 401-294-6832 and to the FADAP Headquarters (confidential fax) 202-434-1411
_____Provide weekly progress updates to Flight Attendant Peer Case Manager, team lead and National FADAP staff.

_____Week One _____Week Two

_____Week Three _____Week Four

_____ Schedule family or partner participation for the family treatment program.

_____Have Flight Attendant evaluated for and hold a conversation with Flight Attendant client about medication assisted therapy (Vivitrol, Naltrexone, Acamprosate,).
_____ Schedule telephonic continuing care planning meeting with Flight Attendant Peer Case Manager (at least two weeks prior to discharge), if unavailable, please contact the Peer Team Lead or Deborah McCormick, FADAP Coordinator at 401-225-1459 to step in for the Flight Attendant Peer Case Manager.
_____ Call or email Deborah McCormick, FADAP National Coordinator at dmccormick@fadap.org

for FADAP names of same sex mentors (recovering peers). Deborah will provide at least 2 FADAP mentors for the Flight Attendant. (Mentors are not 12 step sponsors!) Please do this 2-weeks prior to discharge.
_____ Conduct telephonic continuing care meeting with treatment case manager, client and Flight Attendant Peer Case Manager. Prior to call, the Flight Attendant is to complete the Relapse Discharge form. A copy of this completed form is either faxed or scanned to the Flight Attendant Peer Case Manager for discussion during the discharge call.

_____Following discharge planning call, provide the client with Flight Attendant survey and cover letter for completion (This may take up to 15 minutes).
_____Following discharge planning call, make sure the client has the FADAP folder with their continuing care plan and completed relapse discharge form in it. Please also review the remaining content of the folder with the client.
_____At case discharge from primary treatment, fax all flight attendant peer program forms and continuing care plan. Forms that need to be faxed upon case transition Deborah McCormick, National FADAP Coordinator- (confidential fax) 401-294-6832 and to the FADAP Headquarters (confidential fax) 202-434-1411. 1) This Action Item form 3) Form 3- Primary Treatment Summary 2) Form 2 – Initial Self Report 4) Copy of the Client's written continuing care plan

8. Is there a fitness assessment for return to employment after recovery? FA are returned to the line the same way they are removed from the line…. with a doctor's release documented in a note. Typically the note will read "I have reviewed the Flight Attendant safety sensitive duties and job requirements. I unconditionally release the FA to return to work."

9. What constitutes a multi-disciplinary treatment team according to FADAP? Minimally this includes a Primary Therapist (licensed mental health discipline) case manager (certified/licensed drug/alcohol counselor), psychiatrist, and other treating specialists which may include occupational therapist, trauma therapist, certified sex addiction therapist, nutritionist, sometimes a neurologist etc.

10. FADAP supports medication-assisted treatment (MAT) for opioid use disorder (OUD) as a detoxification for flight attendants but not as maintenance drugs. Why? Do they believe it is addictive? FADAP supports an abstinence model rather than a risk reduction model if the FA is returning to active flying. Being on suboxone or methadone puts the flight attendant at risk of being pulled from the line as a fitness for duty issue by the company or by an MRO as a "safety sensitive issue". Both those removals would likely result in the FA being removed from the line unless and until they cleared those meds from their system. The removal would also result in months of wage loss.

a. What is FADAP's position on using naltrexone to treat alcohol addiction? The FADAP process requires that all FAs be evaluated by the treatment program's physician to see if they can medically be a candidate for its use (pill or shot). FAs must be offered the medication as a recovery tool if cleared to use it. We encourage all FAs to use it but, it remains their voluntary decision. In the 2022 pending annual FADAP report, 62% of providers reported that MAT was written into the Flight Attendant's treatment plan. 81% of these Flight Attendants who were offered medication reportedly agreed to take medication to assist with treatment and recovery.

11. What other conditions does FADAP assist with beyond substance abuse? Mental Health Disorders either as a co-occurring disorder or stand-alone. As of May 2022, 81% of FA's in residential SUD treatment and with completed forms presented with a primary mental health diagnosis. Below is a break down:

- 95% treated for Drug and Addiction Disorders
- 45% treated for Depressive Disorders
- 37% treated for anxiety disorders
- 12% treated for Trauma and Stress Related Disorders
- 8% for Other Mental Health Disorders
- 4% for bipolar disorders

PARTNERS AND OVERSIGHT

12. How is the FADAP Advisory Board chosen? They are approached for participation with recommendation of other advisory board members, FA unions, by the airline or self- nomination. FADAP tries to ensure representation to reflect FAs from various settings including union, non union, regional, legacy, commercial aviation, business aviation, and charter.

13. What is the role of the airlines, and who from the airlines is involved with FADAP? The role of the airlines varies across the many different FADAP programs. It can range from just being a source of referral to being an active partner in supporting the operations of the peer program. Typically, the inflight department which oversees the FA workgroup is the department involved with FADAP.

a. Who decides what gets delegated to the airlines? The airlines decide their level of involvement and support. It varies at each airline.

14. What external organization has oversight authority of FADAP? FAA has contractual oversight of FADAP deliverables. The union or airline that sponsors the peer program has oversight of their own FADAP program.

a. How does FAA exercise any kind of guidance and guardrails? Through the statement of work and its requirements including quarterly reporting.

15. What is the variation in how airlines run their FADAP programs, treatment, and providers? Only two airlines fully run their FADAP programs (as they don't have a FA union on property). The balance of peer programs are run by the unions of Flight Attendants at those airlines with varying levels of support/endorsement from its management**. What is the variation in how the airlines refers a flight attendant for medical leave or employment termination?** FADAP receives informal referrals from local supervisors/managers when they feel that a FA maybe experiencing a substance use issue or putting themselves at risk for discipline. Should a FA engage in substance use related "misbehavior" or

encounter attendance problems due to substance use, the company may formally recommend that the FA "volunteers" to get in touch with FADAP to address performance and attendance before it results in separation. There are no mandatory referral requirements. If a flight attendant tests positive, the following airlines offer a conditional reinstatement on a case-by-case basis after a test violation: Alaska, American, Delta. Hawaiian, Horizon, SkyWest, United. All other airlines terminate FAs following a test violation.

a. **What is the rationale for not having a uniform, aviation-standard?** In regulation, FAA allows all airlines to develop their own substance use policies and procedures and determine the consequences for first time DOT test violations. The FAA provides airlines with a pathway to return their safety sensitive employees back to work after a 1st test violation (The SAP return to duty process for FAs), but airlines are not required to offer it. In essence, the FAA usually provides airlines with two buckets of regulations. The first bucket contains language that says "must" while the second bucket contains language that says "may".

   Another element contributing variation is that some safety sensitive groups are medically certified while others are not. Fitness for duty of non-medically certified safety sensitive employees usually follows a medical evaluation process spelled out in collective bargaining agreements between the company and union. FAA is not involved in this process.

b. How do FADAP programs being specific to airline create inequality within the profession and access to support? Flight attendants at commercial airlines and in business aviation have access to FADAP so their isn't inequality in access for Flight Attendants.

16. What is the role of unions, and who from the unions is involved with FADAP? If Flight Attendants at a given airline are represented by a union, it is a union member(s) in recovery with whom we work to building a either a Union sponsored and company endorsed program or as a jointly sponsored program. With time and success, many programs that are only initially union sponsored become jointly sponsored.

a. Who decides on what is delegated to the unions? If the union is sponsoring the peer program, they have ultimate authority over the peer program including approving the peers, covering any costs for their training, approving FADAP recommended partnerships with the airline, sending leaders to FADAP orientations and trainings etc.

17. What are FADAP's agreements with the airline EAPs? FADAP feeds cases into the airline EAP for short term counseling. Where ever possible we co-case manage cases to ensure that cases have professional as well as peer support. There are no formal written agreements with the airline EAPs. Rather, our interface is from a culture of cooperation and instruction from the company to collaborate with us.

a. Where does FADAP overlap with EAPs? Referrals to professional services including SUD treatment.

18. What important elements and/or best practices does FADAP share with other programs? Please see FADAP's best practice manual for identification of these practices. FADAP's best practices are more case management/clinically oriented for a voluntary and confidential population. HIMS' practices are FAA defined due to pilot's medical certification and heavily focused on monitoring for a mandated and non-confidential population. FADAP also encourages and actively evaluates all FAs for primary mental health diagnosis and personality disorders. We encourage use of therapeutic medications that are non-addictive and use of MAT. HIMS participants, however, are at risk of being denied permission to return to the cockpit if mental health disorders are diagnosed and use of medications including MAT are severely limited. (There are exceptions to this past statement). FADAP is similar to other impaired professional programs in the need for treatment programs to consider the occupational culture of this treated population and to address those unique job supports/challenges within the profession that can advance or hinder recovery.

a. What barriers prevent outcome measures from being consistent across FADAP and HIMS? The greatest barrier is the treatment entry process for Flight Attendants and Pilots. Flight Attendants enter FADAP as a voluntary client who can end their process with FADAP without any regulatory or employer consequence. Most pilots enter HIMS under a regulatory-employer mandate and the consequence for abandoning the HIMS process has long term occupational consequences.

19. What substance abuse specifications, definitions, and/or requirements used by FADAP for flight attendants are in regulations or authorizing authorities? The only requirement that I can think of is the requirements for Flight Attendant to not engage in flight attendant duties while impaired and a DOT permanent bar of returning to one's safety sensitive position as a Flight Attendant if they consume alcohol while flying.

20. Given FADAP's apparent heavy reliance on inpatient and residential care, how are those organizations and individual clinicians selected? See answer B4

a. How is quality evaluated? See answer to B4. We also review FA's completed evaluation forms of their treatment experience for both positive and negative feedback. We have an on-going quality assurance process which involves the FADAP program manager conducting a review of any individual Flight Attendant's or peer's complaint. This process includes interviews both with the FA/peer and the treating provider and could include review of the Flight Attendant's treatment file. Request for corrective action by the treatment program and/or suspension of referrals until corrective action takes place may be the outcome of the quality assurance process.