



**Your Guide To  
EAP**

**EMPLOYEE ASSISTANCE PROGRAM and MENTAL  
HEALTH BENEFITS**

**Effective October 1, 2007**

**FOR REQUIRED PRE-CERTIFICATION and CRISIS  
INTERVENTION**

**Please call:**

**MH Net / UNIPSYCH 1-800-272-3626**

**IMPORTANT NOTICE**

The EAP is part of your group health benefits regardless of which health plan you are enrolled in. Eligibility, enrollment, and provisions of your group health plan apply to your EAP/Mental Health benefits.

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## **PHILOSOPHY**

The greatest known waste of natural energy is the waste of human resources. None of us are immune to the burden of a variety of personal problems, which, left unattended can cause our physical and mental health, family situation, or job performance to deteriorate. In the past, employees who had personal problems were either tolerated, terminated, or chose to escape mounting pressures by resigning. However, in recent years, many who share managerial responsibilities have realized this approach, or lack of approach, were an extravagant expenditure of valuable human resources.

Employees may be assisted in finding ways to deal with personal problems, which, by affecting their lives, have in turn affected their job performance. Employees may refer themselves or be referred to Pinellas County's Employee Assistance Program (EAP) for confidential consultation which may result in a referral for help to an appropriate treatment resource in the community.

## **POLICY STATEMENT**

The Pinellas County Board of County Commissioners, The Unified Personnel Board System, Constitutional Officers and The Appointing Authorities recognize that a wide range of problems, not directly job related, can affect job performance. Behavioral and stress related disorders are illnesses which can be successfully treated and will receive the same consideration and offer of treatment and insurance benefits extended to those having other illnesses. The Employee Assistance Program (EAP) is intended to help those employees and members of their families. Those individuals will be provided confidential consultation and treatment as necessary to prevent their conditions from progressing to a degree at which they cannot work effectively.

## **SUBSTANCE ABUSE**

All County employees are expected, as a condition of employment, to remain free from drugs or alcohol in the workplace and to abide by the County's Drug Free Workplace Program. The County will not tolerate the use of illegal drugs by its employees, nor will it tolerate the use of any drug or alcohol, which imperils the health, safety and well being of its employees, or threatens the County's responsibilities to its citizens.

The County recognizes that substance abuse is a complex disease that may often be remedied by prompt and appropriate treatment and encourages those who abuse drugs or alcohol to seek help through the Employee Assistance Program.

## **OBJECTIVES**

Our program has the following objectives:

1. To foster and encourage an enlightened attitude toward behavioral and stress related disorders which impact on employee performance.
2. To provide employees with policy and procedural guidelines for obtaining confidential help with personal problems before they affect job performance.
3. To provide supervisors with policy and procedural guidelines for the management of behavioral and stress problems affecting job performance.
4. To direct managers and supervisors toward prompt corrective action where deterioration in an individual's work performance is apparently related to behavioral or stress problems.

We are concerned with these problems as soon as they begin to affect an individual's job performance. The problems dealt with by this policy are defined as:

**Stress Problems:** Any adverse family situation, emotional problem, financial difficulty, legal entanglement, marital problem, vocational disenchantment or other personal problem which seriously and repeatedly interferes with job performance or health.

**Alcoholism:** An illness caused by the abuse of alcoholic beverages which interferes with job performance or health or any violation of the County's Drug Free Workplace Program and Alcohol and Controlled Substance Testing Policy for Commercial Motor Vehicle Drivers.

**Substance Abuse:** Use of any drugs, which interfere with job performance or health, or any violation of the County's Drug Free Workplace Program and Alcohol and Controlled Substance Testing Policy for Commercial Motor Vehicle Drivers.

## **FOR THE EMPLOYEE:**

### **HOW TO OBTAIN HELP**

Employees may obtain professional assistance through the Employee Assistance Program (EAP) in one of the following ways:

1. Self-Referral (*including family referral*)
2. Supervisor or Administrative Referral

Law protects the employee's right to privacy. Total confidence regarding any meeting between the EAP Coordinator, the EAP Counselor and an employee or family member will be observed. The employee must sign a release of information form if the employee wishes another party to become involved.

The following procedures are designed to facilitate each type of referral to the program.

### **SELF-REFERRAL**

You or a member of your family (provided they are enrolled in the Group Health Plan) desiring confidential assistance for a personal problem must call the EAP at 1-800-272-3626 to receive benefit coverage.

An EAP counselor will arrange to see the individual, or set up a referral for further confidential consultation.

All communication between you and the EAP counselor will be held in the strictest confidence unless you request, in writing, that other parties be notified. Pinellas County will in no way require the reporting of names of self-referred employees or family members.

In the event participation in the EAP necessitates an absence from work you must abide by the personnel rules regarding leave and departmental requirements for proper leave notification. This may be done by notifying the supervisor directly or through the Personnel Department, by notifying the EAP liaison (464-4570) who will provide assistance in notification of the Appointing Authority.

### **WHAT ARE THE COSTS**

As with other types of health care you are expected to pay a portion of the charges. It is important that you discuss your financial considerations with the EAP Counselor at the time of your assessment. There is no fee for the assessment process.

The EAP as part of the group insurance plan is subject to the same eligibility requirements. It is administered separately from the health plan to maintain confidentiality. Reimbursement for services rendered is provided as stated in the Schedule of Benefits.

**FOR THE EMPLOYEE:  
SUPERVISOR OR ADMINISTRATIVE REFERRAL**

If your supervisor thinks that your job performance problems are serious enough to jeopardize your employment, he or she can refer you to the EAP as a resource for improving your performance. The basis of a referral to the EAP by your supervisor normally will be:

1. Continued work performance problems in any part of your job after being counseled by your supervisor;
2. A series of incidents which indicates the possible presence of a personal problem; or
3. A violation of the County's Drug Free Workplace Program or Alcohol and Controlled Substance Testing Policy for Commercial Motor Vehicle Drivers.

Your supervisor will discuss your job performance problems with you and will put in writing suggestions for improvement including participation in the Employee Assistance Program. You must contact the EAP to schedule an initial assessment.

It is your option to accept or reject referral suggestions. Failure by the individual to accept evaluation, or to follow through on professional advice, will be considered in the same manner as any factor of illness that continues to affect job performance adversely.

If you choose not to follow through with the recommendations of the EAP counselor and you fail to improve your performance, disciplinary action or termination may result. Use of the EAP will not excuse you from personnel rules, departmental regulations or normal disciplinary proceedings. Your participation in the EAP may be considered in determining any applicable disciplinary action.

## **FOR THE SUPERVISOR: WHEN TO MAKE A REFERRAL**

You may at any time **recommend** the EAP if appropriate to your employee as you would any suggestion that might improve job performance. The basis for this recommendation is:

1. A moderate decline in one or more areas of the job performance not corrected in a reasonable amount of time after a performance review session; or
2. The employee admits to a personal problem as yet not affecting his job performance.

In this instance participation by the employee is voluntary. You will receive no feedback other than what the employee wishes to share with you and that information required to substantiate any absence.

If the employee performance is such that disciplinary action or termination may be appropriate you can **require** the employee to contact the EAP. The basis for a required referral is one or a combination of the following:

1. A serious decline in the employee's work performance;
2. Continued performance problems or deficiencies after repeated counseling;
3. A series of incidents which indicates the possible presence of a personal problem;
4. Any violation of the County's Drug Free Workplace Program or Alcohol and Controlled Substance Testing Policy for Commercial Motor Vehicle Drivers; or
5. As part of a disciplinary action (under the County Administrator) when approved by the Appointing Authority.

This type of referral is identified by several different names: administrative, management, supervisory, required, or mandatory. All mean the same.

1. In a mandatory referral the employee must contact the EAP for an assessment interview conducted by the EAP counselor.
2. Further participation with treatment recommendations is voluntary, however, failure to improve performance may result in disciplinary action or termination.
3. The EAP counselor will not share the nature of the problem and/or diagnosis with the employer without the employee's consent.
4. Following treatment a Return to Work conference may be held with the supervisor, the EAP coordinator and the employee. The conditions for continued employment will be presented to the employee at this time.

In the case the referral is a violation of the County's Drug Free Workplace Program or Alcohol and Controlled Substance Testing Policy for Commercial Motor Vehicle Drivers the provisions stated therein will apply.

Participation in the EAP will not excuse the employee from normal disciplinary proceedings or from abiding by personnel and departmental rules and policies.

## **FOR THE SUPERVISOR: GUIDELINES**

The following is a practical guideline for implementing the Employee Assistance Program policy and procedures. If you have further questions, call the Personnel Department, Employee Assistance Program liaison at 464-4570. The decision to refer an individual for evaluation will be based on evidence of deteriorating or unsatisfactory job performance. Job security or promotional opportunities normally will not be jeopardized solely by an EAP referral.

### **Focus on Job Behaviors:**

1. Observe job impairment as demonstrated by excessive absenteeism, decreased productivity or other problems.
2. Document: It is important that data that is collected is as specific as possible and centered on job performance or any unusual behavior on the job. Recurring patterns are to be noted. Everyone has an "off day" once in a while, so observation or documentation should go on over a period of time. Collection of data helps the administrator or supervisor make a fair and impartial assessment of job performance. It also guards against "euphoric recall," that is, remembering only the peaks of performance — the "good days" and not the "bad days". The supervisor is not a counselor or judge. Rather, he or she is someone who assesses performance and, when appropriate, refers the employee to the Employee Assistance Program.

### **Performance Problems to Note:**

1. Frequent days off with vague or implausible excuses.
2. Excessive use of sick leave.
3. Chronic lateness.
4. Early departures.
5. Erratic or deteriorating production.
6. Missed deadlines.
7. Failure to follow instructions.
8. Errors in judgment.
9. Frequent absences from workplace.
10. Repeated unreasonable accidents on or off the job.
11. Patterns of decreased efficiency as compared to past performance.

### **Other Indications:**

1. Complaints from fellow employees about being difficult to get along with.
2. Overreaction to criticism.
3. Manipulation of others to take over job responsibilities.
4. Avoidance of co-workers, or supervisor.
5. Deterioration of personal appearance.
6. Appearance of being withdrawn or preoccupied.
7. Wide mood swings during the day.
8. Complacency in supervisory duties.

9. Conflicting instructions issued to subordinates.
10. Delegation of responsibilities clearly within the employee's own job description.
11. Submission of incomplete reports.
12. Budget Mismanagement.

## **FOR THE SUPERVISOR: HOW TO MAKE A REFERRAL**

### **Preparation**

1. Document absences, poor job performance, and other pertinent incidents (*be specific*) and have this information available during the discussion with the employee.
2. Be aware of the standards of performance.
3. Be consistent.

The supervisor must initiate all mandatory supervisory referrals through the EAP liaison in Employee Benefits.

### **Confront and Support the Employee**

In this discussion, it is extremely important that the supervisor not make any attempt to analyze the cause of the performance problem or attempt to counsel the employee.

### **The Discussion**

Absolute privacy must be insured in your discussion with the employee.

1. Preface your discussion of performance deficiencies by emphasizing to the employee that the department recognizes his or her value to Pinellas County.
2. Be straightforward; using your documentation outline, discuss with the employee the specific deficiencies of performance.
3. Base your discussion on the employee's job performance, not the person.

### **Make the Referral**

If the employee blames poor performance on an off-the-job problem, avoid personal involvement in the problem. If the employee appeals to you for advice, your course of action is to refer the employee to the EAP at 1-800-272-3626.

### **Follow-Through**

As a supervisor, your role remains the same after the employee completes the program. The best support you can provide is monitoring job performance. Give credit when due; identify errors or omissions.

The key is consistency. The employee doesn't want or need sympathy or special favors. The employee wants to do a good day's work and be recognized for it.

Do not over monitor the performance of an Employee Assistant Program, doing so many cause the employee to feel unwarranted pressure, which may impede progress. Be consistent!

### **If You Need Help**

If needed you may call the Pinellas County EAP liaison in the Personnel Department at 464-4570 to discuss the employee's decline in performance problem.



## **GENERAL INFORMATION**

All provisions stated in the Pinellas County Employee's Group Health Plan with regard to eligibility, enrollment, effective date, COBRA, coordination of benefits, termination of coverage and recovery provisions apply to the mental health benefits. There is no provision for converting your mental health benefits to a private policy.

## **MENTAL HEALTH COVERED CHARGES**

Benefits are payable at 90% of the contracted covered charges after satisfaction of the calendar year deductible.

Covered charges will not be paid in excess of the applicable maximum benefit or for which benefits are payable under the Pinellas County group medical plans. Medical deductible charges will not be credited to the Mental Health deductible.

Covered charges include only the charges described below that:

1. Are ordered by the attending provider; and
2. Have been preauthorized or approved by UniPsych and
3. Are not excluded by other provisions; and
4. Are necessary and proven effective treatment for the condition, and
5. Not performed mainly for the convenience of the patient or provider; and
6. Not conducted for research purposes; and
7. Are for the most appropriate level of services that can be safely provided to the patient.

Hospital Charges - for room and board at the standard room rate and necessary services and supplies in an acute care facility only and when related to a mental health diagnosis.

Ambulance Charges - Covered under the group medical plan.

Physician's Charges - Treatment related to a mental health diagnosis.

Outpatient treatment will be payable only for visits to a licensed physician, psychologist, or mental health professional when authorized by Unipsych.

Prescription drug charges and diagnostic laboratory/x-ray charges are payable under the County's group medical and pharmacy benefit plans

This plan is responsible only for those services and supplies associated with the treatment of mental health or substance abuse conditions. The plan shall not be responsible for the cost of any medical or surgical services that are provided concurrently or in conjunction with the treatment of mental health or substance abuse conditions, whether or not Unipsych makes referrals or recommendations for such medical or surgical services. These include but are not limited to all services and supplies relating to neurological conditions and all ancillary services and supplies relating to medical conditions.

## **SUBSTANCE ABUSE COVERED CHARGES**

Alcoholism and Drug Dependency-These benefits are payable if a covered person receives treatment in an intensive treatment program. The treatment may be received: (1) on an inpatient basis; or (2) on an outpatient basis. All treatment is subject to pre-certification and authorization by Unipsych.

## **EXCLUSIONS AND LIMITATIONS**

All medically or clinically necessary Mental Health and Substance Abuse Services and conditions shall be covered only for the period of evaluation, initial stabilization, case management and referral. The following specific conditions or treatments are excluded, or limited, and may require coordination of benefits.

1. Treatments rendered or conditions covered under the auspices or funding of any other governmental program.
2. Post-acute care for a formal psychiatric disability which is covered under another Medical Disability benefit.
3. A chronic condition requiring non-acute, maintenance, custodial, assisted living, long-term residential or institutional care.
4. A neurological condition or treatment or a permanent organic brain syndrome.
5. Relationship, family, marriage, or divorce counseling when such services extend beyond the period necessary for crisis intervention and short-term evaluation.
6. Psychiatric or psychological examinations, testing or treatments for any of the following:
  - a. Pre-and post-operative procedures and evaluations.
  - b. Services sought for the purposes of obtaining or maintaining employment or insurance coverage.
  - c. Services sought in connection with, or in regard to, Judicial or Administrative proceedings.
  - d. Services sought pursuant to a Court Order or as a condition of parole or probation.
  - e. Treatment of a sex offender.
7. Sex therapy will only be covered when it is an adjunct to therapy for other mental health conditions, for which benefits are afforded under the Group Health Plan.
8. Inpatient services for detoxification more than two times in any one calendar year for the removal of toxic substances from the system.
9. Educational or vocational counseling or testing, remedial education, learning disabilities, speech therapy, behavioral therapy, hearing therapy.
10. Attention Deficit Hyperactivity Disorder and therapy when services are provided by a non-psychiatric physician.
11. Diet counseling, weight control therapy, or nutritional counseling. Treatment for smoking cessation.
12. Psychotherapy or other mental health intervention for pain or other medical conditions when such services are covered under the medical/surgical portion of the Group Health Plan.

### **Pre Existing Condition Limitation**

For any condition for which a person received any care, consultation diagnosis or treatment (including drugs and medicine) or where distinct signs and/or symptoms were evident within twelve months prior to becoming covered under this plan. This exclusion will not apply after twelve months during which the person was continuously covered. The length of a pre-existing condition limitation may be reduced or eliminated if an eligible person has creditable coverage under another plan which provides mental health benefits. An eligible person may request a certificate of creditable coverage from a prior plan and upon request, the Employer will assist the eligible person in obtaining the certificate of creditable coverage.

### **GRIEVANCE SYSTEM**

Unipsych has a formal grievance system. Eligible employees and dependents should contact Unipsych at the claims address at the beginning of this plan description to get details on the grievance system. Unipsych shall comply with the decision reached through the grievance system established as to coverage and responsibility for payment of covered services rendered. A representative of Unipsych shall be present and participate in all proceedings involving grievances regarding the provision of services covered by this plan.

### **Cancellation Due to Non-Payment of Premiums**

In those instances where covered persons are paying for all or a portion of their coverage or coverage for their dependents, under the County's group plan, as opposed to having an amount deducted from their salary or retirement, it shall be required that a specific monthly amount be paid in accordance with terms specified on the billing notice.

The provisions in the County's group plan concerning termination of coverage will apply to the EAP and Mental Health Benefits plan.

**To access benefits or ask questions concerning services,**

**call MH Net / UniPsych**

**1-800-272-3626**

**Mailing address for claims is:**

**P.O. Box 209010  
Austin, TX 78720**

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