

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE
2202.4, EMPLOYEE ASSISTANCE PROGRAM**

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PURPOSE:

To provide guidelines for the utilization of the services of the City's Employee Assistance Program (EAP).

POLICY:

The EAP provides services to employees and their families to enhance personal well being, which directly affects job satisfaction, morale and work performance. EAP has been established to assist employees and their families in identifying and resolving personal problems that may cause or contribute to work performance problems. These personal problems may include but are not limited to financial, marital, family, substance abuse, emotional/psychological, health or other issues. HIPPA protections apply to this policy and will be handled in accordance with City policy.

PROCEDURES:

1. DEFINITIONS

Corrective Action Plan: A corrective action plan provides specific written instructions from a supervisor to an employee on steps that need to be taken to correct work-related deficiencies. The plan should give clear and concise instructions and specify deadlines for compliance and follow-up appointment times.

Referral: There are three different methods to utilize the EAP to maintain employee wellness: a self-referral, informal referral and mandatory referral. Employees are encouraged to utilize EAP services to assist with personal problems prior to any direction by their supervisor or manager. The referral process is not a disciplinary action.

2. EMPLOYEE ASSISTANCE PROGRAM/SELF-REFERRALS

The Employee Assistance Program is a service provided to employees by the City of Orlando at no cost to the employee. The Employee Assistance Program is offered by Aetna and is a collaboration of certified and qualified counselors and advisors who can help employees deal with difficult issues that are affecting their well-being and job performance. The Employee Assistance Program can be used by household members of each employee. The Employee Assistance Program and its use is not viewed negatively by this agency; it is not punitive in nature and is simply a mechanism to help employees deal with day-to-day stresses of life and the extraordinary stresses associated with being an employee of a law enforcement agency. Communications and treatment with EAP are protected by the HIPPA.

Any employee or member of their household may self-refer to the EAP by calling 1.800.272.7252. Depending on the issue, the EAP professional will either assist over the phone or schedule a follow-up appointment with an EAP provider. All contact and communications with EAP is confidential unless specific written permission is given to release information.

The EAP also offers a website that provides self-help tools and resources (www.horizoncarelink.com). The user name and password are both "ORL".

3. INFORMAL REFERRAL

The informal referral may be used any time a supervisor believes an employee may benefit from services provided by EAP. The supervisor should meet with the employee in private to discuss the EAP programs and services. The supervisor should not attempt to determine the nature of or to personally treat the problem. The employee may accept or reject the offer of services. Informal referrals will not be documented in supervisory notes or evaluations.

4. MANDATORY REFERRAL

4.1 TOOL TO ASSIST THE EMPLOYEE

An employee may be formally referred to EAP by his or her supervisor. Mandatory referral to the EAP must be used to assist the supervisor and the employee in taking steps to improve the employee's work performance for the following reasons:

- a. Continued decline in job performance after normal disciplinary action,
- b. Continued job-related critical incidents after normal disciplinary action; or,
- c. A single, serious job-related critical incident or sudden serious decline in job performance.

4.2 WHEN A MANDATORY REFERRAL IS REQUIRED

An employee may be given a mandatory referral to EAP by his or her supervisor. Prior to the issuance of a mandatory referral, the supervisor will discuss the referral with their section commander. Mandatory referrals are given to assist the employee in taking steps to improve their work performance and will be given under the following circumstances:

- a. Continued decline in job performance after normal disciplinary action.
- b. After a single, serious job-related critical incident.
- c. When decline in performance has reached a point where corrective action must be taken or termination will be likely.
- d. When an employee behaves (on or off duty) in a manner that may be indicative of a problem that, if not addressed, would likely result in a significant reduction in the employee's ability to perform their duties.

Refusal by an employee to comply with the terms of a mandatory referral may lead to discipline up to and including termination.

4.3 PROCEDURES

Prior to meeting with the employee, the supervisor shall contact EAP and review the circumstances of the referral. The supervisor shall then meet with the appropriate manager to review all of the written documentation before contacting the employee. The supervisor will sign the Management Referral form (Attachment A), and the manager will write his or her initials next to the supervisor's signature.

The supervisor will counsel the employee regarding the issue that has led to the mandatory referral. The supervisor should not attempt to determine the specific nature of or personally treat the problem. During this counseling session, the supervisor will direct the employee to contact the EAP within two business days to schedule an appointment and immediately notify the supervisor of the scheduled appointment.

4.4 INFORMATION AVAILABLE FROM EAP

The supervisor may obtain the following information from EAP:

- a. Confirmation that the employee kept or did not keep the appointment.
- b. Verification that the employee has a problem that EAP can assist him or her with.

- c. Documentation that a treatment plan was made by EAP and was accepted or rejected by the employee.
- d. The employee did or did not complete the EAP recommended treatment/assistance.

4.5 MANDATORY EAP REFERRAL FORM

Attachment A is the Management EAP Referral form supervisors shall complete when making a mandatory referral. It shall include a confidential phone number where the supervisor can be reached that is not accessible to other employees. A copy will be given to the employee. The form will be faxed to EAP immediately upon completion.

4.6 CONSIDERATIONS

Employee attendance at mandatory EAP referrals and/or referrals to other providers as directed by the EAP will be considered on duty. Every effort should be made to accommodate the working schedule of the involved employee. Additionally, EAP providers have numerous locations. Although priority shall be given to scheduling the first available appointment, consideration should also be given as to the travel time.

5. ALCOHOL/SUBSTANCE ABUSE/ADDICTION

5.1 ALCOHOL ABUSE

Alcoholism is a preventable and treatable disease which, as a direct consequence, may impair the employee's job performance. Early intervention can improve the fitness and well-being of employees. Self-referral to EAP is strongly recommended. Supervisors must take appropriate action when they recognize indicators that an employee may be abusing alcohol.

5.2 DRUG ABUSE

The use of illegal substances by an employee can be treated as a criminal matter with appropriate discipline. The abuse of a legal substance (i.e., lawfully-prescribed drugs) will be treated in a similar fashion as alcohol abuse. Drug testing will comply with the existing policies or bargaining unit agreement.

6. SUPERVISORY RESPONSIBILITIES

6.1 POSITIVE POLICY

In order to be an effective and viable program, supervisors must realize that the EAP policy is positive, not punitive. In cases other than self-referrals, it will be the supervisor who is in the best position to recognize an employee's problem through job performance changes manifesting itself through such things as absenteeism, changes in quality of performance, and behavioral changes. Since sensitivity to employee problems and support of the EAP are integral to good leadership, supervisors are expected to facilitate employee assistance and outreach efforts.

6.2 SUPERVISOR'S RESPONSIBILITIES

Supervisory responsibilities are as follows:

- a. Constantly observe and evaluate the work performance of all employees under their supervision.
- b. Identify and document any specific instances of deteriorating work performance and employee behavior that fails to meet acceptable standards of conduct or may be indicative of an employee's need for assistance.
- c. Use the EAP when an employee's problem(s) cannot be resolved by traditional supervisory practices alone.
- d. When a problem is detected, conduct counseling sessions with the employee focusing on the behavior that is related to poor job performance or deteriorating conduct. When applicable, develop a Corrective Action Plan (Attachment B) with the employee. Make certain that they understand the terms of the plan and the deadlines they are required to meet.
- e. Based on the problem you are dealing with, utilize the EAP referral system to get the employee assistance.

- f. After consultation with a manager and the EAP call center, complete a Management Referral form as outlined in Section 5
- g. **Refrain from discussing with the employee the possibility that his or her work performance may be related to alcohol or drug problems. The supervisor should focus on the employee's job performance only.**

If the employee refuses help and performance continues to be unsatisfactory, the supervisor has complied with his or her program responsibilities and is then obligated to take the necessary disciplinary actions.

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ATTACHMENT A

MANAGEMENT REFERRAL FORM /AUTHORIZATION FOR RELEASE OF INFORMATION

To initiate a Management Referral please: First call 1-800-243-5240 for the initial consultation. Then, after meeting with the employee and having them sign this form, immediately fax it to the Consultant named below at 888 892-8832.

MANAGEMENT INFORMATION:			
Referring Company: _____		Referring Person: _____	
Title: _____	Telephone: _____	Email address: _____	
EMPLOYEE/MEMBER INFORMATION:			
Name: _____	DOB: _____	Position/title: _____	
Telephones: Work: _____		Home: _____	
Cell: _____		Insurance Information: _____	
Department: _____		Does employee/member work in a safety sensitive position? Yes No	
Type of referral being made:			
<input type="checkbox"/> • Formal Referral (no job consequences for not following through. Do not check this box if referral is mandatory)			
<input type="checkbox"/> Mandatory Referral (there are job consequences for not following through with the EAP referral)			
<input type="checkbox"/> Last Chance Agreement			
Deadline by which employee/member must call the EAP for an appointment: _____			
Reason for Referral (complete or attach documentation describing reason/job performance issues): _____			
Expected changes as a result of referral: _____			
To the Employee/Member: By signing this form, you are authorizing the EAP to release the following information to the below listed company representatives (please check all that apply):			
The following company representatives have the right to receive information from the EAP			
Name: _____	Title: _____	Telephone: _____	
Name: _____	Title: _____	Telephone: _____	
Name: _____	Title: _____	Telephone: _____	
This authorization expires on the following date: _____			
If the expiration date is not specified, this authorization is for continuing disclosure valid for 365 days after the date of the employee/member signature.			
Information to be released:			
<input type="checkbox"/> Alcohol/Drug Evaluation/Treatment		<input type="checkbox"/> Attendance (or failure to attend) at all provider recommended treatment	
<input type="checkbox"/> All provider recommendations		<input type="checkbox"/> Compliance with all provider recommendations, including treatment recommendations	
EMPLOYEE/MEMBER PRIVACY/HIPAA INFORMATION:			
<ul style="list-style-type: none"> • You may revoke this Authorization at any time by submitting a written revocation to your EAP at 6501 S. Fiddlers Green Circle, Suite 330, Greenwood Village, CO 80111 • A revocation will not apply to information that has already been used or disclosed in reliance on this Authorization. • Once information is disclosed pursuant to this Authorization, it may be re-disclosed by the recipient and the information may no longer be protected by HIPAA. • The plan may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this Authorization. • You will be provided with a copy of this Authorization form upon completion and execution. 			

Signature of Employee/Member	Date	Signature of Witness	Date
FAX COMPLETED DOCUMENT TO: _____		888-892-8832	
	(Consultant name)	(Fax number)	
Consultant contact information: _____		_____	
	(Telephone number)	(Email address)	

NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without the expressly written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

ATTACHMENT B

**Orlando Police Department
Employee Corrective Action Form**

Employee Name:		ID #	Date:
Job Title:		Supervisor:	
<i>Level of Corrective Action</i>			
Facts:			
Objective:			
Solution(s):			
Action Taken:			
Comments:			
Re-evaluation meeting (if necessary) scheduled for			
Employee's signature		Date	
Supervisor's signature		Date	
Manager's signature		Date	
A copy of this corrective action will be placed in your supervisory notes for reference.			

Supervisory Notes

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ATTACHMENT B (Continued)

Supervisor Instructions

Guidelines for using the Corrective Action Form

When documenting corrective action, it is helpful to adhere to the following guidelines:

- Facts - List only facts, not opinions. Give concrete examples, when possible, to document the incorrect behavior.
- Objectives - What is the desired outcome? What do you expect? You may want to cite a portion of the job description or a policy.
- Solutions - How do you suggest that he or she improves their performance? Does the employee have any suggestions? You may offer additional training, review of procedures, etc.

Directions for Submitting the Corrective Action Form

Please use additional forms if the employee has more than one area that needs improvement. The employee must sign the Corrective Action Form to acknowledge receipt. If the employee refuses to sign, write "refused to sign" and sign your name as a witness.