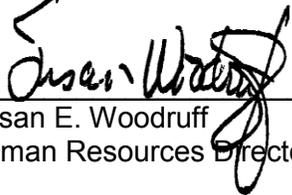


**PERSONNEL/PAYROLL ADMINISTRATION
POLICIES AND PROCEDURES**

**MEMORANDUM NO. 32
(Revised)**

TO: AGENCY HEADS AND PAYROLL CONTACTS

FROM:



Susan E. Woodruff
Human Resources Director

June 1, 2014
Date

SUBJECT: Employee Assistance Program

EFFECTIVE DATE: Immediately

EXPIRATION DATE: Indefinite

1. PURPOSE

To provide policy guidelines and to establish rules to be followed by supervisors with respect to the Employee Assistance Program (EAP). This version supersedes the Memorandum dated December 21, 2011.

2. POLICY

The County of Fairfax recognizes that a wide range of personal problems may adversely affect an employee's job performance. Examples of such problems include but are not limited to, alcohol and/or drug abuse, marital or family distress, emotional difficulties, and financial or legal problems.

In many instances, the employee will overcome problems independently and the effect on job performance will be negligible. In some instances, normal supervisory assistance will provide motivation or guidance in resolving problems so the employee's job performance will return to an acceptable level. In other cases; neither the efforts of the employee nor those of the supervisor are able to resolve the employee's problems and unsatisfactory conduct or performance continues.

Fairfax County believes it is in the interest of the employee, the employee's family, and the County to provide services to assist in the resolution of such problems. The purpose of the EAP is to help the employee overcome his/her problem and to restore that employee to full efficiency on the job. The program is designed to identify the problem at the earliest possible stage, motivate the employee to seek help, and direct the employee to the appropriate assistance.

3. PROGRAM SERVICES AND ELIGIBILITY

- a. EAP services are available to all merit County employees and their immediate family members. Exempt benefits eligible and exempt temporary employees are not covered.
- b. The County's EAP is currently administered by INOVA Employee Assistance (IEA). IEA may be contacted as follows:

INOVA Employee Assistance
1 (800) 346-0110
FAX: (703) 246-8809

MAILING ADDRESS
3949 Pender Drive
Suite 310
Fairfax, VA 22030

- c. Assessment, short term counseling, referral and follow up services are provided by the EAP at no cost to the employee or family member. If additional treatment is required, any cost of such services beyond insurance coverage shall be the employee's responsibility.
- d. Supervisory personnel shall receive mandatory training regarding the use of the Employee Assistance Program.

4. CONFIDENTIALITY

Strict confidentiality of records is essential and shall be maintained except as noted below. EAP records are the property of the EAP contractor and access is limited to EAP staff. No personal information may be released without the employee's written authorization (except in life-threatening situations).

In the case of a formal supervisory referral, the EAP Management Referral Specialist will inform the supervisor if the employee has or has not called to schedule an intake appointment. However, once the employee has made contact with the EAP, no information may be given without the employee's written consent. With the employee's written permission, the supervisor may be informed regarding the employee's attendance, cooperation and compliance with recommendations of the EAP counselor.

In the case of referrals involving disciplinary diversion, the EAP counselor will provide attendance, cooperation and progress reports as outlined in the EAP Disciplinary Diversion Agreement.

5. SELF REFERRAL/VOLUNTARY EAP PARTICIPATION

- a. Employees are encouraged to use the Employee Assistance Program voluntarily when they need professional help or guidance.
- b. No employee shall have his or her job security or promotional opportunities jeopardized because of his or her participation or failure to participate in the EAP. With the exception of disciplinary diversions, participation in the EAP is voluntary.

- c. Normal County leave policies apply and leave shall be granted for the purpose of assessment/evaluation, treatment or rehabilitation.

6. SUPERVISORY REFERRALS

There are three types of EAP referrals that a supervisor can make, depending on the nature and severity of the job related problems.

- a. An informal supervisory referral occurs when the supervisor becomes aware of an employee's personal problems but there is minimal impact on job performance. In this instance, the supervisor may remind the employee that the EAP is a free, confidential resource that may be of assistance in solving the problem. The supervisor may provide the employee with the telephone number for the EAP and suggest the employee consider making an appointment. There is no written documentation of an informal supervisory referral.
- b. A formal supervisory referral occurs in response to a documented decline in job performance, attendance, or other unacceptable job-related behavior. The employee may accept the EAP referral or may choose not to contact the EAP. The supervisor shall maintain a record of the referral adhering to the following rules:
 - 1. Prior to meeting with the employee and discussing the performance issues and strategies for improvement, the supervisor must contact the Management Referral Specialist (MRS) at 1(800) 346-0110 to "register" the supervisory referral. The MRS will record the referral information and provide consultation to the supervisor. The supervisor shall urge the employee to sign the release of information (**Attachment 1**) so there is communication access between the supervisor/manager and EAP regarding the employee's progress. The supervisor/manager will use this information to manage any observed problems in job performance or unacceptable job-related behavior. The employee shall be advised that participation is voluntary but that the performance deficiencies must be corrected. Steps are as follows:
 - a. The supervisor/manager calls 1(800) 346-0110 and provides referral details regarding the job performance, attendance and/or other issues that prompted supervisor/manager's call.
 - b. The MRS will review the referral process with the supervisor/manager.
 - c. The supervisor/manager will complete the Referral Form and have the employee sign the completed Release of Information Form (Attachments 1 and 2). Both completed forms can be faxed or emailed back to the MRS. This release of information will allow Inova Employee Assistance to provide follow-up information to the referring supervisor/manager. If the MRS does not receive these forms from the supervisor, he or she will fax or email forms to the supervisor.
 - d. After receiving the forms, the MRS will reach out to the employee to complete an assessment and to determine the employee's specific needs. If the EAP is not able to get in contact with the employee in two (2) business days, EAP will notify the referring supervisor/manager regarding their inability to make contact with the employee.

- e. Based on the assessment and the specific needs of the employee, the MRS will refer the employee to an EAP network provider, or to a community based service provider.
 - f. After the employee's initial session with their provider, the MRS will contact the supervisor/manager to provide an update.
 - g. The supervisor/manager will receive follow-up calls from the MRS to review attendance and compliance after the employee's mid and final sessions with their provider.
 - h. Upon completion of recommendations, a final report will be submitted to the supervisor/manager and the case will be closed.
2. The employee should be advised that a written record of the EAP referral will be informally maintained by the supervisor/manager whether or not he or she agrees to contact the EAP. This record is maintained solely to document the provision of the EAP referral should the employee allege that it was not provided during possible appeals of future disciplinary actions.
 3. The supervisor should complete the EAP Supervisory Referral Form (Attachment 2) for all formal supervisory referrals. After "registering" the supervisory referral with the IEA access team for Fairfax County, at 1(800) 346-0110, the referral form should be faxed to the EAP at 1(866)240-3933.
 4. The employee should be given a copy of the EAP Supervisory Referral Form. The EAP Supervisory Referral Form should not be included in the employee's department file or sent to the Department of Human Resources for inclusion in the permanent personnel file.

Neither informal nor formal supervisory referrals should be referenced in performance evaluations or disciplinary actions.

5. Normal County leave policies apply for all time away from work associated with the formal supervisory referrals, with the exception of the initial visit which at the discretion of the manager may be considered as part of the regularly scheduled work hours.
6. Once the employee calls in for services, an appointment will be set up with a counselor and with a signed release; the counselor will contact the referring supervisor to further discuss the specifics of the performance issues and to provide further consultation and support. Supervisors are encouraged to contact the EAP counselor at any point in the formal supervisory referral process.
7. EAP referral forms shall be retained for a period of one year. In the event that subsequent adverse personnel action is taken within that year, the EAP referral form shall be retained for a period of one year from the date of the most recent adverse personnel action.
8. It is the employee's responsibility to improve the job performance deficiencies, whether or not the employee agrees to contact the EAP. If the employee does contact the EAP, it is the employee's responsibility to cooperate in the designated recommendations. After a reasonable opportunity for improvement, disciplinary action up to and including dismissal

may occur unless there is noticeable improvement in job performance, attendance or job-related behavior.

- c. A disciplinary diversion referral is used only in lieu of demotion, significant suspension or dismissal from County employment. It normally may be used only once during an employee's career with the County. The employee must successfully participate in the EAP and improve job performance or risk disciplinary action up to and including dismissal. Normally, a disciplinary diversion would not be recommended for employees in their initial probationary period.

A disciplinary diversion referral shall be used only when an employee is facing imminent demotion, significant suspension or dismissal from County employment. If the employee chooses not to participate in the EAP, the demotion, suspension or dismissal will proceed as proposed. If the employee does choose to participate in the EAP, the discipline will be diverted until such time as the employee can demonstrate the necessary job improvement. However, demotion, significant suspension or dismissal may still result if the employee is unable to resolve the problem and improve job performance.

The appropriate department head must approve all disciplinary diversions. The supervisor should recommend a disciplinary diversion referral only after consulting with the Department of Human Resources, Employee Relations Division, and in conformity with the following procedures:

1. The employee must agree to participate fully in the recommendations established by the EAP. The employee agrees that his or her supervisor will be kept informed of his or her progress by the EAP counselor.
2. The employee is normally eligible to participate in a disciplinary diversion only once during his/her career with Fairfax County. The disciplinary diversion referral form shall become a permanent part of both the employee's official personnel record and the department's personnel file. After five (5) years of sustained job performance improvement, the forms may be removed at the employee's written request and at the discretion of County management.
3. Normal County leave policies apply for all time away from work associated with the disciplinary diversion, with the exception of the initial visit which at the discretion of the supervisor/manager may be considered as part of the regularly scheduled work hours.
4. The supervisor/manager should have the employee read and sign the EAP Disciplinary Diversion Agreement (Attachment 3). It is the responsibility of the supervisor to complete this form after consultation with the Employee Relations Division, Department of Human Resources and the EAP. The supervisor should contact the IEA Contract Manager at 1(800) 346-0110 to make an appointment with the counselor for the first EAP session. This first session may require the supervisor's attendance as well.
5. The employee agrees to sign a Back to Work or Continuation-of-Work Agreement (Attachment 4) as a condition of continued employment with the County. This Agreement should be forwarded to the employee from the department head. This document should clearly establish the conditions under which the employee will be allowed to continue County employment, and should also clearly state the performance standards by which the

employee will be evaluated. The employee must also agree to future random drug/alcohol tests if this is relevant to the employee's problem.

6. The employee should be given a copy of this procedural memorandum concerning the EAP. The employee should be allowed 2 business days to seek advice and consider the requirements of both the disciplinary diversion agreement and continuation of work agreement.
7. The employee should be advised that he/she must comply with all of the requirements and recommendations established by the EAP. The employee should also be advised that continued County employment depends on the successful completion of EAP recommendations as well as sustained job improvement.
8. The discipline diverted by the execution of the agreement will be implemented if the employee violates any of the terms of this agreement. The date of separation will be effective five (5) business days from the date of the dismissal letter and employees will have 3 business days to respond from receipt of the letter ([Disciplinary Diversion Notice of Dismissal](#)).
9. The decision concerning whether or not to initiate disciplinary diversion in lieu of a suspension or termination rests solely with the department head or his/her designee. Such factors as the employee's length of service, job performance, the nature of the employee's problem and the likelihood of sustained job improvement will be considered when deciding if disciplinary diversion is appropriate in a given case.

Questions concerning any of these procedures may be directed to the Employee Relations Division in the Department of Human Resources on (703) 324-3495.

AUTHORIZATION TO RELEASE/RECEIVE PROTECTED HEALTH INFORMATION

I, _____, hereby authorize Inova Employee Assistance to release / receive information contained in my case records subject to the conditions below.

- 1. The name of the person(s), title, organization(s) to whom disclosure is to be made is (list each person):

- 2. The specific information Inova Employee Assistance is authorized to release / receive is*:

- checkbox Scheduled appointments and attendance
checkbox Compliance with EAP session treatment recommendations
checkbox Referral to outside resources to address the problem where appropriate
checkbox After-care recommendations where appropriate
checkbox DOT/SAP: For referrals that include substance use issues, does the employee fall under the scope of the Federal DOT, and will therefore require a DOT/SAP evaluation?

- 3. The purpose of the disclosure I am authorizing is:

- checkbox To facilitate a referral for counseling
checkbox To provide feedback regarding my contact and participation with Inova Employee Assistance

4. I understand that if the person or agency that receives my information is not a health care provider or health plan covered by the HIPAA privacy regulations, the information described above may be redisclosed and is no longer protected by these regulations.

5. I understand written notification is necessary to cancel this authorization and can be addressed to the department listed at the top of this form. I am aware that my cancellation will not be effective as to disclosures already made in reference to this authorization. I understand Inova Employee Assistance may not condition treatment on my decision to sign this authorization.

6. I understand that this disclosure may include information regarding drug abuse, alcoholism, or alcohol abuse, psychiatric or mental illness, Acquired Immunodeficiency Syndrome (AIDS) or infection with HIV regulated by Federal Statute (42 CFR Part 2).

Client's Name: _____ Manager/HR Name: _____
(Please print) (Please print)

Signature of Client: _____ Signature of Manager/HR: _____

Date: _____ Date: _____

INOVA Manager Assist Line: 1-800-346-0110, Option 2 Please return this completed and signed form via E-mail: WPOManagerConsult@workplaceoptions.com or Fax: 1-866-240-3933

*(Manager Referrals are not intended to provide the following: Fitness for Duty or Return to Work performance assessments.)

Formal Supervisory Referral Form and Release of Information Form

INOVA Manager Assist Line: 1-800-346-0110, Option 2 Please return this completed and signed form via E-mail: WPOManagerConsult@workplaceoptions.com or Fax: 1-866-240-3933

Date of Referral: _____

EMPLOYEE INFORMATION:

Employee Name: _____

Date of Birth: _____ Gender: Male / Female

Address:

Cell or Home number: _____ Can a message be left on voicemail?
Yes / No

Work number: _____ Can a message be left on voicemail?
Yes / No

Email:

Employee's position: _____

Department: _____

Current Employment Status (e.g., working, suspended, on paid or unpaid leave etc.):

COMPANY AND REFERRING MANAGER DETAILS:

Company Name:

1-Manager/HR Name:

Telephone: _____ Email:

Preferred forms of communication? Email: Yes / No Telephone: Yes / No Voicemail: Yes / No

2-Manager/HR Name:

Telephone: _____ Email: _____

Preferred forms of communication? Email: Yes / No Telephone: Yes / No Voicemail: Yes / No

Reason for the referral:

EAP DISCIPLINARY DIVERSION AGREEMENT

SAMPLE BACK TO WORK OR CONTINUATION OF WORK AGREEMENT

NOTE: SECTIONS OF THIS AGREEMENT MAY NOT BE NEEDED IN ALL CASES. THE AGREEMENT MUST BE TAILORED TO MEET THE CRITERIA OF THE SPECIFIC EMPLOYEE'S SITUATION.

The Fairfax County (Name of Department) is reinstating (Name of Employee) subject to the following terms and conditions:

1. I agree to comply with all of the requirements of the EAP counselor, including:
 - Attending all scheduled appointments as prescribed by the EAP staff; and
 - Successfully completing all after-care program requirements if appropriate.
2. I agree to meet with an EAP counselor or designee as required.
3. I agree to submit to random drug/alcohol testing for a minimum of one year and recognize that the results must be drug/alcohol free for me to remain employed. If the drug/alcohol test results are positive, I will be responsible for the cost of follow-up testing.
4. I understand that my previous job performance warrants close supervision for an extended period of time upon my return to work and will accept such supervision as a constructive part of my performance improvement.
5. I understand that upon my return to the workplace, I must meet all established standards of conduct and job performance and that I will be subject to normal disciplinary procedures for any failure to meet these standards.
6. I agree to sign releases to permit parties deemed pertinent by the EAP to provide information to the EAP on a regular basis and for the EAP staff to provide relevant information to my supervisors.
7. I understand and agree that my participation under this agreement is in lieu of normal disciplinary procedures. I further understand and agree that my continued employment is contingent upon satisfactory compliance with all of the above terms and conditions of this agreement. I also understand and agree that my failure to do so relinquishes all defense on my part and constitutes cause for the execution of the proposed disciplinary action.

This agreement will be reviewed and revised as is appropriate in six (6) months.

I certify that I have read the above terms and conditions, and that I understand the terms of my continued employment, and that I am signing this document of my own free will.

<i>Employee Signature</i>	<i>Date</i>
<i>Supervisor Signature</i>	<i>Date</i>
<i>Department Director Signature</i>	<i>Date</i>

- Distribution:**
- 1) INOVA Employee Assistance 3949 Pender Drive, Suite 310
Fairfax, VA 22030 FAX: (703) 246-8809
 - 2) Employee
 - 3) Supervisor